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1. **MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**
2. **DETERMINATION OF NEED**
3. **BOSTON MEDICAL CENTER**

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9 (Via Teleconference)

10 October 28, 2022

4:04 P.M.

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1. **BOSTON MEDICAL CENTER - OCTOBER 28, 2022**
2. **MR. RENAUD: Good afternoon. My**
3. **name is Dennis Renaud. I represent the**
4. **Massachusetts Department of Public**
5. **Health and I am the Director of our**
6. **Determination of Need Program. For**
7. **clarification, if you hear me refer to**
8. **the Determination of Need Program as the**
9. **DoN Program and Department of Public**
10. **Health as the DPH. Joining me today**
11. **from the Department are my colleagues**
12. **are Fabiola Catulle and Lynn Conover.**
13. **This hearing has been called pursuant to**
14. **a DoN application submitted by BMC**
15. **Health System, Inc. Upon receipt of the**
16. **application, DoN staff reviewed the**
17. **application. And after finding it to be**
18. **in compliance with the DoN statute and**
19. **regulations, assigned it a filing date**
20. **of September 9, 2022. The enabling**
21. **statute for any DoN Program requires any**
22. **person or government agency intending to**
23. **file a substantial (inaudible)**
24. **signature as defined in the DoN**
25. **Regulation must apply for DoN approval**
26. **before engaging in such a project. I**
27. **will now provide a DoN project**
28. **description. BMC Health Systems, Inc.,**
29. **seeks approval for the following project**
30. **with three main components. Minor**
31. **construction and renovation to BMC's**
32. **existing Yawkey Building 5th and 6th**
33. **Floors, to add 70 new inpatient beds,**
34. **including 60 medical surgical beds and**
35. **10 intensive care unit beds, and**
36. **supporting infrastructure. Point Two,**
37. **Renovation of BMC's existing Menino**
38. **Building, 2nd Floor, to add a total of 5**
39. **new inpatient operating rooms, as well**
40. **as, additional pre and post-operative**
41. **anesthesia care unit spaces, which**
42. **includes the relocation of the**
43. **observation unit and existing negative**
44. **pressure inpatient rooms, and the**
45. **reduction of one existing inpatient**
46. **general procedure room. Point Three,**
47. **supporting infrastructure and wayfinding**
48. **projects to improve patient experience.**
49. **As outlined in our regulations, 100.210,**
50. **the DoN Program reviews projects in**
51. **accordance with six factors related to**
52. **need, public health value, health**
53. **equity, impact on costs and financial**
54. **feasibility and community health**
55. **initiatives. In accordance with the**
56. **statute and regulations governing the**
57. **DoN process, the DoN Program is**
58. **analyzing Boston Medical Center Health**
59. **System application for these factors.**
60. **The public hearing is an effort to**
61. **gather information and to hear opinions**
62. **about the proposed project. It is not a**
63. **Question & Answer Session. No questions**
64. **will be permitted. The DoN Program will**
65. **take all information relevant to the**
66. **process into account in preparing its**
67. **recommendations to the Massachusetts**
68. **Public Health Council, whose decision on**
69. **whether to approve the DoN for the**
70. **proposed project will be made at one of**
71. **its upcoming monthly meetings. As this**
72. **is a virtual hearing, the logistics are**
73. **different from an in-person hearing. I**
74. **will review our process for today. We**
75. **are learning the logistics of the system**
76. **as we go. So we ask for your patience**
77. **if and when we encounter difficulties.**
78. **We will work to resolve any problems we**
79. **experience. Our plan for today is as**
80. **follows. We're using a moderated**
81. **conference call line. So a moderator**
82. **will manage the queue for speaking.**
83. **This meeting is being recorded and**
84. **transcribed. If you wish to testify.**
85. **Press \*1. This will put you in the**
86. **queue. You will not be told where you**
87. **are in the queue, nor will you get much**
88. **notice that you're about to testify.**
89. **You will be told now you are the**
90. **speaker, and you will experience a short**
91. **pause and then you will be the speaker.**
92. **If you had muted the phone, please, you**

18 may need to un-mute it. Please speak

1. **clearly, so that our transcriber can**
2. **record everything accurately. Begin by**
3. **stating your name, affiliation or Town**
4. **of residence. We limit speakers to**
5. **three minutes. I will be timing people.**
6. **And when you have 30 seconds left, you**
7. **will hear this sound. (Alarm Sounding.)**
8. **When your three minutes is up, I will**
9. **say, "Time's up." And the moderator**
10. **will mute you and give the floor to the**
11. **next speaker. You may experience a**
12. **slight pause between speakers. If the**
13. **testimony is lengthy, please present a**
14. **three minute summary and submit a full**
15. **text of your comment in writing. If you**
16. **have a written comment of your remarks,**
17. **regardless of length, please feel free**
18. **to submit it to Department via e-mail or**
19. **via postal service. You can e-mail us**
20. **at** [**DPH.DoN@State.MA.US.**](mailto:DPH.DoN@State.MA.US) **The mail will**
21. **get to us more quickly if its sent to**
22. **Determination of Need Massachusetts**
23. **Department of Public Health, 67 Forest**
24. **Street, Marlborough, Massachusetts**
25. **01752. Written comments will be**
26. **accepted until 5:00 P.M. on November 7,**
27. **2022. This transcript and comments may**
28. **be submitted to the Department and be**
29. **posted on the Department's website and**
30. **reviewed in response to a request from**
31. **Public Records. Be assured that the**
32. **Department will consider all comments,**
33. **whether presented orally or in writing.**
34. **Whether you comment or not, please note**
35. **that the Department greatly values and**
36. **appreciates your participation in the**
37. **DoN process. Before we open the line to**
38. **the general public, the applicant will**
39. **go first and will be allotted four**
40. **minutes to present the information about**
41. **the proposed project. I will now ask**
42. **Kate Walsh, President and CEO of BMC**
43. **Health System to talk about the project.**
44. **After she is done, the moderator will**
45. **un-mute the first speaker. I will now**
46. **turn it over to Kate Walsh.**
47. **MS. WALSH: Good afternoon,**
48. **everyone. My name is Kate Walsh. I am**
49. **the President and CEO of Boston Medical**
50. **Center Health System. Thank you to the**
51. **Department of Public Health for holding**
52. **today's Public Hearing and for the**
53. **opportunity to speak regarding Boston**
54. **Medical Center patient expansion**
55. **proposal. As Mr. Renaud stated, we are**
56. **proposing to renovate our hospital**
57. **building to accommodate the addition of**
58. **70 inpatient beds and 5 inpatient**
59. **operating rooms, as well as, other**
60. **projects to support the inpatient**
61. **expansion and improve existing**
62. **facilities, as well as, patient**
63. **experience and wayfinding at our**
64. **hospital. For more than 100 years, BMC**
65. **has served our community at Boston South**
66. **End. Our hospital is a recognized**
67. **leader in ground breaking medical**
68. **research and a principal teaching**
69. **affiliate of Boston University's**
70. **Chobanian & Avedisian School of**
71. **Medicine. It has 61 medical residency**
72. **training programs, and training more**
73. **than 700 physicians each year. We**
74. **provide a full spectrum of emergency**
75. **outpatient and hospital inpatient**
76. **services, as well as, specialized care**
77. **for complex health problems. BMC**
78. **conducts over 1 million patient visits**
79. **and outpatient visits a year. And the**
80. **hospital is the busiest provider of**
81. **trauma and emergency services in New**
82. **England. Perhaps most important to**
83. **note, we are the largest safety net**
84. **hospital in New England and are**
85. **dedicated to providing consistently**
86. **exceptional care services to all in need**
87. **of care, regardless of insurance status**
88. **or ability to pay. What we refer to**
89. **"Exceptional Care Without Exception."**
90. **As the largest safety net hospital in**
91. **the region, BMC plays a**
92. **disproportionally large role in**
93. **providing indiscernible high quality,**
94. **comprehensive, cost effective,**
95. **culturally relevant care to the areas of**
96. **most relevant patients. Nearly half of**
97. **our patients are insured my Mass Health**
98. **and is at or below the Federal poverty**
99. **limit. The remainder come from under**
100. **resourced population, such as low income**
101. **and elderly, who rely on government**
102. **payers, such as the Premium Exported**
103. **Supported Exchange Plans, the Health**
104. **Safety Net and Medicare for their**
105. **coverage. Approximately one-third of**
106. **our patients do not speak English as**
107. **their primary language and we serve a**
108. **high proportion of patient population**
109. **facing health inequities due to the way**
110. **that they live and the color of their**
111. **skin. The proposed project is essential**
112. **to ensuring our ability to provide our**
113. **patients the timely access to healthcare**
114. **that they need. High quality, safe,**
115. **efficient and equity. In securement of**
116. **our Determination of Need application,**
117. **our previously approved DoN project**
118. **aimed at campus consolidation resulted**
119. **in a decrease in a our total approved**
120. **campus square footage and licensed**
121. **capacity. Since then, despite periods**
122. **of reduced demand due to the COVID-19**
123. **Pandemic, we have experienced**
124. **unrelenting increases in utilization and**
125. **acuity across our medical, surgical and**
126. **ICU patient populations, as well as, a**
127. **steady demand for surgical and other**
128. **procedural services. Our Midnight**
129. **medical surgical occupancy rates are**
130. **greater than 90%, which means that our**
131. **Day/Evening bed capacity is totally**
132. **maxed out. And our role as the nations**
133. **leading trauma provider, we are periled**
134. **by our ICU occupancy rates and OR**
135. **utilization rates, both of which are**
136. **routinely above 80%. These high**
137. **utilization and occupancy rates does not**
138. **only impact access to patient care, but**
139. **also have an impact on the 130,000**
140. **people who visit our Emergency**
141. **Department every year. Bed capacity**
142. **gridlock upstairs significantly limits**
143. **E.D. throughput because so many patients**
144. **are waiting for inpatient beds, that we**
145. **had to open inpatient beds in our**
146. **Emergency Department to help combat**
147. **extended wait times and improve access**
148. **to care. We have recently utilized our**
149. **alternative care spaces, including our**
150. **(inaudible), and we have been unable to**
151. **close all of the surge spaces opened to**
152. **address the COVID-19 pandemic. The**
153. **proposed project allows us to create**
154. **more patient friendly efficient spaces**
155. **to care for hospitalized patients.**
156. **Given our high incidents of older and**
157. **vulnerable patients, demand for surgical**
158. **procedures at BMC is expected to**
159. **continue to increase, as we are the**
160. **provider of choice for the uninsured and**
161. **Mass Health patients who need**
162. **specialized surgical services. Such as**
163. **kidney transplant, cardiac valve repair**
164. **and opioid use disorder, cancer**
165. **treatment and other tertiary services.**
166. **These services are best provided to low**
167. **income patients at our hospital because**
168. **of the social approach we wrap around**
169. **our patients, such as pharmacies, our**
170. **therapeutic, transportation and**
171. **translator services and so much more.**
172. **To meet this demand, the proposed**
173. **project is necessary. Without the**
174. **proposed project, our hospital will**
175. **quite simply be unable to meet its**
176. **mission. Inpatient utilization rates**
177. **will continue to rise to unsustained**
178. **levels as patient volumes and acuity**
179. **levels continue to increase. We will be**
180. **hard pressed to keep our emergency**
181. **services in an efficient manner. The**
182. **low income patients we serve will not be**
183. **able to access the high quality of**
184. **services we need to provide. Our**
185. **proposed project will help alleviate but**
186. **won't eliminate these issues. We will**
187. **continue to pursue our Mass Health**
188. **Accountable Care Organization and**
189. **hospital opportunities and we're working**
190. **everyday to expand patient access for**
191. **demands of chronic illness. It won't**
192. **eliminate these issues. We will**
193. **continue to pursue our Mass Health**
194. **Accountable Care Organization and**
195. **Hospital Home Opportunities. And we're**
196. **working everyday to expand outpatient**
197. **access for the management of chronic**
198. **illness. In addition, we have recently**
199. **opened an 82 bed facility in Brockton to**
200. **address ongoing crisis of patients with**
201. **behavioral health and substance**
202. **disorders. We know that not every**
203. **answer to our patient's challenges can**
204. **be addressed by the hospital expansion,**
205. **but this proposed project codifies and**
206. **expands capacity that we need today in**
207. **its largely (inaudible) footprint. The**
208. **benefits of this proposed project**
209. **include positive financial and clinical**
210. **impacts associated with providing timely**
211. **access to care and moving patients from**
212. **the resources of the E.D. to the**
213. **inpatient setting, and a positive impact**
214. **on the healthcare spending, as well as,**
215. **overall clinical quality outcomes and**
216. **patient provider satisfaction.**
217. **Additionally, the proposed project will**
218. **allow BMC to build upon successful**
219. **population health management and value**
220. **based reimbursement successes by**
221. **screening and assisting more patients**
222. **with cost associated with social drivers**
223. **of health. Finally, the proposed**
224. **project will compete on recognized**
225. **measures of healthcare spending, as it**
226. **is designed to conservatively increase**
227. **inpatient bed in all of our capacity, by**
228. **prioritizing our existing space and**
229. **infrastructure to smaller editions and**
230. **interior renovations and relocation**
231. **rather than building a new. We are**
232. **proud to serve this community for over**
233. **100 years. This proposed project allows**
234. **us to expand capacity and a cost**
235. **efficient, clinically effective and a**
236. **safe respectful manner. Most important,**
237. **allows us to honor our promise of**
238. **exceptional care without exception for**
239. **our region. For these reasons, I**
240. **respectfully ask the Department of**
241. **Public Health to recommend approval of**
242. **our much needed proposed project. Thank**
243. **you very much for your time and**
244. **consideration.**
245. **MR. RENAUD: Thank you, Kate. As**
246. **a reminder to all speakers, please press**
247. **\*1 to testify. Un-mute when called**
248. **upon. Vanessa, can you please let the**
249. **next person into the queue to speak?**
250. **Could you please identify**
251. **yourself?**
252. **MS. NEWSOM: Yes. Good afternoon.**
253. **And thank you for the opportunity to**
254. **testify. My name is Terri Newsom. And**
255. **I am the Senior Vice President and**
256. **Financial Advisor at Boston Medical**
257. **Center. I am here today to testify in**
258. **strong support for the proposed**
259. **inpatient expansion at BMC. My**
260. **testimony will focus on how the proposed**
261. **project meets the commonwealth goals for**
262. **cost containment. These goals are**
263. **centered around for creating high**
264. **quality, low cost care alternative. The**
265. **proposed project will meet noted goals**
266. **in multiple ways. First, the creation**
267. **of the inpatient bed and surgical**
268. **capacity will allow for more timely**
269. **access to care providing treatment in an**
270. **appropriate setting. Through the**
271. **implementation of the expansion bed and**
272. **surgical resources greater throughput**
273. **will be created. Leading to a reduced**
274. **E.D. boarding and enhanced operational**
275. **efficiencies throughout the hospital. A**
276. **reduction of E.D. boarding leads to a**
277. **lower length of stay and reduction in**
278. **the number of patients who leave without**
279. **being seen or against medical advice.**
280. **And overall, more timely definitive**
281. **treatment, more positively impacting the**
282. **quality measures while reducing costs.**
283. **Second, the proposed project will allow**
284. **for better patient flow. Reducing**
285. **constraints on overly taxed resources.**
286. **Such as, E.D. providers and staff and**
287. **ensuring patients receive care in an**
288. **appropriate therapeutic setting.**
289. **Providing timely care in the proper**
290. **setting reduces costs and increases**
291. **patient provider satisfaction.**
292. **Ultimately leading to improved quality**
293. **metrics and reductions in the overall**
294. **costs of care. Third, and finally, the**
295. **infrastructure renovation and upgrades**
296. **are part of the proposed project, are**
297. **efficient ways to meet the hospitals**
298. **physical plant and ensure that care may**
299. **be provided in a cost effective setting.**
300. **For these reasons, the proposed project**
301. **meets Massachusetts' goals for cost**
302. **containment. In fact, the impact of**
303. **BMC's DoN was discussed at the Health**
304. **Policy Commissions Market Oversight and**
305. **Transparency Commission Meeting earlier**
306. **this month. With the group noting that**
307. **the impact of provider cost variation on**
308. **the overall market seeming this proposed**
309. **project as one that will decrease annual**
310. **commercial spend, giving pricing and**
311. **commercial payer niche. For all of**
312. **these reasons, I strongly urge the**
313. **Department of Public Health to approve**
314. **the BMC's proposed inpatient expansion.**
315. **Thank you for your time.**
316. **MR. RENAUD: Thank you for your**
317. **testimony. Vanessa, could you please**
318. **let in the next speaker.**
319. **THE MODERATOR: Thea James, your**
320. **line is open.**
321. **DR. JAMES: Good afternoon. My**
322. **name is Thea James. And I am the Vice**
323. **President of Mission and Associate Chief**
324. **Medical Officer at Boston Medical**
325. **Center, where I have been honored to**
326. **serve as an emergency physician for the**
327. **last three decades. I am here today to**
328. **strongly support BMC's proposed**
329. **inpatient expansion. As it is another**
330. **way for the hospital to meet its mission**
331. **of providing exceptional care without**
332. **exception. BMC is the largest safety**
333. **net hospital in New England and one of**
334. **the busiest trauma and emergency**
335. **services centers in the country. BMC**
336. **plays an essential role in the**
337. **Massachusetts Healthcare System by**
338. **providing indispensable care to low**
339. **income and vulnerable populations,**
340. **including the uninsured and individuals**
341. **with Medicaid, as well as, population**
342. **(inaudible) such as racial and ethnic**
343. **minorities. BMC and other safety net**
344. **hospitals are anticipated to continue to**
345. **play a disproportionately large role in**
346. **providing inpatient emergency and**
347. **ambulatory care to the areas most under**
348. **resourced patients into the future.**
349. **Consequently, it is essential to**
350. **achieving the objectives that our**
351. **hospitals have the resources and best**
352. **experiences necessary to provide such**
353. **disadvantage patients with timely access**
354. **to high quality care and does not**
355. **jeopardize patient outcomes. The**
356. **proposed project seeks to facilitate**
357. **these goals. BMC's inpatient expansion**
358. **also generate a contribution of more $6**
359. **million dollars in community health**
360. **initiatives and therefore will be**
361. **instrumental in helping to address**
362. **social determinants of health challenges**
363. **and health equity issues that impact**
364. **mechanisms across the Commonwealth. As**
365. **an academic medical center, a health**
366. **system, as well as an anchoring system**
367. **for our local community, we are acutely**
368. **aware of the power we hold to impact the**
369. **health of our patients community, given**
370. **our role not just as a healthcare**
371. **provider, but also as a mission driven**
372. **organization, employer and purchaser of**
373. **goods and services and an investor.**
374. **Given these roles, BMC's goal is not**
375. **only to treat disease, but also to**
376. **understand and address causes. Social**
377. **and environmental factors known**
378. **collectively as the social determinants**
379. **of health contribute to chronic disease**
380. **and mental health issues creating**
381. **barriers to accessing healthcare. In**
382. **recognition of these factors, BMC has**
383. **numerous processes and programs in place**
384. **to ensure messages to services beyond**
385. **the traditional medical model to**
386. **alleviate the gaps created by the social**
387. **determinants of health and improve**
388. **health outcomes. Community health**
389. **initiatives implemented by DoN will**
390. **allow BMC to further these efforts. For**
391. **these reasons, I strongly encourage you**
392. **to recommend approval for the proposed**
393. **project. Thank you for your time and**
394. **consideration.**
395. **MR. RENAUD: Thank you, Thea.**
396. **Vanessa, could you please let in the**
397. **next speaker?**
398. **THE MODERATOR: Yes. Thank you.**
399. **Jeff, your line is open. Tom Wall,**
400. **you're up next.**
401. **MR. SALIBA: Hi. My name is Jeff**
402. **Saliba. I am the business manager for**
403. **the Heat and Frost Insulators Local 6**
404. **located at 303 Freeport Street,**
405. **Dorchester. I represent around 500**
406. **mechanical insulators. I am in favor of**
407. **this expansion. Not only does Boston**
408. **Medical Center important to the health**
409. **and vitality of the community around,**
410. **especially to those who are given the**
411. **free care, to those who are poor and**
412. **marginalized, they are all great**
413. **partners to the hard working men and**
414. **women of the Boston building trades.**
415. **Many whose members live in the**
416. **neighborhoods around the hospital and**
417. **around the city. Providing good jobs**
418. **and pay and good wages and benefits, and**
419. **-- which keep them from being poor and**
420. **marginalized also. And I appreciate**
421. **your time.**
422. **MR. RENAUD: Thank you, Jeff.**
423. **Vanessa, could you please let in the**
424. **next speaker?**
425. **THE MODERATOR: Yes. Tom Walsh,**
426. **your line is open.**
427. **MR. WALL: Hello. Thank you for**
428. **letting me speak today. My name is Tom**
429. **Wall. I am with the Heat and Frost**
430. **Insulators Local 6. We represent**
431. **mechanical insulators in the Boston**
432. **area. Let's face it, we need more high**
433. **quality low cost healthcare in and**
434. **around Boston. And this project will**
435. **allow for entry into apprenticeships and**
436. **trades for residents of the area, and**
437. **will create great opportunities for**
438. **those people. Thank you very much. I**
439. **support this project. Thanks.**
440. **MR. RENAUD: Thank you, Tom.**
441. **Vanessa, could you please let in the**
442. **next speaker?**
443. **THE MODERATOR: We have no more**
444. **speakers in queue.**
445. **MR. RENAUD: Okay. We will wait**
446. **for speakers to join.**
447. **THE MODERATOR: David, your line**
448. **is open.**
449. **DR. MCANENY: Thank you. Good**
450. **afternoon. Thank you for the**
451. **opportunity to speak today. My name is**
452. **David McAneny. And I am the Chief**
453. **Medical Officer and practicing surgeon**
454. **at Boston Medical Center. I am here to**
455. **testify in support of BMC's proposed**
456. **inpatient expansion and will focus my**
457. **testimony on the design of this**
458. **expansion. For context, I would like to**
459. **provide a brief history of patient**
460. **volumes on our campus. Starting in**
461. **2010, BMC experienced a decrease in**
462. **inpatient volume. In 2014, in order to**
463. **be effective stewards of healthcare**
464. **resources, we submitted a plan to the**
465. **Department of Public Health to**
466. **consolidate our two inpatient pavilions**
467. **into one upgraded facility on our Neo**
468. **Campus. That proposal was approved by**
469. **DPH. The project resulted in a decrease**
470. **in our campus total approved square**
471. **footage, and licensed capacity and was**
472. **very successful in helping the hospital**
473. **meet the State's expressed goals for**
474. **cost containment and high quality care.**
475. **But our story took a bit of a turn.**
476. **Despite the investments that we made and**
477. **implemented plan, BMC's subsequently**
478. **experienced significant patient growth**
479. **and increase utilization straining our**
480. **infrastructure and resources. As**
481. **outlined in our pending DoN application,**
482. **and as my colleagues have testified**
483. **today, we currently face medical**
484. **surgical unit occupancy rates greater**
485. **than 90%. Intensive care unit occupancy**
486. **rates greater than 80%. And inpatient**
487. **operating room utilization rates that**
488. **are often above 80%. All of these**
489. **figures exceed the benchmark capacities**
490. **and have had adverse impacts on patient**
491. **care and staff vitality across the**
492. **hospital. In the Emergency Department**
493. **in particular, our lack of inpatient**
494. **space has contributed to long lengths of**
495. **stay, increase volume of boarding**
496. **patients and high numbers of patients**
497. **leaving without being seen. Our need**
498. **for additional inpatient space is**
499. **urgent. The currently proposed**
500. **inpatient expansion aimed at right**
501. **sizing our campus to satisfy the demand.**
502. **That is core, that we believe the**
503. **proposed design represents the most cost**
504. **effective approach to fulfilling our**
505. **patients needs, especially when compared**
506. **to alternatives. Specifically, our**
507. **plans prioritize the usage of existing**
508. **space and infrastructure and allow us to**
509. **add an additional 60 medical surgical**
510. **beds and ICU bed and 5 inpatient**
511. **operating rooms for small additions and**
512. **interior renovations and relocations,**
513. **rather than building from scratch. The**
514. **approach is more cost effective than the**
515. **construction of the new tower and will**
516. **permit us to meet the critical needs of**
517. **our patients. Equally important, it is**
518. **the result of possible multiyear's**
519. **strategic planning process and BMC**
520. **leadership, architectural consultants,**
521. **regulatory agencies and other agencies,**
522. **interested parties. In summary, I would**
523. **like to emphasize that our proposal**
524. **maintains the thoughtful measured**
525. **reactions of the emergency needs of our**
526. **patients in the greater Boston area**
527. **using resources in a way that maximizes**
528. **square footage and allows BMC to**
529. **maintain a standard of improving care**
530. **with using space, energy and**
531. **efficiencies and eliminating overhead**
532. **costs. For these reasons we urge the**
533. **Department of Public Health to improve**
534. **BMC's proposed DoN project. Thank you**
535. **for your time and consideration.**
536. **MR. RENAUD: Thank you, David.**
537. **Vanessa, can you please let the next**
538. **speaker in?**
539. **THE MODERATOR: We currently have**
540. **no one in queue but as a reminder, to**
541. **ask a question, please press \*1, un-mute**
542. **your phone and record your name. Thank**
543. **you.**
544. **MR. RENAUD: Thank you. We will**
545. **wait a few minutes for another speaker.**
546. **THE MODERATOR: Hello, your line**
547. **is open. You did not record your name,**
548. **but your line is open.**
549. **MS. GADEN: Thank you. This is**
550. **Nancy Gaden.**
551. **MR. RENAUD: Okay, Nancy. You can**
552. **start with your testimony.**
553. **MS. GADEN: Thank you. My name is**
554. **Nancy Gaden. I am the Senior Vice**
555. **President and the Chief Nursing Officer**
556. **of Boston Medical Center. I am here**
557. **today to testify in strong support of**
558. **BMC's proposed inpatient expansion. I**
559. **have been with BMC since 2014. And in**
560. **my time here, I have seen first-hand**
561. **significant growth and change in our**
562. **communities since our campus**
563. **consolidation efforts began almost a**
564. **decade ago. Notwithstanding the**
565. **COVID-19 pandemic, the medical center's**
566. **patients accounts have increased**
567. **requiring a hire level of inpatient care**
568. **and longer length in stays and like all**
569. **hospitals, we struggle with discharging**
570. **our patients to post-acute settings. We**
571. **have witnessed the effects that these**
572. **changes have caused throughout the**
573. **medical center expanding on our patients**
574. **waiting for beds in our Emergency**
575. **Department. Our medical surgical rates**
576. **are greater than 90%. And our ICU**
577. **occupancy rates and the inpatient OR**
578. **utilization rates are consistently**
579. **greater than 80%. There have been**
580. **significant increases in the waiting for**
581. **inpatient beds in our Emergency**
582. **Department and significant increases in**
583. **how many hours those patients wait.**
584. **Between Fiscal Year 2019 and Fiscal Year**
585. **2021, the number of adult Emergency**
586. **Department boarders at the medical**
587. **center increased by 13%. And the**
588. **average boarder hours for adult**
589. **Emergency Department patients increased**
590. **by 17%. Preliminary data for 2022**
591. **further showed that the median time from**
592. **E.D. arrival to E.D. departure for**
593. **admitted medical surgical Emergency**
594. **Department patients have grown from 7**
595. **hours in January to 12 1/2 hours in July**
596. **2022. A startling 77% increase. On**
597. **statistics capturing patients who leave**
598. **the Emergency Department without being**
599. **seen by a physician are also worrisome.**
600. **In October 2021, 1,205 patients left the**
601. **medical centers Emergency Department**
602. **without being seen. By July of 2022,**
603. **this number had increased a significant**
604. **37% to 1,645. These patients are**
605. **leaving because they do not want to**
606. **continue to wait to be seen. And a**
607. **primary reason why they're waiting is**
608. **because our E.D. is full with inpatients**
609. **waiting for bed. In my role as Chief**
610. **Nursing Officer, I experienced the real**
611. **life implications of our capacity**
612. **challenges, day in and day out.**
613. **Providers, staff, patients and family**
614. **members alike are frustrated by long**
615. **wait times and Emergency Department**
616. **boarding. Patients experience**
617. **discomfort. Family members are worried**
618. **that the wait will impact their loved**
619. **ones care, and providers and staff are**
620. **exhausted from managing the overcrowded**
621. **Emergency Department and our upset for**
622. **the patients. This is not the care that**
623. **we are committed to giving at BMC. We**
624. **thoughtfully examined and assessed where**
625. **we need to grow to be able to see our**
626. **patients. We have opened alternate**
627. **inpatient care spaces in recent years,**
628. **including our Code Yellow and COVID-19**
629. **Surge spaces to offset the high demand**
630. **that we have experienced. But these are**
631. **temporary fixes only. Continued**
632. **utilization of beds in these alternate**
633. **spaces is insufficient and unsustainable**
634. **at a long term solution to meet the**
635. **medical center's patient demand. We**
636. **need and our patients, require the**
637. **additional licensed inpatient spaces as**
638. **requested in our Determination of Need**
639. **application, to meet the needs of our**
640. **patients now and into the future. As**
641. **outlined in our DoN material, and as you**
642. **have heard through other testimony this**
643. **afternoon, our proposal is a thoughtful**
644. **and measured approach and one that is**
645. **based on data. It is designed to**
646. **address latent demand and improve E.D.**
647. **through input, as well as, hospital**
648. **operations through a conservative**
649. **approach that prioritizes our already**
650. **existing facilities. To ensure the**
651. **medical center's ability to provide high**
652. **quality patient care and accommodate all**
653. **of the patients who seek care here at**
654. **Boston Medical Center.**
655. **MR. RENAUD: Thank you, Nancy.**
656. **Vanessa, could you please let the next**
657. **speaker in?** 
     1. **THE MODERATOR: Thank you. We**
     2. **show no one else in queue.**
     3. **MR. RENAUD: Okay. We will wait a**
     4. **few minutes.**
     5. **Okay. We have not heard from a**
     6. **speaker in three minutes now. So we**
     7. **will give it to 2:45 P.M. We will give**
     8. **it five more minutes. If no one**
     9. **testifies up until that time, we will**
     10. **end the testimony.**
     11. **Hi Vanessa, can you please let me**
     12. **know if anyone is in the queue?**
     13. **THE MODERATOR: Yes. Absolutely.**
     14. **Nobody is in queue, but I can provide**
     15. **the reminder. As a reminder, please**
     16. **press \*1, un-mute your phone and record**
     17. **your name to provide your testimony.**
     18. **Thank you.**
     19. **MR. RENAUD: Okay. I am just**
     20. **going to give it a couple of more**
     21. **minutes. Thank you for your time.**
     22. **As a reminder, written comments**
     23. **will be accepted through 5:00 P.M.,**
     24. **Monday, on November 7, 2022.**
     25. **Since we did not have anyone in** 
         1. **the queue for a period of time. We are**
         2. **going to end the Public Hearing. Thank**
         3. **you to all who provided testimony. And**
         4. **as one last reminder, written comments**
         5. **will be accepted to 5:00 P.M. on Monday,**

6 November 7, 2022. Thank you. This now

7 ends the Public Hearing. 8

9 (Time Noted: 4:54 P.M.)

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1 C E R T I F I C A T I O N

2

1. **I, Jessica DiLallo, a Notary Public for**
2. **and within the State of New York, do hereby**
3. **certify:**
4. **THAT, the within transcript is a true**
5. **record of said Public Hearing.**
6. **I further certify that I am not related**
7. **either by blood or marriage to any of the**
8. **parties to this action; and that I am in no**
9. **way interested in the outcome of this matter.**
10. **IN WITNESS WHEREOF, I have hereunto set my**
11. **hand this 28th day, October, 2022. 14**

<%20235,Signature%>

15

16 Jessica DiLallo

17

18 \* \* \* \*

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