

HUSCH BLACKWELL

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August 22, 2025

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: Holy Family Hospital – Haverhill Campus Essential Services Finding

Dear Mr. Davis:

We write on behalf of Holy Family Hospital (“Hospital”) in response to the Department of Public Health’s (the “Department”) Essential Service Finding letter, dated August 7, 2025, concerning the closure of certain services at the Hospital’s Haverhill campus, including the emergency department (ED), 10-bed intensive care unit (ICU), and 59-bed medical/surgical (M/S) unit, located at 140 Lincoln Avenue, Haverhill, MA 01830. In compliance with the regulatory requirements at 105 CMR 130.122, the Hospital offers the following plan to maintain access to emergency and inpatient services and provides the additional information requested in the Department’s letter.

1. Information on utilization of the services prior to proposed closure.

In follow up to the utilization data provided in the Hospital’s 90-day Notice of Closure letter dated June 27, 2025, which included utilization rates for the last two fiscal years, please see the table below for current utilization data. As a reminder, Haverhill campus’s ICU was closed on January 1, 2024 by Steward Health Care. Since that time, all ICU care in the community has been provided at the Hospital’s Methuen Campus without a negative impact patient care or access.

HFH – Haverhill Campus	June 2025	July 2025
ED (Visits)	1,420	1,453
Occupancy (M/S)	22%	22%
Discharges (M/S)	83	87
Average Daily Census (M/S)	13.37	12.94

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,

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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 following table lists the current utilization of inpatient services at Holy Family Hospital – Methuen and Lawrence General Hospital (LGH). Occupancy of the Methuen campus's M/S service was 56% in July 2025, in line with historical utilization. As a result of the low occupancy at Methuen campus, it will be able to seamlessly accept and care for the additional patients following the closure of the Haverhill campus' M/S service.

Occupancy (M/S)	June 2025	July 2025
Methuen	56%	56%
LGH	98%	97%

Discharges (M/S)	June 2025	July 2025
Methuen	414	438
LGH	726	760

Average Daily Census (M/S)	June 2025	July 2025
Methuen	60.87	59.00
LGH	117.23	115.35

With respect to emergency services, following the closure of the Haverhill campus ED, the Hospital will open a Satellite Emergency Facility (SEF) in the same location as the ED without any interruption in the delivery of care or change to the scope of services provided.

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

The alternative sites identified provide inpatient M/S and intensive care, as well as emergency services. Moreover, these alternative sites are within the same health system as the Haverhill campus and already provide care to patients in coordination and consultation with each other. Following the acquisition of the Hospital by LGH, the newly formed Health System integrated the hospitals' electronic medical records so both hospitals operate within one medical record system. This integration facilitates more efficient collaboration and communication between providers for patients of the Hospital and LGH.

(c) Type of medical diagnoses accepted;

The alternative sites identified provide the same level and scope of inpatient M/S and intensive care, as well as emergency services as the Haverhill campus.

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

As discussed in response to question 2(a), the Haverhill SEF will serve as a replacement for the ED closing at Haverhill campus, while the Hospital's Methuen campus will serve as the primary replacement for the M/S service. The Haverhill SEF will provide the same level and acuity of care as the existing ED, resulting in no change to the availability of emergency services in the community. Similarly, as the majority of inpatient care at the Hospital is currently provided at Methuen campus, the consolidation of all inpatient care will improve the delivery of care in the region.

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.

As discussed above, the establishment of the Haverhill SEF will serve as the primary alternative site when Haverhill campus's ED closes, maintaining the same level of access for patients in the community. In addition, the Hospital's Methuen campus has the capacity to provide the same level of care and access to Haverhill patients.

The tables below provide drive times from Haverhill campus to the nearest alternative sites.¹

From HFH Haverhill to:	Mileage	Peak Travel Time (8am)	Peak Travel Time (5pm)	Non-Peak Travel Time (12pm)	Non-Peak Travel Time (8pm)
HFH Haverhill SEF	0 miles	0 minutes	0 minutes	0 minutes	0 minutes
HFH Methuen	10.5 miles	18-28 minutes	20-35 minutes	20-30 minutes	20-26 minutes
LGH Main Campus	10.8 miles	18-26 minutes	18-30 minutes	18-28 minutes	18-24 minutes
Anna Jaques	10 miles	18-24 minutes	18-24 minutes	18-26 minutes	20 minutes

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

Merrimack Valley Transit (MeVa) is the public transit provider serving the Merrimack Valley. MeVa provides fare-free bus service to 16 cities and towns including the three Gateway Cities of Lawrence, Methuen, and Haverhill, as well as service outside of MeVa's catchment area to Lowell and limited service to Boston hospitals. MeVa meets with stakeholders and makes schedule and route modifications as needed to ensure riders can access critical health and safety net services across the region. Serving area hospitals and clinics is a key component of MeVa's planning process.

In planning for the transition of services from Haverhill Campus to Methuen Campus, MeVa has actively partnered with the Health System to continue to refine service to the three hospital locations and facilitate transportation between the sites.

Starting in September, MeVa will offer a more direct route between LGH and the Hospital's Methuen campus, allowing for a 10-15 minute ride door to door between the two hospitals. MeVa currently offers free service supporting the Haverhill campus and will continue to work with the Health System

¹ Source: Google Maps, Estimated Drive Time.

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to increase this free service to better assist the community's transportation needs. All of the Health System's hospital campuses, as well as area health centers, can be accessed via MeVa buses. Maps and maps and schedules, as well as the route planner tool can be found on the MeVa website : www.mevatransit.com

MeVa also offers miniMeVA paratransit service for people over the age of 60 and for people who have a disability (cognitive or physical). Like the fixed route, miniMeVa is a fare-free service. miniMeVa is an origin to destination service taking people from point to point anywhere within our service area and must be scheduled either one or two days prior to use, depending on eligibility.

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

Currently, all admissions to the Haverhill campus' M/S service are done through the ED. All other patients who need inpatient care are referred to the Methuen campus. The Hospital plans to begin winding down inpatient admissions to Haverhill campus on or around September 22, 2025. During this period, ED patients who would otherwise be admitted to Haverhill campus's M/S service will be transported and admitted to Methuen campus by the appropriate level of ambulance service.² Only observation stay patients will be admitted leading up to September 30, 2025. Beginning October 1, 2025, all Haverhill SEF patients requiring inpatient admission will be transported to Methuen campus, or another facility following the same protocols that are in place today.

The Hospital has implemented a robust community education campaign to provide the community with information about the changes to services at Haverhill campus. Following the public session with the Department regarding the planned transition of emergency care from the existing ED to the SEF, the Health System has engaged in multiple outreach and education efforts to ensure the community is informed about the change and the continued availability of emergency services.

Completed Public Outreach Activities:

- SEF FAQ Webpage – Content covers:
 - What a SEF is
 - Location of the SEF
 - Services provided
 - Guidance on when to go to the SEF
 - Services remaining in Haverhill

² The Haverhill SEF will arrange for ambulance transport using the following patient acuity levels:

- Immediate: Time sensitive illness or injury requiring immediate treatment/care not available at the Haverhill SEF.
- Standard: Stable but requires additional treatment and care not available at the Haverhill SEF.
- Scheduled: Non-emergent ambulance transport i.e. back to skilled nursing facility.

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- Recent updates based on feedback from the Community Listening Session held July 24, 2025.
 - This webpage is continually updated as new information becomes available.
- WHAV Radio Interview & Podcast (July 22, 2025) – Dr. Jay Schuur, Chief of Emergency Medicine, discussed the SEF transition, services available, and guidance on when to seek emergency care.
- Haverhill Farmers' Market (Aug 8, 2025) – Distribution of bilingual (English/Spanish) printed materials explaining the Haverhill SEF, including services offered, when to use emergency care, and available resources.
- Social Media Campaigns – Educational posts on:
 - Stroke awareness (Aug 25, 2025)
 - Heart attack awareness (Sept 15, 2025)
 - When to go to the ED / SEF information (Oct 2025)
 - Seat belt safety and fall prevention (Nov 2025)
- Ongoing Health Education During Screenings – As part of community education efforts, during blood pressure screenings, our Community Health Nurse provides literature on stroke prevention, recognizing the signs of a stroke, and related health information.

Planned Public Outreach Activities:

- Health & Prevention Educational Events (Sept 2025) – Judson House & Hadley West Apartments, Haverhill.
- Interface Network of Compassion (Sept 18, 2025) – Presentation by Dr. Zaid Altawil and Dr. Jay Schuur to over 20 agencies serving vulnerable populations, covering behavioral health emergency services and SEF offerings in both Haverhill and Methuen.
- Ongoing Event Identification – Additional Haverhill-based opportunities are actively being explored to ensure consistent community presence before and after the SEF opening.
- Outreach to Educational Institutions – In addition to the above efforts, the health system is actively engaging local schools and other educational institutions to inform students, families, and staff about the Haverhill campus changes and its transition to an SEF.

These activities collectively aim to ensure that Haverhill residents are fully informed about the SEF's role, the continuity of 24/7 emergency care, and the services that will remain available locally. Communications will continue both leading up to and after the SEF opening to reinforce understanding and maintain trust within the community.

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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;

With respect to emergency services, the Hospital and Health System continue to educate the community about the continued provision of care at Haverhill campus, while also reminding patients of the other services available for urgent, but not emergency-level situations.

After treating and stabilizing patients who present at the ED, an interdisciplinary team assesses the patient's need and determines the next level of care. Keeping in mind the patient's preferences, Case Management sends out referrals to the appropriate facilities. When the Case Manager receives notice of acceptance, they notify the patient and family and begin the discharge process. If the patient is going to a facility, transportation is provided. If a patient needs tertiary care, there is a doctor-to-doctor conversation regarding the case and bed availability. When the patient is accepted by an appropriate hospital, the standard discharge process begins, and the patient is transported by the appropriate level of ambulance service.

Currently, only a small number of patients receive inpatient care at the Haverhill campus, all of whom are admitted through the ED. The average daily census of inpatients is nine (9). The Haverhill campus will continue to provide outpatient services in addition to the SEF. Once the ED closes and the SEF opens, patients of the SEF who require an inpatient admission will be transported by the appropriate level of transport to Methuen campus or the appropriate care setting (e.g., tertiary care, post-acute care).

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

Because the majority of inpatient care is currently provided at the Hospital's Methuen campus, the closure of Haverhill campus's medical/surgical unit is not expected to have a material impact on occupancy at Methuen campus. Moreover, with occupancy at Methuen campus currently below 60%, additional volume from Haverhill campus will bring occupancy closer to ideal levels for staffing and care delivery.

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

As discussed in previous responses, the opening of the Haverhill SEF will ensure continued access to emergency care without any change to the scope or availability of the services provided in the current ED. Similarly, only a small number of the Hospital's patients are currently being admitted to Haverhill campus (14% of total capacity). As a result, the impact of the closure on the ability of alternative delivery sites to meet the needs of patients who would have historically been admitted to Haverhill Campus will be insignificant.

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

As with protocol today, patients who have a higher need for care than is available at Methuen campus will be transported by the appropriate level of ambulance service to the appropriate care setting as described in the response to 6(a).

Sincerely,

A handwritten signature in black ink, appearing to read "Crystal Bloom", with a horizontal line extending to the right.

Crystal Bloom

cc: T. Smith, DPH
W. Mackie, DPH
J. Gagne, DPH
J. Bernice, DPH
S. Carlson, DPH
K. Fillo, DPH