

STEWARD NASHOBA VALLEY MEDICAL CENTER, INC. TRANSITION AND CLOSURE PLAN

August 12, 2024

The document serves to inform the Massachusetts Department of Public Health of Steward Healthcare's transition plan for the proposed closure of Steward Nashoba Valley Medical Center ("hospital"). The Nashoba Valley Medical Center inpatient operations, located at 200 Groton Rd., Ayer, MA. 01432 will be phased down with a planned closure date of August 31, 2024.

Due to continued financial issues, Steward Healthcare is no longer able to continue operating. Nashoba Valley Medical Center. Due to the hospital relying on a Medicare/Medicaid Payor mix of 62.5%, as well as a decrease in the number of discharges, denied claims post-discharge, credit issues, and the ongoing need for capital expenditures and repairs to the physical plant and equipment, it has become financially impossible to continue hospital operations.

Two public hearings will be held, one virtual and the second in person. The in person public hearing will be held on Friday, August 16th, 2024, at Devens Community Center, 31 Andrews Parkway, Devens, MA 01434. The virtual public hearing will be held on Thursday August 15th, 2024.

To provide a safe and orderly transition and closure, the hospital is providing the following information necessary for preserving access and healthcare in the Nashoba Valley Medical Center Service area.

**Pursuant to 105 CMR 130.122(F) the hospital provides the following information by service line:**

- (1) Information on utilization of the service prior to proposed closure;**
- (2) Information on the location and service capacity of alternative delivery sites;**
- (3) Travel times to alternative service delivery sites;**
- (4) An assessment of transportation needs post discontinuance and a plan for meeting those needs;**
- (5) A protocol that details mechanisms to maintain continuity of care for current patients of the discontinued service; and,**
- (6) A protocol that describes how patients in the service areas will access the services at alternative delivery sites.**

**Medical and Surgical Services**

12- month utilization of services: July 1, 2023- June 30, 2024

Inpatient Discharges	12 Month Utilization
Med/Surg Discharges	1,394

Elective admissions to inpatient units will cease on August 16, 2024

All patients will have the opportunity to continue with the physicians providing their care if able and if not will receive options for care and will have access to their medical records , All inpatients are being followed by case management, and/or social work service to assure a safe and orderly discharge/transfer prior to the closure date. All required in home, and outpatient services will be

arranged prior to discharge. Patients being transferred to another medical facility or long-term care facility will be transferred by ambulance or chair car as indicated. All patients will receive a follow up appointment with their provider, or a referral to a preferred provider when indicated.

Previously scheduled surgical cases will continue until August 23, 2024. Patients scheduled for surgery after this date have been contacted by their provider to reschedule to an alternative date, facility, and provider if necessary.

There are 6 hospitals within driving distance of Nashoba Valley Medical Center. Driving distances range from 14.9 miles to 36 miles. Off-peak drive times range from 21 to 45 minutes and peak travel drive times range from 27 minutes to more than one hour. See details below. **See Appendix A: Alternate Delivery Sites with Travel Time & Mileage**

Nashoba to HealthAlliance Clinton Hospital, Leominster campus: 14.9 miles

- Off peak travel time: 21 minutes
- Peak travel time: 27 minutes

Nashoba to St. Joseph Hospital: 15.5 miles

- Off peak travel time: 29 minutes
- Peak travel time: 35 minutes

Nashoba to Emerson Hospital: 17 miles

- Off peak travel time: 25 minutes
- Peak travel time: 40 minutes

Nashoba to Lowell General Hospital: 16 miles

- Off peak travel time: 36 minutes
- Peak travel time: 45 minutes

Nashoba to Holy Family Hospital: 32.5 miles

- Off peak travel time: 40 minutes
- Peak travel time: 55 minutes

Nashoba to St. Elizabeth's Medical Center: 36 miles

- Off peak travel time: 45 minutes
- Peak travel time: 1:20 minutes

#### **Intensive Care Unit**

12- month utilization of services: July 1, 2023- June 30, 2024

Inpatient Discharges	12 Month Utilization
ICU	188

Admissions to inpatient units will stop on August 16, 2024.

All patients will have the opportunity to continue with the physicians providing their care if able and if not will receive options for care and will have access to their medical records.

Any patients in the Intensive Care Unit that require continued critical care after August 23, 2024, will be transferred per existing hospital protocol.

All inpatients are being followed by case management, and/or social work service to assure a safe and orderly discharge/transfer prior to the closure date. All required in home, and outpatient services will be

arranged prior to discharge. Patients being transferred to another medical facility or long-term care facility will be transferred by ambulance or chair car as indicated. All patients will receive a follow up appointment with their provider, or a referral to a preferred provider when indicated.

There are 6 hospitals within driving distance of Nashoba Valley Medical Center that can provide emergency services. Driving distances range from 14.9 miles to 36 miles. Off-peak drive times range from 21 to 45 minutes and peak travel drive times range from 27 minutes to more than one hour. We list the details below.

Nashoba to HealthAlliance Clinton Hospital, Leominster campus: 14.9 miles

- Off peak travel time: 21 minutes
- Peak travel time: 27 minutes

Nashoba to St. Joseph Hospital: 15.5 miles

- Off peak travel time: 29 minutes
- Peak travel time: 35 minutes

Nashoba to Emerson Hospital: 17 miles

- Off peak travel time: 25 minutes
- Peak travel time: 40 minutes

Nashoba to Lowell General Hospital: 16 miles

- Off peak travel time: 36 minutes
- Peak travel time: 45 minutes

Nashoba to Holy Family Hospital: 32.5 miles

- Off peak travel time: 40 minutes
- Peak travel time: 55 minutes

Nashoba to St. Elizabeth's Medical Center: 36 miles

- Off peak travel time: 45 minutes
- Peak travel time: 1:20 minutes

#### **Pediatric Services**

12- month utilization of services: July 1, 2023- June 30, 2024

<b>Inpatient Discharges</b>	<b>12 Month Utilization</b>
Pediatric	0

Nashoba Valley Medical Center has 5 licensed Pediatric beds. These beds have been temporarily out of service.

All pediatric patients presenting to the Emergency Department requiring admission will continue to be transferred to local hospitals with inpatient pediatric units until closure of the Emergency Department on August 30, 2024. Pediatric patients requiring outpatient follow up will be referred to their pediatrician or specialist.

There are 2 Children's hospitals within driving distance of Nashoba Valley Medical Center who can provide pediatric care.

Nashoba to Mass General Hospital for Children, 55 Fruit Street, Boston, Ma. 37 miles

- Off peak travel time: 60 minutes

- Peak travel time: 70 minutes

Nashoba to Boston Children's Hospital 300 Longwood Ave, Boston Ma. 37 miles

- Off peak travel time: 60 minutes
- Peak travel time: 71 minutes

There are 6 hospitals within driving distance of Nashoba Valley Medical Center who can provide emergency stabilization for pediatric patients as well. Driving distances range from 14.9 miles to 36 miles. Off-peak drive times range from 21 to 45 minutes and peak travel drive times range from 27 minutes to more than one hour. We list the details below.

Nashoba to HealthAlliance Clinton Hospital, Leominster campus: 14.9 miles

- Off peak travel time: 21 minutes
- Peak travel time: 27 minutes

Nashoba to St. Joseph Hospital: 15.5 miles

- Off peak travel time: 29 minutes
- Peak travel time: 35 minutes

Nashoba to Emerson Hospital: 17 miles

- Off peak travel time: 25 minutes
- Peak travel time: 40 minutes

Nashoba to Lowell General Hospital: 16 miles

- Off peak travel time: 36 minutes
- Peak travel time: 45 minutes

Nashoba to Holy Family Hospital: 32.5 miles

- Off peak travel time: 40 minutes
- Peak travel time: 55 minutes

Nashoba to St. Elizabeth's Medical Center: 36 miles

- Off peak travel time: 45 minutes
- Peak travel time: 1:20 minutes

### **Psychiatric Service**

12- month utilization of services: July 1, 2023- June 30, 2024

Inpatient Discharges	12 Month Utilization
Geri-Psych	292

Admissions to the Gero Psych Unit ceased on July, 29, 2024. A working group was established to facilitate the safe discharge for all patients prior to August 26, 2024. The purpose of this group is to identify and eliminate barriers to discharge planning and facilitate a safe discharge or transfer. This group meets each weekday and membership includes EOHHS Manager of Complex Discharge Support, Vice

President of Behavioral Health Services for Steward, Nashoba Hospital Director of Social Work, Nashoba Hospital Behavioral Health Director, Steward Chief Financial & Administrative Officer,

North Region

(member of Clinical Command Center) and Steward Senior Director of Quality & Regulatory (member of Clinical Command Center). Patients, family, and care givers are also included in this process and must be agreeable to the discharge plan.

Steward in collaboration with the MA DPH and MA DMH is in the process of relicensing Good Samaritan Medical Centers 16 bed Geriatric Psychiatry unit. These beds were taken offline to increase medical/surgical capacity in response to the Brockton Hospital fire.

There are 6 hospitals within driving distance of Nashoba Valley Medical Center who can provide emergency stabilization for geriatric psychiatry patients. Driving distances range from 14.9 miles to 36 miles. Off-peak drive times range from 21 to 45 minutes and peak travel drive times range from 27 minutes to more than one hour. Details below. **See Appendix A**

Nashoba to HealthAlliance Clinton Hospital, Leominster campus: 14.9 miles

- Off peak travel time: 21 minutes
- Peak travel time: 27 minutes

Nashoba to St. Joseph Hospital: 15.5 miles

- Off peak travel time: 29 minutes
- Peak travel time: 35 minutes

Nashoba to Emerson Hospital: 17 miles

- Off peak travel time: 25 minutes
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Nashoba to Lowell General Hospital: 16 miles

- Off peak travel time: 36 minutes
- Peak travel time: 45 minutes

Nashoba to Holy Family Hospital: 32.5 miles

- Off peak travel time: 40 minutes
- Peak travel time: 55 minutes

Nashoba to St. Elizabeth's Medical Center: 36 miles

- Off peak travel time: 45 minutes
- Peak travel time: 1:20 minutes

In addition, the following alternative facilities have been identified that have an inpatient Geriatric Psychiatry Unit. Admission to these units is determined by providers in the referring Emergency Department see **Appendix B Massachusetts DMH Licensed Hospitals**

<b>Alternative Facilities in Massachusetts</b>	<b>Location</b>
Mt. Auburn Hospital	Cambridge
Widden Hospital	Everett
Clinton Hospital	Clinton
McLean Hospital	Belmont
Salem Hospital	Lynn
Metro West Hospital	Natick
Whittier Pavilion	Haverhill
Lawrence Memorial Hospital	Lawrence
Jordan Hospital	Plymouth



South Coast Behavioral	Dartmouth
Morton Hospital	Taunton

### **Outpatient Surgery**

12- month utilization of services: July 1, 2023- June 30, 2024

Outpatient	12 Month Utilization
Outpatient Surgery	1,265

Outpatient surgical services will cease on August 19, 2024. All individual provider requests will be reviewed on a case-by-case basis until August 23, 2024, and will be approved based on staff and supply availability. All patients will receive options for care, the opportunity to continue with the physicians providing their care, if able, and will have access to their medical records.

Information regarding future appointments will be provided to patients by mail and/or telephone calls. This information will detail the name, date, and time of the appointment impacted by the hospital closure. The communication will also include information on a process to reschedule the appointment at another location and the Patient Assistance Line phone number.

There are 6 hospitals within driving distance of Nashoba Valley Medical Center who can provide surgical services to patients. Driving distances range from 14.9 miles to 36 miles. Off-peak drive times range from 21 to 45 minutes and peak travel drive times range from 27 minutes to more than one hour.

Details below.

Nashoba to HealthAlliance Clinton Hospital, Leominster campus: 14.9 miles

- Off peak travel time: 21 minutes
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Nashoba to St. Joseph Hospital: 15.5 miles

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Nashoba to Emerson Hospital: 17 miles

- Off peak travel time: 25 minutes
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Nashoba to Lowell General Hospital: 16 miles

- Off peak travel time: 36 minutes
- Peak travel time: 45 minutes

Nashoba to Holy Family Hospital: 32.5 miles

- Off peak travel time: 40 minutes
- Peak travel time: 55 minutes

Nashoba to St. Elizabeth's Medical Center: 36 miles

- Off peak travel time: 45 minutes
- Peak travel time: 1:20 minutes

### **Diagnostic Imaging**

Diagnostic Imaging consists of the following specific modalities:

Modality	12 Month Utilization
General Radiology	6,032
Ultrasound	3,640
Digital 3D Mammography	5,179

Stereotactic breast biopsy	40
Bone Densitometry	0
Magnetic Resonance Imaging (MRI)	1,344
CT scan	1,557

Diagnostic Imaging services will cease on August 26, 2024. All patients scheduled after this date have been referred to an alternative provider.

Information regarding future appointments will be provided to patients by mail and/or telephone calls. This information will detail the name, date, and time of the appointment impacted by the hospital closure. The communication will also include information on a process to reschedule the appointment and the Patient Assistance Line phone number.

Nashoba Valley has identified the following alternative diagnostic radiology sites in the community, this list will be provided to patients (**See Appendix C: Diagnostic Imaging Alternate Site with Mileage and Travel Times**)

Alternate Facility	CT	MRI	X-Ray	Bone Density	Mammo	US	Travel Times
Acton Medical Associates	no	no	yes	yes	no	yes	Off Peak: 22 minutes
							Peak: 28 minutes
RAYUS Radiology	no	yes	no	yes	no	no	Off Peak: 23 minutes
							Peak: 30 minutes
Emerson Hospital	yes	yes	yes	yes	yes	yes	Off Peak: 25 minutes
							Peak: 40 minutes
Women's Health Imaging - Andover	no	no	no	yes	yes	yes	Off Peak: 34 minutes
							Peak: 37 minutes
Merrimack Valley Health	no	yes	no	no	no	yes	Off Peak: 44 minutes
							Peak: 50 minutes
Lawrence General	yes	yes	yes	yes	yes	yes	Off Peak: 42 minutes
							Peak: 42 minutes
Orchard Imaging	yes	yes	no	no	no	no	Off Peak: 44 minutes
							Peak: 50 minutes

Requests for Diagnostic imaging studies for former Nashoba Valley Medical Center patients can be requested by contacting Holy Family's Hospital Radiology Department. Letters will be mailed to physician practices and patient outlining the process for requests.

**Holy Family Hospital – Radiology Department**  
140 Lincoln Avenue  
Haverhill, MA 01830  
(978) 687-0151

**PET Scan**

12 – month utilization of services: July 1, 2023- June 30, 2024

Outpatient	12 Month Utilization
PET Scan	10

PET Scan services will cease on August 26, 2024. All patients scheduled after this date have been referred to an alternative provider.

Information regarding future appointments will be provided to patients by mail and/or telephone calls. This information will detail the name, date, and time of the appointment impacted by the hospital closure. The communication will also include information on a process to reschedule the appointment and the Patient Assistance Line phone number.

There are 6 hospitals within driving distance of Nashoba Valley Medical Center who can provide PET scan services. Driving distances range from 14.9 miles to 36 miles. Off-peak drive times range from 21 to 45 minutes and peak travel drive times range from 27 minutes to more than one hour.

Details below.

**See Appendix A**

Nashoba to HealthAlliance Clinton Hospital, Leominster campus: 14.9 miles

- Off peak travel time: 21 minutes
- Peak travel time: 27 minutes

Nashoba to St. Joseph Hospital: 15.5 miles

- Off peak travel time: 29 minutes
- Peak travel time: 35 minutes

Nashoba to Emerson Hospital: 17 miles

- Off peak travel time: 25 minutes
- Peak travel time: 40 minutes

Nashoba to Lowell General Hospital: 16 miles

- Off peak travel time: 36 minutes
- Peak travel time: 45 minutes

Nashoba to Holy Family Hospital: 32.5 miles

- Off peak travel time: 40 minutes
- Peak travel time: 55 minutes

Nashoba to St. Elizabeth's Medical Center: 36 miles

- Off peak travel time: 45 minutes
- Peak travel time: 1:20 minutes

**Nuclear Medicine**

12 – month utilization of services: July 1, 2023- June 30, 2024

Outpatient	12 Month Utilization
Nuclear Medicine	831

Nuclear medicine services will cease on August 26, 2024.

Information regarding future appointments will be provided to patients by mail and/or telephone calls. This information will detail the name, date, and time of the appointment impacted by the hospital

closure. The communication will also include information on a process to reschedule the appointment and the Patient Assistance Line phone number.

There are 6 hospitals within driving distance of Nashoba Valley Medical Center who can provide nuclear medicine services. Driving distances range from 14.9 miles to 36 miles. Off-peak drive times range from 21 to 45 minutes and peak travel drive times range from 27 minutes to more than one hour. Details below. **See Appendix A**

Nashoba to HealthAlliance Clinton Hospital, Leominster campus: 14.9 miles

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Nashoba to St. Joseph Hospital: 15.5 miles

- Off peak travel time: 29 minutes
- Peak travel time: 35 minutes

Nashoba to Emerson Hospital: 17 miles

- Off peak travel time: 25 minutes
- Peak travel time: 40 minutes

Nashoba to Lowell General Hospital: 16 miles

- Off peak travel time: 36 minutes
- Peak travel time: 45 minutes

Nashoba to Holy Family Hospital: 32.5 miles

- Off peak travel time: 40 minutes
- Peak travel time: 55 minutes

Nashoba to St. Elizabeth's Medical Center: 36 miles

- Off peak travel time: 45 minutes
- Peak travel time: 1:20 minutes

#### **Pain Services**

12 – month utilization of services: July 1, 2023- June 30, 2024

Outpatient	12 Month Utilization
Pain Service	4557

Pain clinic services will cease on August 16, 2024.

Information regarding future appointments will be provided to patients by mail and/or telephone calls. This information will detail the name, date, and time of the appointment impacted by the hospital closure. The communication will also include information on a process to reschedule the appointment and the Patient Assistance Line phone number. The facilities below have been identified as an alternative site for care.



The following pain specialists have been identified in the community.

Provider	Address	Estimated Travel Time
Dr. Rami Rustum	280 Merrimack St Lawrence MA	Off Peak: 23 minutes
		Peak: 30 minutes

Dr. Janet Pearl Complete Pain Care LLC	600 Worcester Road Framingham, MA	Off Peak: 23 minutes
		Peak: 30 minutes
Dr. Omar Qureshi	33 Electric Ave, Suite 102 Fitchburg, ma	Off Peak: 23 minutes
		Peak:

### **Sleep Lab**

12- month utilization of services: July 1, 2023- June 30, 2024

Outpatient	12 Month Utilization
Sleep Lab	534

Sleep Lab services will cease on August 16<sup>th</sup>, 2024.

Information regarding future appointments will be provided to patients by mail and/or telephone calls. This information will detail the name, date, and time of the appointment impacted by the hospital closure. The communication will also include information on a process to reschedule the appointment and the Patient Assistance Line phone number.

Nashoba to Acton Medical Associates, Leominster campus: 14 miles

- Off peak travel time: 23 minutes
- Peak travel time: 27 minutes

Nashoba Lawrence General Hospital: 31 miles

- Off peak travel time: 39 minutes
- Peak travel time: 41 minutes

Nashoba to Emerson Hospital: 17 miles

- Off peak travel time: 25 minutes
- Peak travel time: 40

minutes Lowell General Hospital: 17 miles

- Off peak travel time: 34 minutes
- Peak travel time: 41

### **Endoscopy**

12- month utilization of services: July 1, 2023- June 30, 2024

Outpatient	12 Month Utilization
Endoscopy	3,485

Endoscopy procedures will cease on August 16, 2024. The Steward Medical Group employed gastroenterologist will remain in the medical office building and will provide endoscopy services at HFH. Nashoba Valley Medical Center, Steward Medical Group, in conjunction with the physician's office staff, will notify patients of the change in location for procedural services.

Signage will be placed in current physician's office notifying patients that this practice will continue at the same location.

Letters will be sent to patients alerting them to the fact that they have a future appointment scheduled that needs to be rescheduled. These letters will detail the name, date, and time of the appointment

that is impacted by the hospital closure. The letters will also include information on how to reschedule the appointment and a Patient Assistance Line number will be included in case they have questions.

Nashoba to Holy Family Hospital: 32.5 miles

- Off peak travel time: 40 minutes
- Peak travel time: 55 minutes

Information regarding future appointments will be provided to patients by mail and/or telephone calls. This information will detail the name, date, and time of the appointment impacted by the hospital closure. The communication will also include information on a process to reschedule the appointment and the Patient Assistance Line phone number.

### **Chronic Dialysis**

Nashoba Valley Medical Center only provides chronic dialysis services to incarcerated patients at the Federal Medical Center (FMC) Devens. Nashoba is working with the leadership from FMC Devens to transfer this service to Holy Family Hospital – anticipated completion prior to 8/31/24.

These patients are transported for care accompanied by Correctional Officers.

### **Primary Stroke**

12- month utilization of services: July 1, 2023- June 30, 2024

Outpatient	12 Month Utilization
Primary Stroke Services	96

Nashoba Valley Medical Center is a designated Primary Stroke Services (PSS) Hospital in Region 2 – Central.

Admissions to inpatient units will cease on August 16, 2024.

Patients requiring admission following medical screening examination will be transferred to the closest primary stroke center.

All inpatients are being followed by case management, and/or social work service to assure a safe and orderly discharge/transfer prior to the closure date. All required in home, and outpatient services will be arranged prior to discharge. Patients being transferred to another medical facility or long-term care

facility will be transferred by ambulance or chair car as indicated. All patients will receive a follow up appointment with their provider, or a referral to a preferred provider when indicated.

There are 6 hospitals within driving distance of Nashoba Valley Medical Center. Driving distances range from 14.9 miles to 36 miles. Off-peak drive times range from 21 to 45 minutes and peak travel drive times range from 27 minutes to more than one hour. We list the details below.

Nashoba to HealthAlliance Clinton Hospital, Leominster campus: 14.9 miles

- Off peak travel time: 21 minutes
- Peak travel time: 27 minutes

Nashoba to St. Joseph Hospital: 15.5.  
miles

- Off peak travel time: 29 minutes
- Peak travel time: 35 minutes

Nashoba to Emerson Hospital: 17 miles

- Off peak travel time: 25 minutes
- Peak travel time: 40 minutes

Nashoba to Lowell General Hospital: 16 miles

- Off peak travel time: 36 minutes
- Peak travel time: 45 minutes

Nashoba to Holy Family Hospital: 32.5 miles

- Off peak travel time: 40 minutes
- Peak travel time: 55 minutes

Nashoba to St. Elizabeth's Medical Center: 36 miles

- Off peak travel time: 45 minutes
- Peak travel time: 1:20 minutes

The following hospitals also participate in the MA DPH Stroke Program in Region 2- Central

Facility Name	Town
Athol Memorial Hospital	Athol
Harrington Healthcare at Hubbard	Webster
Harrington Memorial Hospital	Southbridge
Health Alliance- Clinton, Clinton Campus	Clinton
Health Alliance- Clinton, Leominster Campus	Leominster
Heywood Hospital	Gardner
Milford Regional Medical Center	Milford
St. Vincent Hospital	Worcester
UMass Memorial Medical Center-University Campus	Worcester

1. **Data regarding Emergency Department (ED) visits on a quarterly basis for the one year period of July 1, 2023 through June 30, 2024. This data must include *at a minimum* the number of ED visits; how many ED visits resulted in an admission to Nashoba Valley, and the reason for the admission; and how many ED visits resulted in a transfer to a hospital other than Nashoba Valley, and the reason for transfer.**

From Q3 2023 through Q2 2024, The Emergency Department at Nashoba Valley had 25,090 visits. 2240 patients were admitted, and 857 patients were transferred to other facilities (See table below).

Quarter	ED Visits	Admissions	Admit Reasons	Transfers	Transfer Reasons
2023 Q3	4037	572	Med/Surg 491 Psych 81	214	Psych 37 Acute Care 175 Detox/Other 2

2023 Q4	4199	564	Med/Surg 487 Psych 82	225	Psych 41 Acute Care 183 Detox 1
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2024 Q1	3819	591	Med/Surg 529 Psych 62	196	Psych 54 Acute Care 141 Other 1
2024 Q2	4009	513	Med/Surg 442 Psych 71	222	Psych 47 Acute Care 174 Detox 1

**2. Information on projected changes to ambulance run times as a result of the closure of the Nashoba Valley, including during peak travel times and the anticipated impact of those changes on emergency medical service providers in the hospital's service area.**

Nashoba Valley Medical Center has served as a receiving hospital for an EMS catchment area consisting roughly of nine Massachusetts towns - Ayer, Shirley, Groton, Harvard, Devens, Littleton, Lunenburg, Pepperell, and Townsend. Nashoba Valley is 15 miles from UMass

Memorial Health Alliance in Leominster, MA, 17 miles from Emerson Hospital in Concord, MA, and 16 miles from Lowell General Hospital in Lowell, MA.

Anticipated travel times are highly variable based on the location in the region where transportation is initiated. The timed drive directly from NVMC to UMass Memorial Health Alliance in Leominster during peak travel times is approximately 25 minutes.

The closure will impact the amount of local EMS resources required to keep 911 response times at current levels. Questions regarding the nature and amount of anticipated additional EMS resources needed would be best addressed by the EMS/Fire department leaders affiliated with the towns listed above.

Nashoba Valley Medical Center is unable provide insight on the impact on response times for emergency responders. Anecdotally, we know that local EMS crews are preparing for patient delivery to other area hospitals.

Below is a list of current EMS partners that will be impacted by the closure.

**NVMC provides Affiliate Hospital Medical Direction (AHMD) to:**

Ayer Fire Department  
 Littleton Fire Department  
 Groton Fire Department  
 Pepperell Fire Department  
 Townsend Fire Department  
 Harvard Ambulance and Fire Department  
 Devens Fire Department  
 Shirley Fire Department



**NVMC provides offline Service Medical Direction:**

Ayer Fire Department

Littleton Fire Department  
Groton Fire Department  
Pepperell Fire Department  
Townsend Fire Department  
Harvard Ambulance and Fire Department  
Devens Fire Department  
Shirley Fire Department

**NVMC has Medication Exchange Agreements with:**

Ayer Fire Department  
Littleton Fire Department  
Groton Fire Department  
Pepperell Fire Department  
Townsend Fire Department  
Harvard Ambulance And Fire Department  
Devens Fire Department  
Shirley Fire Department

**NVMC Provides Online Medical Direction to:**

Ayer Fire Department  
Littleton Fire Department  
Groton Fire Department  
Pepperell Fire Department  
Townsend Fire Department  
Harvard Ambulance and Fire Department  
Devens Fire Department  
Shirley Fire Department  
Westford Department  
Medstar Ambulance Service  
Boxborough Fire  
Department Lunenburg  
Fire Department  
Ashburnham Fire  
Department

**3. Timeline for the signing of community agreements with other area providers for new or expanded services that will be offered in the community after the closure of Nashoba Valley.**

Steward is committed to working with the Steward Medical Group (SMG) providers who have relied on Nashoba Valley Medical Center for the acute and chronic care of their patients.  
Steward will work with these providers to assure these services can continue at one of

their 6 other hospitals in the system.

Some providers will continue to provide services and will be either relocating or keeping their offices in the MOB. The office staff will notify their patients of the change to the office/clinic

location. The services listed below will continue to be available for patients in the MOB located adjacent to the hospital. Onsite parking, including ADA access is available.

Cardiology Services – A medical cardiology clinic will continue to be offered in the MOB building.

Gastroenterology Services – SMG’s employed Gastroenterologist will be maintaining an office in the MOB and will provide endoscopy procedures at Holy Family Hospital in Methuen. Nashoba will work in conjunction with the provider’s office staff to notify patients on the change in location for procedural services.

General Surgery Service – a general surgeon will continue to see patients in an office in the MOB. Patients requiring surgery will be booked at Holy Family Hospital where the surgeon is credentialed or if the patient prefers to go elsewhere, arrangements will be made by the provider’s office staff.

Orthopedics – a provider will keep an office open in Ayer and join the Holy Family and St. Elizabeth’s Medical Center staff. Patients requiring surgery will be booked at one of these 2 hospitals or if they prefer to go elsewhere, arrangements will be made by the provider’s office staff.

Pulmonary – one provider will continue to see patients in an office in the MOB Building working with Holy Family Hospital in Methuen.

Urology – a provider will continue to see patients in the MOB building.

**4. Information concerning Nashoba Valley’s transfer and monitoring plan for geriatric psychiatric patients, and capacity in the region to meet the behavioral health needs of geriatric patients this?**

On July 29, 2024 admissions to the behavioral health units ceased. A working group has been assembled on July 29, 2024 to facilitate the safe discharge for all remaining patients prior to August 26, 2024.

A working group was established to facilitate the safe discharge for all patients prior to August 26<sup>th</sup>, 2024. The purpose of this group is to identify and eliminate barriers to discharge planning and facilitate a safe discharge or transfer. This group meets each weekday and membership includes EOHHS Manager of Complex Discharge Support, Vice President of Behavioral Health Services for Steward, Nashoba Valley Medical Center Director of Social Work, Nashoba Valley Medical Center Behavioral Health Director, Steward Chief Financial & Administrative Officer, North Region (member of Clinical Command Center) and Steward Senior Director of Quality & Regulatory (member of Clinical Command Center). Patients, family, and care givers are also included in this process and must be agreeable to the discharge plan.

There are 6 hospitals within driving distance of Nashoba Valley Medical Center who can provide emergency stabilization for geriatric psychiatry patients. Driving distances range from 14.9 miles to 36 miles. Off-peak drive times range from 21 to 45 minutes and peak travel drive times range from 27 minutes to more than one hour. Details below. **See Appendix A**

Steward in collaboration with the Mass DPH and Mass DMH is in the process of re-licensing Good Samaritan Medical Center's 16-bed Geriatric Psychiatry Unit. These beds were taken offline to increase medical surgical capacity in response to the Brockton Hospital fire.

In addition, the following alternative behavioral health facilities having adult, adolescent, and geriatric inpatient Psychiatric Units have been identified **(See Appendix B Massachusetts DMH Licensed Hospitals)**. Admission to these units is determined by providers at the referring Emergency Department

**5. Information detailing peak and off-peak travel times for patients to current and proposed alternative service delivery site; and what public transportation resources are available and what additional resources will be provided by Steward Health Care and for how long.**

There are 6 hospitals within driving distance of Nashoba Valley Medical Center. Driving distances range from 14.9 miles to 36 miles. Off-peak drive times range from 21 to 45 minutes and peak

travel drive times range from 27 minutes to more than one hour. We list the details below.

Nashoba to HealthAlliance Clinton Hospital, Leominster campus: 14.9 miles

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- Off peak travel time: 36 minutes
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- Off peak travel time: 40 minutes
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Nashoba to St. Elizabeth's Medical Center: 36 miles

- Off peak travel time: 45 minutes
- Peak travel time: 1:20 minutes

There are 2 Children's hospitals within driving distance of Nashoba Valley Medical Center who can provide pediatric care.

Nashoba to Mass General Hospital for Children, 55 Fruit Street, Boston, Ma. 37 miles

- Off peak travel time: 60 minutes

- Peak travel time: 70 minutes

Nashoba to Boston Children's Hospital 300 Longwood Ave, Boston Ma. 37 miles

- Off peak travel time: 60 minutes
- Peak travel time: 71 minutes

#### **Public Transportation Resources**

There are limited public transportation resources in the Nashoba Valley. For those patients needing transport to and from medical appointments, it may be possible to restart a voucher program with *Here to There Transport, LLC*. located in Ayer, MA.

The Ayer Senior Center offers transportation for Ayer residents aged 60 and older, as well as those who are disabled of any age via its *MART Senior Van*. The van provides transportation to medical appointments within the for \$1 each way. Similar programs are in place in Groton, Littleton, Pepperell Shirley and Harvard. Other ride services only provide transportation to and from the airport. There are no local taxi services in the area, however Uber and Lyft may be available.

**6. A plan for the preservation of cultural competencies in care, including the breadth of translation services currently provided at Nashoba Valley, throughout alternative service delivery sites identified by Steward Health Care.**

Nashoba Valley Medical Center is committed to providing linguistically and culturally appropriate services to our patients and families. Nashoba Valley Medical Center's team of health care providers and support staff work closely with interpreter services to ensure that medical interpreters are prepared to support patient's communication needs. Nashoba provides an experienced team of trained medical interpreters that provides in-person interpreter services. When an in-person interpreter is not available for a specific language, they utilize telephonic and/or video remote interpretation. The customized, wireless conference phones and dual-handset phones are stationed at key hospital departments with access to both staff and outside interpreters in 200 language and dialects. Remote interpreting supported with a computer and webcam is also available when assisting deaf patients through American Sign Language (ASL) to supplement in-person ASL interpreters as requested from the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH).

Below is a table depicting interpreter utilization by language at Nashoba Valley Medical Center

Preferred Spoken Languages (top 10 most prevalent)	Percent of Patients Served as of 12/31/2022
<b>1. Spanish</b>	<b>18.99%</b>
<b>2. Portuguese</b>	<b>4.18%</b>
<b>3. Haitian Creole</b>	<b>2.26%</b>
<b>4. Arabic</b>	<b>1.63%</b>
<b>5. Hindi</b>	<b>1.07%</b>
<b>6. Russian</b>	<b>1.07%</b>
<b>7. Korean</b>	<b>0.90%</b>
<b>8. Vietnamese</b>	<b>0.90%</b>
<b>9. Chinese</b>	<b>0.79%</b>
<b>10. Brazilian Portuguese</b>	<b>0.67%</b>



A plan for the preservation of cultural competencies in care, including the breadth of translation services currently provided will be available at the alternative service delivery sites identified by Steward Health Care. The identified alternate sites provide access to interpreter services and other accommodations 24 hours a day/ 7 Days a week for patients with hearing or visual impairments, and patients not fluent in English. These services are provided at no cost to patients and those who communicate on behalf of a patient.

**7. Information detailing Steward Health Care’s communication plan to Residents and impacted employees, including a timeline, on service availability and alternative delivery sites available after closure.**

Nashoba Valley Medical Center is not an ACGME affiliated teaching hospital. For employee information please see Work Force section below.

The Worker Adjustment and Retraining Notification Act (WARN) notifications were sent to employees, medical residents, and union representatives on July 26, 2024, providing them with sixty (60) days advance written notification of the Hospital’s intention to close as required by federal law. In addition, the unions (MNA, 1199SEIU, and USFSPO) were also notified of on July 26<sup>th</sup> of the plan to close Nashoba Valley Medical Center.

**8. Information on how Nashoba Valley and Steward Health Care will work with local officials and the public to minimize any negative consequences associated with the closure of the hospital, and provide information to the community on its plans and how residents may access healthcare services, including, but not limited to, the following:**

- a. Office of the Mayor and State Legislative Delegation - information on the impact of the closure of the hospital and follow-on services overall;
- b. Local City Council – information on the impact of the closure of the hospital and follow-on services overall;
- c. Local Fire Department – information on the impact of the closure of the hospital on emergency planning within the City, and response times for emergency responders;
- d. Police Department – information on the impact of the closure of the hospital on police operations, and plans for securing site post closure; and,
- e. Neighborhood Associations – information on the impact of the closure of the hospital and plans for use of the hospital buildings and grounds following closure.

Office of Mayor and State Legislation

Information on the impact of the closure of the hospital and follow-on services overall;  
The Suffolk Group, government relations consultant to Steward Health Care, called the state legislative delegation for Nashoba Valley Medical Center on July 28, 2024 including Rep. Dan Sena and Senator James Eldridge.

Local City Council

Information on the impact of the closure of the hospital and follow-on services overall;

The Suffolk Group, government relations consultant to Steward Health Care, called the state legislative delegation for Nashoba Valley Medical Center on July 28, 2024 including Rep. Dan Sena and Senator James Eldridge.

#### Local Fire Department

The Sr. Director, Security & Emergency Management, Regulatory & Facilities contacted the Ayer Fire Department the week of 8/12/24.

#### Police Department

The Sr. Director, Security & Emergency Management, Regulatory & Facilities contacted the Ayer Fire Department the week of 8/12/24.

Steward Health Care Government Relations Team is meeting with community officials and stakeholders, to discuss ways in which local citizens can access health care services after the closure of Nashoba Valley Medical Center. We will provide communications to municipal officials that can be posted on their websites and social media platforms. The same communications will be appropriate for use by all stakeholders, including municipal officials, city councils, the state legislative delegation, fire and police, and civic and neighborhood organizations with whom we have partnered for community programs including Loaves & Fishes Food Pantry, Nashoba Associated Boards of Health (NABH), and the Nashoba Valley Chamber of Commerce.

Steward Health Care will communicate with community officials and stakeholders, ways in which citizens can access health care services after the closure of Nashoba Valley Medical Center. We will provide communications to municipal officials that can be posted on their websites and social media platforms. The same communications will be appropriate for use by all stakeholders, including municipal officials, city councils, the state legislative delegation, fire and police, and civic and neighborhood organizations. We will provide them with:

- Email messages
- Social media posts
- Website messages
- Hard copy posters for posting

These messages will include information on distances to other area hospitals, how to retrieve medical records, and a statement regarding primary care physicians' practices that will remain in the medical office building adjacent to Nashoba Valley Medical Center. Posted information will be available in English, Spanish and Haitian Creole. It will also include information on transportation options including, MART Van, Uber, and Lyft services.

**9. Data on the number of:**

- a. Full time, part time, or on a per diem or as needed basis employees that will be laid off as a result of the closure.

- b. How many full time, part time, or on a per diem or as needed basis jobs are potentially available for Nashoba Valley employees within the Steward Health Care System.
- c. How many full time, part time, or on a per diem or as needed basis jobs are potentially available for Nashoba Valley employees at alternative sites in the surrounding area at

which Steward Health Care has or anticipates making arrangements to offer service to patient after the closure of Nashoba Valley; and,

- d. How many Nashoba Valley employees have been offered full time, part time, or on a per diem or as needed basis employment with other Steward facilities to date.

#### **Work Force**

The Worker Adjustment and Retraining Notification Act (WARN) notifications were sent to employees, medical residents, and union representatives on July 26, 2024, providing them with sixty (60) days advance written notification of the Hospital's intention to close as required by federal law. In addition, the unions (MNA, 1199SEIU, ATC, and USFSPO) were also notified of on July 26<sup>th</sup> of the plan to close Nashoba Valley Medical Center.

The table below lists employees who are currently working at Nashoba Valley Medical Center and are subject to being laid off if unable to or choose not to pursue a position at another Steward facility.

Type of Employee	Count
Per Diem	152
Part-Time	116
Full-Time	222

Below is the total number of positions available to displaced Nashoba Valley Medical Center employees within the Steward Massachusetts hospitals that will remain open.

Type of Position	Count
Per Diem	203
Part-Time	251
Full-Time	701

While we cannot specify details of all positions available at non-Steward facilities. A Massachusetts Health and Hospital Association (MHA) report from 2022 titled "The Hospital Workforce Shortage" asserts that approximately 19,000 healthcare positions across Eastern Massachusetts were vacant.

## The Hospital Workforce Shortage

The new Massachusetts Health & Hospital Association (MHA) survey was conducted in the summer of 2022 and found that respondent hospitals – representing 70% of total acute care hospital employment in the state – currently have 6,650 vacancies among 47 key positions that are critical to clinical care and hospital operations. These positions range from direct care nurses to laboratory personnel, clinical support staff, and more. The median vacancy rate for these positions is 17.2%, and for

several positions, as shown in Figure 1, the vacancy rate is much higher. Forty-two of these positions have double-digit vacancy rates and 18 have a vacancy rate that is greater than 20%.

These 47 positions account for less than half of all positions within hospitals. **Extrapolating the vacancy data to all positions in all Massachusetts acute care hospitals, an estimated 19,000 positions are unfilled.**

**Figure 1: Massachusetts Hospital Vacancy Rates by Job Family & Position**

NURSING	
Job Name	% Vacancy Rate
Licensed Practical Nurse (LPN)	56%
Infection Control Nurse	26%
Nurse-Midwife (Certified)	25%
Psychiatric RN	21%
Nurse Practitioner (APRN)	18%
Emergency Department RN	17%
Med/Surg RN (Acute Care)	17%
Nurse Anesthetist (CRNA)	17%
Operating Room Nurse	13%
ICU RN (NICU, PICU, ICU, etc.)	10%
PACU RN	8%
Labor and Delivery RN	8%
Clinical Nurse Specialist (CNS)	8%
SUPPORT	
Job Name	% Vacancy Rate
Home Health Aide	34%
Sitter	30%
Certified Nurses Aide (CNA)	24%
Environmental Services Worker	18%
Food Services Worker	15%
Medical Assistant (Certified)	15%
Operating Room Aide	14%
Patient Transporter/Courier	14%
PT/OT	
Job Name	% Vacancy Rate
Occupational Therapy Assistant	17%
Physical Therapist	13%
Physical Therapy Assistant	12%
Occupational Therapist	10%
BEHAVIORAL HEALTH	
Job Name	% Vacancy Rate
Mental Health Worker/Technician (MHW)	32%
MSW Social Worker (LCSW)	29%
Psychologist	27%
Licensed Independent Social Worker (LICSW)	24%
Mental Health Counselor	17%
Social Worker (BSW)	17%
TECH	
Job Name	% Vacancy Rate
Pulmonary Function Technician	35%
Paramedic	28%
Surgical Technician/Technologist	26%
Anesthesia Technologist	24%
Registered Respiratory Therapist (RRT)	20%
Cardiac Catheter Tech	19%
Endoscopy Technician	19%
Medical Technologist (MT)	16%
Pharmacy Technician	15%
Radiologic Technologist	13%
OTHER	
Job Name	% Vacancy Rate
Patient Safety Specialist	22%
Phlebotomist	21%
Laboratory Assistant	17%
Physician Assistant	16%
Pharmacist	11%
Administrative/Clerical Staff	10%

Employee Assistance representatives began meeting with employees on August 2<sup>nd</sup>. On August 5<sup>th</sup>, hiring managers and leaders across various departments from nearby Steward Hospitals began conducting “meet and greets” with staff at Nashoba Valley Medical Center to provide information about work environments, culture, and other aspects of working at their hospitals.

On August 8<sup>th</sup>, MassHire Rapid Response information sessions began for employees with a focus on the following topics:

- Rapid Response Services
- MassHire Career Center Services
- Unemployment Insurance Eligibility & Obligations
- Training Opportunities
- Massachusetts Health Connector Information

Employees will receive career and job support during the closure and WARN periods from a variety of resources, including, but not limited to, the RapidResponse and MassHire team, their respective unions (if bargaining unit members), and other local and nearby institutions seeking skilled and experienced healthcare staff. The services provided by the Rapid Response team include resume-writing, interview, and career workshops, as well as access to tools such as career

centers, training funds for upskilling, and eligibility and application help for resources such as unemployment and MassHealth connector.

Critically, internal, and external job fairs will occur on and off-site to aid workers in finding employment at a nearby facility.

Human Resource staff from Steward facilities that will remain open, will provide information regarding employment opportunities for individuals looking to remain within the system. This includes bargaining unit members represented by 1199SEIU, MNA, ATC, and USFSPO. In coordination and mutual agreement with the aforementioned unions, there will be job bidding procedures implemented permitting affected bargaining unit members to voluntarily bid into open positions across the Steward system. Throughout these transitions of employment, the clinical command center, along with the site-specific leadership teams are monitoring staffing levels within all active units to ensure safe patient care.

#### **10. Details of decommissioning of hospital between August 31-October 3, 2024.**

- Describe what staff will remain and for how long?
- Describe the steps to be taken by Steward during this period.
- Provide details on patient communication and transport for individuals who seek care at these facilities post September 1, 2024.
- Describe how Steward will maintain security in facilities following August 31, 2024.
- Describe how Steward will maintain environmental conditions, including the timeline for disposing of biohazardous and radioactive waste following August 31, 2024.
- Describe the plan for discontinuance of electronic products and platform related to building access control, surveillance systems, and MSDS vendor.

#### Staffing

Steward intends to retain Facilities Maintenance Staff, Security Staff, and Environmental Services staff until the building is fully decommissioned and ready to turn over to the Owner, approximately 6-8 weeks. Leadership, consisting of a Chief Nursing Officer (CNO) and other identified staff Lab, Medical Records, Human Resources and Pharmacy.

With the assistance from the Steward Command Center, legal counsel and specialty vendors, the following will be conducted prior to relinquishing building to owner:

#### Regulatory

- Coordinate with DPH and appropriate Authority Having Jurisdiction (AHJ) to provide notices to terminate all applicable licenses and registrations (e.g. Clinical Laboratory Improvement Amendments (CLIA), Drug Enforcement Agency (DEA) Controlled Substances) or where required transfer licenses and permits to the property Owner (e.g. elevator permits, boiler permits, etc.).
- Coordinate with DOT for removal of highway and street signage. Identify, catalogue, and remove all PHI; relocate to secure off-site storage location.
- Contracts and Permits: Review all vendor agreements (e.g. mechanical electrical and plumbing (MEP) systems maintenance, elevator maintenance, etc.);



implement closure or transition to new Owner.

Equipment Disposition

- Inventory Equipment and supplies, determine appropriate disposition (sale, transfer to another facility, dispose)
- Disconnect, sterilize where required, and remove all equipment; remove all supplies and appropriately dispose appropriately.
- Furniture, fixtures, and equipment (FF&E): remove all miscellaneous material; remove and dispose of all FF&E

#### Waste Removal

- Hazardous/Biohazardous Waste: Working with vendor (Stericycle) identify all Hazardous (chemical) and Biohazardous waste, remove and dispose appropriately, and clean (terminally clean where indicated) all areas.
- General Waste: Remove all waste materials and appropriately dispose of all waste; clean areas after removal.
- Pharmaceuticals: Working with our vendor, Inmar, remove and dispose appropriately, and clean (terminally clean where indicated) all areas.
- Remove all food products and clean kitchens and food storage areas.

#### Decommissioning and Building Closure

- Remove all signage from building exterior; install appropriate signage directing potential patients.
- Remove Interior signage for pharmacy, medications, and hazardous materials areas.
  - Assemble all MEP documentation and prepare for handover to building owner.
  - Assemble all Environmental documentation and prepare for handover to building owner.
  - Patch/paint any damaged interior surfaces.
  - Final Cleaning (or terminal cleaning where indicated) of all areas.
  - Close and secure all window and door openings.

#### Safety and Security

- Security personnel will remain on site until asset owner takes possession of building.
- Hourly rounding of the building will be conducted by Security staff.
- All perimeter entry and exit doors will be properly secured to ensure improper entry cannot result.
- All fire egress routes, and fire exits will be maintained free and clear to ensure safe exit in the event of fire.
- Fire Alarm System will continue to be maintained and fully operational.
- The Sprinkler System will continue to be maintained and fully operational.

#### Environmental conditions

Will be maintained by Steward Faculties staff until asset owner takes possession of building.

- Utilities (natural gas, electric, water) will remain on to maintain appropriate environmental conditions.
- Qualified licensed trades (HVAC, electrician, boiler operators) will remain on staff or will be contracted to maintain mechanical, electrical, and plumbing engineering systems, and control environmental conditions.

Biohazardous Waste

- Steward will retain qualified vendor (Stericycle) to identify, remove, and appropriately dispose of biohazardous, hazardous, and chemical wastes no later than October 31, 2024.

- 

Radioactive waste

- Steward will retain a qualified vendor (FX Massey) to identify, remove, and appropriately dispose of radioactive waste no later than October 31, 2024.

Building Access Control

- Electronic products and platform related to building access control, surveillance systems will remain operational and turned over to the asset owner.

Chempack

- Nashoba Valley Medical Center is not a DPH Chempack location.

MSDS Vendor

Steward presently has a current detailed chemical inventory on file.

- After August 31, 2024 all unnecessary chemicals will be removed from the facility by Steward's contracted hazardous chemical vendor Stericycle and removed from the SDS Inventory. There are chemicals that will remain as they are required to maintain and operate the water treatment system of the boilers, chillers, and cooling towers. At the time of turn-over to the owner, a current SDS Inventory will be provided to the asset owner.

**11. Provide information regarding how Steward will work with MassDOT and local municipalities to remove signage regarding the hospital from highways and local roads.**

Removal of Signage- MA DOT and Municipal

Steward will notify MA Department of Transportation (DOT) District #3 and appropriate local municipality in advance of closure.

Corporate Real Estate and Facilities (CREF) will coordinate with MA DOT, local municipality and other contractors as needed to remove the road signs directing the public to the hospital. Local Police, Fire Department, and Emergency Services will be notified when hospital signage has been removed.

In addition, large red Emergency signs and large hospital monument signs will be covered, and any signage attached to the building will be removed.

**12. Communication plan for patients:**

- a. Describe the plan for ongoing access to outpatient Behavioral Health Services and medication management.

Nashoba Valley Medical Center does not provide Outpatient Behavioral Health Services

- b. Describe communication and assistance to be provided to patients with care scheduled to occur after closure and assistance to be provided by Steward to transfer these patients to alternate care providers.

Information regarding future appointments will be provided to patients by mail and/or telephone calls. This information will detail the name, date, and time of the appointment impacted by the hospital closure. The communication will also include information on a process to reschedule the appointment and the Patient Assistance Line phone number.

- c. Describe communication and assistance to be provided to patients impacted by the decommissioning of nuclear medicine equipment and assistance to be provided by Steward to transfer these patients to alternate care providers.

Information regarding future appointments will be provided to patients by mail and/or telephone calls. This information will detail the name, date, and time of the appointment impacted by the hospital closure. The communication will also include information on a process to reschedule the appointment and the Patient Assistance Line phone number.

A Patient Assistance Telephone Line has been created and will be accessible to the public on August 21, 2024. The number to reach the hotline patient assistance line will be included in patient letters and postings. The hotline patient assistance line will be staffed Monday–Friday 7:00 AM-5:00 PM EST. . We will provide information regarding questions ranging from accessing medical records, rescheduling procedures, referrals to providers/services, pending test results, payments/billing questions, lost and found, and other issues that may arise. Patients will be provided with requested information and will be triaged to a subject matter expert for further follow up, if needed.

The Patient Assistance Line will be available to patient for 30-60 days depending on volume of calls received.

- d. Describe the plan for patients with ambulatory appointments (MRI, CT, Bone Density, Endoscopy, Mammography, etc.) after August 31, 2024, and assistance to be provided by Steward to transfer these patients to alternate care providers.

Information regarding future appointments will be provided to patients by mail and/or telephone calls. This information will detail the name, date, and time of the appointment impacted by the hospital closure. The communication will also include information on a process to reschedule the appointment and the Patient Assistance Line phone number.

**13. Describe the plan for medical records access including:**

- a. How will records be available to patients/other providers in the future?
- b. How patients will be able to access medical records from September 1-November 1, 2024
- c. How patients will be able to access medical records from November 1, 2024 forward
- d. What facility will be the custodian of these records.
- e. What communication will go to patients regarding access to medical records including for which languages these communications will be translated.

Steward is working to ensure complete access to patient records. Beginning September 1<sup>st</sup> through September 24<sup>th</sup>, 2024, Steward will have a Medical Record Vendor (MRO) onsite at Nashoba Valley Medical Center to help patients access their records. Beginning on September 25<sup>th</sup>, MRO staff will be retained remotely to continue assisting with the record process

request. A phone tree will be established facilitating patient's retrieval of records and instructions will be placed on the hospital website with a downloadable form available for printing.

After November 1<sup>st</sup>, 2024, a website landing page will direct patients to medical records retrieval and the forms will remain posted. Holy Family Hospital will become the custodian of the records for Nashoba Valley Medical Center to ensure safe the transition of medical records. Medical records will be stored with a vendor with the ability to field requests and provide the requests in a timely manner. Steward is in the process of finalizing details with a selected vendor to ensure that the records will be available without delay.

Signage will be placed in the main lobby and in office areas providing instructions to patients on how to access a copy of their medical records.

**14. Provide dates for the following:**

Service Closure	Date
Elective Inpatient Admissions	8/16/24
Non-Emergent Procedures	8/16/24
Elective Surgery & Procedures Requiring Sedation on a case-by-case basis	8/23/24
ED Patients Requiring Admission Will Be Transferred	8/23/24
Elective Diagnostic Testing	8/28/24
Diagnostic Imaging and Laboratory ED	8/30/24
Emergency Department	8/30/24

**15. EMS planning**

- a. Describe how transfer from the ED to local hospitals has been coordinated with EMS by Steward.
- b. Describe how Long LOS patients in Med/Surg and ICU will be transferred to other sites or discharged.  
Existing patient discharge transportation needs are assessed, and a plan developed as part of the discharge planning. Arrangements for ambulance or chair car services will be confirmed prior to discharge.

**16. Provide information on how employees will be able to access their HR files.**

Employees transferring to another Steward hospital will have their file transferred to the receiving hospital. The original file will be maintained for 3 years as required.



We are in the process of completing work on designated storage and points of contact for future access of files for those employees not transitioning to another Steward facility. Specific details will be finalized prior to the closure date.

Files for employees not transferring to another Steward facility, records will be retained and accessible for 3 years.

**17. Describe the Pharmacy closure plan including:**

- a. Inventory to be maintained through closure date to ensure minimal supply needed to cover patient needs.
- b. Plan for disposition of remaining Schedule II-VI substances following closure including any substances that would be transferred to other Steward hospitals.
- c. Plan for Pharmacy staffing post closure to complete inventory and disposition of controlled substances.
- d. Plan for removal of controlled substances from each hospital unit.

All Schedule CII-V medications will be processed for return to Inmar (Stewards contracted reverse distributor). Any unopened non-Scheduled items, in wholesaler containers, will be returned to Cardinal through their existing return process. Medications targeted to be transferred to other sites will be inventoried, documented, and transferred accompanied by a licensed pharmacist. The process of designating inventory that will transfer and to which specific Steward location is ongoing and should be completed by August 14, 2024.

Upon hospital closure, all stock deemed to be transferred will be removed from existing stock areas, placed into transfer containers, and appropriately labeled with receiving site information. Drugs to be transferred will be secured and transported under the supervision of a licensed pharmacist or a certified transporter of medications (i.e., existing courier service, Medline, or Opti Freight). All drugs to be transferred will be removed from the building within 24 hours of closure. However, remaining drugs scheduled for destruction will be removed from Carney no later than September 3<sup>rd</sup>.

As hospital units close unused drug stock will be removed from the corresponding Pyxis drug dispensing units and consolidated into the central pharmacy. Items that are removed will be placed in their designated inventory bin or into the Pyxis CII Safe depending on following current storage procedures. Patient care areas that have activity on the day of closure will have their associated Pyxis units emptied as soon as possible after closure. Selected high value items from the last remaining open Pyxis units (example Alteplase) will be transferred to another Steward existing site following previously stated procedures. The other items from the last day closure Pyxis machines will be destroyed by our vendor, Inmar with the schedule II-VI items previously outlined.

All drug transfer and transactions will be documented with an audit trail and will be in compliance with State and Federal guidelines for disposal and tracking. Advance notification will be provided to the Drug Enforcement Agency DEA divisional office, The Massachusetts Drug Control Program, and the Massachusetts Board of Pharmacy, detailing the date of closure, the plan for drug management, and notification of hospital pharmacy closure to patients on August 31, 2024. The disposition of all drug inventories will be completed on or before September 5, 2024, and close out of all licenses and Controlled Substance Ordering System CSOS will occur once all medications are removed from site.

**18. Describe the laboratory closure plan including:**

- a. Notice to the Department's Clinical Laboratory Program and accrediting agencies, if applicable.
- b. Plans for disposal of remaining specimens.
- c. Plans for retention or transfer of remaining specimens.
- d. Plans to provide results for any pending laboratory testing.
- e. Plans for removal of laboratory equipment, including plans for decontamination, if applicable.

Notification letters will be sent to CAP and CLIA on August 16, 2024.

An inventory is being conducted of all clinical Laboratory equipment and supplies.

All vendors will be notified of hospital closures in writing and plans will be coordinated for the return of leased equipment post closure date. Vendors will decontaminate and decommission equipment according to manufacturer's instructions and guidelines.

#### Document and Specimen Retention

An inventory of paper files (specimen requisitions, transfusion cards, logs, etc.) will be completed and transferred to a secure location after hospital closure. These records will be maintained for seven (7) years.

Pathology slides and tissue blocks will be transferred to a secure/temperature-controlled location and maintained for ten (10) years. Nashoba Valley Medical Center Pathology slides and tissue blocks will be stored at Holy Family Hospital.

- Requests for pathology slides and/or blocks for former Nashoba Valley Medical Center patients can be requested by a patient's primary care physician (PCP) and/or consulting physician by contacting Holy Family Hospital Pathology Department. Letters will be mailed to physician practices outlining the process for requests.

#### **Holy Family Hospital – Pathology**

Department 70 East Street  
Methuen, MA 01844  
(978) 687-0151

Hematology slides will be retained for one (1) month post closure. Blood products, blood samples, urine, spinal fluid, etc. will be disposed of properly according to destruction policies one (1) week after closing.

Upon hospital closure, we will relocate all remaining reagents to other Steward hospitals. Any remaining blood products will be transferred to other Steward hospitals for use and/or to be disposed of properly per policy. Refrigerator/freezer temperatures will be monitored in refrigerator(s)/freezer(s) until all specimens, reagents and products are relocated.

Pending Laboratory testing results will be sent to the ordering provider and will be

available via the patient portal. Critical Laboratory results will be called to the ordering provider, per policy and documented in the EMR. Patients will be referred to their Primary Care Physician (PCP) for any future outpatient Laboratory testing needs.

19. Describe the closure plans for any other services provided at Nashoba Valley by other licensed providers, including but not limited to, laboratory, dialysis, and behavioral health.