

HUSCH BLACKWELL

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August 22, 2023

VIA EMAIL

Stephen Davis, 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: UMass Memorial HealthAlliance-Clinton Hospital – Closure of Maternity Inpatient Services

Dear Mr. Davis:

We write on behalf of UMass Memorial HealthAlliance-Clinton Hospital's Leominster Campus, located at 60 Hospital Road, Leominster, MA 01453, (the "Hospital") to provide the Department of Public Health (the "Department") with the Hospital's plan to preserve access and health status in the Hospital's service area, after the closure of the Hospital's inpatient maternity services ("Services").

The Hospital made this decision after investing significant resources and efforts to try to maintain the Services. Despite this difficult and necessary decision, we want to assure the Department and the community that prenatal and postpartum services will continue to be provided in the community, the Hospital is providing additional resources and training to enhance healthcare services in the service area, and the Hospital is developing a transportation plan to help those patients who do not have access to private transportation to delivery sites.

Part 1

1. Information on utilization of the Services prior to proposed closure: current and historical utilization rates (volume) for the Services (Fiscal Year YTD and last 6 Fiscal Years)¹.

¹ This chart is based on the Hospital's internal numbers based on patient discharge date. Please note these are slightly different than the CHIA data cited below (Hospital Maternity Inpatient Occupancy Rate) likely because the internal Hospital numbers are regularly updated while the CHIA data is based on occupancy and discharge data at a single point in time.

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FY October 1-September 30	2023 FY YTD June	FY2022	FY2021	FY2020	FY2019	FY2018	FY2017
<i>Total Births at Hospital</i>	359	511	572	557	564	634	762
<i>Avg. births per day</i>	1.3	1.4	1.6	1.5	1.5	1.7	2.0

2. Location and service capacity of alternative delivery sites.

Based on current and historic utilization information, there is more than adequate capacity at alternative delivery sites for the anticipated increase in patient volume after closure of the Hospital's Services.

Hospital Maternity Inpatient Occupancy Rate FY19-FY21²

	Discharges			Patient Days			Avg Daily Census			Licensed Beds			Occupancy Rate		
	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
UMMH															
UMass Memorial Medical Center	4,305	4,151	4,148	14,768	13,995	13,620	40.5	38.3	37.3	65	65	65	62.2%	59.0%	57.4%
HA-Clinton	568	547	561	1,579	1,373	1,326	4.3	3.8	3.6	19	19	19	22.8%	19.8%	19.1%
UMMH Total	4,873	4,698	4,709	16,347	15,368	14,946	44.8	42.1	40.9	84	84	84	53.3%	50.1%	48.7%
Saint Vincent Hospital	1,920	1,789	1,840	5,776	5,025	4,900	15.8	13.8	13.4	28	28	28	56.5%	49.2%	47.9%
Heywood Healthcare	380	375	324	967	929	773	2.6	2.5	2.1	11	11	11	24.1%	23.1%	19.3%
Emerson Hospital	1,235	1,273	1,292	3,558	3,466	3,448	9.7	9.5	9.4	24	24	24	40.6%	39.6%	39.4%
Grand Total	8,408	8,135	8,165	26,648	24,788	24,067	73.0	67.9	65.9	147	147	147	49.7%	46.2%	44.9%

As the above chart indicates, there are four other hospitals in the service area that offer inpatient maternity services. This data demonstrates that there is sufficient capacity at the other hospitals in the service area to accommodate the patient volume from HealthAlliance-Clinton, which has an average daily census of between 4.3 and 3.6 patients, including birthing and postpartum patients.

Although some patients will choose to deliver at other sites in the service area, many will choose to deliver at UMass Memorial Medical Center (the Medical Center). As reflected in the above chart, the Medical Center has sufficient staff and physical capacity to accept all of the deliveries that currently occur at the Hospital.

² Source: CHIA Inpatient Case Mix and CHIA 403 Cost Report Data.

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3. Travel times to alternative sites.

Travel times during peak times (8:00 AM and 5:00 PM), based on recommended routes from Mapquest.com.

	HealthAlliance Clinton - Leominster Campus		Heywood		Memorial (the Medical Center)		St. Vincent		Emerson	
	Miles	Time	Miles	Time	Miles	Time	Miles	Time	Miles	Time
Fitchburg	4	8	15	20	26	29	27	29	26	30
Leominster	1	3	15	19	22	23	22	23	23	25
Lunenburg	6	11	18	25	26	30	27	30	26	31
Athol	27	30	16	21	41	50	42	49	51	56
Ashburnham	15	20	7	10	30	40	30	39	39	41
Ashby	12	20	15	22	41	43	34	40	34	41
Gardner	14	16	1	4	28	36	29	35	38	45
Townsend	11	19	23	31	32	39	32	38	27	36
Westminster	9	11	5	9	23	30	23	29	33	41
Winchendon	23	26	9	11	45	46	45	46	45	52
Clinton	13	17	26	30	15	22	16	21	22	26
Sterling	10	11	23	25	17	19	18	18	26	33

Travel times during non-peak times (noon), based on recommended routes from Mapquest.com.

	Health Alliance Clinton- Leominster Campus		Heywood		Memorial (the Medical Center)		St. Vincent		Emerson	
	Miles	Time	Miles	Time	Miles	Time	Miles	Time	Miles	Time
Fitchburg	4	8	15	20	26	29	27	29	26	30
Leominster	1	3	15	19	22	23	23	21	22	24
Lunenburg	6	11	20	25	26	30	27	30	25	30
Athol	27	30	16	21	41	50	42	49	49	50
Ashburnham	15	20	7	10	37	40	30	39	37	41
Ashby	12	20	15	22	34	41	34	41	34	41

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Gardner	14	16	1	4	28	36	29	35	36	37
Townsend	11	19	23	31	34	39	32	38	26	35
Westminster	9	11	5	9	23	30	23	29	31	32
Winchendon	23	26	9	11	45	46	45	46	45	47
Clinton	13	17	26	30	15	22	16	21	22	26
Sterling	10	11	23	25	17	19	18	18	27	27

4. Assessment of transportation needs and plan to meet those needs.

The Hospital is developing a plan to address transportation needs for its patients after the closure of the Services, including access for patients in the Hospital's service area who need interpreter services. This plan is based on the Hospital's existing understanding of the transportation needs of its current patients and will be further adapted to address the needs and barriers identified by Health Resources in Action (HRiA) and the community.

The Hospital is taking a multi-pronged approach to assessing the transportation needs of patients after closure of the Services including a review of existing transportation assessments for the service area.

- **Hospital assessment:** The Hospital has engaged HRiA to assess the current state of prenatal and postpartum care in the Hospital's service area and identify the priorities going forward, including barriers to access to care.

HRiA is using existing data from public health sources and the Hospital to conduct a scan of current clinical care services and social services for prenatal and postpartum populations in the hospital's service area. Through this activity, HRiA is identifying existing services and opportunities for building onto current services and resources. HRiA is also collecting qualitative information through key informant interviews and focus groups. This assessment will be completed and presented to Hospital leaders and community members in the fall of this year.

- **Other Assessments:**
In addition to the HRiA assessment, the Hospital's transportation plans will be informed in part by the following recent assessments that included as assessment of regional transportation needs:
 - **UMass Memorial HealthAlliance-Clinton Hospital's 2021 Community Health Needs Assessment**

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- **The Coordinated Public Transit–Human Services Transportation Plan (CPT-HSTP)
Making Opportunity Count’s 2024-2026 Community Assessment Report**

For non-emergency transportation, the Hospital intends to contract with the local regional transit authority, Montachusett Regional Transit Authority (MART) to supplement the inter-regional transportation available for women and birthing persons to travel from the patient’s location directly to one of the alternative hospitals in the region when the patient needs unscheduled, non-emergency care at an inpatient maternity service.

This transportation plan intends to cover:

- Non-emergency medical transport of birthing people identified with transportation barriers that are patients of local obstetrics/gynecology (OB/GYN) practices currently with privileges at the Hospital to one of the other four hospitals with maternity centers for deliveries or urgent obstetric needs (the Medical Center, St. Vincent, Emerson or Heywood).
- Family Transportation to the Medical Center
 - Family Transportation will be available during scheduled visiting hours.
- Utilizing findings from the community engagement process, develop a website page and collateral materials that assists patients, families, and visitors to identify existing public transportation services, as well as other potential transportation resources focused on the Hospital’s target population needs for travel to Worcester, Gardner, and Concord, as well as within the service area.

This transportation plan is not intended to cover:

- Emergency transport for birthing person.
 - A patient should always call 911 or go to the closest Emergency Department, including those located at the Hospital’s Leominster and Clinton campuses, if they need emergency medical attention. EMS or the local ED staff will assess and determine the appropriate facility for transport, if necessary. As discussed in response to Question 2.6, additional obstetric training continues to be provided to the Hospital’s ED caregivers and will be provided to local EMS.
- Medical prenatal and postpartum appointments to community OB/GYN
 - These prenatal and postpartum services will continue to be provided in the community after the closure of the Services. The responses to Question 2.10 and 2.11 provide further details about services in the community.

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5. Continuity of care for current patients/how patients will obtain services at alternative sites.

After the closure of the Services at the Hospital, patients will continue to receive their prenatal care from OB/GYN practices in the area, as they do now. The Hospital is working closely with these practices. As discussed further in response to Questions 2.6 and further below, two of these practices are part of the UMass Memorial Health (UMMH) system and will continue to provide prenatal and postpartum care to their patients. Patients will be given the option to choose to deliver at the Medical Center, or the patients can choose an alternative delivery site. To ensure that patients are aware of their options for delivery sites, the Hospital has developed a letter that has been offered to the community practices in the Hospital's service area to provide to their patients. The Hospital has also offered to translate this letter for each practice if requested. In addition, the Hospital is developing a transportation plan, described in response to Question 1.4, to assist patients who do not have access to private transportation to alternative delivery sites for non-emergency services.

6. A protocol that describes how patients in the Hospital's service area will access the services at alternative delivery sites.

Pregnant patients in the Hospital's service area receive their prenatal and postpartum care at community practices including Montachusett Women's Health (MWH), which is a UMMH practice, at the Fitchburg Family Practice, which is a Hospital-based outpatient service located on the Fitchburg campus, and at Family Medicine and Maternity Care (FMCC). This will not change when the Services close. Patients will continue to receive their prenatal and postpartum care in the community, as they currently do. As mentioned above, the Hospital has developed a letter that has been provided to these practices, which will be translated into the main languages spoken in the community, to help patients understand their options. Patients can choose to deliver at the Medical Center, or at one of the other hospitals that offers inpatient maternity service. As discussed above, for the last several years, the Hospital has had an average of fewer than two births a day. The other alternative delivery sites can incorporate this volume into their current practices, and the Medical Center has capacity to accept all of the projected births. Currently, most patients in the service area who have high-risk pregnancies and births have their care transferred to UMMH OB/GYN practices located in Worcester for prenatal, antepartum, intrapartum, and postpartum services at the Medical Center, given their increased care complexity and needs. The Medical Center will continue to treat these patients in Worcester, and as discussed in response to Question 2.7, the Medical Center has a history of an active approach to welcoming culturally and linguistically diverse patients and communities of color. Clinicians who practice at the Hospital have been offered the opportunity to apply for privileges at the Medical Center. Once the clinicians' privileges are approved, they can perform their patients' deliveries at that location. In addition, patients

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can plan to deliver at the Medical Center with another clinician on staff or elsewhere if desired. Please see the response to Question 2.10 for more details.

Part 2

Below are the Hospital's answers to the Department's additional questions.

1. Transportation.

Access to prenatal and postpartum care will not change when the Services close: these providers remain in the community and pregnant patients will continue to access this care as they do now. For those patients who do not have access to private transportation to get to the hospital where they will deliver, the Hospital is developing a plan to contract with MART to supplement the inter-regional transportation available for women and birthing persons to travel from the patient's location directly to one of the alternative hospitals in the region when the patient needs unscheduled, non-emergency care at an inpatient maternity service. The plan is described in response to Question 1.4.

As discussed in response to Question 2.7, UMMH has a comprehensive Language Access program to meet the cultural and linguistic needs of the patients and communities of color receiving services within the UMMH system.

2. Transportation times.

As discussed in the response to Question 1.4, the Hospital has a robust plan to help with transportation for pregnant people who need transportation assistance. Further, as discussed in response to Question 2.5, labor rarely requires transfer by EMS or leads to out of hospital deliveries. Fewer than 1% of deliveries in Massachusetts occur outside of a hospital and the majority of these (60%) are planned deliveries in non-hospital birthing centers or at home.³

Although the Hospital anticipates few, if any, out of hospital deliveries after the closure of the Services, additional training will be provided to support the best possible outcomes for those rare cases. The Affiliate Hospital Medical Directors (AHMD) of the area EMS providers, the majority of whom are affiliated with UMMH, will facilitate the provision of additional training in the areas of labor and delivery, pre-eclampsia and eclamptic seizures in regular case-review rounds. One hundred percent of labor-related pre-hospital calls will be reviewed by the

³ Trends and state variations in out-of-hospital births in the United States, 2004-2017, Marian F MacDorman, Eugene Declercq 019 Jun;46(2):279-288. doi: 10.1111/birt.12411. Epub 2018 Dec 10. PMID: 30537156

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AHMD and the EMS providers so that any opportunities for learning are shared with the entire clinical staff. In addition, quarterly case review rounds will continue to occur with EMS providers who have ambulance affiliation agreements with UMMH.

3. Ambulance service availability.

It is important to note that the Hospital has had fewer than two births a day for the last several years. Of those, over one third are indicated and scheduled cesarean deliveries or scheduled inductions. Additionally, there is most commonly sufficient warning to get to care prior to active labor.⁴ As discussed further in response to Question 2.5, very few of the remaining deliveries require emergency transportation. This means that the potential impact on the EMS system is limited in scope.

Regional protocols are regulated by OEMS standards and will not change as a result of the closing of the Services. Based upon the presentation of the patient in the community, the patient may be referred to the nearest hospital to provide emergency evaluation or a decision would be made to transport the patient to a hospital with specialized inpatient obstetric care. This is similar to any other medical condition requiring specialized care such as Multisystem Trauma.

The Hospital has an agreement for the provision of EMS interfacility transports and collaborates with the other private EMS providers and municipal EMS/fire services. The Hospital has met with EMS providers and Central Mass EMS Corporation (CMED) several times to discuss the potential impact of closing the Services.

To monitor the impact of the closure on the EMS system, the Hospital will continue to review monthly statistics including, but not limited to: response times for both Basic Life Support (BLS) and Advanced Life Support (ALS) requests, times of transfers, and outliers based upon preestablished standard performance metrics. These data are reviewed monthly and incorporated into the overall hospital quality program and through the hospital board structure. In the near future these data will be shared regionally with the other EMS providers in an effort to ensure standards of review across the central mass region. The Hospital will continue to meet quarterly with the local fire, EMS and police.

In addition, to mitigate the impact of the closure on the EMS system, the Hospital has made plans for alternative transportation for maternity patients who need transportation to a hospital

⁴The first stage of labor from 0-6 cm, also called the latent phase is 3.9 (median) to 17.7 (95th percentile) hours for first time (nullipara) patients and 2.2 (median) to 10.7 (95th percentile) for patients who have had a prior baby (multipara). ACOG & SMFM Obstetric care consensus No. 1, Obstet Gynecol 2014; 123(3):693711.

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for delivery, but who do not need EMS level of transport. Please see the response to Question 1.4 for more details.

4. Medical Control.

The transfer of pregnant and laboring pregnant patients is anticipated in the Statewide Treatment Protocols, Appendix A1, Interfacility Transfer Guidelines and protocols, Part D5 – Pregnancy Related. These protocols specify that if there is anticipation of delivery during the out-of-hospital time, an appropriate ED Staff member must accompany the patient. This is the practice that has taken place in other hospitals located in the community which do not have obstetrical services.

As mentioned above, the AHMDs, who are part of the UMMH system, provide oversight of several of the local EMS providers. There will be additional training in the areas of labor and delivery, pre-eclampsia and eclamptic seizures which will be provided in regular case-review rounds. One hundred percent of labor-related pre-hospital calls will be reviewed by the AHMDs and their team.

The Hospital's primary contracted EMS transfer service is Medstar Ambulance. Their assigned AHMD is a UMMH physician who regularly provides services at the Hospital's ED in Leominster. He will be reviewing 100% of labor-related transfers provided by MedStar. MedStar also provides ALS support for the Town of Fitchburg. As such, they will also have the enhanced labor and delivery education described above.

Case review rounds are conducted for all of the Hospital's EMS providers who have affiliation agreements with a UMMH entity on at least a quarterly basis. Labor-related calls will be reviewed with the EMS providers at these sessions so that any opportunities for learning are shared with the entire clinical staff.

5. Transfer during labor.

The American College of Obstetricians and Gynecologists (ACOG) has issued Committee Opinion 667⁵, regarding the obligation of hospitals to triage patients who present with obstetric concerns. It explicitly states that the medical condition of having contractions is not in itself an emergency and does not make a patient unstable for transfer. According to EMTALA, if a qualified medical professional is able to determine that a patient with contractions is stable, the patient would be eligible for release or transfer. The patient would only be considered unstable if there is not enough time to transport to another hospital or if the transport itself

⁵ Committee Opinion issued July 2016, reaffirmed 2020.

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would endanger the patient or the fetus. ACOG recommends determining whether transport is appropriate by using a tool such as the maternal fetal triage index. The Hospital currently engages in such triage determinations when necessary, and this will not change after the Services close. As noted in response to Question 2.4, the transfer of pregnant and laboring pregnant patients is anticipated in the Statewide Treatment Protocols, and if there is a concern about delivery during the out-of-hospital time, an ED staff member accompanies the patient. As discussed further in response to Questions 2.6 and 2.12, the Hospital's ED staff has been trained for such care, and this training is being further enhanced in anticipation of the closure of the Services. The Hospital will continue to comply with EMTALA obligations regarding pregnant patients that present to the Hospital.

6. Emergency Department volume.

The ED at the Hospital's Leominster campus was extensively renovated in 2020. It is designed to care for more than 50,000 patients per year. The current annual visits are approaching 42,000 visits per year. There has been an increase in core staffing and emergency medicine providers. Extensive process redesign efforts have decreased wait times, expedited patients to the providers, and has improved the overall satisfaction of patients. The ED is able to absorb any and all additional volume that would occur as a result of the closure of the Services.

Obstetric emergencies are fundamental to the training and education of emergency medicine providers and nurses. They currently assess and treat patients with obstetric emergencies in their regular practice. In anticipation of the closure of the Services, the nurses and emergency medicine providers are currently receiving additional education to augment their care of obstetric emergencies. This additional training will continue after the closure. The Hospital will provide education specific to emergency obstetric care in the community hospital emergency department setting. This will include training the nursing staff in maternal and neonatal care, fetal assessment, simulation with obstetric emergency equipment and procedures, and emergency response drills with all appropriate staff. Current providers and emergency medicine faculty will also participate in obstetric emergency training, with support from the Medical Center. In addition, nursing leadership at the Medical Center will meet with Hospital staff in person to provide additional insights.

Currently the ED is managing GYN and all early OB concerns up to 20 weeks gestational age. When the ED determines that consultation is necessary, the ED seeks guidance from OB/GYN staff but rarely does OB/GYN need to be present in the ED to manage these conditions. This would not change in the future. The standard has been and will continue to be that GYN and early OB concerns are managed in the ED. This volume is already accounted for in the current

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ED volume and capacity. This is the model that is followed at other hospitals with no maternity service such as Marlborough Hospital and Harrington Hospital.⁶

When patients have concerns, they will call their OB/GYN and discuss if or where they need to be seen. In the future, as above, patients will be directed to the Hospital for GYN and early OB and to the Medical Center or another hospital of the patient's choosing for later OB concerns. For anticipated care over 20 weeks, this volume will be sent to the Medical Center or another hospital of the patient's choosing and will not affect the Hospital's ED capacity.

After the closure, any patients who arrive at the Hospital who are over 20 weeks pregnant will be seen and evaluated by the ED. The ED providers are skilled and trained for this occurrence. The current OB/ED algorithm at the Medical Center has pregnant patients with non-OB related issues (e.g. gallstones, asthma without hypoxemia) managed in the ED exclusively. Similarly, the Hospital's ED can and does manage the treatment of such patients. For patients over 20 weeks with OB related concerns or non-OB concerns that have the potential to impact pregnancy (e.g. asthma with hypoxemia), sometimes these can be managed by the ED (as is done at many hospitals without maternity services) but sometimes it requires OB/GYN care and those patients will need to be transferred to the Medical Center after consultation with the Medical Center physicians. For a patient who is unstable for transfer (see response to Question 2.5) with imminent delivery, the ED staff, who are fully trained for such an occurrence, will perform the delivery. After delivery, both the mother and baby would be transferred to the Medical Center for care.

The UMMH system has experience with this model and has seen that it effectively provides for safe deliveries and manages volume in EDs. Neither Harrington Hospital nor Marlborough Hospital have inpatient maternity services and the hospitals are successfully integrated with the Medical Center's maternity service while retaining an active outpatient OB/GYN practice in their communities.

7. Cultural and linguistic needs.

Worcester, where the Medical Center is located, has a significant population of culturally and linguistically diverse patients and communities of color, and the Medical Center has a history of an active approach to welcoming and serving these patients. In addition, the Medical Center's OB/GYN program has appointed a Director for Diversity, Equity and Inclusion (DEI), and includes DEI considerations in quality case presentations and other teaching. Patients from the Hospital's service area who choose to deliver at the Medical Center will have access to these services.

⁶ Harrington Hospital closed its maternity services prior to becoming part of the UMMH system.

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UMMH has a comprehensive Language Access program to meet the cultural and linguistic needs of the patients receiving services. UMMH has created a centralized interpreter services department that is being integrated into all the UMMH hospitals, medical groups, and Community HealthLink. The UMMH OB/GYN practices in the Hospital's service area (discussed in detail in response to Question 2.10) are or will be fully integrated into this service by October 2023. MWH is already part of the integrated Language Access program. In addition, the OB/GYN practice at the Hospital's Fitchburg Family Practice will be fully included by October 2023, but already has access to Video Remote Interpreter technology which provides expansive translation services.

Interpreter Services are coordinated through a central office that has 24/7 real-time support, processes calls from providers and patients, triages requests, assigns appropriate interpreter modality for patients, and provides live interpreters when needed. Interpreter services receives notification of service needs prior to appointments: clinical areas are automatically notified by email of interpreter needs a day before patient appointments. These notifications will indicate which modality (e.g., video, phone, in person) is recommended based on UMMH's electronic medical record data. Interpreter services also coordinates interpreter needs and determines the recommended interpreter modality for a patient, including live interpreters based on established criteria. Finally, UMMH has expanded the use of video remote interpreter technology, which makes it possible to offer 42 video language services and 250 telephonic languages on demand, American Sign Language and Certified Deaf Interpreters, and access to our own UMMH interpreters on a 24/7 basis. All of these services will be available to patients seeking prenatal and postpartum care at a UMMH location, including any patient delivering at the Medical Center. The goal at UMMH is to communicate with every patient in their chosen language to receive health information at every touchpoint in their care journey. In line with this goal, the Hospital has information on its website about the closure, available in the three main languages of its patients: Spanish, Portuguese and Haitian Creole. (See <https://www.ummhealth.org/healthalliance-clinton-hospital/information-about-inpatient-maternity-unit-closure>.)

Although UMMH cannot control the activities at alternative care sites that are not part of its system, these hospitals are obligated to comply with accreditation requirements, as well as state and federal mandates regarding translation and language access.

8. Equity and inclusion.

The resource mapping and needs analysis discussed in response to Question 2.4 and Question 2.9 will identify possible disproportionate effects of the closure of the Services on marginalized communities, and the Hospital will base its ongoing support on the needs identified through

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that work. Currently, the Hospital is communicating with patients who may be impacted by the closure, including developing a patient letter, which will be translated into Spanish, Portuguese and Haitian Creole, to explain how to access inpatient maternity services going forward. In addition, the Hospital's transportation plans will assist marginalized community members who do not have access to private transportation, who need help getting to their delivery hospital.

Over the last five years, UMMH—in partnership with Reliant Medical Group—launched and has continued to expand the Community HELP Platform, a central Massachusetts community resource repository. UMMH has worked with local community service organizations to verify and update listings on the platform. As of August 2023, 193 different community organizations have verified 457 program listings serving the North Worcester County area on the Community HELP Platform and in the last year (August 2022-July 2023), more than 5,500 searches have been conducted on the platform. Moving forward, UMMH plans to work with these local organizations to further increase the usability of the platform and the quality of listings so that residents of North Worcester County can locate the resources they need to live healthy lives—especially marginalized residents. UMMH is also working to get the word out to residents about this platform by sharing the link and QR code as much as possible—to enable residents to find resources wherever they might be. The website is located here: www.communityhelp.net.

UMMH trains caregivers in primary and specialty care offices to screen patients for their health-related social needs and to use Community HELP to link patients to resources in the community. Fitchburg Family Practice uses this screening tool now and training will be provided to MWH staff to use it in the near future. Over the next year, UMMH will be updating the screening and referral processes to ensure resources are shared with more patients and in more culturally appropriate and patient-centered ways.

The Hospital has a robust community benefits program that helps connect marginalized community members with social supports in the area, including screenings and outreach for residents living with or at high risk for a chronic disease; community health and education programs; and other supports to address social determinants of health. As part of the Hospital's Determination of Need funds related to the new ED, the Hospital agreed to invest more than \$2.3 million over a five-year period. During FY23, the Hospital has invested over \$487,000 to fund community-based initiatives aimed at tackling the urgent health challenges of food insecurity, substance use disorder, and workforce development. To date, over \$1.8 million dollars has funded approximately 76 community-based programs and services to address needs identified by the community. The balance of the funds will be disbursed during FY24.

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9. Engagement with community groups.

As mentioned above, the Hospital has retained Health Resources in Action, Inc. (HRiA) to conduct a focused community needs assessment and gap analysis pertaining to access for women and birthing people in the Hospital's service area. Working with the Hospital staff, HRiA has begun to engage in the following activities: asset mapping of current clinical care and social service for prenatal and postpartum populations in the Hospital's service area; key informant interviews with stakeholders working in women's health and social services; and focus group discussions with community residents and other stakeholder groups such as frontline workers in women's health or social services. To ensure that the Hospital had identified the appropriate list of stakeholders for the HRiA assessment, Hospital staff met with community leaders to develop and review the list. HRiA will synthesize this information to create a portrait of the prenatal and postpartum health needs and assets in the Hospital's service area, with priority areas and recommendations. This will help inform the development of the Hospital's Women's Health Investment Initiative's RFP, which will provide three years of grants to fund proposals that meet those identified needs in the service area. In addition, the Hospital will continue to engage HRiA to conduct an annual assessment of the impact of this work after each of those three years and the findings will be shared with the community.

The work that HRiA is completing in support of the Women's Health Investment Initiative will align with the hospital's broader efforts to understand the needs of the community. In the next fiscal year, the Hospital will begin its new community needs assessment process and is seeking to expand the Hospital's Patient and Family Advisory Council (PFAC) and Community Benefits Committee memberships.

10. Continuing access to care.

As mentioned above, there are three active practice groups providing ambulatory obstetric care and delivering at the Hospital: MWH, Fitchburg Family Practice, and FMMC. Patients in the Hospital's service area regularly receive their ambulatory prenatal care from providers in those offices. The full scope of outpatient OB/GYN care is provided in the MWH office – obstetric ultrasound, office visits, and outpatient GYN procedures. High-risk pregnancy subspecialists from the maternal fetal medicine group at the Medical Center go to MWH twice a month to provide advanced ultrasound evaluations and consultation for patients who need that level of care. Low risk obstetric care is provided at MWH, Fitchburg Family Practice and FMMC. High-risk patients are referred to MWH or to the Medical Center depending on degree of risk and need. This will not change when the Services close.

When the Services at the Hospital close, MWH and Fitchburg Family Practice will add antenatal testing (as this is currently performed in the Hospital) to provide additional fetal

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assessment services for patients. The Hospital will provide both MWH and Fitchburg Family Practice with fetal heart monitors. The availability of this equipment is anticipated to reduce the need to travel to a hospital during regular office hours for some prenatal concerns.

Clinicians who practice at the Hospital have been offered the opportunity to apply for privileges at the Medical Center. Once the clinicians' privileges are approved, they can perform their patients' deliveries at that location. Patients can also plan to deliver at the Medical Center with another clinician on staff. In addition, the Hospital has hired a new family medicine specialist with maternity expertise to work at Fitchburg Family Practice. This physician is starting in October and is currently applying for privileges at the Medical Center.

11. OB/GYN physicians.

As noted above, routine ambulatory, preventive, diagnostic and interventional OB/GYN care for patients will continue to be provided in the community as it is currently provided. In addition, the Hospital has hired a new family medicine specialist with maternity expertise who will be practicing at Fitchburg Family Practice starting in October. MWH is also actively recruiting for additional staff. The family medicine practices will continue to provide ambulatory neonatal and newborn care. The practitioners at MWH and Fitchburg Family Practice will continue to provide ambulatory prenatal and postpartum care regardless of the ability of patients to pay for such services.

12. Staffing.

The staffing challenges at the Hospital's maternity service are part of a well-documented, nation-wide problem for health care facilities, and these problems are intensified for maternity units. The challenges are further exacerbated for small community-based programs such as the one at the Hospital, as providers and nurses generally prefer large academic medical centers where there are greater resources and the volume to maintain their skills.

Given these challenges, and as part of the ongoing effort to maintain the maternity service, the Hospital has made recruiting of staff a priority prior to and throughout the COVID-19 pandemic. The Hospital sought both licensed and non-licensed adjunctive staff. All applications received by the Hospital were reviewed and considered for employment when appropriate. As part of the efforts to recruit nursing staff, the Hospital:

- Changed the shifts schedules from 8 hour to 12 hour shifts, in response to nurse requests;
- offered internal cross training for existing nursing staff;
- created positions for newly licensed nurses;
- used a dedicated talent acquisition specialist;

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- created a surgical technician development program for LPNs;
- employed national search firms;
- offered incentive shift bonuses and sign on bonuses;
- increased per diem positions;
- opened the RN positions to internal candidates with no prior obstetric experience;
- hired traveler RNs and surgical technicians; and
- renegotiated the labor contract out of cycle to increase RN pay rates.

To try to attract additional physicians, the Hospital has offered hiring incentives, sought locum tenens physicians, and has offered competitive compensation offers to UMMH OB/GYNs willing to cover shifts at the Hospital.

The Hospital is committed to maintaining the current Services through September 23, 2023. To ensure that is possible, the Hospital has hired additional traveler nurses, and OB/GYN physicians from the Medical Center are helping by covering shifts at the Hospital, however these staffing measures are not sustainable indefinitely and are aimed at staffing the Services at the Hospital only until the proposed closure date.

To address the needs of patients after the closure, the Hospital has ongoing plans for training and evaluation of staff. The most immediate issue would be patients presenting to the Hospital's ED in labor. In such cases, staff would follow the standard of care and proceed to determine if the patient is indeed in labor by performing a Medical Screening Examination by a qualified individual. If the patient is laboring, then an appropriate decision will be made regarding delivery based upon the risk and benefits of a transfer to an obstetrical center or continuing with an emergency delivery at the Hospital. As noted in response to Question 2.5, ACOG encourages hospitals to triage patients that present with obstetric concerns in this manner, and contractions do not in themselves create an emergent situation or make a patient unstable for transfer. The Hospital's ED personnel are trained for such emergencies and have been doing additional training and drills to prepare for closure of the Services.

The Hospital's provider and support staff have expertise in handling prenatal and postpartum common and emergency issues. The Hospital will continue to have maternity care expertise available for consultation to the ED providers through the Hospital's OB/GYN and Family Medicine staff with maternity care expertise and UMMH OB/GYN clinicians are also available for consultation and coordination. Additionally, the Hospital has transfer agreements in place with the Medical Center and other local hospitals providing maternity, prenatal and postpartum care as well as neonatal ICU expertise in case transfer is required to successfully manage such issues.

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13. Alternative solutions.

The Department asked what resources are needed to maintain the inpatient maternal services and avoid closure. Financial support alone is not enough to maintain the program. As discussed earlier in this response, the Hospital has invested substantial resources and engaged in robust efforts to shore up the inpatient maternity service over the last five years, but this has not been successful. In order to keep the Services open, the Hospital must have adequate staff at all times. Since the Hospital was unable to hire sufficient qualified nursing staff, technicians, NPs, and physicians, the Hospital cannot meet the regulatory requirements to maintain the service in the future. To maintain the current service – the Hospital would need to recruit numerous additional nurses, surgical technicians, OB/GYN physicians, and anesthesiologists. However, there are not enough births locally to support an increase in local OB/GYNs. New OB/GYNs are primarily taking jobs in a setting like the Medical Center in Worcester, where they can be active enough that each practitioner can assist with between 170-220 births per year to maintain skills and thus quality of care delivered.

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

Sincerely

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