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COMMONWEALTH OF MASSACHUSETTS

5 DEPARTMENT OF PUBLIC HEALTH

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| **7** | **- - - -**  **PUBLIC** | **- - - -**  **HEARING** | **- -**  **VIA** | **- - - - - - - -**  **CONFERENCE CALL** | **-** | **-** | **-x**  **:**  **:** | |
| **8**  **9** | **RE:**  **UMASS MEMORIAL HEALTH CARE, INC.** | | | | | **:**  **:**  **:** | |  |
| **10** | **DON APPLICATION #UMMMHC-22042514-HE**  **SUBSTANTIAL CAPITAL EXPENDITURE** | | | | | **:**  **:** | |  |
| **11** | **SUBSTANTIAL CHANGE IN SERVICE**  **UMASS MEMORIAL MEDICAL CENTER** | | | | | **:**  **:** | |  |
| **12** | **55 LAKE AVE NORTH**  **WORCESTER, MA 01655** | | | | |  | |  |
| **13** | **- - - - - - - - - - - - - - - - - - -** | | | | | **- -x** | |  |
| **14**  **15** | **BEFORE:**  **Hearing Officer Elizabeth Kelley,** | | | | | **Director** | | **of** |
| **16**  **17**  **18**  **19**  **20**  **21**  **22**  **23**  **24** | **Department of Public Health**  **(All Participants Appeared by Conference Call) 6:02 p.m.**  **Tuesday, August 23, 2022**  **Jane M. Werner, Registered Merit Reporter**  **\* \* \* \*** | | | | | | | |

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1. **PROCEEDINGS**
2. **THE MODERATOR: Welcome, and thank you for**
3. **standing by. At this time, all participants are**
4. **placed in a listen-only mode. Today's call is being**
5. **recorded. If you have any objections, please**
6. **disconnect at this time. I would now like to turn**
7. **the conference over to Elizabeth Kelley.**
8. **Thank you. You may begin.**
9. **HEARING OFFICER KELLEY: Thank you very**
10. **much. Good evening. My name is Elizabeth Kelley,**
11. **and I am the Director of the Bureau of Health Care**
12. **Safety and Quality at the Massachusetts Department**
13. **of Public Health.**
14. **I'm here tonight representing the**
15. **Determination of Need Program. For clarification,**
16. **you'll hear me refer to the Determination of Need**
17. **program as the "DON program" and Department of**
18. **Public Health as "DPH."**
19. **Joining me today from the Department is my**
20. **colleague, Lucy Clarke. This hearing has been**
21. **called pursuant to an application submitted by UMass**
22. **Memorial Health Care, who we will refer to as the**
23. **"applicant" or "UMass" moving forward.**
24. **Upon receipt of the application, DON staff**
    1. **reviewed it. And after finding it to be in**
    2. **compliance with the DON statute and regulation for**
    3. **filing, assigned it a filing date of July 25, 2022.**
    4. **This DON application is for UMass Memorial**
    5. **Health Care. And the enabling statute for the DON**
    6. **program requires that any person or government**
    7. **agency intending to undertake a substantial capital**
    8. **expenditure and substantial change in service, as**
    9. **defined in the DON regulation and guidance, must**
    10. **apply for DON approval before engaging in such a**
    11. **project.**
    12. **The proposed UMass project includes the**
    13. **renovation of a six-story building adjacent to**
    14. **UMass' university campus that will contain 72**
    15. **additional medical/surgical beds, one additional CT**
    16. **unit and shelf space for future build-out, 19**
    17. **additional med/surg beds on UMass Memorial's campus,**
    18. **and other renovation projects across the Memorial**
    19. **and University campuses. The total value of the**
    20. **proposed project, based on the maximum capital**
    21. **expenditure, is $143,242,167.**
    22. **This public hearing is an effort to gather**
    23. **information and to hear the opinions of interested**
    24. **parties about the proposed project. It is not**
25. **intended to be a question-and-answer session. No**
26. **questions will be permitted.**
27. **The DON program will take all relevant**
28. **information into account in preparing its**
29. **recommendation for the Massachusetts Public Health**
30. **Council, whose decision on whether to approve the**
31. **DON for the proposed project will be made at one of**
32. **its upcoming monthly meetings.**
33. **We will accept written comments on this**
34. **application for ten days following the hearing. As**
35. **this is a virtual hearing, the logistics are**
36. **different from in-person hearings. I will review**
37. **our process for today.**
38. **We're using a moderated conference call**
39. **line, so a moderator will manage the queue for**
40. **speaking. As noted, this meeting is being recorded**
41. **and transcribed.**
42. **As indicated in the notice for the meeting,**
43. **press "Star 1" if you would like to testify. This**
44. **will put you in the queue. You will not be told**
45. **where you are in the queue, nor will you get much**
46. **notice that you're about to testify.**
47. **When it is your turn, you will be told that**
48. **you are now the speaker and will experience a short**
49. **silence and will then be a speaker. If you've muted**
50. **your phone, you may need to unmute.**
51. **Please begin by stating your name,**
52. **affiliation or town of residence, and please spell**
53. **your name. That will help our transcriber**
54. **accurately get that captured for you. Please speak**
55. **clearly, so that our transcriber can record**
56. **everything.**
57. **We ask that you limit your testimony to**
58. **approximately three minutes. If you have a written**
59. **copy of your remarks, regardless of length, please**
60. **feel free to submit it to the Department by email or**
61. **via postal service. You can email us at**
62. [**dph.don@state.ma.us,**](mailto:dph.don@state.ma.us) **and that's also available at**
63. **the** [**mass.gov**](http://www.mass.gov) **website.**
64. **If you are going to use postal mail, it**
65. **will get to us more quickly if it is sent to the**
66. **Determination of Need Program at 67 Forest Street,**
67. **Marlborough, Massachusetts 01752. Again, that**
68. **address is available on the website. Be assured**
69. **that the Department will consider all comments,**
70. **whether presented orally or in writing. Whether you**
71. **comment or not, please know that the Department**
72. **greatly values and appreciates your participation in**
73. **the DON process.**
74. **Before we open the line to the general**
75. **public, the Applicant will go first and will be**
76. **allotted four minutes to present information about**
77. **the proposed project. Two representatives of the**
78. **Applicant will speak for a total of four minutes.**
79. **I will now ask Dr. Eric Dickson, the**
80. **President of UMass Memorial Health, to talk about**
81. **the project.**
82. **DR. DICKSON: Thank you. And on behalf of**
83. **UMass Memorial Health, I would like to thank the**
84. **Department of Public Health for hosting today's**
85. **public hearing regarding our inpatient bed expansion**
86. **proposal.**
87. **My name is Eric Dickson. I'm the president**
88. **and CEO of UMass Memorial Health; but perhaps more**
89. **pertinent to today's conversation is that I've been**
90. **a practicing emergency physician at UMass Memorial**
91. **Medical Center for the better part of three decades.**
92. **UMass Memorial Medical Center is the only**
93. **tertiary medical center in central Massachusetts.**
94. **It's the only Level 1 trauma center. It's the only**
95. **Level 3 NICU. It is the only JCAHO-certified stroke**
96. **center. It is the only Level 3 liver transplant**
97. **center. The only pediatric emergency department.**
98. **The list goes on and on of the things that only**
99. **UMass Memorial Medical Center can do in central**
100. **Massachusetts.**
101. **And as the only tertiary Medical Center in**
102. **the region, it plays an absolutely vital role in**
103. **supporting all other hospitals and all of the people**
104. **in this region. All day every day, acutely ill and**
105. **injured individuals are seen at community hospitals**
106. **and transferred to the tertiary Medical Center when**
107. **they are require care beyond the capabilities of**
108. **that community hospital.**
109. **When the Medical Center can't take those**
110. **transfers, those patients are then transferred a**
111. **further distance and have a delay in their care.**
112. **And for those patients, that delay can make the**
113. **difference between life and death.**
114. **What I have witnessed over the last 30**
115. **years is degradation of our ability to take**
116. **transfers of critically ill individuals because of**
117. **our lack of inpatient beds. It's simple math for**
118. **the region.**
119. **In western Massachusetts, there's 2.28 beds**
120. **per 1,000 population. Here in central Mass.,**
121. **there's 1.9, 20 percent less. We have 15 percent**
122. **less beds than eastern Massachusetts, including the**
123. **Cape and the Islands.**
124. **The people of central Massachusetts**
125. **desperately need us to expand the inpatient capacity**
126. **at the Medical Center, and we greatly appreciate**
127. **your considering our proposal.**
128. **Now let me turn it over to Michael**
129. **Gustafson, President of UMass Memorial Medical**
130. **Center.**
131. **Dr. Gustafson.**
132. **DR. GUSTAFSON: Thanks Eric, thanks**
133. **Elizabeth, and thanks to the DPH for hosting this**
134. **call tonight.**
135. **Since I arrived at UMass Memorial four**
136. **years ago, in addition to leading the region's**
137. **Pandemic response, we've been laser-focused on**
138. **trying to find new and great ways to meet the**
139. **overall patient demand from our community.**
140. **While many of our ED and inpatient flow**
141. **interventions have been successful, our patient**
142. **volumes, acuity and need for inpatient care continue**
143. **to grow, and we simply have outstripped our ability**
144. **to keep up.**
     1. **This means our average occupancy rate for**
     2. **inpatients is consistently about 90 percent and**
     3. **frequently reaches 100 percent on both campuses.**
     4. **Our average daily census count is up 9 percent over**
     5. **just the past year. And these numbers do not**
     6. **capture our patients in alternative care spaces, our**
     7. **recovery rooms or our many ED boarders.**
     8. **As Eric said, as the only academic medical**
     9. **center and tertiary hospital for approximately 1.5**
     10. **million people in central Mass., we are the lifeline**
     11. **of this region.**
     12. **Because we are a trauma center, stroke**
     13. **center, transplant center and so many other things,**
     14. **it results in unpredictable demand for our services**
     15. **that cannot be handled at our current size and**
     16. **scale. In fact, for the 12 months ending in**

17 February of this year, the Medical Center had to

1. **decline 43 percent of all patient transfer requests**
2. **from the community due to capacity constraints.**
3. **That represents 3,500 patients in one year who**
4. **needed our care, but whom we could not accommodate.**
5. **Many of those patients had to leave the region**
6. **entirely to receive the necessary treatment.**
7. **Today's proposed project will dramatically**
   1. **improve our ability to treat those patients. It**
   2. **will expand our med/surg capacity by 91 total beds,**
   3. **including 72, as part of a renovated facility**
   4. **immediately adjacent to the University campus and 19**
   5. **within our Memorial facility.**
   6. **These plans represent the most economical**
   7. **and the fastest route to gain beds on both campuses**
   8. **and have received wide support from the community.**
   9. **This project will relieve the flow**
   10. **congestion that paralyzes our caregivers today and**
   11. **will allow us to accept patients from the region,**
   12. **and these renovations will create an enhanced**
   13. **patient and family experience, complete with private**
   14. **rooms and technology-enabled patient care.**
   15. **I'm a surgeon by training. I've also been**
   16. **a patient and I've sat with many loved ones in need**
   17. **of care. I know how our capacity constraints are**
   18. **impacting people today. I want to do better for**
   19. **them, for their families and for our caregivers.**
   20. **This project will allow us to do that.**
   21. **I humbly request that you endorse our**
   22. **proposal. Thank you very much.**
   23. **HEARING OFFICER KELLEY: Thank you, both.**
   24. **We now have public officials who have asked to**
8. **speak. We will begin with State Senator Harriette**
9. **Chandler.**
10. **SENATOR CHANDLER: I'm calling because of**
11. **the inequities that I see in the current system. We**
12. **have 20 percent fewer beds per 1,000 residents in**
13. **western Massachusetts, 15 percent fewer than eastern**
14. **Massachusetts, and substantially below the national**
15. **average.**
16. **Dr. Dickson has talked about this. I've**
17. **been in the legislature 28 years, and I voted for**
18. **the merger of UMass Memorial, so that we would not**
19. **have to take our tertiary patients elsewhere. And**
20. **at the rate we're going, because of the lack of**
21. **beds, that's exactly what's happening.**
22. **I also am concerned because we are the**
23. **second busiest emergency department in the**
24. **Commonwealth. We have a high patient acuity level.**
25. **And this is where the big crisis is most apparent.**
26. **This is a very serious burden and problem**
27. **in the ED. And we have got to straighten this out.**
28. **It is for non-psychiatric ED patients who require**
29. **admissions. They board for as much as 17 hours in**
30. **the ED, and they also board -- in the Medical**
31. **Center, they have increased by 91 percent for fiscal**
32. **year '18 to fiscal year '21.**
33. **I should mention that this part of**
34. **Massachusetts has grown substantially in the last**
35. **decade, as our regional business has just shown us.**
36. **So the need is incredibly great. We have found that**
37. **it has -- they have done everything they can at the**
38. **Medical Center to implement multiple other**
39. **strategies to ease capacity constraints, but it is**
40. **still not sufficient.**
41. **Among those who are impacted by ED delays**
42. **and transfer denials are many of the most vulnerable**
43. **residents of central Massachusetts. This is**
44. **particularly unfortunate. I must tell you that I**
45. **and my husband are both senior citizens, and we have**
46. **seen it ourselves in the emergency room, where we**
47. **have had to stay for hours on end because there are**
48. **just no beds on the floors. Just no beds. And that**
49. **is totally unacceptable.**
50. **This is a hospital that is proud of the**
51. **work it does, proud of the people that they serve,**
52. **and proud of the care that they give.**
53. **And so I would truly hope that you will**
54. **look favorably on their request for the**
55. **Determination of Need. I thank you for listening to**
56. **me. Thank you very much.**
57. **HEARING OFFICER KELLEY: Thank you, Senator**
58. **Chandler. We'll now go to State Representative**
59. **David LeBoeuf.**
60. **STATE REPRESENTATIVE LeBOEUF: Thank you**
61. **very much. I'm David LeBoeuf, State Representative**
62. **for the 17th Worcester District.**
63. **And I just want to echo my colleagues'**
64. **comments and offer my support to this effort for**
65. **expanding more capacity at UMass Memorial.**
66. **The legislature recently took up a**
67. **comprehensive mental health bill that dealt**
68. **specifically with the challenges regarding ED**
69. **boarding, because we have seen that this has been an**
70. **issue across the state. But in our region, it's**
71. **been impacted at such a different level. And this**
72. **is a real regional equity issue.**
73. **I'm sure many of you remember during the**
74. **COVID Pandemic, at the height of it, we learned**
75. **about the concept of negative beds, because of the**
76. **fact that there just wasn't enough capacity in our**
77. **entire healthcare ecosystem in the county.**
78. **We need to have more services; and**
79. **especially, we need to have more services that have**
80. **access to the types of specialized care that is only**
81. **accessible in Boston.**
82. **The majority of the patients that UMass**
83. **Memorial serves are individuals of low income; who**
84. **are on MassHealth or other types of**
85. **Government-sponsored assistance. To not have the**
86. **capacity to take these individuals really is hurting**
87. **some of the most critical neighborhoods that are**
88. **impacted by racial inequity and also the health**
89. **inequity.**
90. **I hope that the Department of Public Health**
91. **will look at this project and will recognize that**
92. **adding any more beds, especially that are treating**
93. **this to the ecosystem, is the only thing we have to**
94. **do. And any opposition to this is not based on any**
95. **medical evidence. It's based on illogical**
96. **philosophies that go against the trends that we've**
97. **seen during this crisis.**
98. **So I hope you will approve this project and**
99. **continue to make sure that every individual in this**
100. **county, regardless of ZIP Code, has access to**
101. **quality care. Thank you.**
102. **HEARING OFFICER KELLEY: Thank you,**
103. **Representative LeBoeuf.**
     1. **I'd now like to call on Dr. Mattie Castiel.**
     2. **(No response)**
     3. **HEARING OFFICER KELLEY: It looks like**
     4. **we're having a technical issue for Dr. Castiel, so**
     5. **we will come back to her.**
     6. **But I think I see Chief David Hurlbut from**
     7. **the Sterling Fire Department.**
     8. **FIRE CHIEF HURLBUT: My name is David**
     9. **Hurlbut, H-U-R-L-B-U-T, and I'm the Fire Chief in**
     10. **the Town of Sterling, and I'm also the Chairman of**
     11. **Fire District 8, which is comprised of 33 cities and**
     12. **towns in central Massachusetts, serving northern**
     13. **Worcester County. Most of these departments**
     14. **transport patients to UMass and are impacted by the**
     15. **bed shortage that is being discussed tonight.**
     16. **I wanted to take a couple minutes of your**
     17. **time to help paint a picture of what happens when**
     18. **there is no place to put our patients due to the**
     19. **lack of available beds, which also may be defined**
     20. **tonight as "holding the wall."**
     21. **When an emergency ambulance transports a**
     22. **patient, there is a reasonable expectation that upon**
     23. **our arrival, we will report to the patient intake**
     24. **desk, get them registered, and bring them to an**
104. **assigned room in the emergency room. The crew will**
105. **give the report to the nurse and transfer patient**
106. **care to the emergency room staff.**
107. **But what happens when there's no room or**
108. **bed to put our patient. This is when the crew and**
109. **the patient find a place to stage or, quote, "hold**
110. **the wall" until a bed becomes available. This**
111. **holding the call creates two issues.**
112. **The first is for the patient. As we all**
113. **know, there are many reasons the patient calls for**
114. **an ambulance, but the result is they call because**
115. **they feel they are needed to be seen by a doctor.**
116. **There are all levels of illness and injury,**
117. **but having no available beds does not discriminate**
118. **against that level. The responsibility of our crews**
119. **is to advocate for our patients as if they were the**
120. **only patient being wheeled through the ER doors.**
121. **The second issue -- and one you may not**
122. **have as much knowledge to -- is the impact on the**
123. **city or town from which that ambulance comes from**
124. **and the delay in their returning to their respective**
125. **community; a delay, no matter how slight, prevents**
126. **that ambulance from being available for the next**
127. **call. Some communities may only have one add-on,**
128. **and some communities may only have one available**
129. **crew.**
130. **Having that ambulance and crew tied up for**
131. **20, 30 or even up to 60 minutes due to bed shortages**
132. **has an impact not only on the hospital system, but**
133. **for the entire emergency services system.**
134. **UMass has worked diligently to remedy this**
135. **situation. However, due to demand and sheer patient**
136. **volumes, there is still time that holding the wall**
137. **is necessary and begins a series of events of**
138. **previous feared.**
139. **For that reason, I offer my support on**
140. **behalf of the central Mass. fire chiefs and**
141. **ambulance services and to approve the additional bed**
142. **space proposed by UMass Memorial Medical Center.**
143. **Thank you again for allowing me the**
144. **opportunity to speak before you this evening.**
145. **HEARING OFFICER KELLEY: Thank you, Chief**
146. **Hurlbut.**
147. **We have our technical issue resolved, and**
148. **we have Dr. Mattie Castiel.**
149. **DR. CASTIEL: Hello. My name is Dr. Mattie**
150. **Castiel, and I'm here today to testify in my role as**
151. **Commissioner of Health and Human Services for the**
152. **City of Worcester on the bed expansion application.**
153. **We certainly have a lack of beds here in**
154. **Worcester, which is now an equity issue for our**
155. **community. We know that patients are boarding in**
156. **the emergency room, waiting for a bed to open up,**
157. **for an average of 17 hours.**
158. **This lack of inpatient beds not only**
159. **affects the citizens of the second largest city in**
160. **New England, but it ends up affecting our entire**
161. **region.**
162. **This ratio of bed shortage per 1,000**
163. **residents is lower than that seen nationally. As**
164. **one of the most progressive states in the country,**
165. **we need to be able to have more access to beds and**
166. **eliminate this ER boarding and provide the high**
167. **quality medicine that UMass is known for.**
168. **Most concerning to me is that our bed**
169. **shortage affects the very people who need our help**
170. **most: People in low income neighborhoods, our**
171. **communities of color, those who live in housing**
172. **developments, all who can't afford to have their**
173. **care for that of a loved one transferred to Boston**
174. **at a high cost that they can't afford.**
175. **Quite frankly, I don't care which of our**
     1. **local hospitals actually build a facility to house**
     2. **these beds, whether it's St. Vincent or UMass**
     3. **Memorial. It doesn't matter. The point is an**
     4. **inpatient facility will save thousands of lives now**
     5. **and in the future.**
     6. **And since UMass memorial has put in an**
     7. **application for a Determination of Need to create a**
     8. **place for 91 inpatient beds, I'm here to say I fully**
     9. **support this application.**
     10. **I'll add that UMass Memorial stepped up**
     11. **during the COVID Pandemic and was an amazing partner**
     12. **to our department when we needed their expertise. I**
     13. **had the pleasure of co-chairing the Worcester COVID**
     14. **Board with Cheryl Lapriore from UMass Memorial and**
     15. **had many other leaders and clinicians from their**
     16. **organization join together with members of the**
     17. **community to help us get through the worst public**
     18. **health crisis that we've ever seen.**
     19. **The partnership in our community has been**
     20. **active for all and has improved healthcare outcomes**
     21. **during COVID, where without their support, I think**
     22. **we would have seen more deaths and chronic cases.**
     23. **Their support in standing our COVID**
     24. **hospital at the DCU was also an incredible asset.**
176. **It was gratifying to see how dedicated every single**
177. **member of the task force was and to be able to roll**
178. **up their sleeves and do the work needed to save as**
179. **many lives as possible. And for that, we are**
180. **indebted to them.**
181. **UMass Memorial was instrumental in getting**
182. **mobile COVID testing throughout our community. This**
183. **was a tremendous help with communities of color who**
184. **were testing higher than other communities.**
185. **Therefore, people, when found positive, could**
186. **quickly isolate. They also later were able to stand**
187. **up to the Mercantile Center in Downtown Worcester to**
188. **provide both the testing and subsequently the**
189. **vaccinations.**
190. **And most importantly, UMass Memorial gave**
191. **us their analytic experts and access to real time**
192. **data, so that we could share with a good proportion**
193. **of agencies in Worcester and communities, so that we**
194. **could bring all the resources needed to the affected**
195. **area.**
196. **UMass Memorial brought their Ronald**
197. **McDonald Care Mobile, deployed all available**
198. **services, education and outreach, so that everyone**
199. **in Worcester had access to care.**
     1. **I'm glad to see UMass Memorial asking for**
     2. **this increase in beds to provide the high level**
     3. **inpatient care that we need in this region.**
     4. **I wholeheartedly support their application**
     5. **to build up this much-needed inpatient facility and**
     6. **hope that you will take into consideration the**
     7. **Worcester community and its needs to provide**
     8. **accessible healthcare for all.**
     9. **Thank you for your consideration.**
     10. **HEARING OFFICER KELLEY: Thank you, Dr.**
     11. **Castiel. We will now open the line for speakers.**
     12. **So as a reminder, if you would like to**
     13. **testify, please press "Star 1" to get into the**
     14. **queue. And again, we're asking that you hold your**
     15. **testimony to about three minutes.**
     16. **So, Madison, do we have our first speaker?**
     17. **THE MODERATOR: Yes. Our first speaker's**
     18. **name is Sharon Henderson. Once I open up Sharon's**
     19. **line, if you're please able to spell your name.**
     20. **Thank you.**
     21. **Sharon, your line is open.**
     22. **MS. HENDERSON: Thank you. My name is**
     23. **Sharon Henderson, S-H-A-R-O-N H-E-N-D-E-R-S-O-N, and**
     24. **I'm testifying in support of UMass Memorial's**
200. **application to add 91 inpatient beds.**
201. **I've been involved in central Massachusetts**
202. **and the Worcester community for many years and in**
203. **different roles. I've been an executive leader in**
204. **the private sector with Digital Equipment**
205. **Corporation, a member of the Worcester Infant**
206. **Mortality Task Force, community and religious**
207. **organizations like the YMCA, Central Mass. Agency on**
208. **Covenant-St. Andrew's United Methodist Church. And**
209. **in all these roles I've seen firsthand the need for**
210. **healthcare in our community. Whether it be pregnant**
211. **women, children or families served by the Y, seniors**
212. **at the Aging on Aging, or members of the church**
213. **congregation, access to health is front for many.**
214. **Since the COVID Pandemic, this concern has**
215. **only grown. Community members need to be able to**
216. **access healthcare more now than ever before. Many**
217. **of our residents rely on UMass Memorial. In fact,**
218. **when it comes to the highly specialized services, we**
219. **all rely on it, because they're the only academic**
220. **Medical Center in central Mass. It is the only**
221. **local hospital with a whole host of high acuity**
222. **services as well. This includes a Level 1 trauma**
223. **center, Level 3 NICU, pediatric ICU and the highest**
224. **level of stroke and cardio care, just to name a few.**
225. **Think of it. There are six academic**
226. **medical centers in Massachusetts. The other five**
227. **are all in the Boston area. As a result, UMass**
228. **Memorial is the sole provider of many highly complex**
229. **services for patients from a huge geographic area,**
230. **but it doesn't have enough beds to meet the demand.**
231. **This region has owned 20 percent fewer beds**
232. **per capita than western Mass. and 14 percent fewer**
233. **than eastern Mass. This results in long waits for**
234. **those who need high acute care at UMass Memorial.**
235. **In a Zoom meeting every week, with about 60**
236. **or 70 communities, called "Worcester Together, we**
237. **regularly hear about the high demand for beds at**
238. **UMass Memorial and the large number of patients**
239. **waiting in the emergency department.**
240. **Worcester is a collaborative place, and I'm**
241. **happy that UMass Memorial Medical Center works with**
242. **the community organizations to promote public**
243. **health.**
244. **For example, during COVID, I worked**
245. **directly with UMass Memorial and Covenant-St.**
246. **Andrew's United Church to set up an equity vaccine**
247. **clinic to do testing and issue vaccines to many**
248. **people of color in our communities.**
249. **Worcester Together collaborative is an**
250. **outstanding gathering of community organizations**
251. **across the city, and they have dealt with the needs**
252. **of many communities as COVID struck.**
253. **But fortunately, you can do something about**
254. **this particular issue we are talking about today;**
255. **approving and improving the bed accessibility.**
256. **Although adding these 91 beds won't fully close the**
257. **gap with eastern and western Mass., it will**
258. **definitely improve their dire situation and bring**
259. **our region's residents a bit closer to equity with**
260. **their peers across the state. It would take,**
261. **really, about 300 beds to fully close the gap.**
262. **Thank you for this opportunity to speak,**
263. **and I hope you'll approve this application.**
264. **HEARING OFFICER KELLEY: Thank you very**
265. **much.**
266. **Madison, do you have our next speaker?**
267. **THE MODERATOR: Our next speaker is Justin**
268. **Precourt.**
269. **Justin, your line is open.**
270. **MR. PRECOURT: Great. Thank you. My name**
271. **is Justin Precourt, J-U-S-T-I-N P-R-E-C-O-U-R-T, and**
272. **I am testifying in support of UMass Memorial Medical**
273. **Center.**
274. **I am the Chief Nursing Executive for UMass**
275. **Memorial Health and the Chief Nursing Officer for**
276. **UMass Memorial Medical Center. I am also one of the**
277. **executive sponsors of this project, and I appreciate**
278. **all of you allowing me to speak with you tonight.**
279. **As I sit here tonight, I can't help but**
280. **think about the magnitude of this and what this**
281. **really means for central Mass. and, in particular,**
282. **Worcester.**
283. **I think about the conversations we have**
284. **each and every day with our patients who we're**
285. **caring for on hallway beds, who are waiting on**
286. **stretchers to be off-loaded by the EMTs and**
287. **paramedics in the local communities.**
288. **I think about the conversations we have**
289. **with the families who grow frustrated with the lack**
290. **of privacy for their loved ones and the delays in**
291. **their care, because we can't get them to the right**
292. **locations.**
293. **And I think about the caregivers who really**
294. **are doing their best in an environment that's not**
295. **conducive to providing their best, yet always making**
296. **sure that they do what they can to meet the needs of**
297. **our patients. And I think about this project and**
298. **the impact it will have on all of those factors, and**
299. **it really does make me quite excited.**
300. **As Dr. Gustafson noted in his opening**
301. **comments, we work diligently, really, to create more**
302. **capacity, without adding more beds, in every single**
303. **way we can think of. We look at all of the evidence**
304. **and really look across the nation to see what could**
305. **we be doing differently to create additional**
306. **capacity.**
307. **We have multiple physician and nursing**
308. **teams, whose sole focus is really eliminating**
309. **discharge barriers, and we've made a number of**
310. **operational changes to increase and improve patient**
311. **flow.**
312. **In this past year, we redesigned our**
313. **emergency department operations to really make sure**
314. **that we're maximizing every ounce of clinical space**
315. **and helping to see as many patients as we possibly**
316. **can. We've launched a successful hospital at-home**
317. **program, and we've also utilized every square foot**
318. **of the surg space we can each and every day that**
319. **it's been allowed under the state regulations during**
320. **this most current public health emergency. And the**
321. **truth of the reality is, it's just not enough.**
322. **Between fiscal year 2019 and fiscal year**
323. **2021, our hospital medical/surgical patient data has**
324. **increased by 18 percent, and our overall bed**
325. **occupancy has increased by 14 percent. We really**
326. **have continued to enhance or coordination and**
327. **collaboration with our community hospitals as well**
328. **within the UMass Memorial Health System.**
329. **Seven days a week/365 days a year, we have**
330. **a twice-a-day bed huddle with all of the hospitals**
331. **within the system to ensure that all of our open**
332. **beds are utilized for appropriate patients. By**
333. **doing this, we've been able to increase our**
334. **occupancy rate just in this past year at Marlborough**
335. **Hospital, HealthAlliance-Clinton Hospital, and**
336. **Harrington Hospital, where we've seen between 8 and**
337. **16 percent increases in their overall occupancy.**
338. **As the Chief Nursing Officer, I have the**
339. **privilege of overseeing more than 3,000 caregivers.**
340. **These caregivers are talented, loyal and really**
341. **proud of the role they serve in this community.**
342. **They take great pride in saving and improving**
343. **patient lives every single day, and they do it**
344. **compassionately, and they want to do the best they**
345. **can on behalf of their patients. This project will**
346. **continue to support their mission.**
347. **And despite the challenges that we've heard**
348. **today, we continue to have success. For eight**
349. **straight years, we've seen that likelihood to**
350. **recommend increase; while nationally, there's been a**
351. **decrease. Overall, we've seen a 16 percent increase**
352. **at the Medical Center over the last eight years; yet**
353. **nationally, on average, it has decreased by 4.8**
354. **percent. This is because the caregivers will show**
355. **up each and every day to do the best they can.**
356. **As you can hear from the testimonies**
357. **tonight, these beds are necessary for us to continue**
358. **to provide the important services to the community**
359. **in Worcester. And I appreciate you taking the time**
360. **to listen to this testimony.**
361. **Thank you.**
362. **HEARING OFFICER KELLEY: Thank you.**
363. **Madison, do you have the next speaker?**
364. **THE MODERATOR: Our next speaker is Doug**
365. **Brown. Just as a reminder, please spell your name.**
366. **Doug, your line is open.**
367. **MR. BROWN: Thank you so much. Good**
     1. **evening. My name is Doug Brown, and I'm the Chief**
     2. **Administrative Officer for UMass Memorial Health.**
     3. **Most of the testimony this evening will**
     4. **focus on healthcare. Mine will focus on health.**
     5. **The great care we provide at UMass Memorial is**
     6. **necessary to good health, but it is not sufficient.**
     7. **Healthcare contributes about 20 percent of the**
     8. **health of our patients, but most of their health is**
     9. **determined by things outside our walls. These are**
     10. **called "the social determinants of health," and the**
     11. **department has identified six as key priorities.**
     12. **These include things like housing, employment, and**
     13. **education, and I'd like to share tonight how UMass**
     14. **Memorial is addressing these priorities.**
     15. **In 2018, the UMass Memorial Board adopted**
     16. **an Anchor Mission for our organization. This is a**
     17. **fundamental re-imagining of the role we play in our**
     18. **community. It takes our nationally recognized**
     19. **community benefits program and puts it on steroids.**
     20. **It does so by leveraging all of our organizational**
     21. **assets, intellectual and financial, in order to**
     22. **address social disadvantage and pervasive**
     23. **inequality.**
     24. **We do so in three ways:**
368. **First, we reallocate 1 percent of our**
369. **investment portfolio from stocks and bonds and into**
370. **community investments.**
371. **Second, we target some of our hiring from**
372. **the most vulnerable neighborhoods in our community.**
373. **And third, we substantially increase our**
374. **purchasing from minority and women-owned businesses.**
375. **So far, we have invested over $4 million in**
376. **10 projects across central Massachusetts. These**
377. **projects all target the DON health priorities and**
378. **include a tiny home village for the chronically**
379. **homeless, an ice cream shop providing employment**
380. **opportunities to youth with developmental**
381. **disabilities, and affordable commercial units for**
382. **minority-owned businesses to counter the effects of**
383. **gentrification.**
384. **We hired 20 individuals last year from the**
385. **most vulnerable neighborhoods in our community; and**
386. **this year, we will exceed 30. We have pledged to**
387. **triple our purchases in minority and women-owned**
388. **businesses over the next five years. And when we**
389. **acquired Harrington Hospital last year, we built the**
390. **same anchor mission requirements into the agreement.**
391. **We cannot do this work alone. And we are**
     1. **partnering with numerous community groups. But this**
     2. **anchor approach will help us make good choices with**
     3. **our community partners on how to best to invest the**
     4. **community investment funds that are acquired from**
     5. **this project.**
     6. **COVID laid bare the brutal inequities that**
     7. **continue to exist in society, and this has enormous**
     8. **implications on our health. COVID also uncovered**
     9. **the woeful under-investment in our public health**
     10. **system.**
     11. **Hospitals around the country, including**
     12. **UMass Memorial, stepped up in heroic ways to fill**
     13. **that void, and we must continue to do so.**
     14. **Our UMass Memorial caregivers work**
     15. **tirelessly to provide outstanding care to our**
     16. **community, and approval of this project will allow**
     17. **us to improve our ability to do so. But please know**
     18. **that we are equally tireless in using all of our**
     19. **resources to get outside our walls to create a more**
     20. **just society. We see that as inherent in our**
     21. **mission.**
     22. **Thank you very much.**
     23. **HEARING OFFICER KELLEY: Thank you.**
     24. **Madison, do we have our next speaker?**

1

2 Jackson.

3

4

THE MODERATOR: Our next speaker is Carolyn

Carolyn, your line is open.

MS. JACKSON: Thank you. Good evening. My

1. **name is Carolyn Jackson, C-A-R-O-L-Y-N**
2. **J-A-C-K-S-O-N.**
3. **I am the chief executive officer of St.**
4. **Vincent Hospital in Worcester and the representative**
5. **of the St. Vincent Hospital Ten Taxpayer Group,**
6. **which is registered as a party of record.**
7. **The Department should not approve the**
8. **proposed project for three primary reasons, all of**
9. **which were more fully explained in our previously**
10. **submitted written comment to DPH, which are**
11. **currently posed on the DON website.**
12. **One, there is no need for the project,**
13. **because the greater Worcester region is already well**
14. **served by existing high-quality, low-cost providers**
15. **with enough unused capacity to total or even exceed**
16. **the 91 requested med/surg beds.**
17. **Two, the project is counter to the**
18. **Commonwealth's goal for cost containment and, in**
19. **fact, if DPH approves the project, healthcare cost**
20. **and spending will needlessly increase.**
    1. **And three, better and less expensive**
    2. **alternatives exist to improve the public health**
    3. **outcomes identified in the application. I will**
    4. **address each of these three points separately.**
    5. **Need. There is no community need for**
    6. **UMass' proposed 91 new beds. St. Vincent Hospital,**
    7. **also a tertiary hospital, located just .6 miles from**
    8. **UMass Memorial and 1.9 miles from UMass University,**
    9. **has 63 available med/surg beds today that can be**
    10. **open without construction or capital outlay.**
    11. **In fact, St. Vincent is beginning to open**
    12. **those beds now to help with the need that UMass has**
    13. **identified. St. Vincent is capable of treating and**
    14. **does currently treat 100 percent of the types of**
    15. **patients that UMass anticipates treating in the**
    16. **proposed new beds.**
    17. **Additionally, UMass's own affiliate**
    18. **hospitals -- Clinton, Marlborough and Harrington --**
    19. **have available capacity today.**
    20. **In addition, if UMass redirected a fraction**
    21. **of the proposed funding for the new beds toward**
    22. **reducing its excessive observed to expected length**
    23. **of stay, it could create its own additional bed**
    24. **capacity without any construction.**
        1. **UMass is ranked in the third quartile for**
        2. **large academic medical centers nationwide, with an**
        3. **observed to expected length of stay of 1.27, which**
        4. **means patients stay an average of 27 percent longer**
        5. **at UMass than they should.**
        6. **If UMass were able to improve its**
        7. **operations to equal the average of the national**
        8. **second quartile, it would effectively create 64 new**
        9. **beds without swinging a hammer or spending any**
        10. **capital dollars.**
        11. **Through existing market capacity and**
        12. **operational improvements at UMass, central**
        13. **Massachusetts could easily add many more than 91**
        14. **additional med/surg beds.**
        15. **Cost containment. As an initial matter, we**
        16. **want to express our disappointment that DPH failed**
        17. **to require an independent cost analysis. We raised**
        18. **very serious objective concerns about the project**
        19. **being antithetical to DPH's goals for healthcare**
        20. **cost containment.**
        21. **DPH should have obtained an independent,**
        22. **objective and complete analysis of the project to**
        23. **measure the cost increase it will cause. We were**
        24. **surprised by DPH's decision, as each time a TPG has**
21. **requested an independent cost analysis in connection**
22. **with a substantial capital expenditure, DPH has**
23. **agreed that the applicant should undergo an ICA. We**
24. **implore DPH to reconsider.**
25. **As detailed in our written comments, the**
26. **project will increase healthcare cost to patients,**
27. **payers, employers and the Commonwealth and will**
28. **counteract DPH's cost containment goals.**
29. **UMass is the highest cost provider in the**
30. **region. For commercial payers, UMass is reimbursed**
31. **9 percent higher than the Massachusetts average and**
32. **14 percent higher than St. Vincent.**
33. **UMass' affiliate hospitals are also lower**
34. **cost providers; but rather than add specialists to**
35. **enable more patients to be cared for at those**
36. **hospitals, UMass requires the transfer of patients**
37. **from the lower cost affiliates to the higher cost**
38. **Memorial and University campuses.**
39. **Further, UMass' cost structure and**
40. **operational inefficiencies promote wasteful**
41. **spending. The proposed new beds have an operating**
42. **cost of $1.3 million per bed per year, which far**
43. **exceeds the natural average of 600,000, the**
44. **Massachusetts average of 950,000, and the St.**
45. **Vincent's cost of 880,000.**
46. **The high cost of the proposed new beds is**
47. **due, in part, to the infrastructure of a large**
48. **academic medical center, as well as the added cost**
49. **of a proposed 72-bed tower, which needlessly**
50. **duplicates infrastructure and ancillary services,**
51. **given that it is not physically connected to any**
52. **existing UMass hospital.**
53. **Additionally, UMass already has 51 percent**
54. **market share in the region. So approving an**
55. **expansion, especially when coupled with the proposed**
56. **addition of Heywood and Athol Hospitals, would**
57. **further increase UMass' near monopolistic pricing**
58. **power, potentially weakening the financial viability**
59. **of local lower cost hospitals. This is not an**
60. **acceptable outcome and is not consistent with DPH's**
61. **regulations or the purpose of the DON program.**
62. **Improve public health outcome. The project**
63. **will not improve public health outcome in the manner**
64. **UMass promotes, but the alternative outlined will**
65. **actually better improve health outcome. ED boarding**
66. **could be immediately addressed by utilizing**
67. **available beds at St. Vincent and UMass affiliate**
68. **hospitals. Together, these resources provide more**
69. **than adequate capacity to meet the needs described**
70. **by UMass and do so in a matter that promotes cost**
71. **containment, while keeping patients in their own**
72. **communities.**
73. **Additionally, reducing length of stay at**
74. **the UMass University and Memorial campuses will do**
75. **more to reduce patient falls and pressure ulcers**
76. **than adding more beds will.**
77. **In conclusion, patients in the greater**
78. **Worcester region deserve high quality and timely**
79. **care in their community at the lowest possible cost.**
80. **The project will not deliver this. Instead, the**
81. **project will create 91 new beds at a cost that is**
82. **much greater than the cost of care that could be**
83. **provided by using existing high quality, lower cost**
84. **providers with unused capacity.**
85. **There is no need for the 91 new beds.**
86. **There is no need to increase healthcare spending in**
87. **the region. There is no need to jeopardize the**
88. **ability of lower cost providers to continue to**
89. **operate, leaving the highest cost provider as the**
90. **only alternative.**
91. **Operational improvements, more efficient**
92. **and appropriate use of UMass' affiliate hospitals**
93. **and utilization of current market capacity would**
94. **more easily solve the problems and at a lower cost**
95. **than the project claims to solve.**
96. **Until all of the beds in central**
97. **Massachusetts are open and reach a certain critical**
98. **occupancy and until UMass is able to improve its**
99. **excessive observed to expected length of stay, no**
100. **bed expansion should be approved.**
101. **We appreciate the opportunity to present to**
102. **DPH tonight and appreciate DPH's close review of the**
103. **proposed project and our previously provided written**
104. **comments.**
105. **Thank you.**
106. **HEARING OFFICER KELLEY: Thank you.**
107. **Madison, do we have our next speaker?**
108. **THE MODERATOR: Yes, we do. Our next**
109. **speaker is David McManus.**
110. **David, your line is open.**
111. **MR. McMANUS: Good evening. This is David**
112. **McManus, D-A-V-I-D M-C-M-A-N-U-S, and I'm testifying**
113. **on behalf of UMass Memorial Medical Center.**
114. **I'm the Chair of Medicine at UMass Memorial**
115. **and one of the executive sponsors of the proposed**
116. **project. I would add that I'm also a resident of**
117. **Holden.**

2

In my role, I see the impact of our

1. **capacity challenges on a daily basis. It frustrates**
2. **all involved; providers, patients, loved ones, and**
3. **everyone in between. I would like to share a recent**
4. **example from one of my patients.**
5. **Mr. C, a patient from Holden, was**
6. **hospitalized while on vacation. He was given a**
7. **diagnosis of a previously undiagnosed heart rhythm**
8. **problem and was frightened by this diagnosis and**
9. **reached out, as I had cared for him for years.**
10. **He contacted my office from the ED. We**
11. **spoke, and he requested to be treated at UMass,**
12. **given our expertise in heart care. Given the 70**
13. **patients that were waiting for beds in our emergency**
14. **room, my patient could not be cared for by me or by**
15. **his preferred health team at his hospital.**
16. **He sat alone and without the specialty care**
17. **that he needed in this outside emergency department.**
18. **And unfortunately, stories like this one abound. It**
19. **is the most frustrating thing in the world to be**
20. **unable to care for patients from the region --**
21. **including my neighbors, my friends and my family --**
22. **owing to a lack of acute care beds.**
    1. **Rather than continuing to focus on how**
    2. **frustrating this problem is and the truth of this**
    3. **challenge, I'm focused on the solution that's been**
    4. **presented to the DPH and is before us. I thought**
    5. **I'd talk a little bit more about how the clinical**
    6. **operations in the setting would work if we are**
    7. **fortunate enough to receive approval for the**
    8. **project.**
    9. **The additional 19 beds on our Memorial**
    10. **campus will be created simply by renovating an**
    11. **existing space into inpatient clinical use. These**
    12. **will be what are called "med/surg beds" and be**
    13. **seamlessly integrated into our Memorial campus.**
    14. **With respect to the 72 inpatient private**
    15. **beds that are proposed on the University campus,**
    16. **these are being created by and for patients and**
    17. **their families. And we've engaged patients in the**
    18. **design process.**
    19. **Each room will have a separate family**
    20. **sitting area, which will allow the family to**
    21. **participate in rounds with the clinical teams. And**
    22. **as you've heard from Dr. Gustafson, you've heard the**
    23. **technology and forward-thinking design in patients'**
    24. **rooms will afford us an opportunity to review test**
23. **results, scans and notes, thereby providing**
24. **efficient patient-centered care at the point of**
25. **care.**
26. **We view the proposed beds at the adjacent**
27. **property as an extension of our University campus.**
28. **In fact, we will contact our pneumatic tube system**
29. **to the facility to allow for seamless delivery of**
30. **medications, laboratory samples and blood products.**
31. **The clinical leadership team in the**
32. **building will be extensions of those teams at the**
33. **University campus, and we've used a very thoughtful**
34. **process evaluating existing data from our census to**
35. **identify common patient conditions and types that**
36. **can be safely cared for in this setting.**
37. **I would add that we have experience doing**
38. **this from when we had to step forward to design the**
39. **DCU center the first time, second time and the**
40. **hospital at-home program that's been mentioned.**
41. **Through improved access to inpatient**
42. **services, we anticipate that emergency department**
43. **throughput will improve and as a result, length of**
44. **stay, ED crowding and boarding.**
45. **With improvements to crowding, patients**
46. **will be able to also receive better and more timely**
47. **care, reducing the numbers of patients who leave**
48. **without being seen, while also improving patient**
49. **satisfaction and health.**
50. **I'm eager to be part of the solution that**
51. **will provide patients across central Massachusetts**
52. **from my hometown with the care they deserve.**
53. **I humbly request your support for the**
54. **project, and thank you for the opportunity to speak**
55. **on behalf of my patients and my community. Thank**
56. **you.**
57. **HEARING OFFICER KELLEY: Thank you.**
58. **Madison, do we have our next speaker?**
59. **THE MODERATOR: We do. Our next speaker is**
60. **Tina Dixson.**
61. **Tina, your line is open.**
62. **MS. DIXSON: Good evening. My name is Tina**
63. **Dixson, D-I-X-S-O-N. I'm the Executive Director of**
64. **Central Mass EMS, the Region 2 EMS Council. Thank**
65. **you for allowing me to speak.**
66. **Our organization aids the Department of**
67. **Public Health in a cooperative effort to coordinate,**
68. **maintain and improve the EMS system throughout**
69. **central Mass. We offer EMS system planning,**
70. **educational and technical assistance to the 76**
71. **communities we represent.**
72. **One positive thing we've gained through the**
73. **COVID Pandemic is that it brought our region and our**
74. **statewide EMS services closer than before. We**
75. **achieved better coordination and collaboration.**
76. **Throughout COVID, though, our statewide in**
77. **surgeons' calls revealed that whether the virus was**
78. **in a lull or fully surging, Region 2 always had the**
79. **least bed availability of any other region in the**
80. **state. COVID exacerbated it, but our hospitals and,**
81. **in turn, EMS has been struggling with a bed shortage**
82. **for years now.**
83. **When UMass specifically is overcapacity and**
84. **cannot accept transfers, as often happens, EMS**
85. **personnel is forced to transfer patients further**
86. **away for definitive care, often out of the region or**
87. **out of state.**
88. **Over the last two years, units especially**
89. **in northern Worcester County that would normally**
90. **transfer to UMass have doubled or tripled some of**
91. **their transfer times. This dramatically reduces**
92. **ambulance availability in the region; not to mention**
93. **the impacts to patients and their families.**
94. **Likewise, when UMass is facing capacity**
    1. **constraints, EMS crews are forced to hold the wall,**
    2. **as you've already heard, meaning that they have to**
    3. **wait with their patients in the emergency department**
    4. **for an extended period of time and can't transfer**
    5. **care until there is a space in the ED for the**
    6. **patients. Those spaces don't open up until a bed**
    7. **upstairs become available to have a patient**
    8. **admitted.**
    9. **Holding the wall creates a negative ripple**
    10. **effect throughout the entire region. Hospital**
    11. **capacity directly affects the EMS system. There's a**
    12. **real-life scenario that happens often. Worcester**
    13. **EMS has multiple transports going to UMass. They**
    14. **end up holding the wall of the transfer of care.**
    15. **Now they must call mutual aid to cover 911 calls**
    16. **that come in while those crews are delayed. The**
    17. **next town over is called, and they may only have one**
    18. **crew available. They respond, but then end up**
    19. **needing mutual aid to cover their next 911 call.**
    20. **This actually back-to-back call happens quite often;**
    21. **even in towns that aren't traditionally busy.**
    22. **If a private ambulance service responds to**
    23. **cover these 911 calls, that often brings the crews**
    24. **off of a transfer or delays them on a transfer to**
95. **discharge a patient.**
96. **Now the charge transfer is late, and the ED**
97. **can't send a patient to the bed upstairs because it**
98. **hasn't opened up yet, and the ED backs up further.**
99. **It's a vicious cycle that really needs to stop.**
100. **This is not about hospital competition or**
101. **diverting ambulance traffic away from other**
102. **facilities.**
103. **The reality is that nearly twice as many**
104. **patients go to UMass by ambulance from the next**
105. **busiest hospital in our region, due to the level of**
106. **care needed or patient choice. Expansion of bed**
107. **capacity in our region will positively impact every**
108. **community in central Mass.**
109. **Thank you for your time.**
110. **HEARING OFFICER KELLEY: Thank you.**
111. **Madison, do we have another speaker?**
112. **THE MODERATOR: Our next speaker is Anthony**
113. **Izzo.**
114. **Anthony, your line is open.**
115. **MR. ANTHONY: Hi there. My name is Anthony**
116. **Izzo, A-N-T-H-O-N-Y I-Z-Z-O. I'm the president of**
117. **the medical staff at St. Vincent Hospital.**
118. **It's been brought up already a couple of**
     1. **times on this call that sometimes patients have to**
     2. **be transferred out of our region to Boston. And**
     3. **transfers to Boston obviously increase cost of care**
     4. **for patients.**
     5. **Cost of care at the University campus, even**
     6. **compared to UMass' own satellite campuses, has**
     7. **already increased. Extra beds at University campus**
     8. **will lead to higher cost of care for the people of**
     9. **central Massachusetts.**
     10. **St. Vincent, where I work, already offers**
     11. **lower procedures in the UMass service area and has**
     12. **the capacity, as Carolyn Jackson, mentioned to house**
     13. **more patients.**
     14. **One thing that I feel is important is**
     15. **fairness and that we all are held to the same**
     16. **standard in healthcare, especially. Last year, DPH**
     17. **mandated an independent cost analysis for MGB's**
     18. **Woburn, Westborough and expansion proposal.**
     19. **Since it does not seem that the UMMMC**
     20. **expansion will help lower healthcare cost in central**
     21. **Massachusetts, I feel that a similar analysis is in**
     22. **order to help verify UMass' claims that patients**
     23. **will benefit by the expansion.**
     24. **Thank you.**

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4 Muhr.

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HEARING OFFICER KELLEY: Thank you.

Madison, do we have another speaker? THE MODERATOR: Our next speaker is Rick

Rick, your line is open.

MR. MUHR: Thank you very much. My name is

1. **Rick Muhr, R-I-C-K M-U-H-R.**
2. **Good evening and thank you for allowing me**
3. **to speak tonight. I'm a resident of Grafton,**
4. **Massachusetts, and I'm able to speak to you tonight**
5. **because of the quality of care that I received at**
6. **UMass Memorial.**
7. **Last October, I set out for a long bike**
8. **ride on a quiet Sunday morning, as I've done my**
9. **entire life, when I was accidentally struck by a**
10. **vehicle. I suffered a collapsed lung, broken**
11. **clavicle, ten broken ribs, a shattered shoulder,**
12. **four compression fractures, left shoulder**
13. **dislocation, left humerus fracture and lots of cuts**
14. **and abrasions.**
15. **After having several surgeries, I spent**
16. **weeks at UMass Memorial Medical Center, more time**
17. **than I ever imagined spending there, to say the**
18. **least. I certainly got to know the place well and**
19. **the staff.**
20. **They were absolutely meticulous and**
21. **determined to put me back together. So meticulous,**
22. **that they discovered a heterogeneous lesion on my**
23. **right kidney, which turned out to be cancer.**
24. **Today, just ten months later, I feel like**
25. **I'm in better shape than I was before the accident,**
26. **something that was unfathomable the days and weeks**
27. **and months following my accident.**
28. **I'm back to exercising. I turned 64 on**

11 July 30th and was able to ride 66 miles on my bike.

1. **And on my one-year anniversary from the accident, my**
2. **plan is to complete 100 miles on my bike. I'm**
3. **cancer-free, and I'm living the life that I've**
4. **always loved.**
5. **I don't deserve much credit for my**
6. **recovery. The people that cared for me deserve**
7. **most, if not all, of the credit. Those people**
8. **showed up, and they did so much more than their job.**
9. **Every day they lifted my spirit when I was at the**
10. **lowest point in my life. And they weren't just**
11. **nurses, doctors and personal care assistants. They**
12. **were people that came in my room. They emptied my**
13. **trash can, they came in and boosted me when I slid**
14. **down in my bed, which seemed to be 20 or 30 times a**
15. **day. They were people who would bring me a popsicle**
16. **at 2:00 in the morning when I was totally**
17. **dehydrated. Those people, to me, are the true**
18. **heroes. I am where I am today because of them.**
19. **When I go out for a bike ride or run, every**
20. **time, I think about those people and the impact that**
21. **they've had on my life. The amount and quality of**
22. **care that I received was certainly beyond my**
23. **expectation and well beyond my imagination.**
24. **To me, it's been a complete honor to be**
25. **treated at UMass. They will be a part of my life**
26. **forever, because they restored the hope and faith**
27. **that I desperately needed throughout my stay there.**
28. **During my time at UMass, I witnessed**
29. **firsthand how busy they are, how constrained the**
30. **work space is, and how darn hard they work. Please**
31. **afford them the opportunity to improve other**
32. **people's lives just as they did mine by approving**
33. **this proposed project.**
34. **Thank you so much for your consideration.**
35. **HEARING OFFICER KELLEY: Thank you.**
36. **Madison, do we have another speaker?**
37. **THE MODERATOR: Our next speaker is Janet**

1 Cutman.

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3

Janet, your line is open.

MS. CUTMAN: Good evening. My name is

1. **Janet Cutman, spelled J-A-N-E-T C-U-M-H-A-M. I'm a**
2. **retired professional and a 44-year resident of the**
3. **City of Worcester.**
4. **I've been seen at UMass Memorial on**
5. **multiple occasions, including multiple**
6. **hospitalizations over the last 15 years. I've**
7. **always liked and appreciated the care I've received**
8. **at UMass. My primary care doctor and my numerous**
9. **specialists are all connected to the UMass system.**
10. **I regularly have to see my primary, my**
11. **oncologist, my renal specialist, my neurologist, my**
12. **heart specialist, my urologist and my**
13. **endocrinologist.**
14. **I feel fortunate to live so close to my**
15. **high quality care. However, when my breast cancer**
16. **metastasized to my spine in December, I had to have**
17. **urgent major neurosurgery, which led to a nine-day**
18. **hospitalization and, I might add, an additional nine**
19. **days in the rehab center. I can't imagine having**
20. **that surgery anywhere else. I had an awesome**
21. **surgeon, I had a remarkable surgery experience, and**
22. **now I get to appreciate a full recovery of function.**
23. **For me, going to another hospital because**
24. **UMass was at capacity, it just wasn't an option.**
25. **UMass is where I get my care. UMass is where I see**
26. **specialists that I can't find anywhere else in**
27. **central Mass. Most of the time, I have specialists**
28. **who work as a team, which is absolutely essential**
29. **when you have serious medical conditions such as I**
30. **do.**
31. **I need coordinated care within a system**
32. **where I am comfortable with all of my physicians and**
33. **I am comfortable that they can and do work together.**
34. **I anticipate there will be a time when my**
35. **health will deteriorate. When -- and I want to say,**
36. **or if that happens, I want my care where I'm most**
37. **comfortable and closest to those medical**
38. **professionals that know me best; and that is UMass.**
39. **Please ensure there's a bed for me by**
40. **approving this project.**
41. **Thank you for considering my reasons and my**
42. **opinions as you assess this request for additional**
43. **beds within the UMass Memorial system. Thank you.**
44. **HEARING OFFICER KELLEY: Thank you.**
45. **Massachusetts Commission Against Discrimination, do**
46. **we have another speaker?**
47. **THE MODERATOR: Our next speaker is Mari**
48. **Gonzalez.**
49. **Mari, your line is open.**
50. **MS. GONZALEZ: Good evening. My name is**
51. **Mari Gonzalez. It's M-A-R-I. Last name is**
52. **G-O-N-Z-A-L-E-Z.**
53. **So I am the Executive Director of the El**
54. **Buen Samaritano Food Program, an organization that**
55. **has been serving the Worcester community for the**
56. **last three decades.**
57. **And we are a team of volunteers that**
58. **distributes food from the Worcester County Food**
59. **Bank. We actually, in addition, provide resources,**
60. **health resources, clothing, furniture, and all types**
61. **of resources that a community needs.**
62. **I'm testifying here to support the UMass**
63. **Memorial Medical Center's plan to add 91 inpatient**
64. **beds. And I hope that the DPH approves this**
65. **application.**
66. **Worcester is a growing city; we all know**
67. **that. And its residents' needs for healthcare**
68. **services has grown along with it. Many Worcester**
69. **residents rely upon UMass Memorial, as for me and my**
70. **family, for their inpatient care; especially for the**
71. **highly specialized services that no other hospital**
72. **in central Mass. provides.**
73. **In my role at El Buen Samaritano, I have**
74. **seen that UMass Memorial has been very active in**
75. **engaging the Worcester community and that partners**
76. **with organizations like ours to improve community**
77. **health, and it's wonderful to have that for the**
78. **backup.**
79. **We appreciate the type of partnerships with**
80. **the Medical Center, but we simply do not have enough**
81. **beds to provide timely access for people who need**
82. **inpatient care. No amount of community partnership**
83. **can fix that.**
84. **UMass Memorial has one of the busiest**
85. **emergency rooms in the state, and it serves a**
86. **diverse population, including many patients who lack**
87. **economic resources, like the clients that we serve**
88. **at El Buen Samaritano. And I'm seeing 800**
89. **households monthly at the organization that I serve.**
90. **But because of the inpatient bed shortage,**
91. **many ER patients have to wait for hours and hours on**
92. **end. In fact, an ER patient who is admitted to the**
93. **hospital spends an average of 17 hours waiting for a**
94. **bed. And I know that for a fact because that**
95. **happened to me with me and my foster daughter.**
96. **This is because central Mass. has fewer**
97. **hospital beds per person than both eastern and**
98. **western Mass. I believe residents of Worcester and**
99. **central Mass. deserve the same timely access to**
100. **healthcare when any emergency strikes. Worcester**
101. **should not take that back seat to Boston or anyplace**
102. **else.**
103. **Approving this application to add beds will**
104. **promote health equity and it will promote regional**
105. **equity. It's important for you to consider that**
106. **those two things are exactly what the state**
107. **legislators had in mind 25 years ago when it**
108. **mandated by law that UMass Memorial should provide**
109. **highly specialized clinical services not provided by**
110. **anyone else in central Mass.**
111. **Adding the 91 new beds will truly help**
112. **improve the situation, and we really have to do**
113. **better. Our community is growing and we need your**
114. **help.**
115. **So thank you for your time. And I hope you**
116. **approve this application. Thank you.**
117. **HEARING OFFICER KELLEY: Thank you.**
118. **Madison, do we have another speaker?**
119. **THE MODERATOR: Our next speaker is**
120. **Kathleen Buchanan.**
121. **Kathleen, your line is open.**
122. **MS. BUCHANAN: Good evening. I am a**
123. **longtime patient of UMass Memorial from Princeton,**
124. **Mass. And my name is spelled K-A-T-H-L-E-E-N**
125. **B-U-C-H-A-N-A-N.**
126. **I have utilized UMass Memorial for a number**
127. **of treatments over the years, including three major**
128. **surgeries. My husband has also utilized UMass as**
129. **well for two cardiac procedures, and we both have**
130. **utilized the ER on a number of occasions.**
131. **In March of 2022, I was sent to the ER at**
132. **University by my family doctor. He wanted me to**
133. **have a complete cardiac workup due to a spell that I**
134. **had had earlier that day.**
135. **The ER was responsive and thorough. They**
136. **admitted me for further testing the next day. But**
137. **due to the lack of beds on the cardiac floor, they**
138. **put me on a unit that had eight or ten patient beds**
139. **and three or four nurses. It had one shared patient**
140. **bathroom. Clearly, not what I was hoping for or**
141. **expecting.**
     1. **While I received good patient care and the**
     2. **staff was tentative and caring, it was not conducive**
     3. **to healing. They needed to open up a bed in the ER**
     4. **at the same time, because they had no open beds**
     5. **upstairs for me.**
     6. **In the end, I received great care, as I**
     7. **always do at UMass. If you were to ask ten people**
     8. **in central Massachusetts where they want to go if**
     9. **they need to be hospitalized, nine of them will tell**
     10. **you "UMass Memorial." My husband and I are no**
     11. **different.**
     12. **UMass Memorial has our doctors and our**
     13. **records. And we are familiar with their routine.**
     14. **And most of all, we trust them. It is clearly the**
     15. **best place to get care in central Massachusetts.**
     16. **The only problem is that people in central**
     17. **Mass. can also tell you how busy UMass is and that**
     18. **the wait times can be quite lengthy.**
     19. **The caregivers are great, but they cannot**
     20. **do their jobs effectively if they do not have the**
     21. **facility they need to help people heal. Using**
     22. **overflow units created for a Pandemic is not**
     23. **conducive to good medicine or to sound operation of**
     24. **a regional medical center.**
         1. **Adding permanent state-of-the-art patient**
         2. **rooms to increase the capacity alleviates pressure**
         3. **on the ER, which allows those who need care to get**
         4. **it in a timely manner.**
         5. **Like many others, I feel better knowing**
         6. **that UMass Memorial is ready to care for me should I**
         7. **need their assistance, especially in an emergency.**
         8. **I just want there to be space.**
         9. **Please pass this proposed project. It is**
         10. **truly necessary. And I thank you for your time and**
         11. **consideration of this project.**
         12. **HEARING OFFICER KELLEY: Thank you.**
         13. **Madison, do we have another speaker?**
         14. **THE MODERATOR: Our next speaker is Kavita**
         15. **Babu.**
         16. **Kavita, your line is open.**
         17. **DR. BABU: Hi there. Good evening**
         18. **everyone, and thank you for the opportunity. My**
         19. **name Kavita Babu. K-A-V-I-T-A, and my last name is**
         20. **B-A-B-U. And I am an emergency physician at UMass**
         21. **Memorial Medical Center.**
         22. **I'd like to say thank you to our patients**
         23. **and our community partners for sharing the powerful**
         24. **testimony. As an emergency physician who has been**
142. **practicing at UMass for the past ten years, you've**
143. **all highlighted critical need, and I am here to**
144. **testify in support of the proposed project.**
145. **So you will hear and have heard tonight**
146. **about the reasons that the beds in central**
147. **Massachusetts are critical with respect to long wait**
148. **times, high order statistics, and the alarming rate**
149. **of transfer declines. And you will also hear about**
150. **the innovative and endless ways in which my**
151. **colleagues have really tried to maximize all**
152. **available space and all available resources to**
153. **improve the situation without adding beds.**
154. **I'm here to tell you a little bit about the**
155. **challenges as they impact our community, but also as**
156. **someone who has been on the ground, helping caring**
157. **for patients, again, during the Pandemic. And I've**
158. **never seen a time where our patients have had to**
159. **wait longer or have been sicker.**
160. **I respectfully ask you to think about the**
161. **people that you treasure. And when they reach out**
162. **to you saying that they have an illness or an injury**
163. **and they come to us for emergency care, you may find**
164. **that the hospital is so crowded, that they face a**
165. **wait of 12 hours before they even see a provider; or**
166. **that once they're seen, they're actually seen in a**
167. **hallway.**
168. **When you consider all of the boarding**
169. **statistics, I'll tell you what boarding looks like**
170. **to me. It looks like an elderly woman on a**
171. **stretcher at hour 16 who is trying to get**
172. **comfortable or who hasn't gotten any sleep in the**
173. **bright lights and chaotic hallways where they're**
174. **waiting and knowing that she has a counterpart**
175. **that's sitting in a chair in our waiting room.**
176. **No one on the emergency staff wants any of**
177. **our patients to wait. And this burdens us all.**
178. **Please understand that the sickest people and those**
179. **with life-threatening situations are seen first, and**
180. **they're seen fast. In fact, our teams have worked**
181. **hard to create processes that make sure that that's**
182. **true. But our patients who don't present with life-**
183. **or limb-threatening illnesses deserve accessible and**
184. **timely care, too.**
185. **I worry about our patients. As a resident**
186. **of this community -- I live in Shrewsbury -- I worry**
187. **about my family and how boarding and the lack of**
188. **capacity could impact their care, impact their**
189. **waits. But what I don't worry about is the quality**
190. **of care that they'll receive once they're in front**
191. **of a provider.**
192. **Outside of the emergency department, I**
193. **serve another role. I am the Director of the Mobile**
194. **Addiction Service that serves patients in Worcester**
195. **who are experiencing homelessness and who also have**
196. **substance abuse disorders. This project is funded**
197. **by Massachusetts DPH.**
198. **In the 16 months that we've been seeing**
199. **patients, we've had over 2,000 encounters. We have**
200. **people living in central Massachusetts today safely**
201. **in sobriety because we met them where they were.**
202. **The problem, though, is that sometimes**
203. **these individuals need more than a mobile service**
204. **can offer, and that requires a trip to the hospital.**
205. **But if when they get to the emergency department, it**
206. **takes 15 hours to be seen or they're boarded in a**
207. **hallway waiting for a bed, the odds dramatically**
208. **increase that they will leave before their treatment**
209. **is completed and will lose the immediate opportunity**
210. **for their care. We may never get that chance back.**
211. **I love caring for our patients in the**
212. **emergency department. I love caring for our**
213. **community. I expect better access, though, for the**
214. **families when they need care. And I am hopeful that**
215. **by the end of the night, not only will it be**
216. **apparent that this proposal should pass, but it has**
217. **to pass quickly, because we needed these beds even**
218. **before this.**
219. **Thank you so much. Thank you for your**
220. **help, and I hope you approve this proposal.**
221. **HEARING OFFICER KELLEY: Thank you.**
222. **Madison, do we have another speaker?**
223. **THE MODERATOR: Our next speaker is Arvin**
224. **Garg.**
225. **MR. GARG: Hi. Thank you. My name is Dr.**
226. **Arvin Garg, A-R-V-I-N G-A-R-G, and I'm a**
227. **pediatrician at UMass Memorial Medical Center, as**
228. **well as Associate Chief Audit officer for Health**
229. **Equity for the UMass Memorial Health System.**
230. **I'm here today to testify on behalf of the**
231. **Medical Center in my role as the leader and champion**
232. **to improve health equity for our health system, for**
233. **our region, for our state; and most importantly, for**
234. **the vulnerable population that don't have access to**
235. **the healthcare that they need and deserve.**
236. **UMass Memorial has made considerable**
237. **investment in resources to address the racial and**
238. **ethnic inequities that we see in the overall**
239. **healthcare system; not just here in our institution,**
240. **but across the healthcare industry.**
241. **That's why my position was created; to**
242. **focus on improving the care and overall treatment we**
243. **provide to under-represented patients and making**
244. **sure that we do it in a compassionate, culturally**
245. **sensitive way.**
246. **Other investments include creating an**
247. **office of diversity, equity, inclusion blending as**
248. **an important resource for all of our employees**
249. **systemwide; creating a health equity steering**
250. **committee to guide our clinical healthcare equity**
251. **work; co-training a COVID-19 equity task force, a**
252. **partnership with Dr. Castiel and the City of**
253. **Worcester to address racial inequities related to**
254. **COVID-19; and also developed a $1 million program to**
255. **fund ideas for developing equity in healthcare**
256. **delivery and fostering a more equitable inclusive**
257. **workplace culture.**
258. **There's a lot more, but I know I have**
259. **limited time here. And I want to make sure you know**
260. **that we are particularly concerned with the health**
261. **inequity's impact, caused by the lack of inpatient**
262. **beds in our region.**
263. **Because UMass Memorial Medical Center is**
264. **the only federally designated safety net hospital in**
265. **our region, we care for a high percent of patients**
266. **who fall below the poverty benchmark, many of those**
267. **who are low income.**
268. **Most of our patients come from communities**
269. **of color and historically marginalized communities**
270. **and often don't have access to healthcare because of**
271. **various issues such as lack of transportation,**
272. **insurance or lack of financial employment ability to**
273. **seek care.**
274. **When under-resourced patients who need**
275. **acute level care have to be transferred outside of**
276. **their region, often to higher-class facilities**
277. **because of the lack of inpatient beds, they bear a**
278. **higher, more significant burden in getting the care**
279. **they need because of these critical barriers.**
280. **I ask you to seriously consider our**
281. **application that will add these 91 beds that are**
282. **crucial to our ability to provide the equitable care**
283. **that is needed for the patients in central**
284. **Massachusetts, particularly those who need our care**
285. **the most. I think there are many prior speakers who**
286. **have echoed this as well.**
287. **Thank you for this opportunity to speak,**
288. **and I hope you approve this application, which will**
289. **help us advance health equity in the region. Thank**
290. **you.**
291. **HEARING OFFICER KELLEY: Thank you.**
292. **Madison, do we have another speaker?**
293. **THE MODERATOR: Our next speaker is Charles**
294. **Cavagnaro.**
295. **Charles, your line is open.**
296. **DR. CAVAGNARO: Thank you and good evening.**
297. **My name is Charles Cavagnaro. I'm an internist, and**
298. **I serve as the chief medical officer for UMass**
299. **Memorial Health's Marlborough Hospital and**
300. **HealthAlliance-Clinton Hospital. These are two of**
301. **the community hospitals that are part of the UMass**
302. **Memorial Health System.**
303. **On a daily basis, the lack of inpatient**
304. **beds in our region adversely affects our community**
305. **hospitals and our overall health system, which is**
306. **why I'm testifying to support the Medical Center's**
307. **Determination of Need application. I would add 91**
308. **much-needed inpatient beds to central Massachusetts**
309. **and the Metrowest area.**
     1. **I've been working closely with the Medical**
     2. **Center's leadership team over the past few years to**
     3. **leverage bed space across the system, making sure we**
     4. **optimize our inpatient space at Marlborough and**
     5. **HealthAlliance-Clinton, taking care of the right**
     6. **patients with the right level of care in the right**
     7. **setting.**
     8. **This has led to increased community**
     9. **hospital capacities. For example, Marlborough**
     10. **hospital's med/surg capacity has increased by 13**
     11. **percent between June of fiscal year '21 and fiscal**
     12. **year '22 year-to-date.**
     13. **At HealthAlliance-Clinton Hospital, the**
     14. **med/surg capacity increased by 8 percent in the same**
     15. **time frame.**
     16. **And at our newest community hospital that**
     17. **joined our system last year, Harrington Hospital in**
     18. **Southbridge, they had a 16 percent increase in**
     19. **med/surg capacity for the same time period.**
     20. **And while we do our best to keep our**
     21. **patients in the community setting, so that they can**
     22. **receive the care they need conveniently located near**
     23. **their homes, we can't always do that.**
     24. **When very sick patients need specialized**
         1. **care, we must transfer them to a larger medical**
         2. **center that has specialists 24/7. For us, that**
         3. **first choice is UMass Memorial Medical Center, who**
         4. **we can transfer patients to our colleagues who we**
         5. **know and work with, where there's a unified medical**
         6. **record for these patients, which helps support their**
         7. **care and quickens access to their care.**
         8. **But when a medical center is at capacity**
         9. **and can no longer accept any transfers, even from**
         10. **hospitals within our system, we have no other choice**
         11. **but to send these very sick patients outside of our**
         12. **region. Most often to a Boston hospital; but of**
         13. **late, we've always had to send outside of the**
         14. **Commonwealth.**
         15. **This causes an incredible strain on the**
         16. **patient and their families, as you might imagine.**
         17. **They have to travel from their hometowns to a bigger**
         18. **city, with heavy traffic, challenging parking, often**
         19. **to have to stay in a hotel to be near their loved**
         20. **ones, all at a higher cost to them; not to mention a**
         21. **higher cost to their insurance company and their**
         22. **employer; that is, if they have insurance.**
         23. **These capacity challenges also put an**
         24. **incredible strain on our clinicians, who struggle to**
310. **keep up with this unsustainable pace and then, quite**
311. **frankly, are tired after two years of an ongoing**
312. **Pandemic.**
313. **In addition, calls to other systems for**
314. **beds have often met with responses that, as we are**
315. **part of the UMass Memorial Health System,**
316. **unaffiliated hospitals -- that is, standalone**
317. **hospitals with no affiliation -- should have**
318. **preference to their beds, and we should wait for**
319. **UMass Memorial Medical Center beds.**
320. **Failure to act on these conditions will**
321. **only result in more care delays and ultimately,**
322. **they'll lead to adverse health outcomes.**
323. **Adding 91 beds to our region will help**
324. **improve this situation. It will result in improved**
325. **outcomes throughout the UMass Memorial Health**
326. **System, as there is simply no replacement for the**
327. **timely availability of tertiary and coronary beds in**
328. **our academic system.**
329. **So thank you for your time, and I hope**
330. **you'll approve this application.**
331. **HEARING OFFICER KELLEY: Thank you.**
332. **Madison, do we have another speaker?**
333. **THE MODERATOR: Our next speaker is Jesus**

1 Suarez.

2

3

Jesus, your line is open.

MR. SUAREZ: Good evening. My name is

1. **Jesus Suarez, J-E-S-U-S S-U-A-R-E-Z. I'm the**
2. **president and CEO of Renaissance Medical group.**
3. **Renaissance provides 360 degrees healthcare**
4. **service to our clients, including primary care,**
5. **prenatal health, pharmacy, adult day center, and**
6. **home service. It also offers a food program,**
7. **transportation and senior service to improve social**
8. **determinants of health and thereby keeping people**
9. **healthy in the first place.**
10. **Renaissance was founded in Southbridge to**
11. **serve the need of the Latino community in town.**
12. **They have since expanded into Worcester, Lawrence**
13. **and Springfield.**
14. **Our growth in Worcester is designed not**
15. **only to meet the need of the city-large Latino**
16. **community, but also to access the health needs of**
17. **immigrants from non-Hispanic-speaking countries as**
18. **well.**
19. **Our multilingual staff provides tertiary,**
20. **responsive care, designed around the individual**
21. **needs of our members.**
    1. **For example, in partnership with the**
    2. **Worcester Housing Authority, last year, we launched**
    3. **the Buen Provecho Meal delivery program that**
    4. **provides nutritious, precooked, shelf-stable and**
    5. **culturally responsive meals to residents.**
    6. **For years, Renaissance has partnered in**
    7. **Southbridge with Harrington Hospital, and more**
    8. **recently has begun to coordinate efforts in**
    9. **Worcester with UMass Memorial.**
    10. **We are optimistic about the good effects**
    11. **this collaboration will have on the health and**
    12. **well-being of Renaissance clients in both**
    13. **communities.**
    14. **As the only one of the state's six academic**
    15. **medical centers that is located outside the City of**
    16. **Boston, UMass Memorial Medical Center is the only**
    17. **provider of the wide range of high equity healthcare**
    18. **service across a huge geographic region.**
    19. **I can only state how valuable local access**
    20. **to the expertise of an academic medical center is.**
    21. **Not only for residents of Worcester, but also for**
    22. **residents of Southbridge and similar communities.**
    23. **So the regional bed shortage in central**
    24. **Mass. causes overcrowding at UMass Memorial and**
22. **impedes the ability to provide this valuable service**
23. **to everyone who needs it. Overcrowding at the**
24. **Medical Center often forces it to decline transfer**
25. **requests to community hospitals like Harrington.**
26. **When a patient needs highly specialized service, but**
27. **instead of being transferred to Worcester, this**
28. **patient now transfers to Boston instead, this is**
29. **extremely difficult for them and their families.**
30. **And for patients who seek care directly**
31. **through the Medical Center ER, the delay causes**
32. **overcrowding. Patients are waiting many hours and**
33. **hours to get a bed after they are admitted.**
34. **Because UMass Memorial is a safety net**
35. **hospital, many of the patients are low income and**
36. **many are on MassHealth. Unlike wealthier patients**
37. **from this region, who can afford to travel to Boston**
38. **for the care if they must, low income patients often**
39. **simply cannot afford to do so. The good news is**
40. **that that problem can be fixed, and UMass Memorial**
41. **is trying to fix it.**
42. **Adding 91 beds will entirely close the**
43. **dispersity between central Mass. versus the rest of**
44. **the state. It is a very significant first step that**
45. **will absolutely include access to highly specialized**
46. **care for central Mass. Residents. For patients who**
47. **will otherwise be stuck in the ER for hours waiting**
48. **for a bed, this will make a big difference. And for**
49. **patients in community hospitals like Harrington, who**
50. **need to be transferred to an academic medical center**
51. **for highly specialized care, it will make a big**
52. **difference, too. For Renaissance clients in both**
53. **Southbridge and Worcester, improving local access to**
54. **the entire range of health service is of tremendous**
55. **value.**
56. **On their behalf, I respectfully ask the DPH**
57. **to approve the UMass Memorial's request without**
58. **delay, so that they can begin to build out these new**
59. **beds and thereby enable all central Mass. residents**
60. **to access the full range of health service locally.**
61. **Thank you for your consideration.**
62. **HEARING OFFICER KELLEY: Thank you.**
63. **Madison, can we have our next speaker,**
64. **please?**
65. **THE MODERATOR: Our next speaker is**
66. **Michelle Muller.**
67. **Michelle, your line is open.**
68. **MS. MULLER: Thank you. My name is**
69. **Michelle Muller, M-I-C-H-E-L-L-E M-U-L-L-E-R. I'm a**
70. **family nurse practitioner and the Interim Senior**
71. **Director for the Department of Community Benefits**
72. **for the UMass Memorial Health System.**
73. **UMass Memorial has a long history of**
74. **recognizing that working with community and**
75. **addressing social factors outside the hospital walls**
76. **is vital to improving the health and well-being of**
77. **vulnerable populations. Our community benefits**
78. **invests in programs such as Workforce Development**
79. **for At Risk Use and develop and support**
80. **interventions that address poverty, violence, school**
81. **attendance, education, food and security and hunger,**
82. **access to care and services that target many social**
83. **factors that impact health.**
84. **As a partner in many community groups**
85. **within the City of Worcester and central**
86. **Massachusetts, UMass Memorial helps to initiate and**
87. **sustain multiple community programs which address**
88. **social determinants of health.**
89. **The social determinants of health are a**
90. **group of conditions that influence a person's health**
91. **and wellbeing. Addressing these community needs are**
92. **recognized by the Massachusetts Department of Public**
93. **Health and the Affordable Care Act as a significant**
94. **opportunity to eliminate the health disparities and**
95. **improve health equity.**
96. **With the new inpatient building expansion,**
97. **UMass Memorial Health is poised to award Community**
98. **Partners a substantial financial distribution of**
99. **funds through the Determination of Need process,**
100. **totalling 5 percent of the total project cost.**
101. **These funds will be distributed to**
102. **community programs through a community health**
103. **improvement committee made of diverse**
104. **multi-sectorial stakeholders addressing community**
105. **health prior needs identified in our 2021 Greater**
106. **Worcester Community Health Needs Assessment.**
107. **The five priority focus areas identified in**
108. **the assessment include mental health, substance use,**
109. **social determinants of health, including food,**
110. **security and housing, chronic and complex conditions**
111. **and disparities with the COVID Pandemic.**
112. **Factors that contribute to all of these**
113. **focused areas are racism, discrimination and health**
114. **equity.**
115. **While each of these factors represent**
116. **significant community health needs and priority**
117. **focus areas prior to COVID, the Pandemic greatly**
118. **exacerbated and highlighted the critical need for**
119. **addressing these.**
120. **Additionally, many community-based**
121. **organizations which have a focus of improving our**
122. **community's health and wellbeing have been faced**
123. **with the challenge of identifying funding sources,**
124. **which are required to reach and serve vulnerable**
125. **populations.**
126. **The Determination of Need's funding**
127. **generated from the new inpatient building will**
128. **provide significant support to community-based**
129. **efforts addressing these social determinants of**
130. **health and help to prove priority focus areas,**
131. **playing a critical role in advancing the work of our**
132. **community partners and improving the outcomes**
133. **identified in the community health needs assessment**
134. **priority areas.**
135. **I'm grateful for your time and**
136. **consideration of the approval of this application.**
137. **Thank you.**
138. **HEARING OFFICER KELLEY: Thank you.**
139. **Madison, can we have our next speaker,**
140. **please?**
141. **THE MODERATOR: Our next speaker is Terence**

1 Flotte.

2

3

Terence, your line is open.

MR. FLOTTE: Hi. This is Dr. Terence

1. **Flotte. T-E-R--E-N-C-E F-L-O-T-T-E. And I'm**
2. **speaking as the provost and executive deputy**
3. **Chancellor of UMass Chan Medical School and the dean**
4. **of T.H. Chan School of Medicine.**
5. **As a resident of central Massachusetts -- I**
6. **live in Holden -- I'm very concerned about the**
7. **negative impacts of the hospital bed shortage on**
8. **patient care in our region.**
9. **In my role as dean of the state's only**
10. **public medical school, I also have another unique**
11. **perspective: Educating and training future**
12. **generations of Massachusetts physicians is the**
13. **central mission of UMass Chan.**
14. **Our relationship with UMass Memorial, as**
15. **the primary clinical partner of the medical school,**
16. **is instrumental to our capacity to train the doctors**
17. **who care for patients in our community on into the**
18. **future.**
19. **The Association of American Medical**
20. **Colleges projects a national physician shortfall by**
21. **2034 of between 38,000 and 124,000 physicians.**
22. **Massachusetts is not immune from this national**
23. **trend, as has been made clear by the physician**
24. **workforce challenges presently confronting hospitals**
25. **in central and western Mass.**
26. **This is where the central role of UMass**
27. **Chan becomes critical. Because unlike other medical**
28. **schools in Massachusetts, most of our students are**
29. **from Massachusetts and most remain here to pursue**
30. **their careers. They are truly the Commonwealth's**
31. **future physician workforce.**
32. **Adding these 91 proposed new beds will be**
33. **of tremendous value to medical education. Expanding**
34. **our class size at UMass Chan is instrumental to**
35. **increasing the Massachusetts physician workforce,**
36. **but doing so is only possible if there is sufficient**
37. **clinical training opportunities for those students.**
38. **Those beds will not only increase training**
39. **opportunities for medical students, it will also**
40. **expand residency training opportunities for new**
41. **medical school graduates.**
42. **The new beds will enable UMass Chan's**
43. **internal medicine residency program to expand**
44. **significantly, with five additional trainees**
45. **entering each year and thus, creating five**
46. **additional graduates per year entering the primary**
47. **care physician workforce.**
48. **The bed expansion will also support the**
49. **growth of translational and clinical research**
50. **efforts by UMass Chan, which often involves model**
51. **innovative patient treatments that require dynamic**
52. **inpatient care capacity and volume.**
53. **To ensure the Medical Center's expanded**
54. **clinical capacity optimizes the physician education**
55. **and translational research opportunities, UMass Chan**
56. **leadership has been directly engaged in the design**
57. **process.**
58. **For the past quarter century, the unique**
59. **public/private partnership between the**
60. **Commonwealth's only public medical school, UMass**
61. **Chan, and its private non-profit clinical partner,**
62. **UMass Memorial, has yielded tremendous benefits for**
63. **all the residents of the state and for central Mass,**
64. **in particular.**
65. **This is exactly what was envisioned by the**
66. **legislature when it enacted the law authorizing the**
67. **relationship between these two institutions.**
68. **Overall then, from an educational and research**
69. **perspective, our collaboration benefits all**
70. **residents of Massachusetts by training the**
71. **physicians of tomorrow and by developing innovative**
72. **treatments and clinical protocols that advance the**
73. **health of all.**
74. **For all of these reasons, I the DPH to**
75. **approve this application.**
76. **Thank you for allowing me to testify.**
77. **HEARING OFFICER KELLEY: Thank you.**
78. **Madison, can we have our next speaker**
79. **please?**
80. **THE MODERATOR: Our next speaker is Dr.**
81. **Greg Volturo.**
82. **Greg, your line is open.**
83. **DR. VOLTURO: Thank you. My name is Greg**
84. **Volturo. I'm an emergency physician, and I am chair**
85. **of the Department of Emergency Medicine at UMass**
86. **Memorial.**
87. **I oversee all of the emergency departments**
88. **in the UMass system. I've also practiced in central**
89. **Massachusetts for over 40 years at this point.**
90. **Thank you for giving me the opportunity to speak**
91. **tonight.**
92. **UMass Memorial Medical Center's emergency**
93. **department is one of the busiest in the**
94. **Commonwealth, with over 120,000 visits annually and**
95. **a very high patient acuity level.**
96. **On the University campus, 28 percent of our**
97. **patients require admission. 1 out of every 4**
98. **patients who come to our emergency department**
99. **require admission to the hospital. Admissions are**
100. **only slightly less on the Memorial campus, at 24**
101. **percent. But the capacity issue we are now facing**
102. **at the Medical Center presents many challenges in**
103. **caring for our patients and meeting the medical**
104. **needs of our central Mass. community.**
105. **Through July fiscal year '22 year-to-date,**
106. **the Medical Center saw an average daily, Emergency**
107. **Department census, of 335 patients a day. Through**
108. **the month of August thus far, we are seeing an**
109. **average of 340 patients per day, with 65 percent of**
110. **these patients being seen on the University campus,**
111. **many requiring tertiary care services.**
112. **To put it into perspective, very**
113. **conservatively, at any given moment in time, there's**
114. **an average of 157 patients in our emergency**
115. **department. And it's almost twice the number of**
116. **patients that we have beds for. That's a 35 percent**
117. **increase over the fiscal year '19 level, and I**
118. **anticipate fiscal year '22 is going to be even a bit**
119. **worse.**
120. **With a high volume of patients and high**
121. **acuity requiring admission, there are insufficient**
122. **beds in the Medical Center to accommodate the number**
123. **of patients needing to be admitted.**
124. **This consistent lack of open beds leads to**
125. **emergency department backups and necessitates the**
126. **use of hallway beds and patient boarding. On any**
127. **day, between 50 and 80 medical/surgical patients are**
128. **boarding in our emergency department.**
129. **Nonpsychiatric ED boarder hours have**
130. **increased 91 percent from fiscal year '18 through**
131. **fiscal year '21. These boarders are spending, as**
132. **you have heard, an average of 17 hours waiting for a**
133. **bed. That is an average. Many patients have to**
134. **wait much longer. That doesn't include the time,**
135. **either, that they have to potentially spend waiting**
136. **to get into the emergency department.**
137. **The bed shortage is unsustainable and**
138. **especially impacts the highest acuity patients who**
139. **require specialized care that is available only in**
140. **an academic medical center setting, including some**
141. **of the most vulnerable members of our Worcester**
142. **community.**
143. **This also impacts those patients from the**
144. **broader central Massachusetts community, where**
145. **conditions or outcomes are highly dependent on**
146. **access to rapid treatment, which are only variable**
147. **at a tertiary care center.**
148. **Due to current capacity issues, it is not**
149. **unusual for physicians working in our community**
150. **emergency departments to have to call multiple**
151. **hospitals, both within the state, as well as in the**
152. **surrounding states, to transfer a patient who needs**
153. **care not available in the community.**
154. **Well documented research has shown that**
155. **prolonged delays in accessing care for high acuity**
156. **patients leads to the increased likelihood of those**
157. **patients experiencing adverse health outcomes,**
158. **including mortality.**
159. **Research also shows that delays lead to**
160. **longer length of stays and increase likelihood that**
161. **a patient will need costly post-discharge treatment.**
162. **We have excellent caregivers at our**
163. **institution, but they need space and resources to do**
164. **their jobs. We've done all we can to make our**
165. **situation work within the capacity constraints that**
166. **exist; but ultimately, the safety and health of our**
167. **patients in our community are at risk if we don't**
168. **take a more aggressive action.**
169. **Thank you for your consideration of this**
170. **proposal.**
171. **HEARING OFFICER KELLEY: Thank you.**
172. **Madison, can we have our next speaker,**
173. **please?**
174. **THE MODERATOR: Our next speaker is**
175. **Monsignor Peter Beaulieu.**
176. **MONSIGNOR BEAULIEU: Good evening.**
177. **Monsignor Peter Beaulieu, P-E-T-E-R B-E-A-U-L-I-E-U.**
178. **I'm a member of the Board of Trustees of**
179. **St. Vincent's and trained in medical ethics.**
180. **We've heard a lot of talk about equity, and**
181. **one of the things I think is important is that we**
182. **have a kind of definition. And much of these things**
183. **are procedural. So I see one of the differences of**
184. **opinion being settled by having someone independent**
185. **of all of us assessing what's best for the area and**
186. **for the patients that we serve. And so this should**
187. **be a kind of independent analysis of this proposal,**
188. **and that would help everyone do what's right and**
189. **what's right for the community.**
     1. **We also know that there's questions about**
     2. **availability of beds here or elsewhere. I think**
     3. **those things could be also analyzed by that**
     4. **particular approach.**
     5. **St. Vincent's is available and has some**
     6. **capacity; but yet, with also the acuity of care in a**
     7. **proper setting. So I think my high recommendation**
     8. **to the Department of Public Health or the**
     9. **Determination of Need crowd is that there be that**
     10. **analysis, so that we can all be confident that what**
     11. **the outcome is in regard to this proposal is fair**
     12. **and equitable for the people and for all who are**
     13. **members of this community. Whether it's people who**
     14. **are in minorities or majorities, it makes no**
     15. **difference.**
     16. **I think a procedural question would be,**
     17. **Let's have this equity seen and what's procedural,**
     18. **what's available, and what's fair. And that's how I**
     19. **think you do it by that independent analysis.**
     20. **We can move people around if we have to.**
     21. **We always do that. But I think if we know that, in**
     22. **fact, this is fair to all people in this**
     23. **neighborhood, it is important.**
     24. **My question is, then, that there be an**
         1. **independent analysis for this proposal and not be**
         2. **expedited, but that it be done properly and in a**
         3. **coherent fashion.**
         4. **Thank you for your listening to what I have**
         5. **to say, and I hope that fairness will prevail.**
         6. **Thank you.**
         7. **HEARING OFFICER KELLEY: Thank you.**
         8. **Madison, can we have our next speaker,**
         9. **please?**
         10. **THE MODERATOR: Our next speaker is Missa**
         11. **Bats.**
         12. **Michelle, your line is open.**
         13. **MS. BATS: Hi, good evening, everyone. My**
         14. **name is Missa Bats, spelled M-I-S-S-A B-A-T-S. I'm**
         15. **a nurse manager at St. Vincent Hospital.**
         16. **So I've been listening a lot about the**
         17. **expansion of beds, but I also want to emphasize that**
         18. **you want to have beds available at a low cost that**
         19. **we can afford. So I would like to really focus on**
         20. **three points here today.**
         21. **One is lower healthcare cost, bed**
         22. **availability existing available beds, and an**
         23. **independent cost analysis.**
         24. **So lower healthcare cost is already**
             1. **available right now at St. Vincent Hospital and**
             2. **other hospitals, at a lower cost than UMass**
             3. **University and Memorial campuses. So any more**
             4. **spaces going to UMass would have to do with higher**
             5. **healthcare cost.**
             6. **St. Vincent also has bed availability.**
             7. **There are 51 licensed beds that are in the process**
             8. **of reopening, as well as we have 12 additional beds**
             9. **that are ready for demand surgery. We can use these**
             10. **beds for any patients UMass Memorial feels it cannot**
             11. **hold at their current capacity.**
             12. **It is also a good idea to investigate large**
             13. **proposals. An independent cost analysis has been**
             14. **used before for proposed hospital expansions, and I**
             15. **think this application qualifies for one.**
             16. **Parties without ties to either hospital**
             17. **looks at the DON application and keeps in mind for**
             18. **all of us that the UMass proposal promotes cost**
             19. **containment.**
             20. **And to summarize it, I would like to**
             21. **emphasize that the proposed project is unnecessary**
             22. **to existing lower cost available market capacity.**
             23. **I would request you to closely analyze**
             24. **whether the proposed project meets the need for**
190. **local and state healthcare priorities, such as**
191. **healthcare cost containment and improving public**
192. **healthcare outcome.**
193. **Thank you.**
194. **HEARING OFFICER KELLEY: Thank you.**
195. **Madison, can we have our next speaker,**
196. **please?**
197. **THE MODERATOR: Our next speaker is Janet**
198. **Wilder.**
199. **Janet, your line is open.**
200. **MS. WILDER: My name is Janet Wilder,**
201. **J-A-N-E-T W-I-L-D-E-R. I'm an organizer with the**
202. **SHARE/AFSCME Union.**
203. **SHARE represents more than 3,000 healthcare**
204. **workers at UMass Memorial Medical Center and UMass**
205. **Marlborough Hospital. We're nursing assistants and**
206. **mental health counselors, secretaries and**
207. **schedulers, Xray technologists, respiratory**
208. **therapists and a bunch more.**
209. **Thank you for the opportunity to voice**
210. **SHARE members' serious concerns about the number of**
211. **beds available for patients who need them at our**
212. **hospital and in support of the proposed bed**
213. **expansion.**
     1. **So lots of people's testimonies have**
     2. **focused on the numbers; how under-bedded central**
     3. **Mass. is (20 percent fewer), the number of hours**
     4. **that ED boarders wait for a bed on average (17), how**
     5. **many boarders we have here every day (50 to 70).**
     6. **I want to give you a tiny piece of a**
     7. **picture of what's it's like to work in UMass**
     8. **Memorial's emergency department, the second busiest**
     9. **in the state, with very high acuity patients.**
     10. **We are so full. It's especially hard on**
     11. **the staff in the emergency room, where patients get**
     12. **stuck because there's no patient rooms available**
     13. **upstairs.**
     14. **One CAT scan technologist was telling me**
     15. **that the demand for CAT scans in the ED is so high,**
     16. **they often have lots of beds just in the hallways**
     17. **outside of CAT scan to accommodate the overflow,**
     18. **which means a long wait for the patients, no**
     19. **privacy, and the delays in getting the care.**
     20. **This past Saturday night was busy, with**
     21. **patients waiting seven or eight hours just to get**
     22. **their CAT scans. The technologists have a long list**
     23. **of inhouse patients waiting for a scan, but they**
     24. **need to taken the traumas and emergencies first, of**
214. **course.**

2

For example, UMass Memorial Medical Center

1. **is a Level 1 trauma center with stroke**
2. **certification. So stroke patients take precedence**
3. **over everybody else waiting.**
4. **SHARE members are proud to do this work.**
5. **We're the only certified comprehensive stroke center**
6. **in central Mass. The staff clear the CAT scan table**
7. **when the stroke patient rolls into the ED and holds**
8. **it for them. We all know that time is brain for**
9. **stroke patients.**
10. **But the ED staff feel awful making any**
11. **patient wait. This tech I was talking to stayed**
12. **late on Saturday night, until 1 a.m. She just**
13. **didn't feel like she could leave. And it's**
14. **exhausting to work that way; always running, always**
15. **worrying about how to fit in the next patient.**
16. **So this is just one tiny glimpse of what**
17. **thousands of people are going through and the**
18. **patients are going through every day, every week at**
19. **UMass Memorial Medical Center. We need more CT**
20. **scanners and we need more beds.**
21. **Thank you.**
22. **HEARING OFFICER KELLEY: Thank you.**

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1. **please?**

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Madison, can we have our next speaker,

THE MODERATOR: Alex, your line is open. MR. GUARDIOLA: Good evening. My name is

1. **Alex Guardiola. I'm the Vice President of**
2. **Government Affairs and Public Policy for the**
3. **Worcester Regional Chamber of Commerce. I'm here to**
4. **testify in support of UMass Memorial's application**
5. **to add the 91 inpatient beds.**
6. **The Worcester Regional Chamber of Commerce**
7. **is the largest chamber in New England, representing**
8. **over 2,100 business members of all industries and**
9. **sizes, and our service area is 37 cities and towns**
10. **in central Massachusetts.**
11. **Worcester and the region are growing at an**
12. **exponential rate. The 2020 census data showed that**
13. **Worcester County grew at a faster rate than the**
14. **state average. And the City of Worcester was the**
15. **fastest growing city; over 100,000 in New England,**
16. **surging to a population of over 206,000 people from**
17. **185,000.**
18. **The business employees that are here as**
19. **residents are attracted to central Massachusetts by**
20. **a variety of factors, including the region's quality**
21. **of life and comparative affordability in contrast to**
22. **the immediate Metro Boston and Boston Proper area.**
23. **In terms of quality of life and**
24. **affordability, healthcare is a foremost factor**
25. **considered by businesses. They want their employees**
26. **to have a convenient local access to the entire**
27. **range of health services, including any types of**
28. **highly specialized tertiary care only available at**
29. **academic medical centers, and they want to be able**
30. **to afford and ensure the cost of insurance that will**
31. **remain sustainable for employers and employees**
32. **alike. The Chamber of Commerce supports the bed**
33. **expansion proposal because it advances both of these**
34. **goals.**
35. **Regarding the quality of life, as the only**
36. **one of Commonwealth's Medical Centers that is**
37. **located outside of the City of Boston, UMass**
38. **Memorial Medical Center offers highly specialized**
39. **care locally that otherwise would require local**
40. **patients to travel into the City of Boston.**
41. **And in terms of cost, it's the state's**
42. **most -- a consistently low academic medical center.**
43. **Data from the state agency tracking**
44. **healthcare costs, the Center for Health Information**
45. **and Analysis, shows that four out of the last six**
46. **years, UMass Medical Center had the lowest inpatient**
47. **costs of all academic medical centers; and in the**
48. **other two years, it was a close second.**
49. **As things presently stands, central Mass.**
50. **substantially has fewer beds per thousand residents**
51. **than either eastern or western Mass. In fact, it**
52. **would take about 300 additional beds, in total, to**
53. **actually level this out.**
54. **This means, ordinarily, long waits of**
55. **patients who seek care at the emergency department.**
56. **It also means -- you also have heard from others**
57. **here today that the Medical Center oftentimes must**
58. **decline transfer requests of local community**
59. **hospitals for patients whose acuity is too high for**
60. **them to provide care. As a result, many of these**
61. **patients are transferred to academic medical centers**
62. **in Boston.**
63. **Transferring thousands of local community**
64. **hospital patients to Boston, instead of the Medical**
65. **Center here in Worcester, is burdensome for patients**
66. **and for their families, who must travel further to**
67. **actually visit them.**
68. **Moreover, it adds the cost of share in the**
    1. **Commonwealth, since patients end up being treated by**
    2. **the highest cost academic Medical Centers, rather**
    3. **than the lowest cost. These provide upwards**
    4. **pressure on healthcare insurance cost for both**
    5. **employers and employees.**
    6. **For these reasons, of both quality of life**
    7. **and affordability, the Chamber urges DPH to approve**
    8. **the bed expansion and application. While it may not**
    9. **entirely close the gap of 300 beds in the region, it**
    10. **will substantially improve the urgent situation.**
    11. **In closing, while this is not a factor for**
    12. **consideration of the DPH, it is important to note**
    13. **that this project will have a positive economic**
    14. **impact on the Worcester region.**
    15. **In the short-term, it will employ local**
    16. **people in construction and other fields to complete**
    17. **this project. And in the long-term, it will employ**
    18. **approximately 500 new permanent FTEs, contributing**
    19. **even more to Worcester's impressive growth.**
    20. **I want to thank you on behalf of the**
    21. **Worcester Chamber of Commerce and hope that you look**
    22. **favorably on this application.**
    23. **Thank you.**
    24. **HEARING OFFICER KELLEY: Thank you.**

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2 please?

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4 Karico.

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Madison, can we have our next speaker

THE MODERATOR: Our next speaker is Nicole

Nicole, your line is open.

MS. KARICO: Hi. Good evening. My name is

1. **Nicole Karico, K-A-R-I-C-O, and I am a registered**
2. **nurse at the UMass Memorial Medical Center emergency**
3. **room department. I do appreciate the opportunity to**
4. **speak with you tonight.**
5. **I've been a nurse for the last 21 years at**
6. **UMass Memorial. I love my job, I love the people I**
7. **work with, and I love taking care of our patients.**
8. **UMass Memorial has had a beds capacity**
9. **issue for many years, but it has reached a point**
10. **that it is seriously impacting our patient and**
11. **caregiver experience.**
12. **When there are no beds upstairs, which**
13. **happens just about every week, patients who have**
14. **been admitted to the hospital wind up staying in ED**
15. **until a bed opens. Our ED is nice and it is well**
16. **maintained, and we do our best to make everything**
17. **work for the patients down there. But the reality**
18. **is it was never designed to care for admitted**
19. **patients for several days and/or having patients**
20. **waiting in the hallways. But that is what happens,**
21. **because the incoming flow of new patients never**
22. **slows down, and there is not enough space upstairs**
23. **for them to receive care.**
24. **Our emergency room and hospital really are**
25. **busy 24 hours a day/7 days a week. This**
26. **overcrowding in the ED leads to less than an ideal**
27. **care environment and an exhausted staff.**
28. **We have patients in the hallways that could**
29. **be receiving blood, there are monitors, they have to**
30. **have orthopedic splinting or wound care in the**
31. **hallways.**
32. **Getting rest is virtually impossible when**
33. **you are laying in a packed be ED with bright lights**
34. **and disruptive situations. As nurses, it frustrates**
35. **us that we don't have a better solution to offer our**
36. **patients.**
37. **The patients sometimes feel that they are**
38. **in the way, and their family members often get upset**
39. **that their loved ones don't have the privacy that**
40. **they deserve.**
41. **The overcrowding at our hospital is not**
42. **good for anyone, and our leaders have run out of**
43. **ideas to ease the congestion. It's not the**
44. **hospital's fault, it's not our patients' fault; it's**
45. **not upstairs. It's really no one's fault. We**
46. **simply have more patients that turn to us for care**
47. **than we have space for. It's because they trust**
48. **that we will take good care of them. And we will.**
49. **I am proud of that. And I just want the space to do**
50. **it.**
51. **I would like to thank you so much for**
52. **hearing us out and please allow the proposal to**
53. **proceed.**
54. **Thank you.**
55. **HEARING OFFICER KELLEY: Thank you.**
56. **Madison, do we have any more speakers?**
57. **THE MODERATOR: We have no further speakers**
58. **at this time.**
59. **HEARING OFFICER KELLEY: Great. Thank you**
60. **so much. I'm going to give people just a minute to**
61. **give anyone a last chance. Remember, it's "Star 1"**
62. **if you would like to speak.**
63. **(Pause)**
64. **HEARING OFFICER KELLEY: It looks like we**

23 may have one more speaker, so we're going to hold

24 just a second.

1. **THE MODERATOR: We do have another person**
2. **in queue; Dr. Max Rosen.**
3. **Dr. Rosen, your line is open.**
4. **DR. ROSEN: Great. Thank you and good**
5. **evening. Thanks for your time this evening. I'm**
6. **Dr. Max Rosen, and I'm the Chair of Radiology at**
7. **UMass Memorial Medical Center.**
8. **At the Medical Center's University campus,**
9. **the number of inpatient and outpatient CT scans**
10. **performed on our existing three CT units has**
11. **increased year over year. Between FY '19 and 21,**
12. **inpatient and outpatient CT utilization increased 17**
13. **percent.**
14. **As you might have heard tonight, the**
15. **proposed project will accommodate a wide range of**
16. **hospital general medicine patients with a variety of**
17. **medical conditions and complications.**
18. **We've studied these existing inpatient**
19. **populations and have documented an expected need for**
20. **8 to 10 CT scans per day or approximately 2,500 CT**
21. **scans annually, which would be from the new**
22. **facility.**
23. **The additional CT scanner placed as part of**
24. **the project will reduce the need for transporting**
25. **patients back and forth on campus for advanced**
26. **imaging. This will help ensure patients receive the**
27. **majority of their care within the same building.**
28. **Having a CT scanner on site will be**
29. **especially important to be able to diagnose acute**
30. **potentially life-threatening conditions that may**
31. **occur in these hospitalized patients that are**
32. **diagnosed by CT. These conditions include, but are**
33. **not limited to, acute stroke, pulmonary embolism,**
34. **aortic dissection and bowel perforation.**
35. **The building's clinical support space will**
36. **also include other diagnostic testing capabilities,**
37. **such as X-ray, ultrasound, cardiac echo, and minor**
38. **interventional procedures. However, we also**
39. **anticipate being able to use the additional CT**
40. **capacity in other areas.**
41. **To maximize the proposed unit's efficiency,**
42. **we anticipate approximately 7,500 outpatient scans**
43. **will also be performed by the proposed CT unit,**
44. **resulting in a total of 10,000 CT scans annually for**
45. **Year 1 through 5 post-implementation.**
46. **The increased outpatient capacity provided**
47. **by the NIV CT scanner will create additional CT**
48. **capacity for inpatients at the University and**
49. **Memorial campuses whose access to immediate CT scans**

2 may be delayed if outpatients are being scanned

1. **during an acute inpatient need.**
2. **Where will these additional scans come**
3. **from? Several areas. Eligible Massachusetts**
4. **firefighters, as part of the Department of Fire**
5. **Services' Cancer Awareness Program Protection and**
6. **Prevention can be screened on this new scanner.**
7. **2,200 additional chest CT scans can be**
8. **performed based on historical utilization, as well**
9. **as newly expanded eligibility guidelines for lung**
10. **cancer screening and corresponding increased**
11. **insurance coverage for these scans.**
12. **An additional 1,500 scans will be performed**
13. **as a result of a newly launched program at UMass to**
14. **help patients receive timely care outside of the ED.**
15. **In this program, patients with acute abdominal pain**
16. **who were seen in their primary care's physician's**
17. **offices are sent directly to radiology, obviating he**
18. **need for triage in the Ed. If the CT scan is**
19. **abnormal and the patient requires immediate**
20. **attention, radiology then sends the patient directly**
21. **to the ED with the CT-confirmed diagnosis.**
22. **Another 1,200 scans annually will be**
    1. **performed for vascular and cardiac disease patients**
    2. **through a recently expanded program to increase**
    3. **cardiac imaging in the acute setting. This coronary**
    4. **CT program also helps reduce the need for inpatient**
    5. **observation for patients presenting with chest pain**
    6. **to the ED who do not have a known cardiac condition.**
    7. **Approximately 2,300 outpatient scans will**
    8. **be performed as a result of the 2 percent annual CT**
    9. **growth across the UMass system. Given historical**
    10. **growth between FY '19 and 21 for outpatient CTs,**
    11. **this portion of CT procedures represents modest**
    12. **growth for outpatient CT services.**
    13. **In conclusion, not only does UMass Memorial**
    14. **need more beds, but we also need more CT scan**
    15. **availability as well, to provide the best care for**
    16. **our patients. I ask you to please approve this**
    17. **project.**
    18. **Thank you.**
    19. **HEARING OFFICER KELLEY: Thank you.**
    20. **Madison, do we have any more speakers in**
    21. **queue?**
    22. **THE MODERATOR: We actually have no further**
    23. **speakers in queue.**
    24. **HEARING OFFICER KELLEY: Thank you very**

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| **1**  **2**  **3**  **4**  **5**  **6**  **7**  **8**  **9** | **much. Thank you to everyone who participated this evening, whether it's through testifying or listening in.**  **As a reminder, we will accept written comments through the 2nd of September, and all of the information about where to send them can be found on our website.**  **Thank you again, and have a good evening.**  **THE MODERATOR: That concludes today's** | | | |
| **10** | **conference.** | **Thank you for participating.** | **You** | **may** |
| **11** | **disconnect at this time.** | |  |  |
| **12** |  | **(Whereupon, the hearing was** |  |  |
| **13** |  | **concluded at 7:54 p.m.)** |  |  |
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* + 1. **C E R T I F I C A T E**
    2. **I, Jane M. Werner, Registered Merit**
    3. **Reporter, do hereby certify that the foregoing**
    4. **transcript, Volume I, is a true and accurate**
    5. **transcription of my stenographic notes taken on**
    6. **Tuesday, August 23, 2022.**

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9 <%28623,Signature%>

10 Jane M. Werner

11 Registered Merit Reporter 12

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