

Addendum to Staff Report PHS–19092711-HE

On February 11, 2020 and pursuant to 105 CMR 100.510, the DoN Program staff forwarded to all Parties of Record its written Staff Report relative to the above DoN application. In accordance with the regulation, Parties of Record were authorized to submit written comments related to the Staff's recommendation and any other conditions recommended in the Staff report. In a letter received on February 20, 2020 the Applicant requested minor changes to the original conditions based on their capacity to report.

We copy pages 35-39 below from the Staff Report, and we agree to make changes to 1 condition and 3 measures in Attachment I, as outlined in red on the pages that follow.

Findings and Recommendations **as revised**

Based upon a review of the materials submitted, Staff finds that, with the addition of the recommended Conditions described below and in Attachment 1, the Applicant has met each DoN factor for each component of the Proposed Project, and recommends that the Department approve this Determination of Need, subject to all applicable standard and Other Conditions.

In order to demonstrate improved health **and** public health outcomes for endoscopy are met, Holder shall

1. Provide a description of any programs or initiatives designed to increase CRC screening or rescreening behaviors according to appropriate intervals among the **Patient Panel**. This shall include:

- a. Program description and length (if applicable)
- b. Description of program recruitment (if applicable) and number reached out to
- c. Total number of participants
 - i. Percentage of participants from racial /ethnic minority groups, **to the extent possible based on follow up with existing patients**
- d. Any outcomes measured

Numbers of participants shall increase each year post-baseline*

2. Provide a description of any programs or initiatives designed to either reduce risk factors for CRCs and/or increase CRC screening or rescreening behaviors according to appropriate intervals in the **broader community**. This shall include:

- a. Program description and length (if applicable)
- b. Description of program recruitment (if applicable) and number reached out to
- c. Total number of participants
 - ii. Percentage of participants from racial /ethnic minority groups
- d. Any outcomes measured

Numbers of participants shall increase each year post baseline

3. In order to ensure appropriate use of Cardiac CT, Holder shall ~~a~~ report on

- Numerator: Number of cardiac CTs performed for indication of diagnosing coronary disease where evaluation does not demonstrate any disease.
- Denominator: Number of **all** cardiac CTs performed for indication of diagnosing coronary disease.

Such rate shall not increase post-baseline*.

***If rates do not improve, Holder shall report on reasons why and outline plans for improvement.**

CHI Conditions to the DoN

4. Of the total required CHI contribution of \$2,919,702.25
 - a. \$708,027.80 will be directed to the CHI Statewide Initiative
 - b. \$2,124,083.38 will be dedicated to local approaches to the DoN Health Priorities of which up to 10% of these funds may be used for evaluation purposes
 - c. \$87,591.07 will be designated as administrative costs to be retained by NWH and used per plans outlined in the Community Engagement Plan
5. To comply with the Holder's obligation to contribute to the Statewide CHI Initiative, the Holder must submit a check for \$708,027.80 to Health Resources in Action (the fiscal agent for the CHI Statewide Initiative).
 - a. The Holder must submit the funds to HRiA within 30 days from the date of the Notice of Approval.
 - b. The Holder must promptly notify DPH (CHI contact staff) when the payment has been made.

Attachment 1: Required Measures for Annual Reporting

The Holder shall provide, in its annual report to the Department, the following outcome measures. These metrics will become part of the annual reporting on the approved DoN, required pursuant to 105 CMR 100.310(A)(12).

***If rates do not improve, Holder shall report on reasons why and outline plans for improvement.**

The following measures were initially suggested by Applicant and subsequently revised by staff.

I. Observation Unit	
6.	Overall Rating of Care (Press Ganey Survey Engagement Survey) Collapsed responses (collapse responses Fair, Poor and Very Poor). Holder shall report on the following (include only patients served in this particular service area) : <ul style="list-style-type: none">a) Any category receiving a “Fair” or less ratingb) Overall patient response rate and a breakdown of respondent rate by racec) Policy changes¹ instituted as a result of Holder’s evaluation of lower ratings
Holder shall Report on progress in making reductions in:	
7.	Wait Times for Observation Unit: Holder shall report on the amount of time a patient waits in the ED after he/she has been assigned outpatient status with observation services. <ul style="list-style-type: none">a) Length of stay for ED patients that have been assigned to the Observation Unit.b) Policy changes¹ instituted as a result of Holder’s evaluation
8.	Length of Stay: Holder shall report on the amount of time patients are in the Observation Unit to facilitate timely discharge. <ul style="list-style-type: none">a)) Length of stay for ED patients that have been assigned to the Observation Unit patients in the Observation Unitb) Policy changes¹ instituted as a result of Holder’s evaluation

¹ Holder stated that data will be reviewed quarterly

II. Endoscopy

9. Overall Rating of Care (Press Ganey Survey Engagement Survey)
Collapsed responses (collapse responses Fair, Poor and Very Poor). Holder shall report on the following (include only patients served in this particular service area):
- Any category receiving a “Fair” or less rating
 - Overall patient response rate and a breakdown of respondent rate by race
 - Policy changes² instituted as a result of Holder’s evaluation of lower ratings

Holder shall Report on progress in making reductions* in

10. Wait times: Time interval from when colonoscopy was initiated for scheduling in EPIC to the date of the colonoscopy procedure
Holder shall report average annual time intervals between scheduling and performance date by procedure category
11. Rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy among Medicare fee-for-service (FFS) patients aged 65 years and older. (NQF 2539)
Holder shall report NQF 2539 on all patients
Rate shall not increase* for any year post baseline
12. Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (NQF measure 0658)
Holder shall report the total number of patients receiving screening colonoscopy and the percentage with the appropriate follow up interval as specified in NQF 0658, by age, race/ethnicity
Rates shall not decrease* for any year post baseline

III. Special Care Nursery

13. Overall Rating of Care (Press Ganey Survey Engagement Survey)
Collapsed responses (collapse responses Fair, Poor and Very Poor). Holder shall report on the following (include only patients served in this particular service area):
- Any category receiving a “Fair” or less rating
 - Overall patient response rate and a breakdown of respondent rate by race
 - Policy changes² instituted as a result of Holder’s evaluation of lower ratings

Holder shall Report on progress in making reductions* in

14. **Transfers to Other Facilities:** The number of (non level III) **infants and/or mothers** ~~maternal newborn service patients~~ that have to be transferred to other facilities for care.
Holder shall report on retrotransfers received from hospitals with level III maternal newborn services

² Holder stated that data will be reviewed quarterly

IV. Psychiatric Unit

15. Hours of Physical Restraint Use
Holder shall report on
- hours that patients spend in physical restraints per patient day.
 - Policy changes³ instituted as a result of Holder's evaluation
16. **Patient Satisfaction with Medication Education through the Psychiatric Units' Patient Satisfaction Survey:** Collapsed responses for Overall Rating of Care (collapse responses Fair, Poor and Very Poor and Good and Very Good) Holder shall report on the following:
- The two categories above
 - Overall patient response rate and a breakdown of respondent rate by race
 - Policy changes³ instituted as a result of Holder's evaluation of lower ratings

V. Cardiac CT

- 18. Patient Satisfaction:**
Overall Rating of Care (Press Ganey Survey Engagement Survey***) Collapsed responses for Overall Rating of Care (collapse responses Fair, Poor and Very Poor) Holder shall report on the following (include only patients served in this particular service area):
- Any category receiving a "Fair" or less rating
 - Overall patient response rate and a breakdown of respondent rate by race
 - Policy changes³ instituted as a result of Holder's evaluation of lower ratings
- 19. Measure on number of elective diagnostic cardiac catheterization procedures performed at other Partners hospitals**
Holder shall report using
- Numerator: Number of elective diagnostic cardiac catheterization procedures performed at other Partners hospitals
 - Denominator: number of elective diagnostic cardiac catheterization procedures that are referred to other Partners hospitals by NWH cardiologists.
- Such rate shall not increase post-baseline*.

³ Holder stated that data will be reviewed quarterly