



# **Nashoba Valley Health Planning Working Group**

## Final Report

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# Section I: Executive Summary



# Executive Summary (1 of 2)

## **Working Group Establishment:**

- The Nashoba Valley Health Planning Working Group (NVHPWG) was established by Governor Healey who outlined its charge, co-chairs, and members.
- The Charge: “We come together to envision a future for expanded or new non-inpatient acute care services that could be put in place to meet the needs of the communities that were served by Nashoba Valley Medical Center (NVMC).”

## **Report Overview:**

- Through extensive data analysis, stakeholder & community engagement, and subcommittee work, the group identified key healthcare priorities for the region.
- This report outlines opportunities and actions to consider in future planning, investment, and policy decisions. Report can also be used to seek funding to carry this work forward.
- The ability and timing of being able to execute on actions identified will depend on organizations having the desire and resources to do so.
- While there is strong community interest in reopening a full acute care hospital, this was beyond the group’s scope, and to date no operator has stepped forward to pursue it.



# Executive Summary (2 of 2)

## **Findings & Opportunities:**

- *Emergency Services & Outpatient Care:* Strong community demand for emergency services, specialist access, and outpatient imaging. Healthcare operators are working to fill critical gaps, including a commitment to open a Satellite Emergency Facility. See slides 34-41 for listing of actions taken or planned by operators in the region to fill gaps.
- *EMS Challenges:* Increased transport times and workforce shortages strain regional EMS capacity, requiring targeted support. Concerns remain about coverage and impacts upon EMS services until an emergency department is re-opened. Region's EMS providers have requested funding in the FY26 budget to help address these challenges.
- *Transportation Challenges:* Challenges around transportation have been exacerbated by the closing of services at Nashoba Valley Medical Center, straining already insufficient services to provide rides to more distant and scattered medical destinations.
- *Public Health & Systemic Barriers:* Addressing social determinants of health and infrastructure needs is essential for long-term regional stability.

## **Next Steps & Continued Collaboration:**

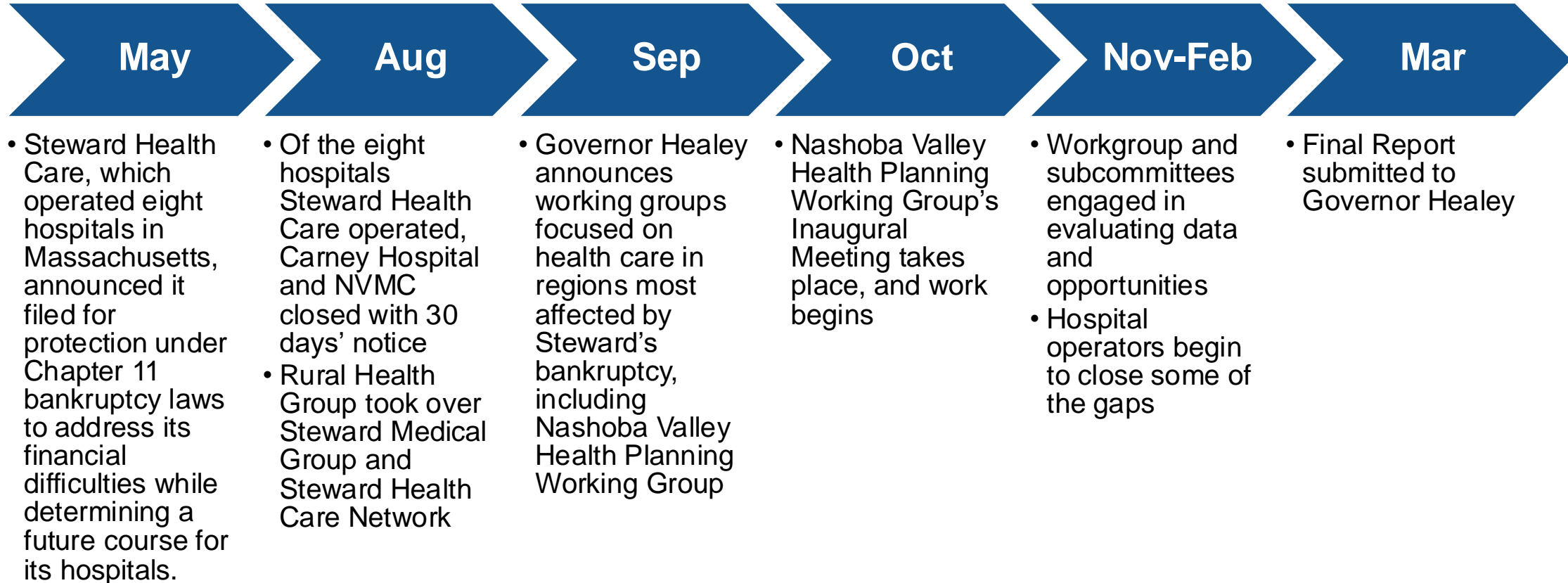
- Members have committed to ongoing collaboration through efforts focused on healthcare access, upstream health effects, & transportation to advance priorities identified in this process.



# Section II: Introduction



# Timeline: 2024-2025





# Impact of NVMC Closure

Closure of NVMC presented significant challenges for the region, impacting access to emergency and inpatient care, straining nearby healthcare facilities, and requiring residents to travel farther for certain medical services. Below are examples of this impact based on data reviewed by the Working Group, input from the HCFA Community Engagement efforts and wisdom of Working Group members who live and work in these communities.

## NVMC Closure

### Emergency Care

Increasing strain on EMS

Lengthening ED Wait Times

### Healthcare Services

Specialists Leaving Region

Closure of Diagnostic & Other Services at NVMC

Closure of 20 licensed Geri-Psych Beds

Closure of 57 licensed medical and ICU beds  
Note: Average occupancy rate was 14 beds (2016-2023)

### Community Instability

Economic Impact & Job Loss

Transportation Challenges Exacerbated

Loss of Trusted Services





# Section III: Nashoba Valley Health Planning Working Group Background





# Nashoba Valley Health Planning Working Group Structure

**Working Group Charge:** We come together to envision a future for expanded or new non-inpatient acute care services that could be put in place to meet the needs of the communities that were served by NVMC

**Focal Communities:** Nine communities were identified through data analysis of the impact of the hospital's closure and were therefore selected as the focus communities for this group

- Ayer, Devens Enterprise Zone, Groton, Harvard, Littleton, Lunenburg, Pepperell, Shirley, Townsend

**Working Group Process:** Develop road map aligning regional partners to meet health care needs of the communities that were previously served by NVMC

- Identify key findings to guide the future of non-acute services in the region and provide potential paths forward to:
  1. Identify service models that would meet the health care needs of these communities
  2. Explore interest of providers in these models
  3. Assess feasibility, including financial implications



# Working Group Member List *(alphabetical order)*

<b>Tamara Bedard</b> Regional Local Public Health Nurse Consultant DPH/UMass Amherst	<b>Brian L. Borneman</b> Fire Chief Pepperell Fire Department	<b>Arthur "Art" Cheeks</b> Fire Chief Groton Fire Department	<b>John Cronin</b> State Senator Worcester and Middlesex Massachusetts State Senate	<b>John DeMalia</b> President and CEO Community Health Connections	<b>Jamie Eldridge</b> State Senator Middlesex and Worcester Massachusetts State Senate	<b>Stephany Godfrey, DO</b> Family Medicine Physician Nashoba Family Medicine
<b>Mark Haddad</b> Town Manager Town of Groton	<b>Paul Harasimowicz, MD</b> Orthopedic Surgeon Affiliate Formerly at Nashoba Valley Medical Center	<b>Amy Hoey</b> President Lowell General Hospital	<b>Amjad Husain, MD</b> Pulmonary Critical Care and Sleep Specialist Nashoba Multispecialty Office	<b>Timothy Johnston</b> Fire Chief Ayer Fire Department	<b>John A. Jurczyk</b> President St. Joseph's Hospital	<b>Edward "Ed" Kennedy</b> State Senator 1 <sup>st</sup> Middlesex Massachusetts State Legislature
<b>Jason Main</b> Director of Veterans' Services, Leominster President, Mass. Veterans Service Officers Assoc.	<b>Joanne Marqusee</b> <b>Co-Chair</b> Assistant Secretary EOHHS	<b>Steele McCurdy</b> Fire Chief Littleton Fire Department	<b>Colin McHugh</b> President & CEO Southern New Hampshire Medical Center	<b>Cari Medina</b> Vice President 199SEIU United Healthcare Workers East	<b>Gregg Meyer, MD</b> Incident Command Manager EOHHS/DPH	<b>Jenna Montgomery</b> Education/ Communication Specialist Nashoba Associated Boards of Health
<b>Patti Onorato</b> Deputy Executive Vice Chancellor for Operations ForHealth Consulting	<b>Chelsey Patriss</b> Executive Director Health Equity Partnership of North Central MA (CHNA9)	<b>Patricia Pistone</b> Senior Director of External Affairs UMass Memorial Health	<b>Robert Pontbriand</b> <b>Co-Chair</b> Town Manager Town of Ayer	<b>William "Bill" Reidt</b> Senior Executive Director Life Care Center of Leominster	<b>Lori Richardson</b> Chief Executive Officer Aging Services of North Central Massachusetts	<b>Marian Ryan</b> District Attorney Middlesex County
<b>Francis M. Sauvageau</b> Chief Executive Officer The Vistas, TaraVista and MiraVista Behavioral Health Centers Member of Board of Directors	<b>Margaret Scarsdale</b> State Representative 1 <sup>st</sup> Middlesex Massachusetts House of Representatives	<b>Christine Schuster, RN</b> President & CEO Emerson Hospital	<b>Dan Sena</b> State Representative 37 <sup>th</sup> Middlesex Massachusetts House of Representatives	<b>Robert A. Sideleau II</b> Fire Chief Leominster Fire Department	<b>Audra Sprague</b> Registered Nurse Massachusetts Nurses Association	<b>Maria Syriotis</b> <b>Jake Mastrandrea</b> Legislative Affairs Rep. Lori Trahan's Office US Congress



# Working Group State Staff List *(alphabetical order)*

<b>Shane Blundell</b> Legislative Director EOHHS	<b>Aaron Gettinger</b> Preparedness Response Manager DPH	<b>Sarah Graham</b> Senior Analyst EOHHS	<b>Hafsatou (Fifi) Diop, MD</b> Assistant Commissioner DPH
<b>Kirby Lecy</b> Manager of Healthy Community Initiatives DPH	<b>Eliza Lake</b> Director of Health Policy & Strategic Initiatives EOHHS	<b>Torey McNamara</b> Senior Policy Advisor DPH	<b>Chiara Moore</b> Assistant Director of Health Care Strategy & Planning DPH
<b>Ronnie Rom</b> Rural Hospital Program Coordinator DPH	<b>Peggy Slasman</b> Senior Advisor for Communications and Public Affairs DPH	<b>Thomas Statuto</b> Senior Legislative Advisor EOHHS	



# Working Group Meeting Dates & Themes

October 2, 2024	Inaugural Meeting Background, charge, and aims of working group
October 16, 2024	State dataset review: Advancing Health Equity in Massachusetts, regional view of health care facilities and EMS/ED trends Overview of CHNA 9 Community Health Planning & Findings; discussion with providers
October 22, 2024	In-person meeting attended by Governor Healey, Secretary Walsh, Commissioner Goldstein, and Representative Trahan
October 30, 2024	Rural Healthcare Models; presentations by Stroudwater Associates Satellite Emergency Facility informational and regulatory overview by Department of Public Health
December 4, 2024	Formation of sub-committees; NVMC ED and Bed Data Presentation on Satellite Emergency Facility Opening Tasks & Timelines by Diana Richardson
December 18, 2024	Health Care for All Interim Report Subcommittee updates & open discussion
January 22, 2025	Health Care for All Final Report UMass Memorial Health Satellite Emergency Facility Announcement
January 29, 2025	Open discussion related to Satellite Emergency Facility Subcommittee & data updates
February 26, 2025	Draft final report discussion
March 12, 2025	Final convening of Nashoba Valley Health Planning Working Group



# Section IV: Data Highlights



# Communities' Health Equity Data

**While the health outcomes data for some of the nine communities are equal to or better than MA overall, specific Nashoba Valley communities face worse health disparities in chronic disease conditions, life expectancy, premature death, and social determinants of health than the rest of MA**

- Specifically, multiple communities in the region have rates of asthma, diabetes, high blood pressure, and obesity above state averages. Ayer has a premature mortality rate that is close to 2x the state's rate and a life expectancy that is >5 years lower than the state overall.
- The Department of Public Health (DPH) continually tracks these metrics and is working with the Advancing Health Equity in Massachusetts (AHEM) initiative to target investments in the communities with the greatest health disparities
- The [DPH Community Health Data dashboard](#) has the most up-to-date data on a wide range of metrics, including a tool to build community-specific reports. AHEM's site on [place-based investments](#) outlines the process of identifying and focusing on priority communities



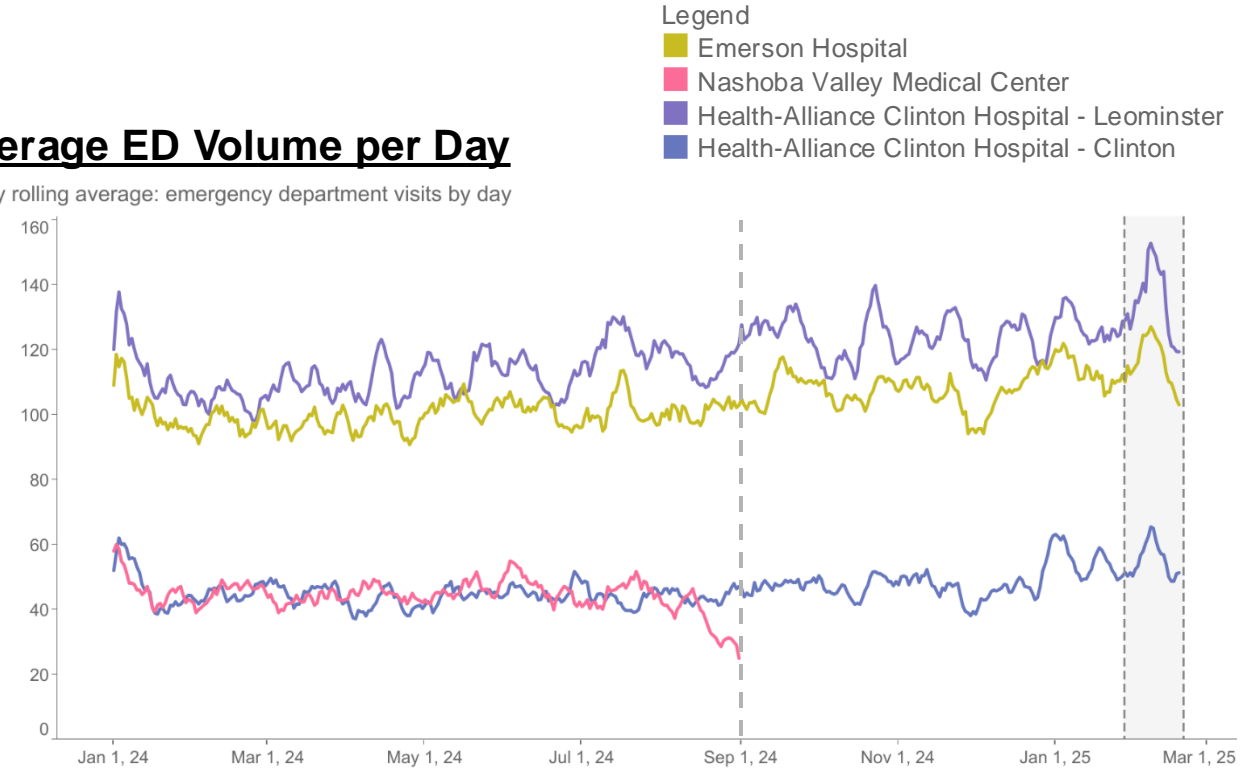
# Emergency Department (ED) Data Trends

Since NVMC closure, other regional EDs are experiencing increase in volume per week leading to longer wait times for patients and increased strain on EMS systems

- ★ *Particularly acute at HealthAlliance Clinton Hospital – Leominster*
- ★ *For additional information, please use this [link](#)*

## Average ED Volume per Day

7 day rolling average: emergency department visits by day



Source: Bureau of Infectious Disease and Laboratory Sciences, Syndromic Surveillance program. All data are preliminary, subject to change, and will backfill over time. Created by the Massachusetts Department of Public Health.

**Data through February 2025**



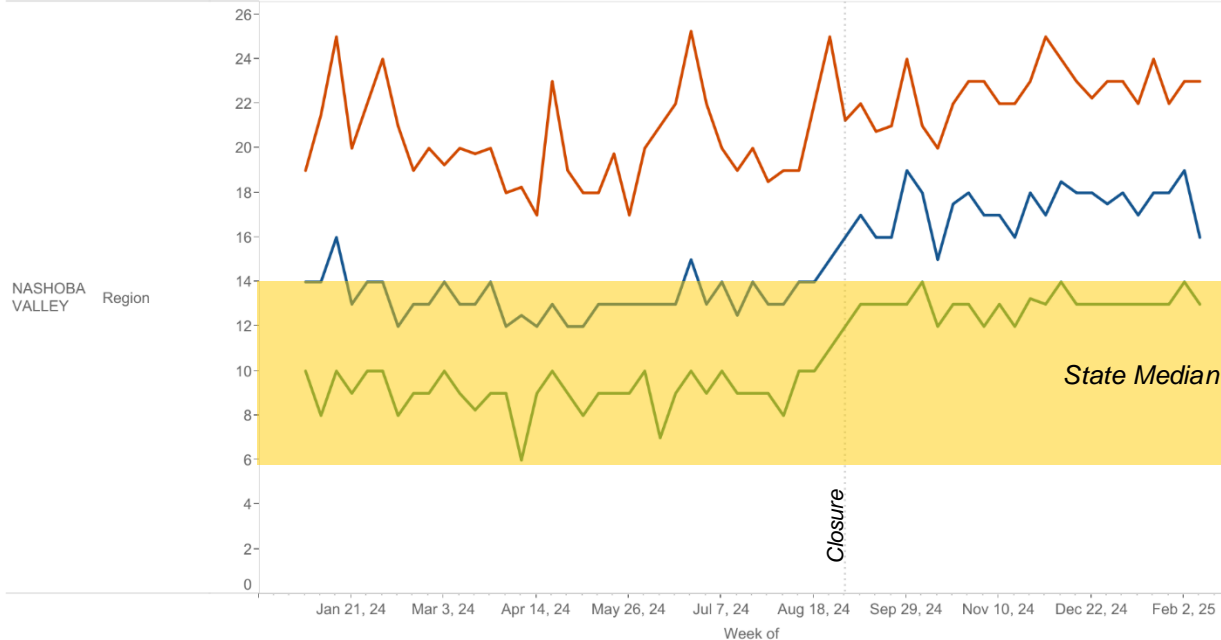


# Emergency Medical Services (EMS) Data Trends

- Prior to closure, Nashoba Valley region’s median transport time was mostly within median transport times compared to rest of state (left chart)
- Post closure median transport time increased from 12 to 17 minutes for emergency calls
  - Impact not uniformly felt throughout region – **Ayer and Groton** have seen largest median transport times change (right chart)
- For additional information, please use this [link](#)

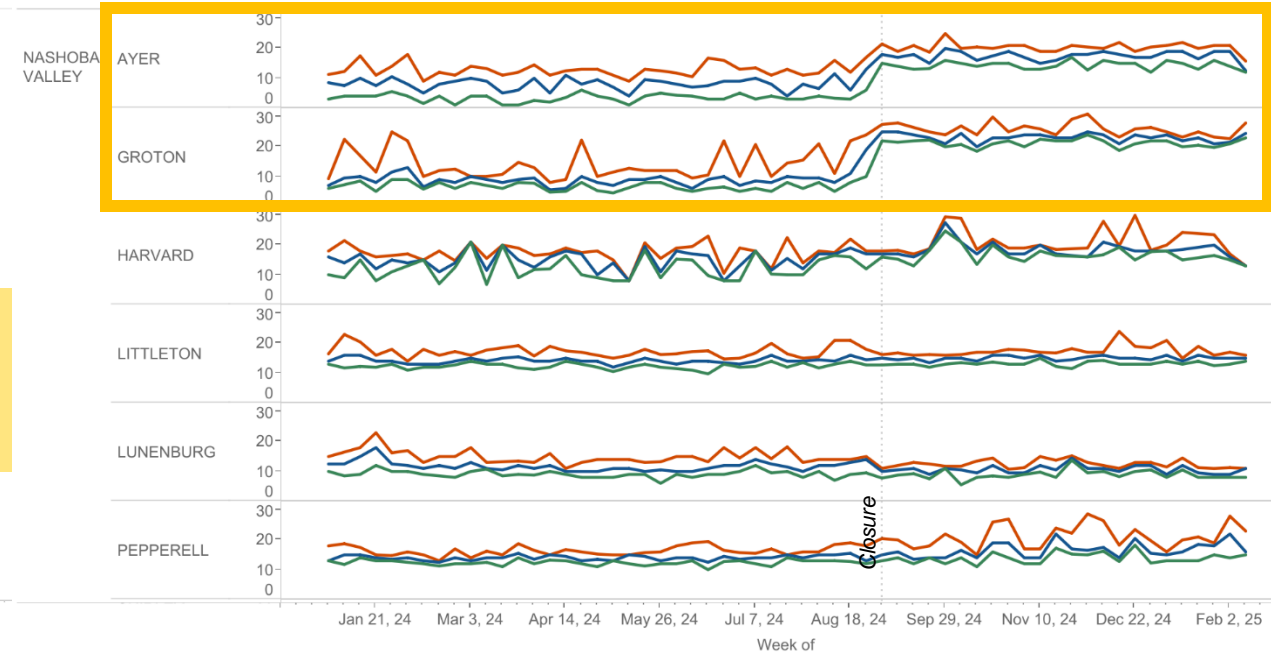
## Regional EMS Transport Time:

Median, 25th, and 75th percentiles Transport time for runs that start in the Carney and Nashoba Valley Primary Service Areas by Region



## EMS Transport Time per Town:

Median, 25th, and 75th percentiles Transport time for runs that start in the Carney and Nashoba Valley Primary Service Areas by AYER, GROTON, HARVARD and 5 more



\*Data through February 2025<sub>17</sub>



# Section V: Subcommittees



# Subcommittees

To ensure a comprehensive examination of the challenges and opportunities facing the region after the closure of NVMC, the NVHPWG established several subcommittees, each with a specific charge and they include (in order of establishment): **Transportation Subcommittee, Emergency Medical Services Subcommittee, Emergency, Outpatient, & Healthcare Services Subcommittee, and Upstream Efforts & Public Health Subcommittee.** These subcommittees were created to take a deeper dive into key issue areas, leveraging the expertise of members and regional stakeholders to assess needs, identify gaps, and explore potential solutions.

Each subcommittee was tasked with developing a report summarizing its critical findings, considering data shared, community input collected by HCFA, and actionable opportunities to address the identified challenges. These reports serve as an essential component of the overall roadmap outlined by the NVHPWG, providing a foundation for future investment and regional collaboration. The full list of subcommittee members and complete reports can be found in the appendix which can be found at this [link](#).

This section offers a high-level overview of the opportunities identified by each subcommittee.



# Transportation Subcommittee

Transportation Subcommittee worked with community partners to **crosswalk transportation assets and gaps** related to **accessing health care services**. They have provided areas of action for investments to meet immediate needs, address longer term challenges, and ensure sustainability of current services (*see appendix for full report*)

## To Meet Immediate Needs

### Improve Awareness & Support Navigation of Existing Transportation Options

- Fund a communications campaign outlining available transit options
- Partner with COAs, EMS, MassHealth, and providers for outreach

### Coordinate Connectivity Between Services

- Link various on-demand services to existing fixed-route services
- Restore the availability of local services

### Fund a Flexible Transportation Option to Reduce EMS Burden

- Invest in a ride service to support non-acute transportation to urgent care and emergency departments until SEF opens.
- Go-Go is currently serving the region through another contract (open to UMass Memorial Health – Alliance maternity patients only)

## To Support Long-Term Solutions

### Fund Regional Coordination

- Establish long-term funding for a Regional Coordinating Council to ensure ongoing resource alignment
- Address policy barriers that silo services and hinder regional collaboration

### Enhance Local Transit Capacity

- Increase funding for RTAs, COAs, municipalities, and volunteer networks to meet resource needs
- Utilize the Regional Coordinating Council to maximize resources and expand transportation coverage

### Reduce Local Burden and Sustain Current Expansions

- Continue to reduce burden of local communities and organizations who have increased services and meet local needs with no additional resources
- Sustain recent service expansions on short term funding



# Emergency Medical Services Subcommittee

The EMS Subcommittee convened fire chiefs from five communities to provide knowledge and insight from their communities and others to discuss and provide feedback and opportunities for improvement in three critical areas. They provided additional details which can be found in their full report (*see appendix*)

## Key Challenges

- **Workforce Shortages:** EMS recruitment and retention difficulties due to long-term issues and pandemic burnout
- **Operational Strain:** NVMC closure increased transport times, costs, reliance on mutual aid, and slowed fire response
- **Infrastructure Needs:** Increased wear on ambulances, requiring additional funding for replacements

## Current Efforts

- Community college partnerships explored for EMS training programs
- \$250,000 per affected community provided for EMS infrastructure and equipment
- Providers assessing transport time data to inform funding allocation

## Opportunities and Next Steps

- Expand EMS training programs through local community colleges
- Secure short-term funding to offset staffing and transport cost increases. A funding request was submitted to be considered for FY 26 budget by EMS providers across entire region.
- Conduct feasibility study on transitioning to a shared EMS service model
- Explore regional governance models for improved EMS coordination



# Emergency, Outpatient, & Healthcare Services Subcommittee

Strong interest in reopening a full acute care hospital, though beyond group's scope, and to date no entity has stepped forward to pursue it. The subcommittee recommend **re-establishment of essential services in a tiered approach** as soon as possible, to reduce overall and long-lasting negative health impacts in this region (*see appendix*)

## Tier 1

- Emergency department, including critical ancillary services: Lab/x-ray/CT/etc.
- Cardiac lab
- Echocardiogram
- Endoscopy, with a GI physician on call 24/7

## Tier 2

- Cardiac Rehab
- Infusion clinic
- Oncology
- Mammography
- Pain clinic
- Endocrinology
- OT/PT/Speech/Audiology

## Tier 3

- Geriatric psychiatric services and support

## Not Fully Explored

- Urgent care centers
- Community health center

## Additional opportunities supported by the subcommittee

- SEF with complementary services such as lab (including cardiac), imaging, echocardiogram, endoscopy, etc.
- Preferably restore services at the current NVMC site, exhausting all efforts to secure the site
- Demonstrated ancillary health needs brought online as quickly as possible
- Ensure subcommittee continues supporting these priorities beyond the work of the NVHPWG
- Legislative advocacy to support the region



# Upstream Efforts & Public Health Subcommittee

The Subcommittee assessed areas of alignment between Community Visioning Sessions top concerns and the regional Community Health Improvement Plan and created detailed observations including gaps, current efforts, and actions (*see appendix for full report*)

## Expanding Access to Care & Community Well-Being

- Pilot a full spectrum of home-based healthcare options, from Hospital at Home to telehealth and home visits.
- Digital equity support – access/affordability, literacy, training, equipment
- Expand Food Is Medicine and home delivery CSA programs to address food insecurity and nutrition-related chronic disease
- Improve home health and safety to support independent living
  - Retro-fit or modify for mobility
  - Test and mitigate for water and air quality
  - Evaluate mental and behavioral health needs and implement supports (Aging Services of NCMA)

## Continued Engagement & Strategic Planning

- Establish a resident-led, Health Equity Partnership-supported micro-coalition to sustain efforts and integrate with regional CHIP initiatives
- Enhance local healthcare navigator support to access available services by leveraging relationships with organizations like Nashoba Associated Boards of Health
- Identify funding to implement mobile harm reduction program
- Support Community Outreach Initiative Network Collaborative and strengthen/add mental health clinician support and domestic violence advocates embedded in police departments



# Section VI: Community Engagement

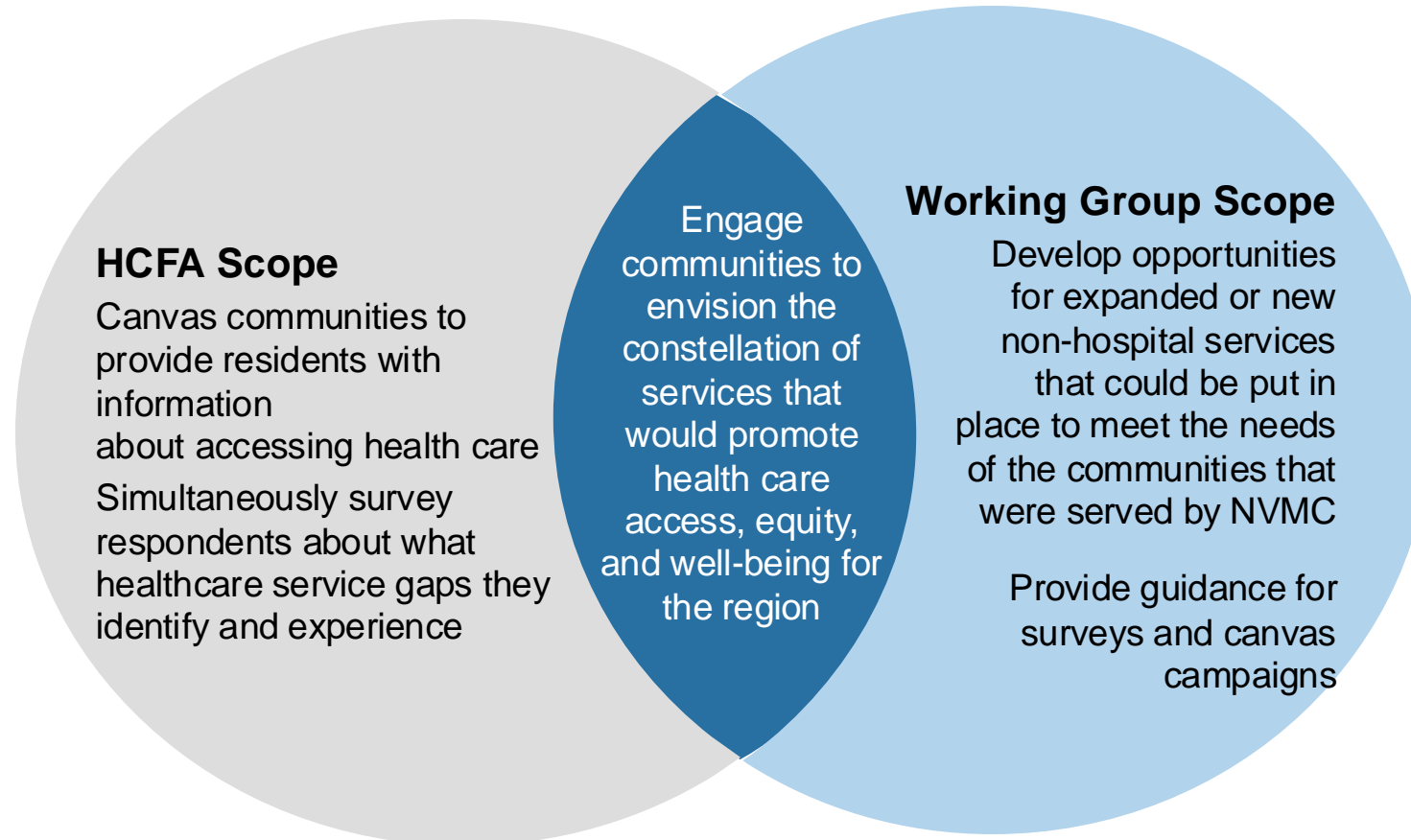






# Community Engagement Partner: Health Care For All (HCFA)

The HCFA Steward Project, led in partnership with the Department of Public Health and community partners, helped patients navigate healthcare challenges after the Steward closures. From Oct 2024 – Jan 2025, it educated communities, assessed needs, and amplified affected voices with support from local foundations and organizations. These efforts aimed to ensure continued access to care and inform future healthcare solutions.





# HCFA Process

- **The full HCFA Report**, which includes recommendations, quotes, and details pertaining to each theme can be found with this [link](#)
- The following slides present a small snapshot of the extensive information HCFA collected during their canvassing, outreach, visioning sessions, and community activities

Canvassing focused on providing resources and collecting information from 4,983 conversations

Community partners participated in a total of 59 events with 2,000 flyers distributed

HCFA and Community-Based Organizations co-hosted 4 visioning sessions

Conducted over 200 individual conversations that helped inform this report



Nashoba Associated Boards of Health  
Your COMMUNITY, Your CHOICE Since 1931

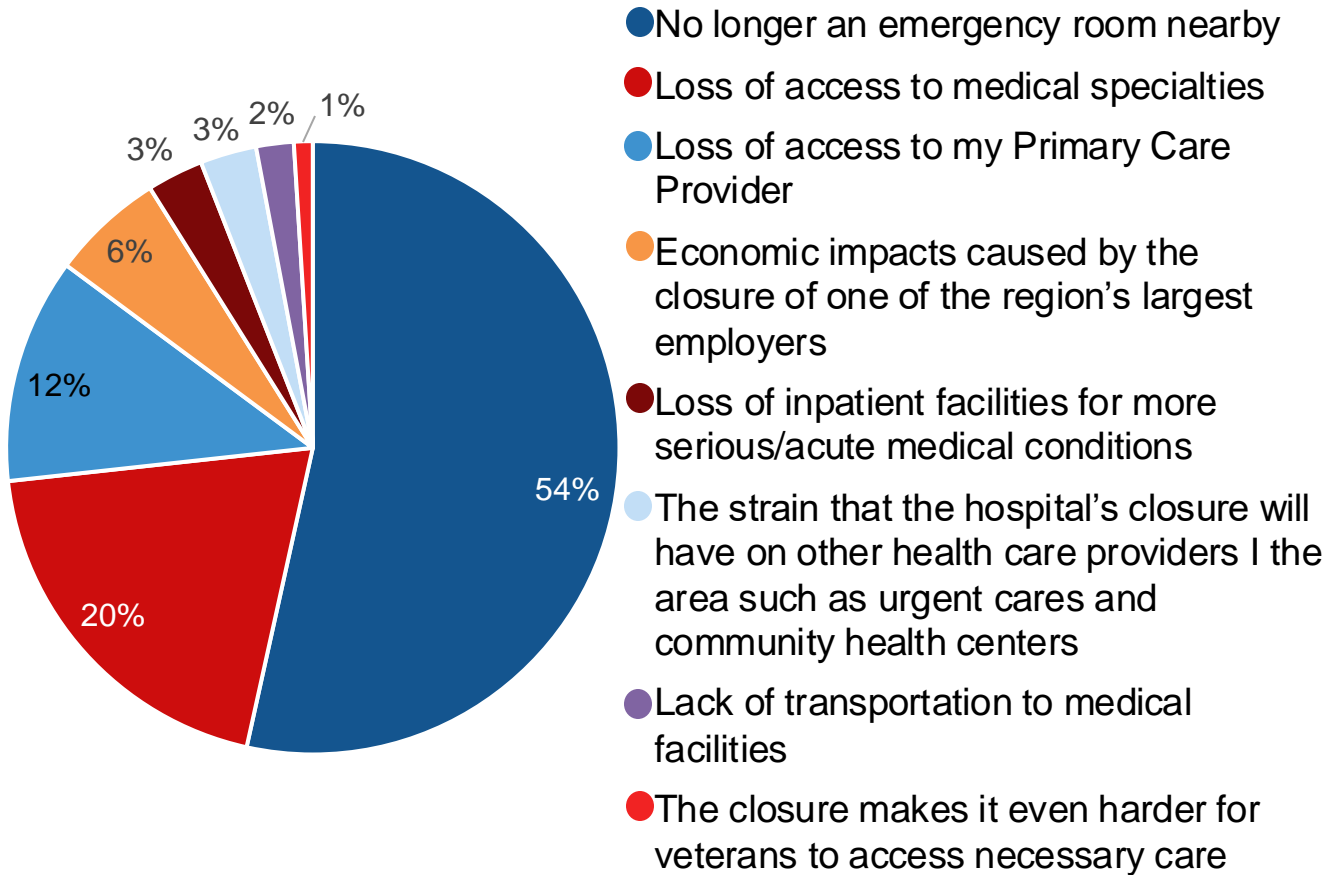


Health Equity Partnership  
of North Central Mass  
CHNA 9

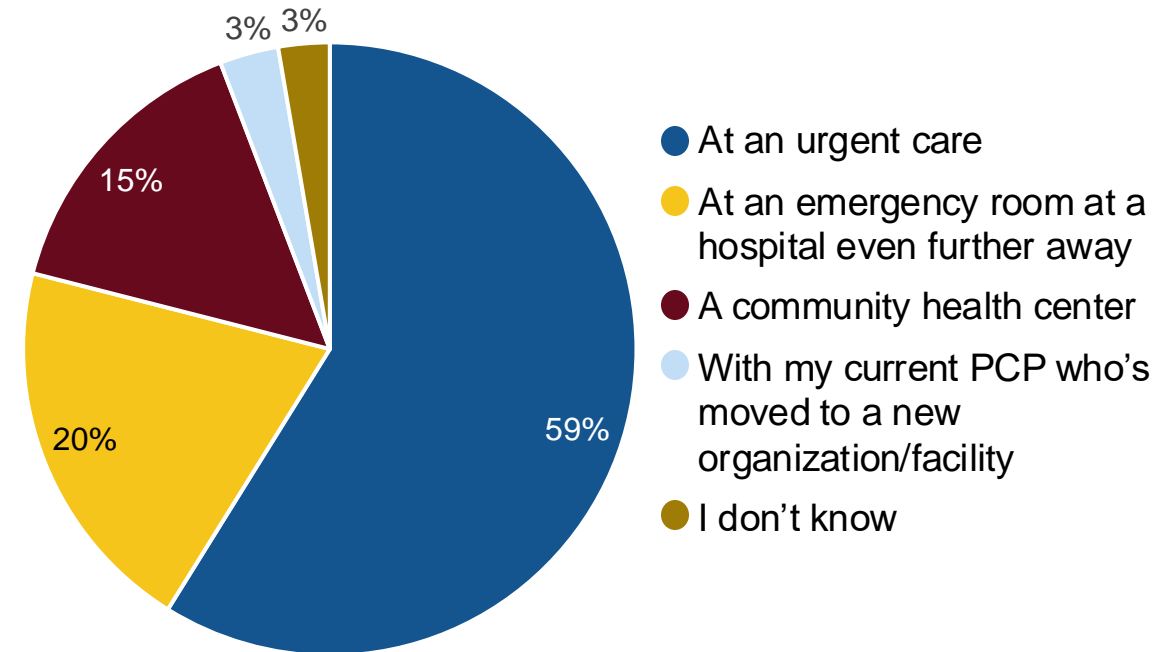
# HCFA Canvassing Results



## Top Concerns



## Where Will You Seek Care Now?





# HCFA Visioning Session Topics & Key Themes

## Session Topics:

Top Concerns:  
Short- & Long-  
Term Needs

Specialty  
Services

Emergency  
Services

Care  
Integration

Urgent Care

Primary Care

## Key Themes:

Access to  
emergency  
services

Loss/disruption  
of specialized  
services

Loss of  
providers and  
knowledge  
from the area

Transportation  
challenges

Fragmentation  
of care

Widening of  
mental health  
care gap

Economic and  
systemic  
impact

Community  
and familiarity


Veteran-  
specific  
concerns



# HCFA-Identified Recommendations

**From the extensive engagement, HCFA synthesized a list of key recommendations.**

Note: Additional details regarding each recommendation can be found with the [full HCFA Report](#)




Restoration of emergency care and diagnostic services, facilities for outpatient procedures




Centralized health care navigation services




Enhanced transportation options




Enhanced access to specialty care and behavioral health services




General triage hotline



Community-based programs for support



Policymakers' involvement in creating sustainable solutions



Reopening a hospital or similar local health care facility



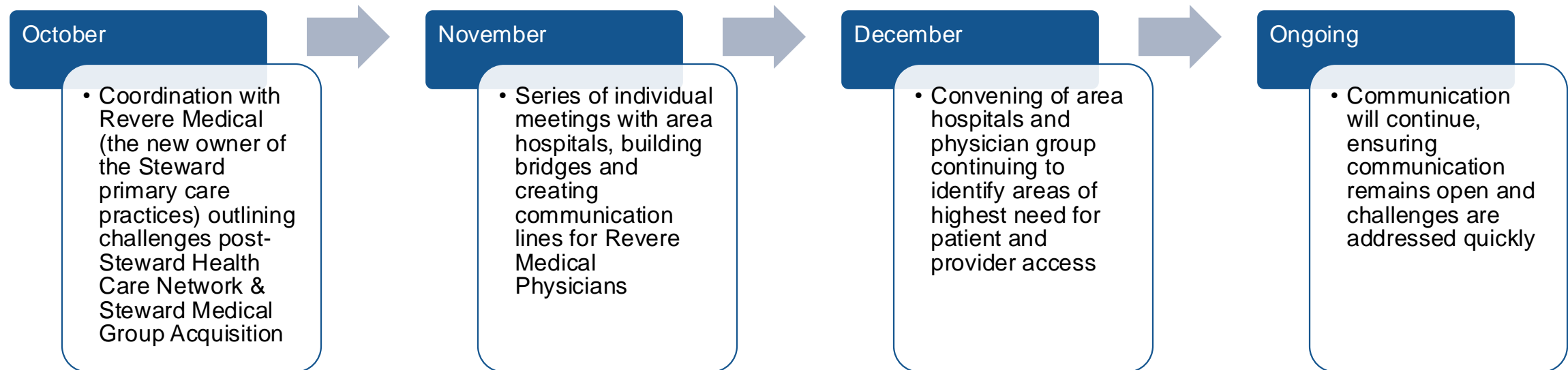
# Section VII: Communication, Access, & Transportation Progress Since Closure



# Communication and Access Workstream

## Collaboration and convening of representatives from Revere Medical, area hospitals, and local physicians to address challenges arising from loss of Steward Health Care Network and NVMC

Challenges addressed included building communication lines between local physicians and hospitals, creating efficient processes for physicians ordering diagnostic tests and/or imaging services, improving efficiency of accessing information quickly



Workstream lead: Sarah Graham, Senior Analyst, EOHHS in close collaboration with Revere Medical



# Improving Communication & Access Progress

Through the convening of participating entities, meaningful progress was made in improving communication and access. Key efforts included coordinating with hospitals to enhance medical record sharing and communication, as well as working to ensure insurance coverage across state lines for border communities.

## Communication Workstream Key Deliverables

Communication lines for new provider networks	Streamlining lab, imaging, and test requests & results	Creating processes for accessing patient records	Ongoing identification for areas of improvement
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## Insurance Access Achievements

Collaborated on payment arrangements across state lines	Ensured any Massachusetts resident seeking care in New Hampshire can receive coverage	Reduced barriers to access facilitating decreased barriers to care within hospital networks
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# Regional Medical Transportation Progress

Meaningful progress was made in enhancing medical transportation in the region, including securing one-time grant funding, launching a new shuttle service, and receiving a MassDOT grant to support expanded transit options.

## One-Time Grant Funding for EMS

- DPH and the Executive Office for Administration and Finance secured \$2M to mitigate NVMC closure impacts and EMS delays
- Eligible municipalities received up to \$250,000 (of the \$2M) for:
  - Ambulances and emergency vehicles
  - Medical and life support equipment
  - Maintenance and training costs
- Eligible Municipalities: Ayer, Devens, Groton, Harvard, Littleton, Pepperell, Shirley, Townsend

## New Emerson Hospital & Baker Ave. Outpatient Facility Shuttle Service

- Montachusett Regional Transit Authority (MART) is starting a fare free new shuttle service
- Beginning February 24, 2025, service will be offered Monday-Friday
- Shuttle will provide rides to Emerson Hospital and on-demand for Baker Ave. Outpatient Facilities
- Services provided in Ayer, Harvard, Shirley

## MassDOT Grant Award Received

- Funding will start the Regional Coordinating Council
- Provide funding for a second driver for the Ayer Senior Center



# Section VIII: Hospital Actions Taken to Address Gaps



# Hospital Actions

- Several hospitals on the Working Group leaned in to address various health care gaps that were caused or exacerbated by the closure of NVMC
- The following slides highlight many of these actions. All have expressed interest in and willingness to continue enhancing communication and services, when feasible, to better meet the health care needs of the region
- Slides that follow outline key steps shared by UMass Memorial Health, including HealthAlliance-Clinton Hospital; Emerson Hospital; St. Joseph's Hospital; and Southern New Hampshire Medical Center



# UMass Memorial Health's (UMMH) Response

In January 2025, based in part on discussions and input from the NVHPWG, UMMH announced the decision to step in to support the community by building a new Satellite Emergency Facility (SEF) in the Nashoba Valley region that also offers certain imaging services.

A SEF operates under a hospital's license at a different location than the main hospital, providing the same services as an Emergency Department. It accepts ambulance transports and operates 24/7 to ensure continuous emergency care. For more details about a SEF, please see the appendix.

UMMH believes this solution can fill the community's critical needs and address the primary areas of concern. While there is significant work to be done before this plan becomes a reality, UMMH remains committed to supporting and protecting the health care needs of residents throughout Central Massachusetts.

# Status of UMMH Opening Satellite Emergency Facility



## Decision to Proceed

- After hearing discussions at Working Group, reviewing EMS times, ED waits, and increased volumes at UMass campuses, UMMH committed to opening a Satellite Emergency Facility (with certain imaging services) for the Nashoba Valley Region

## Plan A Challenges

- Attempted to purchase the former Nashoba Valley Medical Center site
- Unable to reach acceptable terms with current owner

## Plan B Actions

- Actively reviewing new sites in the region for a Satellite Emergency Facility with certain imaging services
- EMS collaboration: initial meeting held with chiefs; additional meetings planned to prioritize EMS needs

## Timeline & Support

- Estimated 18-24 months to open the facility after site control
- State committed to doing all it can to expedite regulatory approvals

## Stakeholder Input

- Actively seeking feedback on site location and ensuring alignment with community needs
- Ongoing collaboration to ensure the facility addresses local priorities

# UMass Memorial Health and Health Alliance-Clinton Hospital's Response (in addition to SEF)



## Emergency Services

- Refined Emergency Dept. workflows to address wait times due to increased demand at Leominster Campus (LC)
- HA-C's recent addition of 25 in-patient bed flex unit provided relief to the increased demand
- Coordinated with area Fire/EMS to address increase ambulance traffic at LC ED
- Coordination with DoC and FBP to address prison population
- Ongoing discussions with Fire Chiefs regarding EMS demands/capacity during construction time of SEF

## Patient Care and Access

- Provide concierge services to Nashoba area PCPs for specialty and imaging referrals
- Addressed medical record/EHR issues for improved patient access- oncology, mammo, etc.
- Created a Nashoba region patient portal on UMMH's website to assist with navigation
- Added new cardiology suite at HA-C's LC
- Supported additional patients at Cancer Center in Fitchburg and at other ambulatory settings

## Workforce & Community

- Attended Hiring Fairs and sponsored remote and in-person events
- Hired over 20 caregivers into the system, including physicians
- Provided customized onboarding process for former Nashoba caregivers



# Emerson Health's Response

## Response

- Expanded Littleton Urgent Care hours (this site is ~8miles or 15 minutes from NVMC)
- Opened an Observation Unit to accommodate patients, as needed. This unit will be licensed as an a med/surg unit
- Signed a contract with Brewster ambulance to have a secondary ambulance service available for patients
- Signed medical control contracts with several fire departments to assist in triaging and transferring patients

## Stewardship

- Conducted 3 job fairs and hired 27 staff
- Hired 2 cardiologists
- Added several PCPs to the Emerson Medical Staff

## Access

- Added webpage for former NV patients to guide them in accessing the Emerson Health System (medical, imaging, lab, etc.) >4,200 hits
- Utilized social media to help spread information about Emerson Health
- Outreached all PCPs re. Emerson Health services & points of contact within our system
- Received \$278,250 MART grant from Regional Transit Authority, adding 6 loops/day connecting communities to Emerson Hospital

## Throughput Initiatives

- ED
  - Implemented vertical care space
  - Daily meetings with EMS providers & provided re-stocking services
  - Added Waiting Room Liaison position
- Inpatient
  - Increased staff to handle additional capacity
- Lab
  - Expanded hours and increased staffing at Groton and Littleton Sites
- Imaging
  - Expanded hours for high-speed MRI and diagnostic imaging at Littleton and Westford Sites



# St. Joseph Healthcare's Response

## Patient Care & Access

- Executed agreement supporting continuity of care for patients at the Devens Federal Medical Center, a federal prison for male inmates requiring specialized or long-term medical or mental health care
- Actively pursuing Medical Resource Hospital designation with MA in support of surrounding MA towns

## Community Outreach

- Conducted outreach and campaigns focused on the NVMC market promoting services for those living in reasonable driving distance to SJN locations
- Examples include billboards, mailers, and outreach visits to skilled nursing facilities, senior centers, adult day programs, EMS, fire departments, police departments, and PCP and specialty care providers





## Re-Opening Services

- Beginning March 31, SNHH will offer services at newly reopened Urgent Care location in Pepperell, MA
- Provides convenient, high-quality, walk-in care, and will treat non-life-threatening conditions and provide a variety of on-site services, including x-ray and lab drawing
- Immediate Care – Pepperell will be located at 68 Main St., Pepperell, MA 01463



# Section VIII: Ongoing Efforts





# Ongoing Efforts Beyond NVHPWG

## Sustaining Progress Beyond the NVHPWG

- The valuable connections and collaborations established through NVHPWG should be maintained to advance regional healthcare priorities.
- Certain subcommittees will continue efforts beyond the formal convening:
  - **Transportation:** Continue meeting with DPH support to advance identified projects
  - **EMS:** Fire chiefs will continue meetings, expanding participation beyond NVHPWG
  - **Emergency, Outpatient & Healthcare Services:** Potential ongoing discussions to explore outpatient service expansion and support UMass Memorial Health in the Satellite Emergency Facility process
  - **Upstream Efforts & Public Health:** Opportunity to continue building upon the work in progress and support the synergies that exist between community engagement findings and CHIP

## Opportunities for Continued Collaboration

- The final report serves as a starting point for future work and guidance for regional improvements
- Key challenges (e.g., transportation & EMS) predate the Working Group—leveraging new connections can help drive solutions
- Local stakeholders & providers play a critical role in evaluating feasibility and implementation
- Community collaboration remains key—Working Group members are encouraged to sustain momentum and align efforts to drive meaningful change



# Section IX: Appendix

# Link to Other Reports



[Link to the Health Care for All's Nashoba Valley Steward Project Report](#)

[Link to Nashoba Valley Health Planning Working Group Final Report Appendix](#)

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  - Subcommittee reports:
    - Transportation Subcommittee
    - Emergency Medical Services Subcommittee
    - Emergency, Outpatient, & Healthcare Services Subcommittee
    - Upstream Effects & Public Health Subcommittee
  - Additional healthcare models data
  - Nashoba Valley data