



**Comments of the Lynn Health Task Force on  
North Shore Medical Center's  
Request for Approval of Significant Amendment to DoN Project # 6-3C46  
June 28, 2018**

**I. INTRODUCTION and BACKGROUND**

The Lynn Health Task Force submits the following comments in response to the Application of North Shore Medical Center for an Amendment to its Determination of Need in DoN Project # 6-3C46. The original application for a Determination of Need was filed in October 2015, in connection with the decision North Shore Medical Center (NSMC) and its parent, Partners HealthCare, to close Union Hospital in Lynn and consolidate its operations at the Salem Hospital campus. The application sought approval for a substantial capital expenditure expand the capacity of the Salem Hospital Emergency Department and to increase medical surgical beds and psychiatric beds on the Salem Hospital campus. The application was approved, with conditions, in on July 16, 2016. Shortly thereafter, NSMC/Partners filed an application for an Amendment to the DoN, seeking approval to, among other things, reduce the total psychiatric bed capacity for Salem Hospital which had recently been approved by 30 adult psychiatric beds. NSMC/Partners claimed that its financial position had worsened and it could not afford the additional beds, but also defended its request by saying that its original predictions for bed need overstated the demand and that the reduced capacity would be adequate to meet the region's needs. At a hearing on the Amendment request, the Lynn Health Task Force 10-Taxpayer Group raised concerns about NSMC's claims that the project with the lower bed count would be adequate to meet regional bed needs and predicted that the likely result would be increased waits in the Emergency Room and increased transfers of patients to other facilities. The Council approved the Amendment

on August 9, 2017 with conditions that involved monitoring and reporting on ED wait times and transfers to other facilities.

NSMC/Partners has now filed an Application for another Amendment, this time seeking to restore the psychiatric bed count to the number originally approved in the DoN in July, 2016. It is also now saying that the additional beds, which just last year it said it could not afford, will not add to the cost of the project because there have been cost savings which will cover the build-out for the 30 beds. In addition, they are saying that while they still believe that the reduced bed count approved in August of 2017 would meet the needs in the region, the additional beds are needed at the Partners “system level.” They cite, as an example, the Massachusetts General Hospital (MGH), which is increasingly unable to meet the need for psychiatric admissions at its facility. The Lynn Health Task Force submits the following comments on this Application for a (second) Amendment to the Determination of Need.

## **II. Support for Needed Beds in the NSMC Service Area**

First, we want to note that the Lynn Health Task Force strongly supports approval of this (second) Amendment to the Determination of Need. We opposed the (first) Amendment because we were and are convinced that the additional beds are needed. So we are pleased with the proposal to restore the 30 adult psychiatric beds. However, we disagree that the plan without restoring the 30 beds is adequate to meet demand within the NSMC region, as NSMC/Partners claims in its Application for Amendment (they state that the additional beds are needed to meet demand from other regions of the state, especially Mass. General Hospital). As evidence of the need for additional psychiatry beds for patients in the local area, the wait time from admission decision to ED discharge to an inpatient psychiatric bed for the Salem Emergency Department is currently more than twice that for medical-surgical admissions (4.22 hours for medical admissions vs. 9.97 hours for psychiatry admissions). Further, the occupancy rate for adult psychiatry beds averages 95%, which is evidence that the current bed count is inadequate to meet local need. There is clearly unmet need for psychiatric beds both in the North Shore region and throughout the state. We are not

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opposed to NSMC playing a role in meeting unmet need throughout the state, but we disagree with understating the need in our region and do not want patients in our region to face increased delays because we are accommodating patients from other parts of the state.

### **III. Payor Blind Admissions**

Second, while, as noted above, the Lynn Health Task Force supports this proposed amendment to restore the original adult psychiatric inpatient bed count for the Salem campus as approved in July, 2016, we seek an assurance that admission to these beds, and all the psychiatric beds at NSMC, be determined on a payor-blind basis. In other words, we ask that NSMC agree, and that the Department of Public Health impose as a condition of approval of the Amendment, that admission to NSMC's psychiatric beds (adult, geropsychiatry and pediatric psychiatry) be based only on bed availability and medical appropriateness for admission. Thus, a patient covered by MassHealth or Health Safety Net should be admitted on the same basis as a patient with a similar psychiatric status who has Medicare or commercial insurance. We seek this assurance, and memorialization of the assurance as a condition, because we have recently learned of instances in which Partners affiliates have not served patients equally based on their payor status. Although Partners policy is that patients who have Health Safety Net (HSN) receive services free of charge, certain Partners entities have not served HSN patients, or have offered reduced levels of service due to HSN status. We are also aware of Partners entities which offer prompter service/appointments to patients with commercial insurance than to patients with MassHealth. While the Partners financial assistance policy is to be commended, it is not followed consistently and frontline staff do not seem to be fully aware of the policy. We therefore seek a commitment and a condition that admission to the NSMC Psychiatric Department will be payor-blind.

In order to ensure that payor-blind admissions are effectuated, the Lynn Health Task Force requests that admissions data be reported quarterly to both the Task Force

and to the DoN staff and that the data include:

- for each patient discharged from the Salem ED to a psychiatric unit: wait time for admission, transfers to other facilities, payor, and zip code for each individual patient
- for each patient admitted from another facility, the payor and zip code for each patient.

#### **IV. Discharge Protocols for Patients who are Homeless or Have Unstable Housing**

Finally, in anticipation of the newly renovated 120 bed psychiatric unit, we seek a commitment that NSMC will develop a robust protocol for discharges of patients who are homeless or who lack stable housing. Patients who lack stable housing are at increased risk for decompensation and readmission. We are aware of NSMC discharging psychiatric patients to homeless shelters, at times without any advance notice or arrangements with the shelters and without even determining whether the shelter has capacity to shelter the patient (shelters have capacity limits and often can not admit new guests because their beds are already full).

The need for sophisticated discharge planning will be increased as NSMC will now be admitting patients from outside its geographic area. NSMC states that the current bed count is sufficient for NSMC's region, but that the additional 30 beds are required to meet the needs of patients outside NSMC's service area. We understand this representation to suggest that at any given time, 30 adult beds will likely be occupied by patients from outside of the NSMC area. This will require arrangements with service providers in the patient's home community, or establishing new service arrangements in the NSMC area if the patient will remain here. A significant portion of the patients are likely to have lacked a stable home prior to admission.

We propose the creation of a high level working group that includes, at a minimum, NSMC and MGH clinical and administrative leaders, Lynn Health Task Force members, and representatives from the area's homeless shelters. The charge to the

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Working Group will be to establish discharge protocols for this vulnerable population. The Working Group will review the current literature on best practices and develop the new protocol in consultation with relevant parties. This effort should begin immediately so that the updated protocol is in place when the facility opens in the fall of 2019.

## **V. CONCLUSION**

The Lynn Health Task Force is grateful for this opportunity to comment on Partners/NSMC's Application for Amendment to its DoN. We support the application for the Amendment restoring the 30 psychiatric beds and we seek the conditions discussed above for a) payor-blind admissions, and b) revision to the discharge protocols for patients without stable housing. The Task Force remains available to respond to any questions or concerns and we look forward to further participation in this important process.