

October 23, 2020



Via Email

Sherman Lohnes, Esq., Director
Division of Health Care Facility Licensure and Certification
Bureau of Health Care Safety and Quality
Department of Public Health
67 Forest Street
Marlborough, MA 01752

Re: VHS Acquisition Subsidiary Number 9, Inc. (d/b/a MetroWest Medical Center) – Response Plan to DPH Regarding Closure of Inpatient Pediatric Service at Framingham Union Campus (“Framingham Union”)

Dear Attorney Lohnes:

We write on behalf of VHS Acquisition Subsidiary Number 9, Inc. d/b/a MetroWest Medical Center (“the Medical Center”). In response to the Department of Public Health’s (“the Department”) Essential Services letter dated October 8, 2020 (“Letter”) and pursuant to 105 CMR 130.122(F), the Medical Center presents the following response plan that details the elements required by the Department, including how access to Inpatient Pediatric Services (“the Service”) will be maintained for the residents of the Medical Center’s service area, along with the additional information requested in the Letter.

(1) Information on utilization of the services prior to proposed closure;

Over the past few years, the Medical Center has experienced a consistent and significant decline in the use of the Services at Framingham Union. The below utilization data represents Framingham Union’s average daily census since 2016, showing a continued decline to less than one-third of the already low census. In 2020 year-to-date, Framingham Union had zero patients of the Service for more than half of the days.

Framingham Union	2016	2017	2018	2019	Jan-Aug 2020
Pediatric Unit Average Daily Census	1.9	1.4	1.1	1.1	0.6

(2) Information on the location and service capacity of alternative delivery sites. Include an explanation of the basis for the Hospital’s determination that the alternative delivery sites *do* or *do not* have the capacity (necessary space, resources, etc.) to handle the increased patient volume at the identified sites. To support that assertion, please provide the following specific details:

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The Medical Center anticipates that most patients in its service area requiring inpatient pediatric care will seek treatment at a tertiary hospital, such as Tufts Children’s Hospital, Boston Children’s Hospital, MassGeneral Hospital for Children, or UMass Memorial Children’s Medical Center. Families of pediatric patients may also choose Newton-Wellesley Hospital for inpatient pediatric services. As evidenced by the low and continually decreasing utilization of the Service at Framingham Union, the Medical Center anticipates a minimal impact at these alternative sites.

(a) Current utilization at these alternative sites;

Hospital	Boston Children's Hospital	Tufts Children's Hospital	MassGeneral Hospital for Children	Newton-Wellesley Hospital	UMass Memorial Children's Hospital	Total
Pediatric Inpatient beds	280	35	44	24	30	413
Occupancy*	219	15	20	7	21	282
Beds available**	61	20	24	17	9	131
*Occupancy average from one date on four consecutive weeks in 2020 (9/29, 10/6, 10/13, 10/20);						
**Beds available = Pediatric inpatient beds minus occupancy						
During these days the average inpatient pediatric census at MWMC was 0.25						

(b) Type of services available at the alternative sites;

Tufts Children’s Hospital, Boston Children’s Hospital, MassGeneral Hospital for Children, and UMass Memorial Children’s Medical Center offer tertiary (Level III) pediatric services, which includes Level II pediatric care, pediatric intensive care, and comprehensive specialized services. Families of pediatric patients may also choose to obtain pediatric care at Newton-Wellesley Hospital, which is staffed by MassGeneral for Children’s physicians and offers Level II pediatric services. These hospitals also have a wide range of pediatric specialists and sub-specialists. Accordingly, these alternative sites are licensed to provide all Level II pediatric services currently offered at Framingham Union, as well as higher acuity care.

(c) Type of medical diagnoses accepted; and

As described above, Tufts Children’s Hospital, Boston Children’s Hospital, MassGeneral Hospital for Children, and UMass Memorial Children’s Medical Center offer tertiary pediatric services, representing all acuity levels. Accordingly, these alternative sites accept all pediatric medical diagnoses, including the lower acuity conditions that are currently treated at Framingham Union. Newton-Wellesley Hospital is a Level II pediatric service with multiple specialties, and therefore offers the same level of care currently offered at Framingham Union.



(d) Adequacy of space and resources at the alternative sites.

Tufts Children’s Hospital, Boston Children’s Hospital, MassGeneral Hospital for Children, UMass Memorial Children’s Medical Center, and Newton-Wellesley Hospital have adequate space and resources to accommodate the low volume of pediatric patients that are currently treated at Framingham Union as evidenced by the utilization data provided at (2)(a) above.

(3) Travel times to alternative service delivery sites, for both peak and non-peak travel times, and an explanation as to the source for this information or what these estimates are based on;

The following represents the approximate peak and non-peak travel times to alternative delivery sites from Framingham Union.¹

	Distance	Non-Peak Travel Time	Peak Travel Time
Tufts Children’s Hospital	21.7 miles	26 mins	45 mins
Boston Children’s Hospital	22.0 miles	28 mins	55 mins
MassGeneral Hospital for Children	21.1 miles	28 mins	50 mins
UMass Memorial Children’s Medical Center	19.1 miles	28 mins	55 mins
Newton-Wellesley Hospital	11.8 miles	16 mins	30 mins

Ambulance travel times are significantly less than patient travel times. Patients calling EMS from home or being transferred from Framingham Union will experience less travel time. Framingham Union will continue to care for pediatric patients who present to the Emergency Department and will stabilize patients within its capability prior to transfer to one of the alternative sites when inpatient admission is necessary.

(4) An assessment of transportation needs post discontinuance and a plan for meeting those needs;

The Medical Center does not anticipate that closing the Service at Framingham Union will present significant transportation access challenges to the community. As described in (1) above, very few individuals present to Framingham Union for pediatric services. Pediatric patients presenting to Framingham Union’s ED requiring acute care at an alternative site will be provided transportation via ambulance.

(5) A protocol that details mechanisms to maintain continuity of care for current patients of the discontinued service; and

¹ Travel times calculated utilizing Google Maps (accessed October 19, 2020).



Following the closure of the Service at Framingham Union, pediatric patients may still present to the ED for screening and treatment. In cases where discharge from the ED is appropriate, instructions for follow-up will be provided to the patient/guardian, and there will be communication with the patient's pediatrician or primary physician as appropriate regarding the ED visit. To ensure continuity of care when a patient's condition requires transfer to another facility for treatment, there will be a handoff from the attending physician to the receiving facility at the time of transfer to describe the patient's medical condition. In addition, the patient's medical record will be sent with the patient to the accepting facility. The Medical Center has existing working relationships with these alternative delivery sites to facilitate care of pediatric patients requiring higher levels of care, and this has been an established process for years. Accordingly, the Medical Center will use this same process when transferring patients from its ED for Level II Services.

(6) A protocol that describes how patients in the Hospital's service area will access the services at alternative delivery sites. The protocol should specifically address the following:

(a) The process that will be employed to effectively refer patients to other facilities or providers;

In the event that a pediatric patient presents to Framingham Union's ED and requires a transfer to an alternative site for care, the attending physician will facilitate communication with the receiving physician and then transfer the patient to the appropriate alternative site that is receiving the patient. The providers involved will make available all required information to ensure proper diagnosis and treatment, continuity of care, and patient well-being. Each of the facilities that Framingham Union transfers to have well-established transfer centers that receive pediatric patients from community hospitals on a daily basis. The transfer process ensures that the transfer of information occurs with the transfer of the patient.

(b) The impact that this may have on the current occupancy rates at alternative delivery sites;

As described above, the current average daily census for the Service at Framingham Union is less than one patient per day. The shifting of this volume to alternative sites to provide inpatient pediatric services to this patient population will represent minimal to no impact on current occupancy rates at the alternative sites.

(c) The ability of the alternative delivery sites to meet the needs of these patients; and

As described throughout this response, Tufts Children's Hospital, Boston Children's Hospital, Massachusetts General, UMass Memorial Children's Medical Center, and Newton-Wellesley Hospital are well-established hospitals with inpatient pediatric services. Accordingly, these alternative sites have the expertise and resources to accommodate the low volume and low acuity of pediatric patients that historically require admission at Framingham Union. Further, the Medical

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Center has existing working relationships with these alternative delivery sites to facilitate care of pediatric patients requiring higher levels of care, demonstrating the ability of these alternative sites to meet the needs of the pediatric patient population in the Medical Center's service area.

(d) Other alternatives if medical needs cannot be accommodated at the proposed alternative sites.

If the medical needs of pediatric patients could not be accommodated at the proposed delivery sites, the Medical Center would seek out transfer availability at other facilities with the capability to accept the patient. The patient would continue to be cared for at the Medical Center until a transfer can be accommodated.

In addition to the regulatory elements listed above, and in light of the Department's review of comments on the proposed closure, your plan must also address the following:

(1) Health Needs of Communities of Color: Description of the Hospital's plans to ensure the health needs of culturally, linguistically, and racially diverse patients will be met, when these patients from the MetroWest area are referred to alternative delivery sites outside of Framingham.

As hospitals with well-established pediatric health care services, the alternative delivery sites provide care to diverse patient populations. The hospitals are committed to providing culturally competent care to their patients, offering a multitude of services including robust interpreter services and diverse staff. When a pediatric patient is referred to an alternative delivery site, any known cultural, linguistic, or other similar needs of the patient will be communicated to the accepting facility prior to transfer to ensure the patient's needs are met upon transfer.

We thank you for your attention to this matter. Please do not hesitate to contact me or Megan Smith-Mady, Esq. if you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "ASL", is positioned below the word "Sincerely,".

Andrew S. Levine

cc: M. Callahan, DPH
S. Davis, DPH
A. Harding, MWMC
E. Kelley, DPH
W. Mackie, DPH
R. Rodman, Esq., DPH
T. Williams, Tenet