
APPLICANT RESPONSES

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
- We accept answers on a rolling basis however, when providing the final answers, submit all questions and answers in order in one final document.
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary.
- Include a table in data format (NOT pdf or picture) with the response.

In order for us to review this project in a timely manner, please provide the responses by July 20, 2023.

Factor 1(a) Patient Panel NEED

1. To what do you attribute the large growth (63.6%) in the overall scan volume from 2020-2022?

The large growth (63.6%) in overall scan volume from 2020-2022 is attributable to a number of factors including an underlying 24% growth in Emergency Department visit volume, an increase in protocol driven CT utilization related to Cooley Dickinson Hospital's Stroke Designation, growth in orthopedic related ED visits driving an increase in spine CTs and community primary care/urgent care access issues driving growth in abdominal CT scans utilization.

2. The Applicant states that this additional CT is dedicated to the ED. Please provide the following data for each of the last three years.

a) Please provide YTD scan volume for 2023.

Total CT scan volume for FY2023 YTD¹ is 17,933.

- 7,309 Emergency; 3,509 Inpatient; and 7,115 Outpatient.

b) What is the volume of ED stroke patients who received a CT?

- All Stroke Diagnoses (Ischemic, TIA, Hemorrhagic, Subarachnoid)
 - 2020 – 213 patients with CT scans out of 215 patients (99%)
 - 2021 – 287 patients with CT scans out of 298 (96%)
 - 2022 – 285 patients with CT scans out of 294 (97%)
 - 2023 YTD – 109 patients with CT scans out of 115 patients (95%)
- Ischemic Stroke Only Patients
 - 2020 – 136 patients with CT scans out of 137 (99%)
 - 2021 – 156 patients with CT scans out of 162 (96%)
 - 2022 – 176 patients with CT scans out of 182 (97%)
 - 2023 YTD – 66 patients with CT scans out of 69 (96%)

c) What is the average wait time from MD order to scan time in the ED?

- FY20 – 69 minutes
- FY21 – 54 minutes
- FY22 – 53 minutes
- FY23 YTD – 46 minutes

¹ For purposes of these responses, YTD includes October 1, 2022 – June 30, 2023.

- d) What is the volume of patients whose scans were rescheduled due to ED emergent scan delays.**
- CDH does not reschedule patients when there is a delay due to ED emergent scans. CDH informs the patient of the delay and will complete scheduled scans in between emergency cases. The only time a patient would be rescheduled was at the request of the patient who did not want to wait for their test. CDH does not currently capture this information in its electronic health record.
- e) What is your current volume of Low Dose CT and what is your projected growth rate due to recent changes in the screening protocols you described.**
- FY 2020 – 131
 - FY 2021 – 184
 - FY 2022 – 428
 - FY 2023 YTD – 395
 - FY2023 Projection – 561
- i) Will you be doing outreach to underserved communities to ensure that the screenings reach the maximum possible individuals?**
- Yes, CDH will conduct outreach to underserved communities.
- ii) How will you ensure that those who screen positive receive the necessary follow-up treatment?**
- CDH is partnering with Mass General Brigham Lung Navigator team to help track patients using the enterprise software platform called Primordial. Primordial creates a worklist indicating what type of follow-up is necessary and by what date. CDH will call the ordering providers and make sure orders are placed and follow-up is completed by the dates indicated based on their CT findings. CDH will also use this system to make sure patient's annual imaging is completed on time.
- iii) Is CDH prepared to offer treatment or will patients be referred to an AMC?**
- Yes, CDH has a Pulmonary Nodule Conference every other week to discuss cases and what follow-up is necessary. It is a multi-disciplinary group (Radiology, Pulmonology, Surgery). CDH is able to perform PET imaging if needed. An MGH Thoracic surgeon is onsite at CDH several days a month to perform surgical intervention. If cancer is detected and oncology is needed, CDH can refer the patient to the Mass General Brigham Cancer Center at Cooley.
- f) What is your current volume of interventional radiology and CTA scans? How many were referred to other facilities? What is your projected volume of interventional radiology and CTA scans.**
- CDH has performed 184 CT guided interventional radiology cases in FY2023 YTD (42 Inpatient, 1 Emergency and 141 Outpatient). During the same time period, CDH performed 2,712 CTA scans (823 Inpatient, 1,093 Emergency and 796 Outpatient). CDH's projected FY2023 and FY2024 volume for CT guided interventional radiology cases is 282 cases. For CTA scans, projected FY2023 volume is 3,616; projected FY2024 volume is 3,833.
- During calendar 2022, 21 patients were transferred from CDH's emergency department to other hospitals for interventional radiology care.
- g) If an abnormality identified, is CDH prepared to offer treatment or will patients be referred to an AMC?**
- In general, CDH is prepared for most interventions if abnormalities are found, but for more acute cases (i.e., cardiac surgery or stroke mechanical interventions) the patient will be transferred to an AMC.
- h) For outpatient non-emergent (elective) scans do your hours accommodate those who work? For e.g: Do you have weekend or evening hours? What are your hours of operation?**
- CDH offers evening hours and the last outpatient can be scheduled at 630pm Monday-Friday. CDH does not currently offer weekend hours.
 - Outpatient hours: M-F 8am-7pm

c. Emergency patients and Inpatients are 24/7

3. Under Factor 1(b) you state the following:

The Applicant addresses health inequities in a variety of ways. As part of this mission, CDH collects patient demographic data including race, ethnicity, language, disability, sexual orientation, and gender identity, and plans to add veteran status in 2023. The Applicant and CDH then analyze data to identify areas of disparity.

What is your process for addressing identified health disparities? Provide a few examples.

Identified disparities are reviewed by the Diversity, Equity, and Inclusion Council ("Council"). The Council recommends topics/projects to the Executive Sponsor, who discusses with the senior leadership team. Once a project is prioritized a project leader is selected, and a team is formed to develop and implement an action plan and measure results. Progress is reported quarterly to the senior team.

Examples of projects include:

- Gender neutral restrooms – restroom signage was changed to reflect that the room is available for all genders. All restrooms are single occupancy.
- Qualified Bilingual Support – staff members who speak a language in addition to English can apply to speak to patients directly in the patient's language. Staff are required to demonstrate competency in the language. The QBS program is believed to decrease wait times for patients and increase satisfaction.

In response to new health equity standards from The Joint Commission, MassHealth, and the Centers for Medicaid and Medicare Services, CDH formed a new health equity committee to identify and address disparities specific to The Joint Commission health equity standards.

4. Under Factor 1(b) you state the following:

Bilingual staff are available to provide direct services to Spanish-speaking patients, and outside vendors are retained for other languages. CDH also offers video remote interpreter services.

Is Spanish the language most in demand at the Hospital? Yes, Spanish is the language in most in demand for interpretations. **What are the most requested languages needing interpretation?** The most requested languages are Spanish, American Sign Language, Chinese-Mandarin, Vietnamese, Khmer/Cambodian.

5. Under Factor 1(b) you state the following:

MGB launched United Against Racism, a statewide initiative for becoming an anti-racist organization. In doing so, MGB committed to a series of specific timelines and metrics of success based on input from staff, leadership, and the Board. ...

Please highlight of those efforts as they relate to the Hospital, including specific timelines and benchmarks identified.

- FY '23 Q1: Identify goals for increasing diversity among leadership.
 - o Benchmark: 4 tactics developed
- FY '23 Q3: Assess current level of diversity among leadership.
 - o Benchmark: Increase diversity by 10%
- FY '23 Q3: Develop tactics: 1. Establish performance measures for senior leadership to hire BIPOC supervisors/directors and above for all vacancies/new positions 2. Encourage hiring managers to participate in DEI Council member facilitated conversations on interrupting racism. 3. Invite MGB facilitators of "Leading with DEI in Healthcare" to Leadership Forum retreat 4. Require all hiring managers to participate in at least 2 DEI trainings per year (highlight disabilities, LGBTQ+, unconscious and conscious bias) strengthening skills in inclusive hiring and team practices.
 - o Benchmark: 4 tactics implemented

6. The Applicant states that the Proposed Project will address the demands of an aging population,

a. What age-friendly measures will be incorporated into the design of the space at the Hospital?

In addition to the CT scanner machine table being able to be lowered to accommodate older patients, the new design will incorporate age friendly features including installing flooring with texture, to make slip resistant, a lighter colored flooring so patients can acclimate themselves to stepping onto the floor from a stretcher and using color transitions that are easier for someone with weaker eyesight.

b. What is the current capacity of your two units?

- i. We have the ability to care for our aging population because we have conveniences available for our patients.
 1. Our table can be lowered to 20 inches to the ground making it easier for patients to get onto our CT table and lay down.
 2. We have microphones with volumes that can increase for better hearing.
 3. We have visual aids for our patients with hearing limitations for breathing instructions.
 4. We have walkers available to patients as well as wheelchairs and stretchers.

7. Under Factor 2 Delivery System Transformation you state the following:

The Applicant and CDH have numerous programs in place to ensure linkages to social service organizations. For instance, patients of Cooley Hospital Physicians' Organization, the Hospital's affiliated medical group, are screened for SDoH including housing, access to food, transportation, and education. Patients complete the screening using an iPad and are offered staff assistance as needed. Patients who screen positively are offered referrals to community-based programs.

Are patients screened for SDoH in the ED as well as in the Physicians' Organization? Currently patients are not screened in the ED but there is a plan to begin screening soon. **Do you ensure that patients are connected to needed resources when needed?** Yes, patients that need resources are referred to a social worker. CDH social workers complete a survey with the patient and then are referred to outside resources.

7. As confirmed on 6/21/23, you will add an additional year, FY 2028, to the CPA report.

A revised CPA report was submitted to the Department on 7/11/2023.