



August 26, 2020

Via Email

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

Re: Holyoke Medical Center – Closure of Inpatient Obstetrics/Maternity and Well Infant Nursery – Response Plan

Dear Attorney Lohnes:

We write on behalf of Holyoke Medical Center, located at 575 Beech Street Holyoke, MA 01040 (the “Medical Center”). In response to the Department of Public Health’s (the “Department”) Essential Services Finding letter dated August 12, 2020 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 Obstetric/Maternity beds and Well Infant nursery bassinets (collectively, the “Services”) will be maintained for the residents of the Medical Center’s service area, along with the additional information requested in the Finding letter.

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

Last year, 368 babies were born at the Holyoke Medical Center – on average one per day. This represents a fifteen percent (15%) decrease in births since 2012. Fiscal year 2020 volume for seven (7) months is also low at 163 births and corresponds to October 1, 2019 through April 4, 2020 when the Services changed to provide care for the Soldiers’ Home residents as a result of the Coronavirus pandemic. Since April 4, 2020, no births have occurred at the Medical Center. The pandemic remains ongoing and the Medical Center continues to use this unit to treat residents from the Soldiers’ Home in Holyoke.

The following Figure 1 represents the Medical Center’s total births and the number residing in the City over each fiscal year beginning in FY2012 and includes data concerning FY 2020 showing a significant drop in volume and no births following April 4, 2020.

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Figure 1

	2020 4/4/20 - Present	2020 10/1/19 - 4/3/20	2019	2018	2017	2016	2015	2014	2013	2012
City of Holyoke Births at HMC	0	70	173	178	157	172	177	188	188	171
Total Births at HMC	0	163	368	457	448	455	441	421	438	435
Avg. Births Per Day	0	< 1	1	1.25	1.23	1.25	1.21	1.15	1.12	1.19

(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:

(a) Current utilization at these alternative sites;

The Medical Center does not anticipate that the closure of the Services will have a negative impact on patient access to Obstetrics/Maternity and Well Infant Nursery services. There are numerous hospitals in the area that provide such inpatient medical care for mothers and infants. Expectant mothers and families will be directed to facilities of their choice that have the capacity to provide care. Baystate Medical Center, Mercy Medical Center, and Cooley Dickinson Hospital are geographically close to the City of Holyoke (the “City”). See Figure 2-a below.

The Medical Center is confident that these alternative facilities have the capacity to provide equivalent Services to the patient community following their closure at the Medical Center. Most patients in the Medical Center’s service area already seek prenatal and maternity services from other clinical providers, including these sites. It is anticipated that patients will continue to primarily choose Mercy Medical Center or Baystate Medical Center, both located in Springfield, MA which is approximately seven (7) miles away from Holyoke. In addition, there have been no documented or otherwise reported access or capacity issues



since deliveries at the Medical Center stopped in April of this year due to the COVID-19 emergency and the need to assist the Soldier’s Home. These circumstances corroborate that the community has been able to access equivalent services at other providers and has otherwise adjusted to the Medical Center no longer providing the Services during this time period.

For additional support, listed below are the current utilizations for deliveries at alternate sites for a twelve (12) month period. Information was provided by each of the alternative sites.

Figure 2-a:

Hospital	Location	Distance Miles	Total Births	Average Per Month
Baystate Medical Center	Springfield	7.3	4200	350
Mercy Medical Center	Springfield	8.5	1043	87
Cooley Dickinson Hospital	Northampton	9.1	560	47

Based on the data above, these sites have the following average deliveries per day over a 12 month period (30 days per month):

Baystate Medical Center: 11.7 (approx.)
 Mercy Medical Center: 2.9 (approx.)
 Cooley Dickinson Hospital: 1.6 (approx.)

In addition, as previously presented to the Department, for the past several years the Medical Center has held the smaller fraction of total market share with respect to patients from the City. This has meant that a minority number of expectant mothers living in the City choose to deliver at the Medical Center. The majority of mothers living in the City choose to deliver at other sites, including Baystate Medical Center, Mercy Medical Center, and Cooley Dickinson.

The following represents patient origin by town for the Medical Center.

Births			
Town	FY19	FY18	FY17
Holyoke	47%	39%	35%
Chicopee	16%	15%	15%
Springfield	14%	14%	14%



Births			
Town	FY19	FY18	FY17
Westfield	4%	4%	4%
South Hadley	3%	3%	4%
West Springfield	3%	3%	3%
Easthampton	1%	1%	5%
Belchertown	0%	2%	0%
Northampton	1%	2%	2%
Ludlow	1%	2%	1%
Other	10%	15%	17%

As shown above, less than half of expectant mothers living in the City chose to deliver at the Medical Center across FY 2017, FY 2018, and FY 2019. In FY 2017, this number was as low as 35% or approximately one-third (1/3) of expectant mothers in the City delivering at the Medical Center, leaving approximately two-thirds (2/3) delivering at other hospitals outside of the City.

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

The Wesson Women & Infants' Unit at Baystate Medical Center in Springfield, MA is devoted exclusively to women's health needs, family-centered childbirth, and newborn care. A team of board-certified nurses, obstetricians, gynecologists, nurse midwives, anesthesiologists, pediatricians, maternal-fetal medicine specialists, neonatologists, neonatal nurses, and reproductive medicine specialists provide a complete range of maternity services including a level 3 neonatal intensive care unit and high risk perinatal referral center. Services include management of menopausal symptoms, family planning, complex and high-risk maternal care, and reproductive medicine including infertility, egg donation, and surrogacy.

The Mercy Family Life Center (“FLC”) at Mercy Medical Center in Springfield, MA provides Level 1 Maternity Services with board-certified obstetricians, certified nurse midwives, obstetrical nurses, lactation consultants, in-house anesthesiologists, and neonatologists, neonatal nurses, and pediatricians available 24/7. The capabilities of Level 1 Maternity Services at FLC include a well newborn nursery, neonatal resuscitation at every delivery, emergency cesarean section, access to obstetric ultrasonography, laboratory testing, and blood bank supplies, protocols for massive transfusion, education and quality improvement programs that maximize patient safety, and formal transfer maternal and neonatal collaborative agreements with a tertiary care facility. FLC promotes skin-to-skin contact as well as postpartum massage therapists that can help patients feel more relaxed



and decrease pain. Maternal-fetal medicine specialists provide care for women with high-risk pregnancies.

The Childbirth Center at Cooley Dickinson Hospital in Northampton, MA provides a full range of maternity services with a team of obstetricians, gynecologists, nurses, pediatricians, certified nurse midwives, and support staff. Patients have a choice to see physicians or midwives. In-house board-certified pediatricians are available 24 hours per day. Board-certified lactation consultants are available 7 days per week for breast feeding guidance. Cooley Dickinson Hospital has 24-hour anesthesia coverage for labor epidurals and emergency Cesarean delivery. The Well Infant nursery is designated Level 1B, which allows care for babies who require additional feeding, warmth, management of mild apnea of prematurity, neonatal abstinence syndrome, or oxygen therapy. Cooley Dickinson Hospital is also affiliated with Massachusetts General Hospital and can provide access to the following: Maternal Fetal Medicine: High-risk patients have access to detailed level 2 ultrasounds and consultation three times a month; Fertility Services: In vitro-fertilization (IVF), egg freezing, egg banking, donor egg, and third-party fertility treatments.

(c) Type of medical diagnoses accepted; and

Baystate Medical Center provides 24-hour coverage for all medical diagnosis including both high-risk birth and low-risk physiologic labor and birth. High-risk birth services are provided by the Neonatal Intensive Care Unit. The Wesson Women & Infants' Unit also cares for women who require a planned or emergency Cesarean section (C-section) delivery. The Unit provides evaluation and treatment of all obstetrical problems and medical conditions of pregnancy including hypertensive disorders, diabetes, preterm labor, term labor, and delivery.

The following medical diagnosis are treated at the Mercy Family Life Center (FLC) and Cooley Dickinson Hospital: low-risk women with uncomplicated singleton pregnancies greater than or equal to 35 week gestation; twin pregnancies greater than or equal to 35 weeks gestation without complications; trial of labor after cesarean delivery; anticipated uncomplicated cesarean deliveries; preeclampsia without severe features greater than or equal to 35 weeks; gestational diabetes well controlled by diet or oral hypoglycemic medications and not requiring IV insulin during labor, and other conditions including BMI < 40 or substance use disorders if meeting Level 1 criteria.



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

The Mercy FLC has sixteen (16) maternity beds and sixteen (16) bassinets. When the Medical Center temporarily closed its maternity unit to accept the residents from the Soldiers' Home in April 2020, the FLC has seen volume grown by an additional 16 deliveries a month (192 annualized) and has had no issues handling this extra volume. The anticipated increase in volume would put their deliveries at approximately 1,200 per year which they are staffed and equipped to accept. With the volume of births from the Medical Center the FLC is operating at a 75% occupancy with still room for more growth.

The Wesson Women & Infants' Unit at Baystate Medical Center has additional capacity for deliveries with their thirty-seven (37) birthing rooms and fifty-seven (57) bassinets. Baystate Medical Center has been performing approximately 4200 deliveries the past three (3) years with an estimated capacity of 4600 deliveries per year.

The Childbirth Center at Cooley Dickinson Hospital has significant capacity for additional deliveries. Their unit contains ten (10) maternity beds and eleven (11) bassinets. Occupancy based on midnight census is typically four (4) mothers and four (4) babies. Cooley performed 560 deliveries last year. With the current level of staffing, they estimate a capacity of 800 to 850 deliveries per year.

(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 distance and approximate peak and non-peak travel times (in minutes) to alternate delivery sites from the Medical Center. The sources of information for travel times were the Google Maps and the WAZE software applications.

Hospital	Address	City	Peak	Non-Peak
Baystate Medical Center	759 Chestnut Street	Springfield	16	11
Mercy Medical Center	271 Carew Street	Springfield	20	15
Cooley Dickinson Hospital	30 Locust Street	Northampton	24	18

All travel times were less than one half hour. Ambulance travel times are significantly less than patient travel times. Patients calling EMS from home or being transferred will face less travel time.



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

Any patient arriving at the Medical Center needing access to inpatient care will be evaluated promptly and thoroughly. Any pregnant patient who arrives at the Medical Center for services after hours or in active labor will undergo a medical screening exam by an appropriately trained and qualified clinician. If the patient is assessed to be actively contracting, but not near delivery, the patient will be transported by ambulance to the Mercy Medical Center or another appropriate hospital of choice. See also Section 6.

Any pregnant patient that arrives at the Medical Center in active labor and is determined to be near delivery, the baby will be delivered by trained providers and staff. Following the delivery, the patient and baby will be assessed and transferred to a facility that will provide the necessary level of care to both the baby and mother. See also Section 6.

The Medical Center will continue to provide both prenatal and postnatal outpatient care at the same location and with the same access as before the closure without effect on current transportation. Patients with prenatal and postnatal needs will continue to have free access to the Medical Center's transportation system which runs two (2) shuttle routes throughout the City available Monday - Friday between the hours of 7:30 AM- 4:30 PM. The transportation service has sixteen (16) pickup and drop off locations throughout the City, including the Holyoke Health Center (FQHC) with multiple stops to all locations. The Medical Center also has a door-to-door pickup service for patients within the City who are not on the scheduled routes.

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

The Holyoke Medical Center Obstetrics and Gynecology office located in Holyoke will remain open. The office will be staffed with board-certified obstetricians and nurse midwives. New and current obstetrical patients can continue pre- and postnatal care as they have always done. Fetal non-stress tests will continue at this location and the maternal-fetal medicine specialist will be available to provide care to women having complicated or high-risk pregnancies. The Medical Center will counsel patients during their pregnancy that they will be delivering at Mercy Medical Center and will be provided with all the Mercy Family Life Center (FLC) educational materials and other relevant information. Patients will also have the option to deliver at another facility should they wish to do so. The Medical Center's OB physicians have contracted to participate in 24-hour call coverage with Mercy Medical Center to provide seamless coverage of all obstetrical cases.



The Medical Center has also executed a Memorandum of Understanding (“MOU”) with Mercy Medical Center to provide childbirth delivery services to members of the City and the surrounding communities. Under the agreement, the Medical Center shall provide Mercy with access to the medical records of patients who elect to seek childbirth services at the FLC.

(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;

For routine care, Holyoke Medical Center Obstetrics and Gynecology providers will continue to provide outpatient prenatal and postnatal care. In addition, the Medical Center will remain open and will accept new patients.

In the event a patient presents at the Medical Center requiring obstetrical care, the following protocol is in place: A pregnant women arriving at the Medical Center for services will undergo a medical screening examination performed by an appropriately trained and qualified clinician. If that provider determines the patient to be actively contracting and delivery is not imminent and there is adequate time for a safe transfer, the provider will facilitate an inter-facility transfer to Mercy Medical Center (or another appropriate hospital depending on the patient’s required level of care). The provider will contact Mercy Medical Center’s Certified Midwife or OB/GYN on call to review the patient condition, patient preference, and travel time to the facility. Discussion will occur with the patient to explain risks and benefits, to obtain consent to transfer and treatment, and to ascertain any patient preferences. The provider will continue to communicate with the accepting facility and provider there to ensure acceptance and to exchange the necessary transfer details and other related information. The provider will complete all necessary discharge and EMTALA paperwork for the transfer.

The Medical Center has partnered with Action Ambulance as their first preference transfer service. The Medical Center has the ability to move to alternate medical transport services if there are delays anticipated with the primary service. The Medical Center has access to Basic Life Support, Advanced Cardiac Life Support, and Critical Care. The Medical Center has informed local emergency service providers of the changes that will result from the proposed closure.

If a pregnant patient arrives at the Medical Center in active labor and is determined to be near delivery, the baby will be delivered by trained providers and staff. Following the delivery, the patient and baby will be assessed and transferred to a facility that will provide



the necessary level of care to both the baby and mother. If the newborn requires transfer to a tertiary care center or neonatal intensive care unit, the provider will contact Baystate Medical Center for the appropriate tertiary facility transfer.

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

As shown in the data from Sections 1 and 2 above, the Medical Center's average daily birth rate has historically been approximately only 1 patient per day. Closing the Services at the Medical Center should have a minimal impact on the occupancy rates at Mercy Medical Center, Baystate Medical Center, and Cooley Dickenson Hospital. If all Medical Center births went to a single alternative hospital, such hospital individually would at most see an increase of this 1 birth per day. However, spread across these three hospitals, each hospital would see an increase of less than 1 patient per day.

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

The Chief Medical Officer at Mercy Medical Center, the Chair of the Department of Obstetrics-Gynecology at Baystate Medical Center, and the Vice President of Operations and Chief Administrative Officer at Cooley Dickinson Hospital have all communicated to the Medical Center that their facilities have the capacity and resources to handle the additional volume. This information is more fully set forth in Sections 1, 2, and 6(b) above.

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

With respect to pregnant patients followed prenatally at the Medical Center who develop and/or have high risk conditions (e.g. BMI 50 and above, pregestational diabetes, IUGR < 1500 mg, maternal cardiac or complex medical conditions, fetal anomalies necessitating NICU, etc.), their prenatal care will be transferred to Baystate Medical Center for appropriate evaluation and follow-up care.

Patients who need labor and delivery triage or seek admission to the Medical Center's Obstetric/Maternity unit may commonly be sent to Mercy Medical Center. However, such patients may also be sent to Baystate Medical Center after communicating with the 4th year OB/GYN physician and/or attending physician who is on-call. This is an alternative option to Mercy Medical Center in case the patients' needs cannot be accommodated at Mercy Medical Center. For example, pre-term labor, pre-term rupture of membrane, and other maternal conditions necessitating specialty care are not available at



Mercy Medical Center. Fetal anomalies necessitating pediatric neonatal specialty care is only available at Baystate Medical Center. Transfer agreements are also in place between the Medical Center and Baystate Medical Center for these purposes. Such transfer would occur by an ambulance service.

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

(1) Transportation Needs of Population Served: Based on testimony submitted to the Department and presented at the hearing on July 28, 2020, concern was expressed regarding the burden traveling from Holyoke to other areas will have on expectant mothers. The plan which you are required to submit must address the effects of traveling on expectant mothers and include information as to what options will exist to meet the transportation needs of patients in the community and how they will be made aware of these options.

The Medical Center will continue to provide expectant mothers with OB/GYN physician and midwifery outpatient services. This includes prenatal, postnatal, birth control, and gynecological services. The Medical Center also offers free access to the Medical Center's transportation system, which operates two (2) shuttle routes throughout the City, has sixteen (16) pick-up/drop-off locations, and is available during weekdays. The Medical Center also offers a door-to-door pickup service for patients within the City who are not on the scheduled routes. See Section 4 above for additional information related to the Medical Center's free transportation service.

In addition, patients who need access to inpatient care will be assessed at the Medical Center and, if necessary, transported by ambulance to Mercy Medical Center or another appropriate hospital of choice. Since deliveries stopped at the Medical Center in April of this year due to the COVID-19 emergency, there has been no documented or reported access issues or capacity issues.

(2) Access to Family Planning Services: Based on testimony presented at the hearing on July 28, 2020, concern was expressed regarding the potential lack of access to birth control for patients going to Mercy Medical Center. The plan which you are required to submit must include information on steps taken to ensure patients have continued access to birth control and other sexual and reproductive health services after Obstetrics Services are discontinued at Holyoke Medical Center.

The Medical Center will continue to provide OB/GYN physician and midwifery outpatient services at the same location, 575 Beech Street, Holyoke. These services will continue to provide access to birth control for patients as well as other sexual and reproductive health services, and will not be affected by the proposed closures.



(3) Cultural and Linguistic Needs: Based on testimony presented at the hearing on July 28, 2020, concern was expressed regarding the potential lack of bi-lingual services at other care sites. The plan which you are required to submit must address the Hospital's plans to meet the cultural and linguistic needs of patients from the Hampden County area community when referring these patients to alternate facilities.

Holyoke Medical Center

The Medical Center provides medical interpretation via in-person, video or telephonic interpreting 24/7/365 in over 150 languages for limited English proficient (LEP), deaf, deaf/blind, and hard of hearing patients. The Interpretive Services and Community Outreach Department employs 13 Spanish language medical interpreters in-house. Critical documents are translated and proofread as needed. TTY telephones, assisted listening devices, and other auxiliary aids are available as needed. These services are provided at no additional cost and will continue to be available for all patients and their families.

Mercy Medical Center

Mercy Medical Center provides equal access to all persons, including those who have Limited English Proficiency (LEP), those who are deaf, hard of hearing, visually impaired or have other special communication needs. To make sure everyone is understood, Mercy Medical Center provides three (3) interpretation options (telephone, video remote and in-person), which include sign language, oral interpretation, TTY telephones, assisted listening devices, and other auxiliary aids; plus translation of written materials. All services will be provided in a timely manner and are free of charge to patients and their companions who are deaf, hard of hearing, LEP or have speech or other communication disabilities. Telephone and video remote interpreters are available 24/7/365. These services will be available to all patients of the Medical Center who give birth at Mercy Medical Center.

Baystate Medical Center

Baystate Medical Center provides medical interpretation via in-person, video or telephonic interpreting 24/7/365 in over 200 languages. Most interpreter sessions are handled by the 50 staff interpreters that work 24/7 at our level I trauma Center. Telephonic and video interpreting is available. Centralized Translation Services translates hundreds of pages of documents monthly, typically from English into other languages, but may also be tasked to translating medical records from other countries into English. Document translations are completed by American Translator Association nationally certified translators that work in pairs to ensure the highest level of quality possible. These services will be available to all patients of the Medical Center who give birth at Baystate Medical Center.



Cooley Dickinson Hospital

The Interpreter Services Department at Cooley Dickinson Hospital has access to specially trained medical interpreters 24/7/365. The service allows Cooley Dickinson Hospital to provide high-quality health care services to patients who have limited English proficiency as well as deaf or hard-of-hearing patients for emergencies, in-patient care, and scheduled appointments at all locations. Cooley Dickinson Hospital has onsite Spanish-trained medical interpreters, and the Medical Interpreter program can coordinate services in more than 170 languages through local agencies or a telephonic service. The language interpreting service is a free service for all patients; services can be requested by patients and family members as well as any hospital employee or physician. These services will be available to all patients of the Medical Center who give birth at Cooley Dickinson Hospital.

The Interpreter Services Manager at the Medical Center will work with each of the organizations to ensure a seamless transition for limited English proficient, Deaf, Deaf/Blind, and hard of hearing patients who may need assistance.

The Interpreter Services departments at Mercy Medical Center, Baystate Medical Center, and Cooley Dickinson Hospital can handle the potential additional patient volume generated by the closing of the labor and delivery department at the Medical Center.

(4) Engagement with Community Groups: Based on testimony submitted to the Department and presented at the July 28, 2020 hearing, concern was expressed that Holyoke Medical Center failed to appropriately communicate with the local community to assess the impact of eliminating these services on patients and families in need, and possible alternatives to the elimination of Obstetrics Services and the Well Infant Nursery at Holyoke Medical Center. The plan which you are required to submit must address how Holyoke Medical Center intends to initiate ongoing engagement with the local community to ensure they are aware of the impact of the discontinuance of these services and their input on the development and implementation of a plan to ensure access in the future.

The Medical Center has followed appropriate state requirements prior to the closing by notifying relevant local stakeholders such as the Mayor, City Council President, State Representatives, Patient Family Advisory Board, and other health care organizations such as the Holyoke Health Center. The Medical Center will continue to work with the other health care organizations such as the Holyoke Health Center to offer and provide OB/GYN, family planning, prenatal, and postpartum services to ensure that the needs of their patient population are met.

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The Medical Center will contact community based organizations dealing with families or pregnant mothers, such as Valley Opportunity Council/WIC and Head Start to ensure they are aware of the impact of the discontinuance of these services and solicit their input on the continued needs of the local community. The Medical Center will also continue to offer educational resources in both English and Spanish regarding services at Holyoke Medical Center and the Family Life Center (FLC) at Mercy Medical Center.

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

Sincerely,

A handwritten signature in black ink, appearing to read "ASL", is positioned above the printed name.

Andrew S. Levine

cc: C. Cameron
A. DeMarco
S. Hatiras
W. Mackie, DPH
A. Nardone, DPH
R. Rodman, DPH