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May 9, 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: VHS Acquisition Subsidiary Number 9, Inc. (d/b/a MetroWest Medical Center) – Closure of Level IIB Special Care Nursery Service at Framingham Union Campus – Essential Services Finding and Plan of Access

Dear Mr. Davis:

This letter is submitted on behalf of VHS Acquisition Subsidiary Number 9, Inc. (d/b/a MetroWest Medical Center (“MWMC”)), which operates a licensed hospital (License No. VL8S) with a campus located at 115 Lincoln Street, Framingham, MA 01702 (“Framingham Union”), in response to the Department of Public Health’s (“Department”) Essential Service Finding letter, dated April 24, 2025, concerning Framingham Union’s intent to discontinue operation of its Level IIB Special Care Nursery Service (the “Service”) on or about June 10, 2025. In compliance with the regulatory requirements at 105 CMR 130.122, MWMC offers the following plan to maintain access to Level IIB Special Care Nursery services and provide the additional information requested in the Department’s letter.

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

The Level IIB Special Care Nursery capacity on the Framingham Union campus is 12 bassinets. Over the past twelve months, the average daily census has ranged from one to three neonates, resulting in persistent under-utilization of the Service. As of the date of this letter, the current census is zero neonates. With census consistently at or below 25% capacity, the demand for the Service has been low and is associated with high operating expenses.

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:**

Alternative Delivery Sites	
Hospital	Address
Saint Vincent Hospital	123 Summer Street, Worcester, MA 01608
St. Elizabeth's Medical Center	736 Cambridge Street, Brighton, MA 02135
UMass Memorial Medical Center	119 Belmont Street, Worcester, MA 01605
Newton-Wellesley Hospital	2014 Washington Street, Newton, MA 02462

(a) Current Utilization at Alternative Sites:

Hospital	Level	Capacity	Utilization	Additional Information
Saint Vincent Hospital	IIB	31	12%	Ample capacity available; Average Daily Census (ADC) is approximately 4.5; Confirmed through regular communications with affiliated hospital
St. Elizabeth's Medical Center	III	18	30%-35%	Substantial capacity available; ADC is 6; Confirmed through direct provider discussions
UMass Memorial Medical Center	III	69	88%	Adequate capacity to accommodate additional transfers; ADC is approximately 61; Confirmed by UMass email
Newton-Wellesley Hospital	II/III	64	89%	Adequate capacity to accommodate additional transfers; ADC is approximately 57; Confirmed by communication with NWH contact

(b) Services Available at Alternative Sites:

Hospital	Level	Additional Information
Saint Vincent Hospital	IIB	24-hour advanced practitioner support
St. Elizabeth's Medical Center	III	Comprehensive neonatal and subspecialty care
UMass Memorial Medical Center	III	Comprehensive neonatal and subspecialty care
Newton-Wellesley Hospital	II/III	Comprehensive neonatal and subspecialty care

(c) Medical Diagnoses Accepted at Alternative Sites:

Hospital	Level	Additional Information
Saint Vincent Hospital	IIB	Neonates ≥ 32 weeks gestation and ≥ 1500 grams; moderate medical complexity
St. Elizabeth's Medical Center	III	Full spectrum neonatal care, including higher-risk and medically complex neonates
UMass Memorial Medical Center	III	Full spectrum neonatal care, including higher-risk and medically complex neonates
Newton-Wellesley Hospital	II/III	Full spectrum neonatal care, including higher-risk and medically complex neonates

(d) Adequacy of Space and Resources at Alternative Sites:

Hospital	Level	Additional Information
Saint Vincent Hospital	IIB	Confirmed ample capacity and sufficient resources to serve as MWMC's primary transfer site whenever feasible; Established a dedicated transfer line specifically for MWMC to ensure streamlined referrals and transfers; Confirmed through regular communications with affiliated hospital
St. Elizabeth's Medical Center	III	Confirmed substantial capacity and adequate resources; Established a dedicated transfer line specifically for MWMC to ensure streamlined referrals and transfers; Confirmed through regular communications with SEMC
UMass Memorial Medical Center	III	Confirmed adequate capacity and resources to manage increased patient load effectively; Confirmed through regular communications with UMMC
Newton-Wellesley Hospital	II/III	Confirmed adequate capacity and resources to manage increased patient load effectively; Confirmed through NWH contact

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.**

Hospital	Peak Travel Time	Non-Peak Travel Time
Saint Vincent Hospital	35-45 min	25-30 min
St. Elizabeth's Medical Center	35-50 min	25-35 min
UMass Memorial Medical Center	35-45 min	25-30 min
Newton-Wellesley Hospital	30-40 min	20-25 min
<i>Source: Google Maps traffic analysis validated by EMS provider input.</i>		

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

MWMC has entered into an agreement with Fallon EMS to guarantee availability for neonatal transfers, including specialized neonatal transport equipment. Additionally, as noted above, MWMC has established dedicated communication lines with Saint Vincent Hospital and St. Elizabeth's Medical Center to streamline and expedite referral and transfer processes.

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

MWMC has entered into detailed clinical transfer agreements with Saint Vincent Hospital and St. Elizabeth's Medical Center. These agreements clearly outline care continuity protocols. Additionally, MWMC plans to establish individualized patient transfer plans in direct collaboration with the receiving hospital, with the intent of providing a seamless transition and minimizing disruption in care.

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:

MWMC has established pre-delivery risk assessment protocols to facilitate timely referrals, with preference for transfer to Saint Vincent Hospital (Level IIB) whenever clinically feasible, and St. Elizabeth's Medical Center (Level III) for higher acuity needs. As previously mentioned, MWMC has established dedicated communication lines with Saint Vincent Hospital and St. Elizabeth's Medical Center to streamline and expedite referral and transfer processes.

(b) Impact on Alternative Site Occupancy Rates:

In light of the Service's low utilization rate at the Framingham Union campus, MWMC anticipates that the closure of the Service will have minimal impact on occupancy rates at the alternative delivery sites. As previously noted, MWMC has confirmed ample capacity at Saint Vincent Hospital and substantial capacity at St. Elizabeth's Medical Center, and both have confirmed that the anticipated level of transfers can be absorbed in a manner that ensures high-level care without operational strain. MWMC anticipates that the closure of the Service may not have any impact on occupancy rates at UMass Memorial Medical Center and Newton-Wellesley Hospital.

(c) Ability of Alternative Sites to Meet Patient Needs:

As previously noted, Saint Vincent Hospital and St. Elizabeth's Medical Center confirmed through direct provider and other discussions their capability and readiness to fully meet all anticipated neonatal care demands resulting from the closure of the Service. UMass Memorial Medical Center and Newton-Wellesley Hospital, as MWMC's backup alternatives, similarly verified their capability and readiness to fully meet all anticipated neonatal care demands resulting from the closure of the Service.

(d) Alternative Options:

In the unlikely event of capacity constraints at all four primary alternative sites described above, MWMC has identified the following secondary alternative sites: Beth Israel Deaconess (Level III, with a capacity of 64) and Brigham and Women's Hospital (Level III, with a capacity of 66). MWMC plans to communicate with both hospitals to discuss their availability as secondary alternative sites.

In addition to the regulatory elements listed above, and in light of the Department's review of comments on the proposed closure of the Service, MWMC's plan also addresses the following:

- (1) Transitioning from Level IIB to IB: Based on testimony presented at the hearing on April 9, 2025, concern was expressed regarding the Hospital's plans to eliminate Level IIB services altogether rather than transitioning to Level IB which would require an advanced practitioner to be onsite. The plan which you are required to submit must include information on level change considerations as an alternative to the elimination of 12 Level IIB bassinets and what measures would be necessary to accomplish this.**

Following the April 9th hearing, MWMC began actively exploring the possibility of transitioning from a Level IIB Special Care Nursery to a Level IB, rather than transitioning from Level IIB to a Level IA, as originally proposed. Level IB would encompass 32 bassinets (just as Level IA would). MWMC currently is working toward a clinical affiliation model that would provide the required advanced neonatal practitioner coverage, enabling us to sustainably maintain a Level IB designation. MWMC leadership fully supports this approach as a means to balance patient safety, community expectations, and operational viability. Detailed assessments and active negotiations are underway to finalize the affiliation, staffing model, and operational logistics necessary to implement this preferred approach effectively.

- (2) Cultural and Linguistic Needs: Based on testimony presented at the hearing on April 9, 2025, concern was expressed regarding the cultural makeup of Framingham and how diverse populations would be the most affected by this elimination of services. The plan which you are required to submit must address ways the Hospital intends to meet the cultural and linguistic needs of patients from the Hospital's service area when referring these patients to alternate facilities.**

MWMC has confirmed with each of the four primary alternative sites that they have established multilingual patient education materials and have interpreter availability. Additionally, staff at the Framingham Union campus currently are undergoing additional cultural competency training, with

an enhanced focus on communication clarity during referrals to mitigate potential cultural and linguistic barriers.

- (3) Engagement with Community Groups: Based on testimony presented at the hearing on April 9, 2025, concern was expressed that the Hospital failed to appropriately communicate with the local community to assess the impact of eliminating the Special Care Nursery. The plan which you are required to submit must address how the Hospital intends to initiate ongoing engagement with the local community to ensure awareness of the impact of the discontinuance of this service and solicit input on the development and implementation of a plan to ensure access in the future.**

In response to the comments at the April 9th hearing, MWMC has enhanced its community engagement framework to include monthly meetings with Framingham and Natick public health officials, additional meetings with cultural and civic organizations such as Natick 180, Natick Health, and Spark Kindness, and multilingual communication strategies, through, for example, social media and local media. Additionally, MWMC is committed to scheduling forums to provide an ongoing mechanism for receiving feedback and engaging in dialogue around Service closure and service transitions.

- (4) Lack of Advanced Practitioners: Based on testimony presented to the Department at the hearing on April 9, 2025, concern was expressed regarding the lack of 24-hour advanced practitioners onsite after the elimination of Level IIB Special Care Nursery services. The plan which you are required to submit must address how the Hospital will ensure safe and timely resuscitation and emergency care for newborns without provision of 24-hour onsite advanced practitioners available.**

MWMC is committed to maintaining in-house neonatal resuscitation capabilities at the Framingham Union campus through OB/GYN and nursery staff training. Additionally, as previously noted, MWMC currently is working toward a clinical affiliation model that would provide advanced neonatal practitioner coverage in connection with maintaining a Level IB designation. Furthermore, as previously noted, MWMC has established robust clinical protocols for immediate activation of transfer processes to Saint Vincent Hospital or St. Elizabeth's Medical Center when higher-level neonatal care is indicated.

- (5) Parent + Child Bonding: Based on testimony presented to the Department at the hearing on April 9, 2025, concern was expressed regarding instances where the newborn is transferred to a special care nursery at an alternative hospital and the birthing parent is medically required to remain at the Hospital. The plan which you are required to submit must include information on what mitigation measures can be implemented to prevent separation of birthing parents and newborns when higher levels of neonatal care are required.**

Following the April 9th hearing, MWMC refined its maternal transfer protocols to support immediate postpartum maternal transfer when clinically safe. When maternal transfer is medically delayed, MWMC intends to utilize virtual visitation technology to facilitate continuous parent-child bonding support. The dedicated support lines with Saint Vincent Hospital and St. Elizabeth's Medical Center will be utilized for both neonatal transfer and maternal transfer, as applicable.

(6) OB/GYN Practitioners: Based on testimony presented to the Department at the hearing on April 9, 2025, concern was expressed regarding the decrease in OB/GYN practitioners available in the Hospital's service area. The plan which you are required to submit must include information on how the Hospital plans to recruit and retain local OB/GYN practitioners (MD's, advance practice RN's, etc.) to provide GYN, pre-natal, and post-natal care for this large population within the community.

At MWMC, initiatives for targeted recruitment have been underway since 2022, and include local residency affiliations, offering competitive incentives, and offering community integration support. Additionally, MWMC has been offering expanded professional development opportunities and flexible scheduling to enhance retention and community care capacity. MWMC is excited to welcome a new OB Provider to the Framingham Union Campus in September 2025.

Thank you for your attention to this matter. If you have any questions, please contact Lianne Ankner, Esq., Ankner & Levy, PC at 617-247-3104 (kla@anknerlevy.com).

Sincerely,

Signed by:

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Denten Park
Market & Saint Vincent CEO

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