



Massachusetts Department of Public Health

Determination of Need

Application Form

Version: 11-8-17

Application Type:	DoN-Required Equipment	Application Date:	01/28/2020 12:44 pm
Applicant Name:	Harrington Health Care System Inc.		
Mailing Address:	100 South Street		
City:	Southbridge	State:	Massachusetts
		Zip Code:	01550
Contact Person:	Harry Lemieux	Title:	VP, Support Services & Chief Information Officer
Mailing Address:	100 South Street		
City:	Southbridge	State:	Massachusetts
		Zip Code:	01550
Phone:	5087653184	Ext:	
E-mail:	hlemieux@harringtonhospital.org		

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name:	Harrington Memorial Hospital Inc.		
Facility Address:	100 South Street		
City:	Southbridge	State:	Massachusetts
		Zip Code:	01550
Facility type:	Hospital	CMS Number:	220019
Add additional Facility		Delete this Facility	

1. About the Applicant

1.1 Type of organization (of the Applicant):	nonprofit
1.2 Applicant's Business Type:	<input checked="" type="radio"/> Corporation <input type="radio"/> Limited Partnership <input type="radio"/> Partnership <input type="radio"/> Trust <input type="radio"/> LLC <input type="radio"/> Other
1.3 What is the acronym used by the Applicant's Organization?	HHS
1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program?	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.5 Is Applicant or any affiliated entity an HPC-certified ACO?	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.7 Does the Proposed Project also require the filing of a MCN with the HPC?	<input type="radio"/> Yes <input checked="" type="radio"/> No

- 1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? ☐ Yes ☒ No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

Acquisition of a second CT Scanner to provide redundancy and more efficient access to emergency room patients. The project consists of an acquisition of a 64 slice Siemens CT Scanner and associated renovation to accommodate the equipment, staff and patients.

2.2 and 2.3 Complete the Change in Service Form

3. Delegated Review

3.1 Do you assert that this Application is eligible for Delegated Review? ☒ Yes ☐ No

3.1.a If yes, under what section? Certified ACO/DoN-Required Service or Equipment

4. Conservation Project

4.1 Are you submitting this Application as a Conservation Project? ☐ Yes ☒ No

5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? ☒ Yes ☐ No

5.2 If yes, is Applicant or any affiliated entity thereof a HPC-certified ACO? ☐ Yes ☒ No

5.3 See section on DoN-Required Services and DoN-Required Equipment in the Application Instructions

6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100.735? ☐ Yes ☒ No

7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? ☐ Yes ☒ No

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ☐ Yes ☒ No

9. Research Exemption

9.1 Is this an application for a Research Exemption? ☐ Yes ☒ No

10. Amendment

10.1 Is this an application for a Amendment? ☐ Yes ☒ No

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? ☐ Yes ☒ No

12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: DoN-Required Equipment

12.1 Total Value of this project:	\$827,216.00
12.2 Total CHI commitment expressed in dollars: (calculated)	\$41,360.80
12.3 Filing Fee: (calculated)	\$1,654.43
12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:	\$80,000.00
12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.	\$0.00

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210

Some Factors will not appear depending upon the type of license you are applying for.

Text fields will expand to fit your response.

Factor 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i Patient Panel:

Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

Although Harrington Memorial Hospital, Inc. ("Harrington Hospital") is licensed as an acute care hospital, Harrington HealthCare System, Inc. ("HHCS") as its parent entity, functions as an integrated system rooted in the provision of primary care services. Through its subsidiaries, Harrington Hospital, and Harrington Physician Services, Inc., it offers its patients an integrated continuum of care from primary care to behavioral health, as well as medical and surgical specialty services, diagnostic services, and community level inpatient hospital services. With nine primary care clinics spread over its licensed locations, HHCS serves a diverse and growing patient panel of almost 80,000 patients, mostly from its primary service area of Brimfield, Charlton, Dudley, Fiskdale, Holland, Southbridge, Sturbridge, Wales and Webster. Serving an overall population of over 175,000 residents in more than twenty (25) five communities across south central Massachusetts and northeastern Connecticut, HHCS is the primary provider for health care services in the region. Harrington Hospital has campuses located in Southbridge and Webster, Massachusetts. Southbridge, where the new CT will be located, is a town of 17,000, located just north of the Connecticut border with close proximity to major travel routes including 90 (Mass Pike), 20, 84 and 395. HHCS serves a diverse population. 86% of Harrington's patients self-identify as "American," 8.7% identify as Hispanic or Latino, 4.2% identify as African American and 1.1% identify as Asian. Approximately 42% of its patients speak a language other than English at home, and professional medical interpreters spend approximately 575 hours each year assisting patients at HHCS campuses. HHCS does not track immigration status.

HHCS's role in the community as a primary care and safety net provider is reflected in the population of patients seen in both our primary care practices and the Hospital. The median age of the population is 41 years and 13.5% of Southbridge residents are over age 65. Median household income is \$62,500 and 9.5% of the total population served by HHCS lives below the poverty level. These statistics demonstrate that HHCS Harrington HealthCare System serves a largely low-income population.

Harrington Hospital has among the highest concentration of patients participating in MassHealth programs of any acute care hospital in the Commonwealth. Harrington Hospital's public payer mix in Fiscal 2019 was approximately 66%, including the Hospital's Medicaid, Health Safety Net, and Medicare patients.

HHCS participates in the MassHealth ACO Program through the Boston Medical Center Community Alliance. Approximately 5,200 MassHealth members are assigned to HHCS through this ACO partnership Plan. HHCS is also the main provider of substance abuse services and inpatient and outpatient psychiatry services in the south Worcester county region of the Commonwealth of Massachusetts.

F1.a.ii Need by Patient Panel:

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

Harrington's Southbridge campus Emergency Department has seen a marked increase in CT Scans ordered as a tool for diagnosis and treatment planning. In the past two years, over 20,000 individual CT scans have been performed on Emergency Department patients with an 8% increase annually. Of these CT Scans ordered by ED providers, nearly 400 had a stroke related diagnosis. Having a designated CT Scanner within the Harrington Hospital Emergency Department will allow these scans to be performed more efficiently resulting in a timelier diagnosis and improved quality of care and better treatment plans for all patients presenting to Harrington Hospital for emergency services. Additionally, as a result of an additional CT machine dedicated to ED patients, the main CT unit in the Harrington Hospital radiology department will become more accessible to non-emergency outpatients and inpatients requiring testing. The American Heart Association "Get with the Guidelines" recommends that patients presenting with stroke symptoms such as numbness, jaw pain or breakthrough headache, obtain a head CT scan within 20 minutes of symptoms stating, "time is brain". However, due to multiple demands on Harrington's single CT unit and a variety of procedures utilizing that CT scanner the Hospital has faced challenges in meeting this measure. The approval of an additional CT scanner on the Southbridge campus, located at 100 South St. Southbridge, MA 01550 will allow HHCS to meet demands of its population for non-emergency CT Scans without adversely affecting the rendition of needed emergency diagnosis of emergency patients.

F1.a.iii Competition:

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

The Proposed Project will have no impact on provider price, total medical expenses ("TME"), or provider costs. Furthermore, Harrington Hospital does not expect to generate more volume as part of this expansion. The expansion is solely dedicated to increasing patient safety and reducing the wait times for patient's presenting with stroke symptoms and the avoidance of the Hospital having to be on cautionary status for stroke patients that are related to the lack of redundancy. Harrington is seeking to add a second CT Scanner to its facility to add redundancy and increase efficiency and health outcomes for its emergency patients. Currently, Harrington utilizes a single CT scanner at its Southbridge campus. This CT scanner serves both outpatient and inpatient services and is critical to ruling out potential stroke patients presenting to the emergency room. Harrington Hospital is seeking approval of a second CT Unit for its emergency department in order to lower its instances of being on cautionary status due to lack of access CT scanner issues. Through the addition of a second scanner, Harrington Hospital expects its instances of cautionary status for stroke to be reduced by 30% or more. Harrington Hospital anticipates that reduced diversion of patients presenting with stroke symptoms to other area hospitals will improve health outcomes and reduce total medical expenses to the area population.

Harrington Hospital intends to purchase and put into service a refurbished CT scanner of a similar make and model as its existing unit. This will reduce the cost burden of retraining and obtaining multiple competencies for different machines. Furthermore, Harrington Hospital will be renovating existing space adjacent to the Southbridge emergency department. This will reduce the overall cost of the Project by avoiding new construction and associated delays.

It is not expected that the new CT machine will generate new business. The purpose of the new CT is to ensure the highest quality of care to actual and potential stroke patients already presenting to the Hospital or who live in the community and end up being transported to hospitals further away when Harrington is on cautionary status. Scans performed on the additional CT Unit will be billed at the same rate as our current machine and readings will be done no differently than our existing process.

F1.b.i Public Health Value /Evidence-Based:

Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

When the hospital goes on "Cautionary Status," ambulances must divert the patients out of our community to other hospitals further away from the patient's residence, often taking patients out of their own communities and delaying the rendition of emergency life-saving care for those patient determined to actually be having strokes. When the existing CT scanner located at the Southbridge Harrington Hospital campus is being utilized for an interventional procedure, and/or there are technical/routine needs for the CT scanner to go out of service, the ambulance companies are notified via OEMS and ambulances called for potential stroke patients must find another acute care hospital further away that has a dedicated CT Scan for emergency patients. If Harrington Hospital can add an additional CT scanner it will diminish the instances of the Hospital from having to go on Cautionary Status and reduce the need to divert patients to acute care hospitals that are further away and may be a higher-priced facilities, thereby reducing the total medical expense in Massachusetts and improving access to necessary emergency diagnostic services which will also result in improved patient health outcomes, quality of life and health equity for the south Worcester County community served by HHCS.

F1.b.ii Public Health Value /Outcome-Oriented:

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

In the Harrington Hospital Southbridge Emergency Department, the average door-to-CT time for suspected stroke patients has averaged 29 minutes over the past 2 years. With the addition of a dedicated CT scanner within the footprint of our newly renovated Emergency Department we will be able to decrease critical minutes between the time the patient arrives, definitive diagnosis and subsequent treatment. Additionally, having a dedicated scanner in the ED will free up the main CT unit increasing access for approximately 10,000 additional scans each year for non-ED patients. The American Heart Association deems <20minutes from door to CT for all potential neuro patients. Patients that present and receive a CT in a timely manner may be eligible for TPA (Clot buster) to potentially prevent long term cerebral damage. The goal will be to have a CT scanner dedicated to the emergency room so in the event the scanner is occupied by an interventional case. To measure the success of the program we will continue to measure the minutes/events of "Cautionary Status" as well as number of head CTs we have done on the new scanner annually that aid in meeting the < 20 minute time frame. We will send our stroke data as evidence of the need.

F1.b.iii Public Health Value /Health Equity-Focused:

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

The addition of a second CT scanner at Harrington's Southbridge campus will prevent patients from being transported out of their community. Frequently, the greatest challenge for our patient population is transportation. It is a challenge for patients sent to hospitals in Worcester, Boston and the Springfield area to return home. Public transportation is limited in this region and transportation to this region from the Worcester, Boston and Springfield areas is very poor. Often time patients and their family members don't have a car and have to rely on taxi/UBER/LYFT services that can be very costly to several of the members of our community.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

Harrington's Project has the potential to significantly improve public health outcomes, especially those related to stroke diagnosis and treatment. Harrington is a designated stroke center within our service areas. Patients presenting to EMS with stroke symptoms are transported to Harrington facilities, which are designated stroke centers following a strict set of protocols set forth by the American Heart Association ("AHA") for the diagnosis and treatment of stroke. A key measure under the AHA protocols is door-to-CT time. The AHA protocol defines an acceptable timeframe for door-to-CT as 20 minutes, which is measured and trended regularly by Harrington. In the current environment, Harrington only has a single CT available. If the CT is in use, either for an outpatient procedure or another stroke diagnosis, diagnosis may be delayed for potential stroke patients. Furthermore, the single unit presents a single point of failure in the event of a mechanical, electrical or IT outage. The addition of a second CT will significantly improve Harrington's ability to provide reliable and timely diagnosis to potential stroke patients within its service areas by increasing redundancy.

In terms of price, Harrington's contracted rates and the rates paid by public payors for diagnostic services will not change as a result of the additional CT scanner.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

HHCS has a large physician network that cares for the patients of our local community. With the second CT scanner in the Southbridge Campus ED, the number of transfers to other health systems for CT will decline. With the decline in the need to transfer patients, coordination of care and patient records will stay within the HHCS system ensuring greater continuity and coordination of care and that treatment plans are followed.

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

On October 18, 2019, HHCS representative, Jessica Calcidise, RN, VP of Nursing and Ancillary Operations, attended the Annual Community Health Network Area 5 meeting to update the community program leaders on the proposed addition of the Emergency Department CT. A brief description of the stroke measures and need were explained to the group of approximately 25 members. No questions and/or objections were voiced by the Community Health Network representatives. The HHCS Board of Directors have been updated on the proposal of adding an Emergency Department CT to the Hospital's Southbridge campus and they are in support of the addition. All Board members are representatives of our local communities.

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline*. With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

This application has been submitted in large part to diminish the frequency of when Harrington Hospital must go on "Cautionary Status". The practice of the Hospital has been, if the single Hospital CT Unit was in use for a scheduled procedure or a prolonged case was in process and a patient presenting with stroke symptoms cannot receive a head CT for stroke in less than 20 minutes of arrival, Harrington notifies OEMS and ambulances take such potential stroke patients to other hospitals that are further away with the closest being in Worcester or Springfield. The American Heart Association as well as the Department of Public Health recommend such a time frame to receive an emergency CT scan.

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

On October 18, 2019 HHCS representative Jessica Calcidise, RN, VP of Nursing and Ancillary Operations attended the Annual Community Health Network Area 5 meeting to update the community program leaders on the proposed addition of the Emergency department CT. A brief description of the Stroke measures and needs for a second CT Unit were explained to the group of approximately 25 members. No questions and/or objections voiced by the Community Health Network representatives. Follow up meetings will be attended to update the CHNA group on the progress of the application and project.
Please see attached agenda

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a **Cost Containment:**

Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

HHCS has a large physician network made up of both specialty and primary care. We have four major risk arrangements that impact the Massachusetts goal of cost containment. With the installation of an Emergency Department CT unit, HHCS can better control and monitor the quality of care and outcomes of the patients within our network. With the ability to keep neurologic patients in our network, we can provide health care more efficiently with better outcomes and an overall better care delivery system.

HHCS participates in:

BACO – 5200 covered lives

UMACO – 4700 covered lives

Fallon Senior – 1500 covered lives

Commercial ACO – 6000 covered lives (BCBS, Tufts, Harvard Pilgrim)

F2.b **Public Health Outcomes:**

Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

HHCS's Project has the potential to significantly improve public health outcomes, specifically related to stroke diagnosis and treatment. As a designated stroke center within our service areas, patients presenting to EMS with stroke symptoms are transported to Harrington Hospital's EDs. Harrington follows a strict set of protocols set forth by the American Heart Association ("AHA") for the diagnosis and treatment of stroke. In particular, a key measure set forth by the AHA is door-to-CT time. The AHA protocol defines an acceptable door-to-CT timeframe as 20 minutes, which is measured and trended regularly by Harrington. In the current environment, Harrington only has a single CT available. If the CT is currently in use, either for an outpatient procedure or another stroke diagnosis, diagnosis may be delayed for potential stroke patients. Furthermore, the single unit presents a single point of failure in the event of a mechanical, electrical or IT outage. The addition of a second CT will significantly improve our ability to provide reliable and timely diagnosis to potential stroke patients within our service areas.

F2.c **Delivery System Transformation:**

Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

HHCS is committed to the community it serves. HHCS has invested in a Community Outreach program with community health workers to assist patients in the burdens they face in their own wellness. Through this program it has been determined that transportation is a significant barrier to people receiving the care that they need. Southbridge, MA has limited public transportation. We have many community members that walk to our Hospital campuses and medical offices to seek health care services, and several that rely on PT1s. The addition of an Emergency Department CT scanner at Harrington Hospital's Southbridge campus ED will prevent a socioeconomically challenged community from expending more of their precious resources on transportation costs associated with returning to their community from outside organizations.

St. Vincent Hospital 31 minutes, 21.5 Miles

UMass Medical Center 36 minutes, 23 Miles

Baystate Medical Center 43 minutes, 40 miles

Factor 3: Compliance

Applicant certifies, by virtue of submitting this Application that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein .

F3.a Please list all previously issued Notices of Determination of Need

Add/Del Rows	Project Number	Date Approved	Type of Notification	Facility Name
<input type="button" value="+"/> <input type="button" value="-"/>	None			

Applicant has provided (as an attachment) a certification, by an independent certified public accountant (CPA) as to the availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel.

For each Functional Area document the square footage and costs for New Construction and/or Renovations.

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F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.

	Category of Expenditure	New Construction	Renovation	Total (calculated)
	Land Costs			
	Land Acquisition Cost	\$0.		\$0.
	Site Survey and Soil Investigation	\$0.		\$0.
	Other Non-Depreciable Land Development	\$0.		\$0.
	Total Land Costs	\$0.		\$0.
	Construction Contract (including bonding cost)			
	Depreciable Land Development Cost	\$0.		\$0.
	Building Acquisition Cost	\$0.		\$0.
	Construction Contract (including bonding cost)	\$429216.		\$429216.
	Fixed Equipment Not in Contract	\$398000.		\$398000.
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost			
	Pre-filing Planning and Development Costs			
	Post-filing Planning and Development Costs			
Add/Del Rows	Other (specify)			
<input type="button" value="+"/> <input type="button" value="-"/>				
	Net Interest Expensed During Construction			
	Major Movable Equipment	\$0.		\$0.
	Total Construction Costs	\$827216.		\$827216.
	Financing Costs:			
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc	\$0.		\$0.
	Bond Discount	\$0.		\$0.
Add/Del Rows	Other (specify)			
<input type="button" value="+"/> <input type="button" value="-"/>				
	Total Financing Costs	\$0.		\$0.
	Estimated Total Capital Expenditure	\$827216.		\$827216.

Factor 5: Relative Merit

F5.a.i Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Proposal:

The Proposed Project is to add a second 64 slice CT scanner adjacent to Harrington Hospital's Emergency Room to address the needs of emergency department and inpatient patients who require urgent or emergent access to CT services and to provide redundancy for the single existing CT scanner.

Quality:

The primary driver behind the project is to provide redundancy to the single existing CT scanner which, when out of operation, presents significant barriers to urgent patients receiving care. When the current CT is down, the hospital must go on cautionary status for stroke patients, requiring potential stroke patients to be transported to other facilities. Secondly, the project will provide quicker access to CT for ER patients when the existing scanner is in use for interventional procedures or other inpatient or outpatient studies.

Efficiency:

Primarily, the second CT will add redundancy for this modality, preventing unnecessary transfers or diversions due to cautionary status for stroke. This will provide quicker and more reliable access to care for stroke patients and other emergent cases requiring CT imaging. Secondly, the scanner will provide more efficiency around scheduling of routine outpatient or inpatient studies as they will not be impacted or delayed due to emergent scans. Lastly, the second scanner will prevent the inability to perform scans during planned downtimes for regular maintenance or repair.

Capital Expense:

The proposed project is budgeted at \$827,216 which includes a refurbished Siemens Definition 64 slice CT scanner at a cost of \$398,000, and renovation of existing space at a cost of \$429,215.00.

Operating Costs:

The proposed project will increase operating expense related to annual service and maintenance. The anticipated total cost is expected to be between \$80,000-\$90,000.

List alternative options for the Proposed Project:

Alternative Proposal:

Harrington explored the alternative of transferring patients to the Webster Campus, which houses a CT scanner, during periods of downtime. However, the Webster campus is greater than 25 minutes from Harrington's ER which would pose a significant risk to potential stroke patients and would not adhere to the AHA guidelines for treating stroke. Furthermore, the cost of ambulance transfer would significantly offset any savings achieved from this model.

Alternative Quality:

AHA requires a CT scan to be completed within 20 minutes of arrival to the emergency room. The alternative proposal would significantly exceed the 20-minute guideline as the Webster campus is greater than 25 minutes away from Harrington. This would put patients at significant risk.

Alternative Efficiency:

The alternative proposal is significantly less efficient than the proposed project. The alternative proposal would not only tax ER staff but would burden EMS services with unnecessary transfers.

Alternative Capital Expense:

The alternative proposal would not have any associated capital expense.

Alternative Operating Costs:

The most prominent operating cost would be ambulance transfers to-and-from the Webster Campus. The Webster campus does not have inpatient medical services. Therefore, patients who require admission or observation would need to be transferred a second time, back to Harrington.

Add additional Alternative Project

Delete this Alternative Project

F5.a.ii Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Ensuring that Harrington could provide its patients the safest and highest quality care led Harrington to conclude that the Proposed Project is the superior alternative to meeting the needs of its patients. No other alternative meets the need of ensuring adequate redundancy at Harrington for inpatient and emergency patients. The proposed project will add a significant level of patient safety to our emergency room ultimately reducing the frequency of cautionary status for stroke and other emergency scenarios.

Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application. Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- ☒ Copy of Notice of Intent
- ☒ Affidavit of Truthfulness Form
- ☒ Scanned copy of Application Fee Check
- ☒ Affiliated Parties Table Question 1.9
- ☒ Change in Service Tables Questions 2.2 and 2.3
- ☒ Certification from an independent Certified Public Accountant
- ☒ Articles of Organization / Trust Agreement
- ☒ Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office
- ☒ Community Engagement Stakeholder Assessment form
- ☒ Community Engagement-Self Assessment form

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form.

To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit

Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the "E-mail submission to Determination of Need" button.

This document is ready to file:



Date/time Stamp: 01/28/2020 12:44 pm

E-mail submission to
Determination of Need

Application Number: HHS-20012012-RE

Use this number on all communications regarding this application.

☒ Community Engagement-Self Assessment form