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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
DETERMINATION OF NEED
BOSTON MEDICAL CENTER

(Via Teleconference)
October 28, 2022
4:04 P.M.

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1 BOSTON MEDICAL CENTER - OCTOBER 28, 2022

2 MR. RENAUD: Good afternoon. My
3 name is Dennis Renaud. I represent the
4 Massachusetts Department of Public
5 Health and I am the Director of our
6 Determination of Need Program. For
7 clarification, if you hear me refer to
8 the Determination of Need Program as the
9 DoN Program and Department of Public
10 Health as the DPH. Joining me today
11 from the Department are my colleagues
12 are Fabeloa Katoole and Lynn Conover.
13 This hearing has been called pursuant to
14 a DoN application submitted by BMC
15 Health System, Inc. Upon receipt of the
16 application, DoN staff reviewed the
17 application. And after finding it to be
18 in compliance with the DoN statute and
19 regulations, assigned it a filing date
20 of September 9, 2022. The enabling
21 statute for any DoN Program requires any
22 person or government agency intending to
23 file a substantial (inaudible)
24 signature as defined in the DoN
25 Regulation must apply for DoN approval

1 before engaging in such a project. I
2 will now provide a DoN project
3 description. BMC Health Systems, Inc.,
4 seeks approval for the following project
5 with three main components. Minor
6 construction and renovation to BMC's
7 existing Yawkey Building 5th and 6th
8 Floors, to add 70 new inpatient beds,
9 including 60 medical surgical beds and
10 10 intensive care unit beds, and
11 supporting infrastructure. Point Two,
12 Renovation of BMC's existing Menino
13 Building, 2nd Floor, to add a total of 5
14 new inpatient operating rooms, as well
15 as, additional pre and post-operative
16 anesthesia care unit spaces, which
17 includes the relocation of the
18 observation unit and existing negative
19 pressure inpatient rooms, and the
20 reduction of one existing inpatient
21 general procedure room. Point Three,
22 supporting infrastructure and wayfinding
23 projects to improve patient experience.
24 As outlined in our regulations, 100.210,
25 the DoN Program reviews projects in

1 accordance with six factors related to
2 need, public health value, health
3 equity, impact on costs and financial
4 feasibility and community health
5 initiatives. In accordance with the
6 statute and regulations governing the
7 DoN process, the DoN Program is
8 analyzing Boston Medical Center Health
9 System application for these factors.
10 The public hearing is an effort to
11 gather information and to hear opinions
12 about the proposed project. It is not a
13 Question & Answer Session. No questions
14 will be permitted. The DoN Program will
15 take all information relevant to the
16 process into account in preparing its
17 recommendations to the Massachusetts
18 Public Health Council, whose decision on
19 whether to approve the DoN for the
20 proposed project will be made at one of
21 its upcoming monthly meetings. As this
22 is a virtual hearing, the logistics are
23 different from an in-person hearing. I
24 will review our process for today. We
25 are learning the logistics of the system

1 as we go. So we ask for your patience
2 if and when we encounter difficulties.
3 We will work to resolve any problems we
4 experience. Our plan for today is as
5 follows. We're using a moderated
6 conference call line. So a moderator
7 will manage the queue for speaking.
8 This meeting is being recorded and
9 transcribed. If you wish to testify.
10 Press *1. This will put you in the
11 queue. You will not be told where you
12 are in the queue, nor will you get much
13 notice that you're about to testify.
14 You will be told now you are the
15 speaker, and you will experience a short
16 pause and then you will be the speaker.
17 If you had muted the phone, please, you
18 may need to un-mute it. Please speak
19 clearly, so that our transcriber can
20 record everything accurately. Begin by
21 stating your name, affiliation or Town
22 of residence. We limit speakers to
23 three minutes. I will be timing people.
24 And when you have 30 seconds left, you
25 will hear this sound. (Alarm Sounding.)

1 When your three minutes is up, I will
2 say, "Time's up." And the moderator
3 will mute you and give the floor to the
4 next speaker. You may experience a
5 slight pause between speakers. If the
6 testimony is lengthy, please present a
7 three minute summary and submit a full
8 text of your comment in writing. If you
9 have a written comment of your remarks,
10 regardless of length, please feel free
11 to submit it to Department via e-mail or
12 via postal service. You can e-mail us
13 at DPH.DoN@State.MA.US. The mail will
14 get to us more quickly if its sent to
15 Determination of Need Massachusetts
16 Department of Public Health, 67 Forest
17 Street, Marlborough, Massachusetts
18 01752. Written comments will be
19 accepted until 5:00 P.M. on November 7,
20 2022. This transcript and comments may
21 be submitted to the Department and be
22 posted on the Department's website and
23 reviewed in response to a request from
24 Public Records. Be assured that the
25 Department will consider all comments,

1 whether presented orally or in writing.
2 Whether you comment or not, please note
3 that the Department greatly values and
4 appreciates your participation in the
5 DoN process. Before we open the line to
6 the general public, the applicant will
7 go first and will be allotted four
8 minutes to present the information about
9 the proposed project. I will now ask
10 Kate Walsh, President and CEO of BMC
11 Health System to talk about the project.
12 After she is done, the moderator will
13 un-mute the first speaker. I will now
14 turn it over to Kate Walsh.

15 MS. WALSH: Good afternoon,
16 everyone. My name is Kate Walsh. I am
17 the President and CEO of Boston Medical
18 Center Health System. Thank you to the
19 Department of Public Health for holding
20 today's Public Hearing and for the
21 opportunity to speak regarding Boston
22 Medical Center patient expansion
23 proposal. As Mr. Renaud stated, we are
24 proposing to renovate our hospital
25 building to accommodate the addition of

1 70 inpatient beds and 5 inpatient
2 operating rooms, as well as, other
3 projects to support the inpatient
4 expansion and improve existing
5 facilities, as well as, patient
6 experience and wayfinding at our
7 hospital. For more than 100 years, BMC
8 has served our community at Boston South
9 End. Our hospital is a recognized
10 leader in ground breaking medical
11 research and a principal teaching
12 affiliate of Boston University's
13 Chobanian & Avedisian School of
14 Medicine. It has 61 medical residency
15 training programs, and training more
16 than 700 physicians each year. We
17 provide a full spectrum of emergency
18 outpatient and hospital inpatient
19 services, as well as, specialized care
20 for complex health problems. BMC
21 conducts over 1 million patient visits
22 and outpatient visits a year. And the
23 hospital is the busiest provider of
24 trauma and emergency services in New
25 England. Perhaps most important to

1 note, we are the largest safety net
2 hospital in New England and are
3 dedicated to providing consistently
4 exceptional care services to all in need
5 of care, regardless of insurance status
6 or ability to pay. What we refer to
7 "Exceptional Care Without Exception."
8 As the largest safety net hospital in
9 the region, BMC plays a
10 disproportionally large role in
11 providing indiscernible high quality,
12 comprehensive, cost effective,
13 culturally relevant care to the areas of
14 most relevant patients. Nearly half of
15 our patients are insured by Mass Health
16 and is at or below the Federal poverty
17 limit. The remainder come from under
18 resourced population, such as low income
19 and elderly, who rely on government
20 payers, such as the Premium Exported
21 Supported Exchange Plans, the Health
22 Safety Net and Medicare for their
23 coverage. Approximately one-third of
24 our patients do not speak English as
25 their primary language and we serve a

1 high proportion of patient population
2 facing health inequities due to the way
3 that they live and the color of their
4 skin. The proposed project is essential
5 to ensuring our ability to provide our
6 patients the timely access to healthcare
7 that they need. High quality, safe,
8 efficient and equity. In securement of
9 our Determination of Need application,
10 our previously approved DoN project
11 aimed at campus consolidation resulted
12 in a decrease in a our total approved
13 campus square footage and licensed
14 capacity. Since then, despite periods
15 of reduced demand due to the COVID-19
16 Pandemic, we have experienced
17 unrelenting increases in utilization and
18 acuity across our medical, surgical and
19 ICU patient populations, as well as, a
20 steady demand for surgical and other
21 procedural services. Our Midnight
22 medical surgical occupancy rates are
23 greater than 90%, which means that our
24 Day/Evening bed capacity is totally
25 maxed out. And our role as the nations

1 leading trauma provider, we are periled
2 by our ICU occupancy rates and OR
3 utilization rates, both of which are
4 routinely above 80%. These high
5 utilization and occupancy rates does not
6 only impact access to patient care, but
7 also have an impact on the 130,000
8 people who visit our Emergency
9 Department every year. Bed capacity
10 gridlock upstairs significantly limits
11 E.D. throughput because so many patients
12 are waiting for inpatient beds, that we
13 had to open inpatient beds in our
14 Emergency Department to help combat
15 extended wait times and improve access
16 to care. We have recently utilized our
17 alternative care spaces, including our
18 (inaudible), and we have been unable to
19 close all of the surge spaces opened to
20 address the COVID-19 pandemic. The
21 proposed project allows us to create
22 more patient friendly efficient spaces
23 to care for hospitalized patients.
24 Given our high incidents of older and
25 vulnerable patients, demand for surgical

1 procedures at BMC is expected to
2 continue to increase, as we are the
3 provider of choice for the uninsured and
4 Mass Health patients who need
5 specialized surgical services. Such as
6 kidney transplant, cardiac valve repair
7 and opioid use disorder, cancer
8 treatment and other tertiary services.
9 These services are best provided to low
10 income patients at our hospital because
11 of the social approach we wrap around
12 our patients, such as pharmacies, our
13 therapeutic, transportation and
14 translator services and so much more.
15 To meet this demand, the proposed
16 project is necessary. Without the
17 proposed project, our hospital will
18 quite simply be unable to meet its
19 mission. Inpatient utilization rates
20 will continue to rise to unsustainable
21 levels as patient volumes and acuity
22 levels continue to increase. We will be
23 hard pressed to keep our emergency
24 services in an efficient manner. The
25 low income patients we serve will not be

1 able to access the high quality of
2 services we need to provide. Our
3 proposed project will help alleviate but
4 won't eliminate these issues. We will
5 continue to pursue our Mass Health
6 Accountable Care Organization and
7 hospital opportunities and we're working
8 everyday to expand patient access for
9 demands of chronic illness. It won't
10 eliminate these issues. We will
11 continue to pursue our Mass Health
12 Accountable Care Organization and
13 Hospital Home Opportunities. And we're
14 working everyday to expand outpatient
15 access for the management of chronic
16 illness. In addition, we have recently
17 opened an 82 bed facility in Brockton to
18 address ongoing crisis of patients with
19 behavioral health and substance
20 disorders. We know that not every
21 answer to our patient's challenges can
22 be addressed by the hospital expansion,
23 but this proposed project codifies and
24 expands capacity that we need today in
25 its largely (inaudible) footprint. The

1 benefits of this proposed project
2 include positive financial and clinical
3 impacts associated with providing timely
4 access to care and moving patients from
5 the resources of the E.D. to the
6 inpatient setting, and a positive impact
7 on the healthcare spending, as well as,
8 overall clinical quality outcomes and
9 patient provider satisfaction.

10 Additionally, the proposed project will
11 allow BMC to build upon successful
12 population health management and value
13 based reimbursement successes by
14 screening and assisting more patients
15 with cost associated with social drivers
16 of health. Finally, the proposed
17 project will compete on recognized
18 measures of healthcare spending, as it
19 is designed to conservatively increase
20 inpatient bed in all of our capacity, by
21 prioritizing our existing space and
22 infrastructure to smaller editions and
23 interior renovations and relocation
24 rather than building a new. We are
25 proud to serve this community for over

1 100 years. This proposed project allows
2 us to expand capacity and a cost
3 efficient, clinically effective and a
4 safe respectful manner. Most important,
5 allows us to honor our promise of
6 exceptional care without exception for
7 our region. For these reasons, I
8 respectfully ask the Department of
9 Public Health to recommend approval of
10 our much needed proposed project. Thank
11 you very much for your time and
12 consideration.

13 MR. RENAUD: Thank you, Kate. As
14 a reminder to all speakers, please press
15 *1 to testify. Un-mute when called
16 upon. Vanessa, can you please let the
17 next person into the queue to speak?

18 Could you please identify
19 yourself?

20 MS. NEWSOM: Yes. Good afternoon.
21 And thank you for the opportunity to
22 testify. My name is Terri Newsom. And
23 I am the Senior Vice President and
24 Financial Advisor at Boston Medical
25 Center. I am here today to testify in

1 strong support for the proposed
2 inpatient expansion at BMC. My
3 testimony will focus on how the proposed
4 project meets the commonwealth goals for
5 cost containment. These goals are
6 centered around for creating high
7 quality, low cost care alternative. The
8 proposed project will meet noted goals
9 in multiple ways. First, the creation
10 of the inpatient bed and surgical
11 capacity will allow for more timely
12 access to care providing treatment in an
13 appropriate setting. Through the
14 implementation of the expansion bed and
15 surgical resources greater throughput
16 will be created. Leading to a reduced
17 E.D. boarding and enhanced operational
18 efficiencies throughout the hospital. A
19 reduction of E.D. boarding leads to a
20 lower length of stay and reduction in
21 the number of patients who leave without
22 being seen or against medical advice.
23 And overall, more timely definitive
24 treatment, more positively impacting the
25 quality measures while reducing costs.

1 Second, the proposed project will allow
2 for better patient flow. Reducing
3 constraints on overly taxed resources.
4 Such as, E.D. providers and staff and
5 ensuring patients receive care in an
6 appropriate therapeutic setting.
7 Providing timely care in the proper
8 setting reduces costs and increases
9 patient provider satisfaction.
10 Ultimately leading to improved quality
11 metrics and reductions in the overall
12 costs of care. Third, and finally, the
13 infrastructure renovation and upgrades
14 are part of the proposed project, are
15 efficient ways to meet the hospitals
16 physical plant and ensure that care may
17 be provided in a cost effective setting.
18 For these reasons, the proposed project
19 meets Massachusetts' goals for cost
20 containment. In fact, the impact of
21 BMC's DoN was discussed at the Health
22 Policy Commissions Market Oversight and
23 Transparency Commission Meeting earlier
24 this month. With the group noting that
25 the impact of provider cost variation on

1 the overall market seeming this proposed
2 project as one that will decrease annual
3 commercial spend, giving pricing and
4 commercial payer niche. For all of
5 these reasons, I strongly urge the
6 Department of Public Health to approve
7 the BMC's proposed inpatient expansion.
8 Thank you for your time.

9 MR. RENAUD: Thank you for your
10 testimony. Vanessa, could you please
11 let in the next speaker.

12 THE MODERATOR: Thea James, your
13 line is open.

14 DR. JAMES: Good afternoon. My
15 name is Thea James. And I am the Vice
16 President of Mission and Associate Chief
17 Medical Officer at Boston Medical
18 Center, where I have been honored to
19 serve as an emergency physician for the
20 last three decades. I am here today to
21 strongly support BMC's proposed
22 inpatient expansion. As it is another
23 way for the hospital to meet its mission
24 of providing exceptional care without
25 exception. BMC is the largest safety

1 net hospital in New England and one of
2 the busiest trauma and emergency
3 services centers in the country. BMC
4 plays an essential role in the
5 Massachusetts Healthcare System by
6 providing indispensable care to low
7 income and vulnerable populations,
8 including the uninsured and individuals
9 with Medicaid, as well as, population
10 (inaudible) such as racial and ethnic
11 minorities. BMC and other safety net
12 hospitals are anticipated to continue to
13 play a disproportionately large role in
14 providing inpatient emergency and
15 ambulatory care to the areas most under
16 resourced patients into the future.
17 Consequently, it is essential to
18 achieving the objectives that our
19 hospitals have the resources and best
20 experiences necessary to provide such
21 disadvantage patients with timely access
22 to high quality care and does not
23 jeopardize patient outcomes. The
24 proposed project seeks to facilitate
25 these goals. BMC's inpatient expansion

1 also generate a contribution of more \$6
2 million dollars in community health
3 initiatives and therefore will be
4 instrumental in helping to address
5 social determinants of health challenges
6 and health equity issues that impact
7 mechanisms across the Commonwealth. As
8 an academic medical center, a health
9 system, as well as an anchoring system
10 for our local community, we are acutely
11 aware of the power we hold to impact the
12 health of our patients community, given
13 our role not just as a healthcare
14 provider, but also as a mission driven
15 organization, employer and purchaser of
16 goods and services and an investor.
17 Given these roles, BMC's goal is not
18 only to treat disease, but also to
19 understand and address causes. Social
20 and environmental factors known
21 collectively as the social determinants
22 of health contribute to chronic disease
23 and mental health issues creating
24 barriers to accessing healthcare. In
25 recognition of these factors, BMC has

1 numerous processes and programs in place
2 to ensure messages to services beyond
3 the traditional medical model to
4 alleviate the gaps created by the social
5 determinants of health and improve
6 health outcomes. Community health
7 initiatives implemented by DoN will
8 allow BMC to further these efforts. For
9 these reasons, I strongly encourage you
10 to recommend approval for the proposed
11 project. Thank you for your time and
12 consideration.

13 MR. RENAUD: Thank you, Thea.
14 Vanessa, could you please let in the
15 next speaker?

16 THE MODERATOR: Yes. Thank you.
17 Jeff, your line is open. Tom Wall,
18 you're up next.

19 MR. SALIBA: Hi. My name is Jeff
20 Saliba. I am the business manager for
21 the Heat and Frost Insulators Local 6
22 located at 303 Freeport Street,
23 Dorchester. I represent around 500
24 mechanical insulators. I am in favor of
25 this expansion. Not only does Boston

1 Medical Center important to the health
2 and vitality of the community around,
3 especially to those who are given the
4 free care, to those who are poor and
5 marginalized, they are all great
6 partners to the hard working men and
7 women of the Boston building trades.
8 Many whose members live in the
9 neighborhoods around the hospital and
10 around the city. Providing good jobs
11 and pay and good wages and benefits, and
12 -- which keep them from being poor and
13 marginalized also. And I appreciate
14 your time.

15 MR. RENAUD: Thank you, Jeff.
16 Vanessa, could you please let in the
17 next speaker?

18 THE MODERATOR: Yes. Tom Walsh,
19 your line is open.

20 MR. WALL: Hello. Thank you for
21 letting me speak today. My name is Tom
22 Wall. I am with the Heat and Frost
23 Insulators Local 6. We represent
24 mechanical insulators in the Boston
25 area. Let's face it, we need more high

1 quality low cost healthcare in and
2 around Boston. And this project will
3 allow for entry into apprenticeships and
4 trades for residents of the area, and
5 will create great opportunities for
6 those people. Thank you very much. I
7 support this project. Thanks.

8 MR. RENAUD: Thank you, Tom.
9 Vanessa, could you please let in the
10 next speaker?

11 THE MODERATOR: We have no more
12 speakers in queue.

13 MR. RENAUD: Okay. We will wait
14 for speakers to join.

15 THE MODERATOR: David, your line
16 is open.

17 DR. MCANENY: Thank you. Good
18 afternoon. Thank you for the
19 opportunity to speak today. My name is
20 David McAneny. And I am the Chief
21 Medical Officer and practicing surgeon
22 at Boston Medical Center. I am here to
23 testify in support of BMC's proposed
24 inpatient expansion and will focus my
25 testimony on the design of this

1 expansion. For context, I would like to
2 provide a brief history of patient
3 volumes on our campus. Starting in
4 2010, BMC experienced a decrease in
5 inpatient volume. In 2014, in order to
6 be effective stewards of healthcare
7 resources, we submitted a plan to the
8 Department of Public Health to
9 consolidate our two inpatient pavilions
10 into one upgraded facility on our Neo
11 Campus. That proposal was approved by
12 DPH. The project resulted in a decrease
13 in our campus total approved square
14 footage, and licensed capacity and was
15 very successful in helping the hospital
16 meet the State's expressed goals for
17 cost containment and high quality care.
18 But our story took a bit of a turn.
19 Despite the investments that we made and
20 implemented plan, BMC's subsequently
21 experienced significant patient growth
22 and increase utilization straining our
23 infrastructure and resources. As
24 outlined in our pending DoN application,
25 and as my colleagues have testified

1 today, we currently face medical
2 surgical unit occupancy rates greater
3 than 90%. Intensive care unit occupancy
4 rates greater than 80%. And inpatient
5 operating room utilization rates that
6 are often above 80%. All of these
7 figures exceed the benchmark capacities
8 and have had adverse impacts on patient
9 care and staff vitality across the
10 hospital. In the Emergency Department
11 in particular, our lack of inpatient
12 space has contributed to long lengths of
13 stay, increase volume of boarding
14 patients and high numbers of patients
15 leaving without being seen. Our need
16 for additional inpatient space is
17 urgent. The currently proposed
18 inpatient expansion aimed at right
19 sizing our campus to satisfy the demand.
20 That is core, that we believe the
21 proposed design represents the most cost
22 effective approach to fulfilling our
23 patients needs, especially when compared
24 to alternatives. Specifically, our
25 plans prioritize the usage of existing

1 space and infrastructure and allow us to
2 add an additional 60 medical surgical
3 beds and ICU bed and 5 inpatient
4 operating rooms for small additions and
5 interior renovations and relocations,
6 rather than building from scratch. The
7 approach is more cost effective than the
8 construction of the new tower and will
9 permit us to meet the critical needs of
10 our patients. Equally important, it is
11 the result of possible multiyear's
12 strategic planning process and BMC
13 leadership, architectural consultants,
14 regulatory agencies and other agencies,
15 interested parties. In summary, I would
16 like to emphasize that our proposal
17 maintains the thoughtful measured
18 reactions of the emergency needs of our
19 patients in the greater Boston area
20 using resources in a way that maximizes
21 square footage and allows BMC to
22 maintain a standard of improving care
23 with using space, energy and
24 efficiencies and eliminating overhead
25 costs. For these reasons we urge the

1 Department of Public Health to improve
2 BMC's proposed DoN project. Thank you
3 for your time and consideration.

4 MR. RENAUD: Thank you, David.
5 Vanessa, can you please let the next
6 speaker in?

7 THE MODERATOR: We currently have
8 no one in queue but as a reminder, to
9 ask a question, please press *1, un-mute
10 your phone and record your name. Thank
11 you.

12 MR. RENAUD: Thank you. We will
13 wait a few minutes for another speaker.

14 THE MODERATOR: Hello, your line
15 is open. You did not record your name,
16 but your line is open.

17 MS. GADEN: Thank you. This is
18 Nancy Gaden.

19 MR. RENAUD: Okay, Nancy. You can
20 start with your testimony.

21 MS. GADEN: Thank you. My name is
22 Nancy Gaden. I am the Senior Vice
23 President and the Chief Nursing Officer
24 of Boston Medical Center. I am here
25 today to testify in strong support of

1 BMC's proposed inpatient expansion. I
2 have been with BMC since 2014. And in
3 my time here, I have seen first-hand
4 significant growth and change in our
5 communities since our campus
6 consolidation efforts began almost a
7 decade ago. Notwithstanding the
8 COVID-19 pandemic, the medical center's
9 patients accounts have increased
10 requiring a hire level of inpatient care
11 and longer length in stays and like all
12 hospitals, we struggle with discharging
13 our patients to post-acute settings. We
14 have witnessed the effects that these
15 changes have caused throughout the
16 medical center expanding on our patients
17 waiting for beds in our Emergency
18 Department. Our medical surgical rates
19 are greater than 90%. And our ICU
20 occupancy rates and the inpatient OR
21 utilization rates are consistently
22 greater than 80%. There have been
23 significant increases in the waiting for
24 inpatient beds in our Emergency
25 Department and significant increases in

1 how many hours those patients wait.
2 Between Fiscal Year 2019 and Fiscal Year
3 2021, the number of adult Emergency
4 Department boarders at the medical
5 center increased by 13%. And the
6 average boarder hours for adult
7 Emergency Department patients increased
8 by 17%. Preliminary data for 2022
9 further showed that the median time from
10 E.D. arrival to E.D. departure for
11 admitted medical surgical Emergency
12 Department patients have grown from 7
13 hours in January to 12 1/2 hours in July
14 2022. A startling 77% increase. On
15 statistics capturing patients who leave
16 the Emergency Department without being
17 seen by a physician are also worrisome.
18 In October 2021, 1,205 patients left the
19 medical centers Emergency Department
20 without being seen. By July of 2022,
21 this number had increased a significant
22 37% to 1,645. These patients are
23 leaving because they do not want to
24 continue to wait to be seen. And a
25 primary reason why they're waiting is

1 because our E.D. is full with inpatients
2 waiting for bed. In my role as Chief
3 Nursing Officer, I experienced the real
4 life implications of our capacity
5 challenges, day in and day out.
6 Providers, staff, patients and family
7 members alike are frustrated by long
8 wait times and Emergency Department
9 boarding. Patients experience
10 discomfort. Family members are worried
11 that the wait will impact their loved
12 ones care, and providers and staff are
13 exhausted from managing the overcrowded
14 Emergency Department and our upset for
15 the patients. This is not the care that
16 we are committed to giving at BMC. We
17 thoughtfully examined and assessed where
18 we need to grow to be able to see our
19 patients. We have opened alternate
20 inpatient care spaces in recent years,
21 including our Code Yellow and COVID-19
22 Surge spaces to offset the high demand
23 that we have experienced. But these are
24 temporary fixes only. Continued
25 utilization of beds in these alternate

1 spaces is insufficient and unsustainable
2 at a long term solution to meet the
3 medical center's patient demand. We
4 need and our patients, require the
5 additional licensed inpatient spaces as
6 requested in our Determination of Need
7 application, to meet the needs of our
8 patients now and into the future. As
9 outlined in our DoN material, and as you
10 have heard through other testimony this
11 afternoon, our proposal is a thoughtful
12 and measured approach and one that is
13 based on data. It is designed to
14 address latent demand and improve E.D.
15 through input, as well as, hospital
16 operations through a conservative
17 approach that prioritizes our already
18 existing facilities. To ensure the
19 medical center's ability to provide high
20 quality patient care and accommodate all
21 of the patients who seek care here at
22 Boston Medical Center.

23 MR. RENAUD: Thank you, Nancy.
24 Vanessa, could you please let the next
25 speaker in?

1 THE MODERATOR: Thank you. We
2 show no one else in queue.

3 MR. RENAUD: Okay. We will wait a
4 few minutes.

5 Okay. We have not heard from a
6 speaker in three minutes now. So we
7 will give it to 2:45 P.M. We will give
8 it five more minutes. If no one
9 testifies up until that time, we will
10 end the testimony.

11 Hi Vanessa, can you please let me
12 know if anyone is in the queue?

13 THE MODERATOR: Yes. Absolutely.
14 Nobody is in queue, but I can provide
15 the reminder. As a reminder, please
16 press *1, un-mute your phone and record
17 your name to provide your testimony.
18 Thank you.

19 MR. RENAUD: Okay. I am just
20 going to give it a couple of more
21 minutes. Thank you for your time.

22 As a reminder, written comments
23 will be accepted through 5:00 P.M.,
24 Monday, on November 7, 2022.

25 Since we did not have anyone in

1 the queue for a period of time. We are
2 going to end the Public Hearing. Thank
3 you to all who provided testimony. And
4 as one last reminder, written comments
5 will be accepted to 5:00 P.M. on Monday,
6 November 7, 2022. Thank you. This now
7 ends the Public Hearing.

8
9 (Time Noted: 4:54 P.M.)

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

I, Jessica DiLallo, a Notary Public for
and within the State of New York, do hereby
certify:

THAT, the within transcript is a true
record of said Public Hearing.

I further certify that I am not related
either by blood or marriage to any of the
parties to this action; and that I am in no
way interested in the outcome of this matter.

IN WITNESS WHEREOF, I have hereunto set my
hand this 28th day, October, 2022.



Jessica DiLallo

* * * *

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