

Mass General Incorporated
Brigham and Women's Faulkner Hospital
DoN# MGB-20121716-HE

APPLICANT QUESTIONS

Responses should be sent to DoN staff at DPH.DON@State.MA.US

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- When providing the answer to the final question, submit all questions and answers in one final document
- Responses must be available in PDF and source document (excel preferred for data and word for narrative)

1. The application mentions that there will be “other renovation projects to improve existing services and facilities at the BWFH main campus.” Describe these other renovation projects.

“Other renovation projects” refers to other work that must be done on the campus to facilitate this campus expansion. Patient Experience Department must be relocated, a corridor must be straightened that will take part of the dining room of the cafeteria; a dining room addition will be added to compensate for that loss. Because the building is an addition, there will be access points on each floor that will disrupt a pre-existing function. This includes Staff Lactation room relocation, Infectious Disease physician office replication, conference room and clinical support staff offices.

2. Does BWFH have more than one inpatient unit?

Yes. BWFH currently has 4 medical/surgical inpatient units. They all provide medical/surgical inpatient care – it is just location within the hospital that separates them.

3. Is the 3T MRI for all BWFH patients or a specific group of patients (e.g., ED, inpatient)?

Yes. The additional MRI will be available to serve all classes of patients.

4. For the data below, does this include only M/S boarders and exclude behavioral health/psych boarders?

[ED Boarding at BWH](#)

	FY18	FY19
ED Boarder Hours	46,570	65,777
# of Boarders in the ED > 12 hours	1,181	1,809
Average time to Admission for inpatients (in hours)	6.73	7.68
Average time to Discharge for all other patients (in hours)	4.33	4.38

Yes, the data in the chart only includes M/S boarders and is exclusive of behavioral health/psych boarders.

a. Generally, for ED boarder data included in the application include only M/S boarders?

For any BWH ED boarder data provided, psych boarder data is not included. For any BWFH ED boarder data provided, psych boarders were included.

5. In the Bed Summary Response submitted, the table indicates that there were “0” patients transferred through the BWH to BWFH Transfer Program and shifting services from BWH to BWFH at Baseline (FY19). However, in the Application and follow-up responses it is stated that patients have been transferred from BWH to BWFH prior to FY19. Explain this discrepancy.

Bed Need Analysis: Projected Increase in Volume, Patient Days, and Average Daily Census

	Volume			Patient Days			Average Daily Census			Incremental Bed Need
	Baseline (FY19)	FY 2027	Increase	Baseline (FY19)	FY 2027	Increase	Baseline (FY19)	FY 2027	Increase	Adjusted for 85% Occupancy
BWFH Patient Growth	11,295	12,751	11%	33,544	37,105	10%	92	102	10%	12
Shifting Services from BWH to BWFH	0	4,235	-	0	14,993	-	0	41	-	49
BWH to BWFH Transfer Program	0	1,439	-	0	5,093	-	0	14	-	17
Total	11,295	18,425	63%	33,544	57,191	70%	92	157	70%	78

The “Bed Summary Response” was intended to show any incremental volume growth after the baseline period, to demonstrate the need for the 78 requested beds. Any currently shifted services or transfers from BWH to BWFH are included within the 11,295 baseline (FY 2019). The table intends to show the growth resulting from shifting services and transfer volume, all after the 2019 baseline figures.

6. In the follow-up response to Question 4c, a table is provided with number of projected cases for FY24 through FY27.

Current & Projected Endoscopy Visits [provided in DoN Application narrative]

Age Group	FY19	FY24	FY25	FY26	FY27
Total	7,244	7,938	8,159	8,370	8,600

Current & Projected Endoscopy Cases [provided in follow-up response]

Age Group	FY19	FY24	FY25	FY26	FY27
0-17	700	700	700	700	700
18-44	690	1,140	1,154	1,101	1,173
45-64	3,218	2,805	2,841	2,714	2,894
65 and Up	2,636	2,549	2,644	2,584	2,818
Total	7,244	7,194	7,338	7,099	7,586

- a. The number of projected cases for the 0-17 age group is the same across all years. Confirm that it is anticipated there will be no increases over the years. (pages 4-5)

BWFH does not primarily treat pediatric patients, and as such the hospital does not anticipate any targeted measurable increases to the 0-17 age population served.

- b. Clarify the difference between the number of endoscopy cases provided in this table versus the number of endoscopy visits provided in Table 7 (page 19 of application narrative).
- i. For baseline (FY19) the number of cases and visits match (7,244) in both tables, however, the projected numbers for FY24-FY27 do not match. Explain the discrepancies in the numbers provided in the two tables. Also, in the Application it states that the demand for endoscopy services will increase by 9.6% by FY24 when the Proposed Project will open, and by 18.7% by FY27 from FY19 when services will be fully operational. The projections shared in the follow-up response does not reflect this increase.

The initial table used an incorrect percent growth, which has been corrected below. The below table applies the correct percentage growth and matches the Endoscopy totals from the initial submission. With the revised table below, the growth percentages now tie to what was listed in the Application. The demand for endoscopy services will increase by 9.6% by FY24, and 18.7% by FY27.

Table 4.C. Revised

Age	Endoscopy				
	FY19	FY24	FY25	FY26	FY27
0-17	700	700	700	700	700
18-44	690	1,271	1,296	1,320	1,346
45-64	3,218	3,126	3,192	3,253	3,321
65 and Up	2,636	2,841	2,970	3,098	3,233
Total	7,244	7,938	8,159	8,370	8,600

- ii. Do the endoscopy case/visit projections take into consideration the revised clinical guidelines to begin colonoscopies at age 45?

The campus expansion plan predates the new clinical guidelines. BWFH reviewed the potential impact of this and concluded that:

- The current endoscopy department has inefficient throughput because of limited recovery space and suboptimal layout. With the proposed project, the department will have an improved layout and recovery space which will allow the hospital to accommodate more cases in standard endoscopy rooms.
- Through the proposed project, BWFH will have an additional room equipped for advanced endoscopy. It is not anticipated that this room will be needed

for a full week's advanced schedule every week so there will be capacity available.

- The use of home screening tests will reduce procedure volume over time.

c. (Any other projections that may need to be reexamined?)

Not at this time.

7. The Applicant mentions some recent examples of efforts implemented to reduce costs of care delivery that included standardization of EMRs. Explain how this has reduced costs. (Q31, page 40)

Prior to the adoption of the MGB systemwide EMR, BWFH required a standalone, comprehensive IT systems support structure. This included all hardware and software, a stand-alone IT support department, and a physical, labor intensive BWFH Medical Record. This required a fully staffed Medical Records Department. Additionally, there was no connectivity to other MGB medical records. From a patient and direct care perspective, this led to additional costs and inconvenience, including requirements for patients to get copies of their BWFH Medical Records if they needed care at another MGB institution, repeat of tests and diagnostics for presentation at any MGB ED (non-BWFH) or Urgent care as there was no view to pre-existing BWFH results. The standardization of the EMR resulted in an integrated record to make the patient experience safer, more efficient and more cost effective.

8. In the follow-up response it is stated that "PHM strategies typically are implemented in the physician office setting and are not directly utilized by the hospital...As such, BWFH will participate in PHM strategies to the extent applicable in the hospital setting." (Q31c, page 41)

a. Which PHM strategies are applicable in the hospital setting, and which ones will BWFH plan to participate in?

Care in the hospital setting at BWFH is an integral extension of the physician office in the execution of Population Health Strategies. There are certain hospital services that work in support of these patients. These strategies include:

- End of life care: BWFH's Palliative Care and GIF programs aim to decrease acute care hospital utilization by offering planning and care earlier in the timeline of end stage diseases. Patients and families receive the medical attention and comfort they deserve while reducing the cost of the inpatient stay.
- BWFH admits proportionately more patients to the BWFH Home Hospital Program than BWH. This allows for in-home treatment of appropriate patients rather than an admission to an inpatient hospital bed.
- The BWFH Interventional Nephrology Program is a critical resource in preventing admissions for malfunctioning HD Vascular Access in End Stage Renal disease patients.
- BWFH serves as a resource for management of substance use disorders. The hospital offers inpatient, partial hospital and ambulatory services to patients with this disease.
- BWFH provides a community hospital setting for disease screening such as screening colonoscopies and screening mammography.