

HUSCH BLACKWELL

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February 19, 2026

Via Email

Stephen Davis, Director
Division of Health Care Facility Licensure and Certification
Massachusetts Department of Public Health
67 Forest Street
Marlborough, MA 01752

Re: Brigham and Woman's Hospital – Inpatient Burn Service Essential Services Finding (2341-X53)

Dear Mr. Davis:

We write on behalf of Brigham and Women's Hospital ("BWH") in response to the Department of Public Health's (the "Department") Essential Service Finding letter, dated February 4, 2026, concerning the closure of 10 inpatient burn beds located at 75 Francis Street, Boston, MA 01830. The closure will result in consolidation of burn services historically provided at BWH and Massachusetts General Hospital (MGH) to one location- the Sumner M. Redstone Burn Center at MGH. In compliance with the regulatory requirements at 105 CMR 130.122, BWH offers the following plan to maintain access to inpatient burn services within the BWH's service area and provides the additional information requested in the Department's letter.

1. Information on utilization of the services prior to proposed closure, including patients admitted to this service's beds and patients admitted to the Hospital with a burn diagnosis.¹

In follow up to the utilization data provided in BWH's 90-day Notice of Closure letter dated December 24, 2025, which included utilization rates for the last two fiscal years, please see the table below for current utilization data. It is important to note that the 10 burn beds closing at BWH provide ICU-level care. The table provides the average daily census (AD) for the Burn ICU, as well as the ADC of admitted burn patients elsewhere in the hospital.

¹ Diagnosis Related Group (DRG) 927-935.

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BWH Burn Service	FYTD 2026
Burn Patient in Any Medical/surgical Unit	0.92
Burn Patient in Burn Designated M/S Unit	0.90
Burn Patient in Any ICU	0.89
Burn Patient in Burn Designated ICU	0.89

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;

MGH is the only alternative site to BWH as it is the only other hospital that is certified by the American Burn Association (ABA). MGH’s burn ICU has 10 beds.² The following table provides historical average daily census for both MGH and BWH for all patients admitted with a burn diagnosis to any type of bed. As demonstrated, MGH has the capacity to care for the historical BWH census.

Location	FY 2025			FYTD 2026*		
	MGH	BWH	MGH+BWH	MGH	BWH	MGH+BWH
Burn Patient in Any M/S Unit	5.23	3.50	8.73	5.40	0.92	6.32
Burn Patient in Burn Designated M/S Unit	4.32	3.40	7.72	4.84	0.90	5.73
Burn Patient in Any ICU	0.62	0.92	1.54	1.52	0.89	2.41
Burn Patient in Burn Designated ICU	0.61	0.92	1.53	1.43	0.89	2.32

*October 1, 2025-January 31, 2026

² 7 beds are licensed by DPH as burn beds and 3 beds licensed as ICU, all with the same staffing and capabilities.

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(b) Type of services available at the alternative sites as compared to the level of complex services provided by the Hospital, including: i. Summary of the specialized medical, mental health, surgical, nursing, respiratory, complex trauma, non-burn med/surg conditions, reconstructive supports and rehabilitative expertise available at each alternate site;

The focus of the MGH burn service is to provide high intensity wound management and MGH has been doing so since the burn service was founded more than 50 years ago. The MGH burn service includes 10 ICU beds and 73 M/S beds. While not provided on the Burn Unit, ECMO is provided in the MICU or Cardiac ICU with burn staff supporting burn management. The MGH burn service is staffed by a multidisciplinary team of highly trained surgeons, intensivists, advanced practice providers, and nurses, as well as case management, social work, physical and occupational therapy, nutrition services, trauma psychiatry, spiritual care and a burn peer support program. Addiction Services are also available to patients of the burn service if needed.

(c) Type of medical diagnoses accepted, including: i. Definition of each sites ability to manage varying levels of acuity, preparedness for ICU-level care, and high intensity wound management, and;

MGH accepts the same medical diagnoses as BWH and as noted throughout these responses, has the same ability to manage varying levels of acuity, preparedness for ICU level care and high intensity wound management as is available at BWH. The following medical diagnoses are cared for by the MGH burn service.

1. ICD-10-CM codes T20-T32 (equivalent to DRG 927-935) classify burns and corrosions (chemical burns) by site, degree, and total body surface area (TBSA). This range includes burns to the head, neck, trunk, and limbs (T20-T25), internal organs (T26-T28), and multiple/unspecified regions (T30-T32). Key guidelines include coding the highest degree, specifying sites, and using T31/T32 for extent.
2. Toxic Epidermal Necrolysis (>25% skin loss)
3. Purpura fulminans
4. NSTI (after emergent debridement)
5. Smoke inhalation
6. Frostbite of all severities

(d) Adequacy of space and resources at the alternative sites for conventional, contingency, crisis and catastrophic care³.

The MGH burn service includes a 10 bed ICU (7 licensed burn beds, 3 licensed ICU beds) with overflow capabilities in MGH's surgical ICUs (additional 38 beds). The MGH burn service nurses receive extensive training and education with many receiving burn specific certification. The Surgical

³ American Burn Association, (2020) Actionable, Revised (v.3), and Amplified American Burn Association Triage Tables for Mass Casualties: A Civilian Defense Guideline.

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ICU nurses receive trauma education with many receiving Trauma Nursing Core Course (TNCC) certification, which includes burn trauma.

(e) Explanation of how emergency preparedness plans for burn care under surge situations have been updated to reflect this service delivery change.

MGB/MGH has multiple mechanisms to support burn surge capacity in disasters. Depending on the scale and scope of the event and the number of patients requiring burn care, the following actions and resources may be utilized during an emergency:

- MGH is a member of the Mass General Brigham (MGB) healthcare system. MGB manages its inpatient beds utilizing an integrated Patient Transfer Access Center (PTAC). Through the PTAC, MGB has the ability to shift patient care delivery operations to balance clinical demands and access to resources, such as the specialized burn care expertise and resources available at MGH. In the event of a burn surge event, the PTAC is able to redirect non-burn admissions and patient transfers that would have come to MGH otherwise to receive care at other hospitals in the MGB system, including to BWH, thereby prioritizing the inpatient bed surge capacity and capabilities at MGH for burn victims. Additionally, if needed, patients may be transferred from MGH to other MGB hospitals, including to BWH by the PTAC to help create additional inpatient burn capacity as well.
- MGB also hosts the ASPR-funded Region 1 Disaster Health Response System (RDHRS)⁴, which has been in operation since 2018. The Region 1 RDHRS has developed specific burn telemedicine capabilities that can be deployed during large-scale burn disasters with regional impact to any or all hospitals in the Region. This system allows immediate secure, HIPAA compliant audio and/or video connections between expert burn nurses and physicians with bedside clinicians at other hospitals. The RDHRS has worked directly with the American Burn Association (ABA) to recruit and train additional burn surgeons outside of MA to help staff this disaster capability if needed. The RDHRS burn disaster telemedicine program has also developed resources to address the necessary licensing, credentialing, and liability considerations that accompany this work.
- MGB, inclusive of MGH, participates in the national ABA Burn Surge Network and has worked with the Northeast Burn Region and the national ABA in its disaster surge planning. In the event of a major burn surge that exceeds the local capabilities, MGB burn service leaders will partner with this network and others to support the transfer of other patients who require high-level burn care to ABA burn centers within the Northeast Burn Region or beyond if needed.

Depending on the size, scale, and scope of the burn surge, one or multiple elements of the above resource may be activated, under the leadership of the MGB burn service, system leadership and emergency management teams to ensure our staff have the resources they need and patients receive the most appropriate care.

⁴ The Region 1 RDHRS covers the six New England states.

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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 tables below provide drive times from BWH to MGH.⁵

From BWH to MGH	Mileage	Peak Travel Time (8am)	Peak Travel Time (5pm)	Non-Peak Travel Time (12pm)	Non-Peak Travel Time (8pm)
From 75 Francis Street to 55 Fruit Street	3.2 miles	12-26 minutes	18-35 minutes	12-24 minutes	10-20 minutes

4. An assessment of transportation needs post discontinuance and a plan for meeting those needs.

Patients requiring care in the designated burn beds at BWH arrive either by ambulance or through self-presentation to the ED. Patients who arrive by ambulance are either transported through the EMS system or transferred from another facility. If a patient presents to the BWH ED and requires admission to the MGH Burn ICU, the MGB Patient Transfer Access Center (PTAC) will direct that the patient be transferred to MGH and transported via ambulance. It is important to note that this is the same process that occurs today at MGH where the PTAC directs patients at other facilities to the MGH Burn Unit.

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

Any patient that is a current admission to the BWH burn beds at the time of closure will be discharged to the appropriate level of care, including transfer to the MGH burn service. Discharge planning will occur in advance of the BWH closure and will include the patient, family and caregivers. Following the closure, the same physicians that currently care for patients at BWH will be part of the MGH burn service staff, which will allow for continuity of provider.

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 in the BWH service area will access the MGH Burn Service either through the EMS system or as a transfer to MGH from another hospital. As it currently occurs and will continue following the

⁵ Source: Google Maps, Estimated Drive Time.

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closure of the BWH beds, the MGB PTAC will direct and facilitate the transfer of patients from other facilities who need to be admitted to MGH's burn service.

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

The MGH Burn ICU has an average daily census of 0.92 patients in 10 beds. Accordingly, MGH has capacity to care for the BWH average daily census of 0.89 burn ICU patients.

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

As discussed throughout these responses, the current MGH Burn Service has the same capability as BWH to care for patients who historically have received inpatient burn care at BWH. Burn care is a highly specialized service with declining case volumes at BWH and MGH. National certification standards favor the planned consolidation of burn services to MGH to ensure that providers care for sufficient volume to maintain competency. By consolidating care at Mass General Brigham's Sumner M. Redstone Burn Center at MGH, MGB will strengthen its burn care to elevate the quality, safety and continuity of care for patients.

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

As previously noted in 6(b), there is significant available capacity at MGH to care for the 0.89 patients on average cared in the BWH ICU. In addition, MGH has capacity in its 73 burn capable medical surgical beds for the 0.92 average daily census of burn patients in medical/surgical beds at BWH. Please refer to 2(e) for a detailed summary of how patients will be accommodated in the event of an emergency surge.

Additional Questions

- 1. Competency of Staff: During testimony presented at the virtual hearing on January 20, 2026, commenters expressed concern regarding the loss of a specially trained staff that was built over time and cannot be quickly recreated once the service has been closed. The plan which you are required to submit must address how the Hospital intends to maintain staff competency once the burn unit has closed.**

It is important to recognize that the MGH burn service is staffed by highly specialized trained caregivers. Staff competency and experience do not differ between MGH and BWH's burn services. The MGH burn service is staffed by a multidisciplinary team of highly trained surgeons, intensivists, advanced practice providers and nurses. Maintaining sufficient case volume at a single site through consolidation supports clinical excellence, preserves high-acuity skills required for national burn certification, and enables consistent application of best-practice standards across all patients. By unifying services under one sustainable model, MGB can continue advancing burn care, investing in

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specialized staff, and supporting ongoing research and clinical excellence, ultimately benefiting patients across the region for decades to come.

- 2. Burn Surge Capacity: During testimony presented at the virtual hearing on January 20, 2026, commenters expressed concern regarding the effect the Hospital closing its inpatient burn service will have on burn coverage in the event MGH reaches capacity during an emergency. The plan which you are required to submit must address the role Brigham and Women's Hospital will play in such an emergency where the number of burn victims is great and MGH has reached capacity.**

MGH and BWH are members of the Mass General Brigham (MGB) healthcare system. MGB manages its inpatient beds utilizing an integrated Patient Transfer Access Center (PTAC). Through the PTAC, MGB has the ability to shift patient care delivery operations to balance clinical demands and access to resources, such as the specialized burn care expertise and resources available at MGH. In the event of a burn surge event, the PTAC is able to redirect non-burn admissions and patient transfers that would have come to MGH otherwise to receive care at other hospitals in the MGB system, including to BWH, thereby prioritizing the inpatient bed surge capacity and capabilities at MGH for burn victims. Additionally, if needed, patients may be transferred from MGH to other MGB hospitals, including to BWH by the PTAC to help create additional inpatient burn capacity as well.

Sincerely,



Crystal Bloom

cc: T. Smith, DPH
W. Mackie, DPH
J. Gagne, DPH
M. Callahan, DPH
T. McNamara, DPH