

September 25, 2020

**BARRETT
& SINGAL**

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: VHS Acquisition Subsidiary Number 9, Inc. (d/b/a MetroWest Medical Center) – Response Plan to DPH Regarding Closure of Medical/Surgical Service, Intensive Care Unit, Emergency Department, Operating Rooms, and Outpatient Rehab at Leonard Morse Campus

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 Finding letter dated September 10, 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 Medical/Surgical Service, Intensive Care Unit, Emergency Department, Operating Rooms, and Outpatient Rehabilitation Services at Leonard Morse Campus (“LMC”) (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;

Over the past few years, the Medical Center has experienced a consistent and significant decline in the use of the Services at LMC.

Much of the migration out of LMC has been occurring in recent years. The Medical Center’s Framingham Union Hospital campus (the “Framingham Union” campus) is prepared to serve any volume from LMC following closure of the Services. It has the capacity to provide access to inpatient Medical/Surgical Services, Intensive Care Unit, Operating Rooms, Emergency services, and Outpatient Rehab services and is within 6 miles of the LMC. Accordingly, Framingham Union will now be the center for acute care needs, while LMC will specialize in taking care of patients in need of behavioral health care.

Inpatient Medical Service and Intensive Care Unit:

Framingham Union has the inpatient bed capacity to admit the additional patients that have been at LMC. The highest census point at LMC in 2020, which was twenty one patients during the COVID-19 surge, could have been accommodated at Framingham Union.



Unit	# Beds	ADC CY 2019	ADC YTD Aug 2020)	Occupancy CY 2019	Occupancy YTD Aug 2020
4th Floor-F	26	15.5	14.4	59.60%	55.40%
5th Floor-F	22	15.4	17.5	70.00%	79.50%
Total Med/Surg-F	72	49.9	51.4	69.30%	71.40%
ICU-F	14	7.1	8.1	59.20%	67.50%
CVU-F	12	8.7	9.5	67.10%	72.90%
Total ICU/Pedi-F	26	17.4	18.4	66.92%	70.77%
Pedi-F	21	1.6	0.8	7.62%	3.81%
Total FUH	119	67.3	69.8	56.55%	58.66%
Med/Surg-L	64	13.6	10.7	21.25%	16.72%
ICU-L	10	2.85	2.2	28.50%	22.00%
Total LMC	74	16.45	12.9	22.23%	17.43%

The above utilization data at Framingham Union campus for inpatient care show that occupancy rates in both 2019 and YTD Aug. 2020 allow for additional levels of volume and, therefore, capacity to provide inpatient care to LMC's patient population. For example, the Framingham Union campus retained 28.6% open capacity in adult Med/Surg based on the YTD Aug. 2020 occupancy rate.

Operating Rooms:

Framingham Union has 10 operating rooms that are broken down into different "block times" for various surgeons or service lines, as does the LMC campus. The average decline in total surgeries at LMC dropped 7% from 2016 through 2019. The YTD volume of total surgery cases shows further decline, with an almost 38% drop in monthly surgeries (130 surgeries) compared to 2019 (208 surgeries). The available block times at Framingham Union, allow for the entire LMC OR block to fit into the schedule without any conflicts for room capacity thus there will be no delays or barriers to scheduling procedures at Framingham in the absence of LMC.

Emergency Service:

The LMC campus has experienced a 24% drop in emergency department volume from 2015 to 2019. In 2020, there has been an additional 34% decrease in monthly emergency department volume (898 visits per month in 2019 to 595 visits per month through June 2020). The Framingham Union Hospital campus has the capacity to serve the LMC ED volume.



Outpatient Rehab Services:

LMC's outpatient rehabilitation services have had over a fifteen percent (15%) drop in patient utilization of LMC's Physical Therapy Service. Over the same period, the volume of Occupational Therapy declined by almost ten percent (10%). Alternate outpatient sites at the Framingham Union campus and the Wellness Center in Framingham have the capacity to see all of these patients.

(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 by service line at these alternative sites;

	Jan-Aug 2019	CY 2019	Jan-Aug 2020	Deficit to 2019 rate	Utilization (2020 /2019)
FUH ED visits	31,679	46,876	24,219	7,460	76.45%
FUH OR cases	2,997	4,388	2,274	723	75.88%
FUH Admissions	4,725	7,152	4,616	109	97.69%
FUH Rehab	28,041	44,144	25,465	2,576	90.81%
Wellness Rehab	27,144	39,317	15,002	12,142	55.30%
Total Rehab	55,185	83,461	40,467	14,718	73.33%
FUH Imaging	20,955	31,716	17,885	3,070	85.35%
Wellness Imaging	16,588	24,884	11,017	5,571	66.40%
Total Imaging	37,543	56,600	28,902	8,641	76.98%
Does not include LMC					

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

The following services are available Framingham Union Campus (FUH) and/or MetroWest Wellness Center (WC), which demonstrates that these alternative sites will preserve access to the Services for the patient community.



Service Line	Locations	Capacity to Handle LMC Volume
Inpatient adult medicine	FUH	Confirmed
Inpatient/outpatient surgery	FUH	Confirmed
Emergency Department	FUH	Confirmed
Outpatient Rehab Services	FUH, WC	Confirmed
Imaging services	FUH, WC	Confirmed
Medical/Radiation Oncology	FUH	Confirmed
Obstetrics, pediatrics, and Level 2B Nursery	FUH	N/A
*FUH=Framingham Union Hospital; WC= MetroWest Wellness Center		

(c) Type of medical diagnoses accepted;

Framingham Union Hospital and/or the MetroWest Wellness Center can provide patients with the following types of medical diagnoses:

- Cardiovascular
- Neurology
- Infectious disease
- Gastrointestinal
- General surgery
- Internal medicine
- Renal disease
- Orthopedic
- Obstetrics

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

The Framingham Union campus has sufficient space and resources to accept additional patient volume from LMC. At LMC, inpatient medical/surgical volume is at its lowest since 2016 with an Average Daily Census (“ADC”) of only 10.7 (YTD June 2020), which is down 45% from 19.3 in 2016. Likewise, the decline in utilization of the ICU as shown by ADC is 50%, dropping from 4.4 in 2016 to 2.2 in 2020 (YTD June 2020). However, over the past year (YTD Aug. 2020), inpatient medical/surgical and ICU beds at Framingham Union have been only 71.4% full and 70.8% full, respectively. Therefore, Framingham Union has enough excess capacity to take on inpatient service volume from LMC going forward.



In addition, the Medical Center does not anticipate closing LMC's operating rooms will have any negative impact on patients needing new or follow-up surgery. All of the surgical procedures that were performed at LMC are currently performed at Framingham Union, which already has the proper equipment and space to continue offering surgical services to the broad patient community. Outpatient services, including imaging and rehab, are available at both the Framingham Union campus and the MetroWest Wellness Center in Framingham. The capacity at these sites is sufficient to provide testing and treatments for all of the LMC patients, as well as allow room for growth in utilization.

(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 chart sets forth the distance and travel times between LMC and Framingham Union, as well as Wellness Center Framingham. As shown below, the distance from LMC to these sites is approximately 5 to 6 miles, which can be traveled on average in less than 20 minutes.

Route	Time of Day	Distance	Travel Time Avg (range)
LMC to FUH	8:00 am	5.1 Miles	16 min (12-20)
LMC to WC	8:00 am	6.1 Miles	16 min (12-20)
LMC to FUH	12:00 pm	5.1 Miles	18 min (12-24)
LMC to WC	12:00 pm	6.1 Miles	19 min (12-26)
LMC to FUH	5:00 pm	5.1 Miles	19 min (14-24)
LMC to WC	5:00 pm	6.1 Miles	19 min (12-26)
LMC to FUH	12:00 am	5.1 Miles	14 min (12-16)
LMC to WC	12:00 am	6.1 Miles	14 min (12-16)
*FUH=Framingham Union Hospital; WC= MetroWest Wellness Center			
* Date from Google Maps accessed 9/15/2020			

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

The Medical Center does not anticipate that closing the Services at LMC will present significant or unique transportation access challenges to the patient community. Most of LMC's patient volume has come through ambulance or by driving directly to the facility. Patients who drive can easily access the Framingham Union campus and/or Wellness Center in Framingham for care. The Framingham Union campus is also accessible using public transportation. Bus and railway stops are located a short walking distance from the facility. In addition, the Medical Center has transfer



agreements in place with Fallon Ambulance and Brewster Ambulance to facilitate transportation between the LMC and Framingham Union campuses. The Medical Center will continue to communicate and work with the first responders of the Towns and Cities in the Medical Center's service area, as well as EMS, to ensure transportation to and from the Medical Center is as fast and efficient as possible.

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

In addition to being underutilized, the Services to be closed at LMC are also unnecessary as they are duplicative of the services provided at Framingham Union campus, which currently and going forward will allow for continuity of care. The same medical staff and service line leaders at Framingham Union oversee patients of both Medical Center campuses across the continuum of care. Accordingly, there will not be any gaps in coverage or access to care following the closure of the Services at LMC. Following their closure at LMC, patients will be able to access those Services at Framingham Union with a care delivery model and staff that is both familiar and consistent with what was provided at LMC.

(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;

Patients seeking the Services at LMC will be referred by LMC and/or their primary care providers to Framingham Union campus or other local care centers based on the medical needs and preferences of the patients. The process to effectively refer LMC patients to other facilities will be a physician-to-physician communication and then transition to the respective facility that is receiving the patient. The providers involved will make available all required information for the patient's care to ensure proper diagnosis and treatment, continuity of care, and patient well-being.

Should a patient present at the Medical Center seeking the Services, such as Emergency Care, LMC staff will immediately take all available steps needed to safeguard and care for the patient while appropriate physicians at LMC and Framingham Union are consulted. LMC and Framingham Union will initiate an inter-facility transfer to Framingham Union campus or other facility based on the patient's needs, condition, or preferences. LMC and other Medical Center staff will also contact appropriate ambulance services to transfer the patient.



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

The overall patient population that the Medical Center serves is not anticipated to change as a result of closing the Services at LMC. The Medical Center will still be offering the Services at its alternative delivery sites. The use of such sites outside of LMC would continue at the same overall occupancy rate and follow the same processes for health care delivery and continuity of care.

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

The alternative delivery sites within the Medical Center can meet the needs of the patients currently being served at LMC. For example, Framingham Union campus has excess capacity and there is integration of its providers, staff, and clinical programming between its campus and LMC. Therefore, it is well-equipped and ready to serve patients of LMC upon closure of the Services at LMC.

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

If patient medical needs cannot be accommodated at the proposed alternative sites, the Medical Center will work with the patient and other hospitals to assure that the medical needs are able to be met. First, communication with the Medical Center's sister hospital, Saint Vincent's Hospital in Worcester within the health-system would be utilized to fill any gap in care. Subsequently, communication and services would be sought using one of the numerous tertiary care facilities that the Medical Center collaborates with today on patient care.

In addition to the regulatory elements listed above, and in light of the Department's review of comments on the proposed closure which will result in a reduction of the availability of medical services in the Hospital's service area at a time when communities and public health officials are responding to an unprecedented need for access to services, your plan must also address the following:

(1) *Second Wave of COVID-19:* Based on written comments submitted to the Department regarding the August 26, 2020 hearing, concern was expressed regarding how the discontinuance of medical services at the Hospital will affect the community in the event of an anticipated second wave of COVID-19. The plan which you are required to submit must address how MetroWest Medical Center plans to accommodate COVID-19 patients in the event there is a second wave during the 2020-2021 flu season. Specifically, your plan must



include data that details the bed capacity and use of beds, including intensive care and medical/surgical beds, on a daily basis by the Hospital from January 1, 2019 through September 5, 2020 with information about patient origin and language spoken, and how the proposed closure of the Leonard Morse campus is projected to impact utilization through December 31, 2020.

The Hospital's response must specifically include:

- 1. Information on how unlicensed space or beds was used as surge capacity in the first surge of COVID-19, and the utilization of that space, including those beds which were set up for surge capacity;**

During the first surge of COVID 19, the Medical Center prepared a plan to utilize unlicensed space in the event that capacity exceeded that of all licensed beds. This plan included utilization of endoscopy recovery, surgical day care, and the inpatient pediatric unit at the Framingham Union campus. Even at the peak of the surge, the Medical Center did not need to utilize any of these spaces, as it had enough licensed adult inpatient capacity to accommodate these patients. Importantly, Framingham Union campus maintained sufficient capacity to have cared for all of the patients admitted to LMC during this time.

- 2. Whether and how any of the surge capacity discussed in 1, above, could be stood up, should the Framingham campus be unable to accommodate patients at a future date or go into a surge status;**

Should the Framingham Union campus be unable to accommodate patients at a future date due to a surge status or other adverse circumstances, surge spaces could be mobilized and functional within several hours. In the event of COVID-19 surge, the Medical Center expects that it would have access to evidence and data concerning such additional virus spread from public and private authorities, and would be prepared to accept patients before all units reached capacity.

- 3. Information on the number of flu patients treated at the hospital, and the number of beds and capacity occupied by flu patients during the last three flu seasons, broken down by season;**

	Total 12 Months	Total Oct- May
2017/2018 Total Flu Cases (Sep17-Aug18)	118	118
IP/Observation Flu Admissions - Psych Units	1	1
Total Bed Days	31,390	20,898
Total Days	9	9
Occupancy	0.03%	0.04%
IP/Observation Flu Admissions - 5th Floor/ICU	36	36
Total Bed Days	13,870	9,234
Total Days	129	129
Occupancy	0.93%	1.40%
ED OP Cases	81	81

2018/2019 Total Flu Cases (Sep18-Aug19)	96	95
IP/Observation Flu Admissions - Psych Units	1	1
Total Bed Days	31,390	20,898
Total Days	6	6
Occupancy	0.02%	0.03%
IP/Observation Flu Admissions - 5th Floor/ICU	13	13
Total Bed Days	13,870	9,234
Total Days	49	49
Occupancy	0.35%	0.53%
ED OP Cases	82	81

2019/2020 Total Flu Cases (Sep19-Aug20)	109	109
IP/Observation Flu Admissions - Psych Units	2	2
Total Bed Days	31,476	20,984
Total Days	11	11
Occupancy	0.03%	0.05%
IP/Observation Flu Admissions - 5th Floor/ICU	10	10
Total Bed Days	13,908	9,272
Total Days	55	55
Occupancy	0.40%	0.59%
ED OP Cases	97	97



Over the past 3 years, flu admissions to the psych unit at the Medical Center were a mere 1-2 patients, representing at most only 0.05% occupancy during peak season (Oct-May) and 0.03% occupancy during a full year. Flu admissions to the ICU at the Medical Center were also at the 1% occupancy level or less. Flu admissions to the ICU at their greatest were 36 in 2017-2018 (Sept.-Aug.) and represented 1.40% occupancy during peak season and 0.93% for the full year. For the same calendar period, the flu patient volume sharply dropped to 13 in 2018-2019 (0.53% occupancy during peak season; 0.35% occupancy for the year) and then to 10 in 2019-2020 (0.59% occupancy during peak season; 0.40% occupancy for the year). Across all 3 years, ED outpatient flu cases did not reach 100 cases.

4. The Hospital's plan to treat patients should the community risk level shift during the upcoming flu season; and

Should the community risk level increase during the upcoming flu season, the Medical Center's plan for a second surge of COVID-19 would go into effect. The Medical Center will identify units for care of COVID-19 patients (confirmed and suspected) for both intensive care and medical care and also have non-COVID-19 designated units available to those confirmed negative for the virus. All patients are tested for COVID-19 status in addition to screening for symptoms and exposure.

5. An attestation from the Hospital that it would stand up surge capacity at its Leonard Morse Campus during the upcoming flu season should the community risk level reach red and Framingham's capacity be insufficient.

The Medical Center's surge plan would be utilized until the Framingham Union campus reaches maximum capacity of the inpatient units and those areas identified as alternate care areas. The Medical Center will also utilize its sister hospital, Saint Vincent Hospital as a resource for care. Should capacity become insufficient in the upcoming flu season, the Medical Center attests that the surge plan would be to utilize LMC for surge capacity.

Attested to by:



Andrew D. Harding, CEO
MetroWest Medical Center

(2) Emergency Services: Based on written comments submitted to the Department regarding the August 26, 2020 hearing, concern was expressed regarding the discontinuance of Emergency Services and the effect this will have on patients experiencing behavioral health crises. The plan which you are required to submit must include information on steps taken



to ensure patients experiencing behavioral health crises receive the emergency care they require, and must include data that details the number of patients boarding in Emergency Departments of the Hospital broken out by location, on a daily basis from January 1, 2019 through September 5, 2020 and how the proposed closure of the Leonard Morse campus is projected to impact that utilization through December 31, 2020.

The care of patients experiencing behavioral health crises will remain a priority at the Medical Center. The Framingham Union emergency department is preparing to accommodate the additional patient volume that may occur from the discontinuation of emergency services in LMC. Framingham Union is retaining additional behavioral health staff from LMC to provide care and is working on a plan to create additional space dedicated to providing behavioral health emergency services at Framingham Union.

Campus	Metric	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
FUH	ED Volume – 2020	4,274	3,846	3,228	2,079	2,379	2,528	2,854	3,031				
LMC	ED Volume - 2020	884	696	581	383	452	476	511	510				
FUH	ED Volume - 2019	4,080	3,560	3,954	4,022	4,081	3,879	3,995	4,108	3,855	3,764	3,544	4,034
LMC	ED Volume - 2019	892	800	904	889	934	911	955	899	887	876	833	907
FUH	ED Visits by Ambulance 2020	937	905	810	714	760	773	880	875				
LMC	ED Visits by Ambulance 2020	201	164	186	157	174	163	153	150				
FUH	ED Visits by Ambulance 2019	920	848	887	875	884	909	943	926	963	911	813	925
LMC	ED Visits by Ambulance 2019	214	201	223	201	217	207	193	211	232	225	211	233
FUH	Visits by Ambulance as % of Volume 2020	21.9%	23.5%	25.1%	34.3%	31.9%	30.6%	30.8%	28.9%				
LMC	Visits by Ambulance as % of Volume 2020	22.7%	23.6%	32.0%	41.0%	38.5%	34.2%	29.9%	29.4%				
FUH	Visits by Ambulance as % of Volume 2019	22.5%	23.8%	22.4%	21.8%	21.7%	23.4%	23.6%	22.5%	25.0%	24.2%	22.9%	22.9%



LMC	Visits by Ambulance as % of Volume 2019	24.0%	25.1%	24.7%	22.6%	23.2%	22.7%	20.2%	23.5%	26.2%	25.7%	25.3%	25.7%
FUH	ED Admits 2020	690	641	505	446	485	455	566	531				
LMC	ED Admits 2020	170	150	126	108	112	89	97	85				
FUH	ED Admits 2019	646	609	616	653	662	631	625	620	614	650	610	659
LMC	ED Admits 2019	194	158	186	185	180	178	174	152	169	156	163	191
FUH	BH Boarders 2020	26	17	25	23	20	25	31	24				
LMC	BH Boarders 2020	55	53	42	36	43	38	40	42				
FUH	BH Boarders 2019	9	11	11	15	9	9	19	13	14	13	9	15
LMC	BH Boarders 2019	58	41	55	54	48	49	46	37	43	53	49	52
FUH	Admits as % of Volume 2020	16.1%	16.7%	15.6%	21.5%	20.4%	18.0%	19.8%	17.5%				
LMC	Admits as % of Volume 2020	19.2%	21.6%	21.7%	28.2%	24.8%	18.7%	19.0%	16.7%				
FUH	Admits as % of Volume 2019	15.8%	17.1%	15.6%	16.2%	16.2%	16.3%	15.6%	15.1%	15.9%	17.3%	17.2%	16.3%
LMC	Admits as % of Volume 2019	21.7%	19.8%	20.6%	20.8%	19.3%	19.5%	18.2%	16.9%	19.1%	17.8%	19.6%	21.1%

In addition, your response must include for this period the number of patients arriving at each location by ambulance, how many were admitted to each location; how many were transferred from the Leonard Morse campus to either the Union Hospital campus or another hospital; and

	FUH	LMC	TOTAL
Total ED Visits with Principal DX of Behavioral Health	4,041	2,781	6,822
Arriving by Ambulance	2,558	883	3,441
Total Admitted IP/Observation	258	1,284	1,542
Admissions to Psych Units	146	1,256	1,402



LMH ED Behavioral Health Visit Transfers to FUH or Other IP Facilities		469	
LMH ED Transfers - Total		1,140	
*Data from 1/1/2019-9/5/2020			

Information regarding the number of COVID-19 patients who entered the Hospital through the Emergency Department and whether the Hospital's Framingham campus will have sufficient capacity to provide care for those patients in the event of another surge subsequent to the closure of the Emergency Department at the Leonard Morse campus.

The Medical Center began treating COVID-19 patients in April 2020 and experienced the peak number of cases, with 118 taken through the ED at Framingham Union but only 33 through the ED at LMC. The number of cases at both campuses sharply declined after that time, with 2 in September 2020 at Framingham Union (down from 21 in August) and 0 at LMC since August 1st.

COVID-19 Patients admitted through ED		
Month	FUH	LMC
January 2019	0	0
February 2019	0	0
March 2019	0	0
April 2019	0	0
May 2019	0	0
June 2019	0	0
July 2019	0	0
August 2019	0	0
September 2019	0	0
October 2019	0	0
November 2019	0	0
December 2019	0	0
January 2020	0	0
February 2020	2	0
March 2020	2	0
April 2020	118	33
May 2020	84	29
June 2020	39	7
July 2020	21	1
August 2020	21	0



September 1- September 15, 2020	2	0
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(3) Framingham Union Hospital Infrastructure: Based on written comments submitted to the Department regarding the August 26, 2020 hearing, concern was expressed regarding promises of investment in infrastructure at Framingham Union Hospital. The plan which you are required to submit must detail plans for improvements in Framingham Union's infrastructure in the event medical services are discontinued at Leonard Morse Campus. In addition, your response must include a detailed listing of projects proposed and completed at both campuses over the past ten years, specifically from January 1, 2010 to September 1, 2020 and be attested to by a duly authorized representative of the Hospital.

The following list represents the improvement projects that the Medical Center is undertaking and/or has undertaken at its Framingham Union campus and LMC. The projects are part of the Medical Center's ongoing commitment and effort to providing the patient communities it serves with high quality and state of the art health care.

Year	Facility	Project Description	Total CER Amount
2020	Framingham	Electrical Infrastructure Phase One	\$1,393,127
2020	Framingham	Vascular imaging TEE replacement	\$192,971
2019	Framingham	Behavioral Health enhancements	\$1,213,727
2019	Framingham	Infrastructure upgrades (fires doors, ceilings)	\$496,841
2019	Framingham	Security Access control system	\$355,391
2019	Framingham	OB triage unit renovation	\$322,264
2019	Framingham	Roof Replacement	\$525,276
2019	Framingham	BAL equipment	\$198,294
2019	Framingham	Lift Safety equipment	\$156,677
2019	Framingham	CT room upgrade	\$141,075
2019	Framingham	Vital Sign Machines	\$110,364
2019	Framingham	OB Triage equipment	\$97,384
2019	Framingham	Imaging upgrades	\$95,623
2019	Framingham	Infrastructure upgrades (fires doors, ceilings)	\$90,000
2019	Framingham	Emergency Department upgrades	\$80,000
2019	Framingham	Balloon Pump replacements	\$68,031
2019	Framingham	Fluid management system	\$53,261



2018	Natick	Behavioral Health enhancements	\$2,256,550
2018	Framingham	Pharmacy compounding renovation	\$2,090,964
2018	Framingham	Endoscopy Scopes	\$713,995
2018	Framingham	Cryoablation EP Lab	\$545,606
2018	Framingham	3D Mammography	\$540,874
2018	Framingham	X-RAY upgrades	\$519,487
2018	Framingham	Imaging Upgrades	\$491,400
2018	Framingham	CT Scanner	\$413,285
2018	Framingham	Diagnostic imaging - portable X-Ray	\$407,437
2018	Framingham	Infrastructure upgrades (fires doors, ceilings)	\$380,898
2018	Framingham	Ultrasound replacement	\$353,277
2018	Framingham	Nurse Call system	\$334,844
2018	Framingham	DaVinci Robot Surgery equipment	\$300,000
2018	Framingham	Nuclear Medicine Camera	\$282,110
2018	Natick	CDU Upgrades	\$250,000
2018	Framingham	Imaging X ray upgrade - Emergency department	\$219,684
2018	Framingham	ED stretchers	\$193,891
2018	Framingham	BAL equipment	\$172,090
2018	Framingham	Existing 400kW Generator Connection Box	\$171,632
2018	Framingham	Ultrasound machine	\$150,372
2018	Framingham	DR XRay and room upgrade	\$131,246
2018	Natick	Replace 5 Automatic Transfer Switches	\$121,509
2018	Framingham	Fetal monitoring system	\$118,122
2018	Framingham	Ultrasound replacement	\$117,759
2018	Framingham	Rebuild Ambulance Ramp Support Structure	\$105,861
2018	Framingham	ED radiology room	\$90,555
2018	Framingham	DaVinci Robot Surgery equipment	\$85,964
2018	Wellness Center	Wellness Center XRay	\$84,395
2018	Framingham	Anesthesia glidescopes for intubation	\$74,979
2018	Framingham	Mammography Hologic Specimen system	\$66,938
2018	Framingham	OR Stretchers	\$66,391
2018	Framingham	OR vascular table	\$51,935
2018	Framingham	OR lights upgrade	\$50,568
2018	Framingham	Anesthesia Ultrasound	\$50,334



2018	Framingham	Nuclear Medicine camera and room upgrade	\$50,324
2017	Framingham	Switchgear and Transformer	\$629,877
2017	Natick	Utility Tunnel Waterproofing LMH	\$545,000
2017	Natick	Elevator Rebuild	\$342,500
2017	Framingham	Operating room - Stryker Equipment	\$281,265
2017	Framingham	Generator Design (Design only)	\$281,000
2017	Framingham	Install Endo Waste Piping	\$246,622
2017	Framingham	Imaging C-Arm	\$223,123
2016	Framingham	Linear Accelerator	\$4,800,000
2016	Framingham	Medical Oncology	\$1,500,000
2016	Framingham	PBX telephone Upgrade	\$1,073,752
2016	Framingham	Ambulatory Clinic	\$1,000,000
2016	Framingham	Endoscopy Equipment	\$930,579
2016	Natick	Roof Replacement	\$753,154
2016	Framingham	OR Equipment	\$542,997
2016	Framingham	Roof Replacement	\$488,789
2016	Framingham	CT Scan	\$400,000
2016	Framingham	Replace Main Electrical Service Switch	\$142,379
2016	Framingham	Pharmacy Renovation	\$75,000
2015	Natick	BH4 Behavioral Unit	\$5,500,000
2015	Natick	GTU Behavioral Unit	\$5,000,000
2015	Framingham	McKesson-PACS	\$582,324
2015	Framingham	CT Scanner	\$521,289
2015	Wellness Center	CT Scanner	\$489,116
2015	Natick	Bariatrics Clinic Renovations	\$300,000
2015	Framingham	ECG Carts	\$297,987
2015	Framingham	PACS GE Upgrade	\$217,561
2014	Framingham	Cafeteria Renovations	\$200,000
2014	Framingham	Domestic Hot Water System	\$238,046
2014	Framingham	Joint Commission Repairs Behavioral Health	\$145,107
2014	Framingham	MAB Tufts Specialty Clinics	\$250,000
2014	Framingham	OR Replacement Lighting	\$99,486
2014	Natick	BH4 North Behavioral Unit	\$1,860,000
2014	Natick	Omnicell replacement Project	\$300,000
2013	Framingham	Fire alarm upgrade	\$104,776



2013	Framingham	Flooring Replacement Maternity Area	\$98,000
2013	Framingham	Nuclear Camera	\$489,817
2013	Framingham	SOC	\$78,500
2013	Natick	Stair # 2 Construction	\$245,000
2013	Framingham	1971 Transformer	\$100,000
2012	Framingham	CT Scan 128 slice	\$1,008,192
2012	Framingham	Maternity Upgrades	\$248,928
2012	Framingham	Radiology Room 2	\$18,000
2012	Framingham	Finance Office Remodel	\$73,620
2011	Framingham	Carpet and flooring replacement 5th floor	\$54,124
2011	Framingham	HVAC upgrades to SY Fan AHU1	\$65,000
2011	Framingham	Lab renovations	\$37,000
2011	Framingham	Primary Cable and PP transformer replacement	\$89,900
2011	Framingham	SOC FA, Fire Doors, Fire Dampers	\$98,000
2011	Natick	AC 05 replacement	\$150,000
2011	Natick	Flooring replacement 3rd floor	\$70,000
2011	Natick	IV additives room	\$290,000
2010	Natick	Orthopedics Renovation	\$75,000
2010	Natick	Orthopedics Renovation	\$75,000
2010	Natick	Infusion Pumps	\$280,000

I, Andrew D. Harding, CEO of MetroWest Medical Center, attest that the above information represents a complete listing of improvement projects proposed and/or completed for both Framingham Union Hospital and Leonard Morse Campus from January 1, 2010 through September 1, 2020.

Andrew D. Harding, CEO
MetroWest Medical Center

(4) Public Health Impact: Based on concerns identified by the Department as a result of the proposed closure of services at the Leonard Morse campus, the plan submitted must address how subsequent to the proposed closure the Hospital will monitor the effectiveness of the implementation of its plan for preserving access and health status within the Hospital's



service area, specifically detailing what will be assessed in regard to health outcomes overall in the community, its quality of life and health equity, including access to COVID-19 testing and treatment as necessary, as well as ongoing communication and messaging to groups for whom English is not their primary language regarding the need and importance of continuing access to care and how to do so.

The Medical Center will monitor access and utilization of the Framingham Union campus for each service line provided by the Medical Center for its various service areas. All patients seeking care at the Medical Center will have care provided to them as clinically appropriate, including access to COVID-19 testing and treatment as necessary. The Medical Center's communications are made available in other languages and 24-hour interpreter services are available to assure communication with patients for whom English is not their primary language.

(5) Community Engagement: Based on concerns identified by the Department as a result of the proposed closure of services at the Leonard Morse campus, the plan submitted must address in a detailed way how the Hospital will ensure that all members of the community, by city or town in the Hospital's service area, and each of those groups for whom English is not their primary language, will be educated on the changes which will result from the closure, and for each group include how the hospital will identify and work with that group to meet their needs.

The Medical Center has prepared communications to the public that detail the changes to occur with the proposed closure of Services at LMC. The communications have been translated into both Spanish and Portuguese by the Medical Center's language translators. This information will be posted on the Medical Center's website and posted at LMC. Additionally, all letters will be sent to each town administrator along with a phone call to answer any questions. Letters are being sent to local health centers in Framingham, Natick, Ashland, Hopkinton, Holliston, Millis, Wayland, Sudbury, Southborough, and Sherborn so that they can distribute to their respective email lists.

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 name Andrew S. Levine.

Andrew S. Levine

Sherman Lohnes, Esq., Director
Division of Health Care Facility Licensure and Certification
Massachusetts Department of Public Health
September 25, 2020
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cc: M. Callahan, DPH
S. Davis, DPH
D. Harding, MWMC
E. Kelley, DPH
W. Mackie, DPH
R. Rodman, DPH
T. Williams, Tenet