



**Shriners Hospitals**  
for Children®

Springfield, MA  
Pediatric Specialty  
Care

February 16, 2021

BY EMAIL ONLY:

[sherman.lohnes@state.ma.us](mailto:sherman.lohnes@state.ma.us)

Sherman Lohnes  
Director, Division of Health Care Facility Licensure & Certification  
Massachusetts Department of Public Health  
67 Forest Street  
Marlborough, MA 01752

**Re: Essential Services Finding**

**Facility:** Shriners Hospital for Children - Springfield

**Services:** 20 Bed Pediatric Inpatient Acute Rehabilitation Service

**Ref. #:** 2152-019

Dear Mr. Lohnes:

On January 21, 2021, the Department of Public Health (the "Department") held a public hearing in response to a notification on behalf of Shriners Hospital for Children – Springfield (the "Hospital") regarding the Hospital's proposed plans to discontinue operation of its 20 bed Pediatric Inpatient Acute Rehabilitation Service (the "Service"), effective March 22, 2021. By letter dated February 1, 2021 (the "Letter"), the Department notified the Hospital that it found the Service necessary for preserving access and health status within the Hospital's service area. As such, the Hospital is required to prepare a plan that details how access to pediatric inpatient acute rehabilitation services will be maintained for the residents of the service area, pursuant to 105 CMR 130.122(F).

Accordingly, this letter details how access to pediatric inpatient acute rehabilitation services will be maintained for the residents of the Hospital's service area. The Hospital's plan includes the elements specified in the Letter as set forth below.

- (1) The Hospital opened the Service on July 9, 2018 and has proposed to permanently close the Service effective March 22, 2021 due to low utilization. From July 2018 through March 2020, 65 children were discharged from the program and the average daily census ("ADC") was 1.61. The health and safety of our patients, families, employees, staff and volunteers always comes first. Accordingly, the Hospital has been measured and cautious in our delivery of services, as the COVID-19 pandemic has continued to evolve. Due to their age and physical challenges, many of our Service patients are especially vulnerable to complications from COVID-19. The Service is an intensive program including a minimum of three hours of rehabilitation contact hours per day. Given our patients, and the intensity of the program, the Hospital determined that it would temporarily refrain from accepting Service patients starting in March 2020. For the reasons set forth above (as detailed in the Hospital's notice dated December 21, 2020, submitted pursuant to 105 CMR 130.122(B)), given the proposed plans to discontinue operation of the Service, the Hospital has not reopened the Service. Accordingly, the Service has no current patients.

- (2) The Hospital provided care through the Service to patients from Massachusetts, Connecticut, Maine, Vermont, New Hampshire, and eastern New York. The number of discharges from the Service by state is shown in the table below:

State	Discharges
Massachusetts	39
New York	9
New Hampshire	6
Connecticut	5
Vermont	4
Maine	1
Non-USA	1
<b>Total Discharges</b>	<b>65</b>

Within these regions, there are alternative delivery sites with adequate space, skill, and resources to handle the increased patient volumes from patients who would be eligible for admission to the Service (“Patients”). Information regarding alternative delivery sites was obtained using publicly available information, including hospital websites.

In western Massachusetts, Mercy Rehabilitation at Mercy Medical Center, located in Springfield, a short distance from Shriners Hospitals for Children, has a dedicated Inpatient Rehabilitation Service with adequate capacity, skill, and resources to accept patients with complex medical conditions starting at age 13. This program is accredited by the Commission for the Accreditation of Rehabilitation Facilities (CARF), supporting the highest quality of care in this type of service. Additionally, Encompass Health Rehabilitation Hospital, located in Ludlow, accepts patients 16 and older with complex medical conditions requiring the same type of physical, occupational, and speech therapy provided at Shriners Hospitals for Children. The program at Encompass is accredited by the Joint Commission with their Gold Seal of approval for stroke, spinal cord and brain injury rehabilitation. Age-appropriate Patients from western Massachusetts and beyond could be served at these alternative sites.

In eastern Massachusetts, Spaulding Rehabilitation Hospital, located in Boston, accepts patients from birth to adult with complex medical conditions including those with tracheostomies. This program is accredited by CARF and is consistently ranked as one of the top rehabilitation hospitals in the country.. Additionally, Franciscan Children’s, located in Brighton and accepts patients from birth to 18 years with complex medical conditions, including those who are the most medically unstable on mechanical ventilators. These two programs are the preferred destination for most pediatric inpatient rehabilitation referrals in Massachusetts because of the longevity and strength of their programs and national reputation for pediatric inpatient rehabilitation services. Patients from Maine, Vermont, New Hampshire, as well as those from western Massachusetts, could be served at these alternative sites.

In Connecticut, the Hospital for Special Care, located in New Britain, accepts patients starting at age 16 who require complex medical care, including those with brain injury, spinal cord injury, neuromuscular needs, wound care needs, tracheostomy, and requiring mechanical ventilation. Additionally, Gaylord Specialty Rehabilitation Hospital, located in Wallingford, is another CARF-accredited facility that accepts patients age 16 and older with

complex medical conditions. Age-appropriate Patients from Connecticut and western Massachusetts could be served by these alternative sites.

Finally, in New York, Sunnyview Rehabilitation Hospital, located in Schenectady, accepts patients from birth to 18 years and provides inpatient rehabilitation care for complex medical conditions including orthopaedic, neuromuscular, brain injuries and spinal cord injuries. Patients from New York could be served by this alternative site.

All of these alternative sites are specifically licensed to provide inpatient rehabilitation services that include at least 3 hours of physical, occupational and speech therapy at least 5 days each week and have adequate space, skill, and resources to care for Patients. Because of the low number of Patients from any one region, and the low utilization of the Service, there would be no material impact on capacity at any of the alternative hospitals. Other specific information requested regarding alternative sites (utilization, medical diagnosis, space) is not publically available, but the Hospital presumes that each alternative site is capable of providing the service for which it is licensed in accordance with applicable requirements.

- (3) The table below shows travel times from discharging acute care hospitals to Shriners Hospitals for Children – Springfield, and from discharging acute care hospitals to potential alternative service delivery sites for both peak and non-peak travel times. All travel times (hours: minutes) were calculated using Google Maps.

Discharging Acute Care Hospital	Travel Time to Shriners Springfield		Alternative Site	Non-Peak Travel Time	Peak Travel Time
	Non-Peak	Peak			
Shriners Hospitals for Children	n/a	n/a	Mercy Rehabilitation	0:10	0:10
			Encompass Health Rehabilitation Hospital	0:16	0:24
			Hospital for Special Care	0:40	1:00
			Franciscan Children's	1:20	1:50
			Spaulding Rehabilitation Hospital	1:25	2:00
Baystate Children's Hospital	0:05	0:05	Mercy Rehabilitation	0:05	0:05
			Encompass Health Rehabilitation Hospital	0:18	0:26
			Hospital for Special Care	0:40	1:00
			Franciscan Children's	1:20	1:50
			Spaulding Rehabilitation Hospital	1:25	2:00
Boston Children's Hospital	1:20	2:00	Franciscan Children's	0:10	0:24
			Spaulding Rehabilitation Hospital	0:16	0:35
UMass Memorial Medical Center	0:50	1:05	Franciscan Children's	0:45	1:35
			Spaulding Rehabilitation Hospital	0:50	1:10
Connecticut Children's Medical Center	0:30	0:45	Hospital for Special Care	0:20	0:30
			Gaylord Specialty Healthcare	0:30	0:45

Children's Hospital at Dartmouth	2:00	2:30	Franciscan Children's	2:00	2:40
			Spaulding Rehabilitation Hospital	1:50	2:20
Albany Medical Center	1:25	1:50	Sunnyview Rehabilitation Hospital	0:26	0:45

- (4) Discontinuance of the Service will not put additional burden for transportation on patients being discharged to alternate rehabilitation sites. The process of securing transportation from an acute care hospital to an inpatient rehabilitation facility for continued care is the responsibility of the discharging facility (i.e., acute care hospital). The care management department of the associated acute hospital arranges for transportation to the rehabilitation facility by ambulance. Infrequently, a child/teen living at home, who has shown medical or functional regression will be referred by their community physician for an inpatient rehabilitation admission. In such cases, transportation from home to rehabilitation facility is performed by parent/guardian. If a unique situation occurs where the parent/guardian cannot transport the child/teen, the care management department from the admitting facility would assist with alternate transportation arrangements.
- (5) The Service has no current patients. For Patients who are within a reasonable commuting distance from the Hospital, intensive outpatient rehabilitation services remain available for patients to receive 3 hours of physical, occupational and speech therapy as needed. As before the inception of the Service, we continue to work with acute care hospitals and other providers to raise awareness of the ongoing outpatient rehabilitation services that continue to be available at the Hospital.
- (6) Patients within the Hospital's service area will access inpatient rehabilitation services at alternative delivery sites through the assistance of care managers from discharging acute care hospitals. Given the low patient volume in the Hospital's Service, and the distribution of originating Patients across several states, occupancy rates at alternative delivery sites should be immaterial and other sites should be able to meet the needs of Patients. All of the alternative sites have adequate space, staff and expertise to meet the needs of these Patients.

As part of our outpatient rehabilitation service, the Hospital offers pediatric intensive outpatient rehabilitation. This physiatrist-led treatment provides multidisciplinary outpatient therapies up to 3 hours per day, 5 days per week for children who do not require inpatient admission. Customization of intensity and frequency is available, and based upon physician assessment of unique patient's needs. For select patients, this program is an appropriate referral directly following an acute hospital stay. The local Ronald McDonald House remains an option for patient and guardian housing for some patients to more conveniently participate in this program. Medical stability, mobility status and endurance will influence acceptance. All children/teens under the age of 18 may be referred, regardless of ability to pay. In addition to post-acute referrals, community-based referrals are also accepted.

In addition to the regulatory elements listed above, the Department's review of comments on the proposed closure included additional questions addressed below:

- (1) As discussed above, Patients admitted to facilities for inpatient rehabilitation services are typically discharged from acute care hospitals. The care management teams at the discharging acute care hospitals work directly with the clinical liaisons from inpatient rehabilitation facilities to evaluate the needs of the patient and the availability and resources

of the program through a comprehensive discharge assessment process prior to discharge and transfer. The acute care hospital is responsible for transportation to the rehabilitation facility.

Given the low Service utilization rates, the anticipated impact on Patients is low, and the Hospital will further minimize any impact by working to find appropriate placements for Patients, as we did prior to the opening of the Service.

For acute inpatients at the Hospital who require referral to an inpatient rehabilitation facility following discharge, the Hospital's care management team would work with the family to identify the inpatient rehabilitation facility closest to their home and to assess availability and resources, consistent with patient need and choice. The Hospital would be responsible for arranging transportation to the inpatient rehabilitation facility. The Hospital maintains transfer relationships with regional acute care hospitals to care for patients with high levels of medical complexity that cannot be cared for at the Hospital or at a rehabilitation facility.

- (2) From July 2018 through March 2020, the Hospital provided Inpatient Rehabilitation services to patients from Massachusetts, Connecticut, Maine, Vermont, New Hampshire, and eastern New York. The table in response (3) above provides alternate sites in each area where adequate space, resources, and expertise are available to provide care for patients from these areas, as described in response (2), above. The breakdown of discharges by state and by county within Massachusetts is shown in the table below

State	County	Discharges
Massachusetts		39
	Hampden	29
	Hampshire	4
	Worcester	3
	Franklin	2
	Berkshire	1
New York		9
New Hampshire		6
Connecticut		5
Vermont		4
Maine		1
Non-USA		1
Total Discharges		65

- (3) Since the decision was made to discontinue the Service, we have been working closely with staff impacted to find alternative positions within the Hospital. Natural turnover, through either resignations or retirements, has allowed us to “re-assign” staff to vacant positions. This focus on “reallocation of staff” over the coming weeks is expected to minimize, though not eliminate, reductions in force.

Shriners Hospitals for Children - Springfield remains committed to our mission of providing the highest quality care for children with neuromusculoskeletal conditions, and other special healthcare needs within a compassionate, family-centered and collaborative environment, to provide for the education of physicians and other healthcare professionals, and to conduct research to discover new knowledge that improves quality of care and quality of life of children and families regardless of the ability of a patient or family to pay.

We welcome any questions or concerns you might have and will work with the Department of Public Health throughout the process.

Sincerely,



Edward W. Geoffrion  
Chairman, Board of Governors



H. Lee Kirk, FACHE  
Hospital Administrator

516 Carew Street  
Springfield, MA 01104-2396  
Tel: 413-787-2000  
[www.shrinershospitalsforchildren.org](http://www.shrinershospitalsforchildren.org)