Berkshire Health Systems, Inc. North Adams Regional Hospital DoN # BHS-23072710-OL

APPLICANT QUESTIONS #1

Responses should be sent to DoN staff at DPH.DON@State.MA.US

While you may submit each answer as available, please

- List question number and question for each answer you provide
- Submit responses as a separate word document, using the above application title and number as a running header and page numbers in the footer
- When providing the answer to the final question, submit all questions and answers in one final document
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. If "cutting and pasting" charts, provide them in a PDF so they can be clearly seen
- Whenever possible, include a table with the response

Factor 1a: Patient Panel Need

- 1. Please confirm the first year of project implementation. The Project will commence upon receipt of all regulatory approvals. This is expected to be on or about January 2024.
- 2. The application states that all North County patients needing inpatient and most observation services have been transported to BMC (or across state lines to Southwestern Vermont)(Intro). How many patient transfers were there to Vermont for inpatient and observation services in FY22 or the most recent year available? Based on available data, in FY 22 there were 11 patients who requested a transfer from the North Adams SEF to Vermont.
- Endoscopy Room and Operating Room utilization
 To better understand Patient Panel access to surgical and endoscopy services:
 - a. Provide a breakdown (inpatient/outpatient) of current operating room (OR) (322) and Endoscopy Volume (1,300) listed on the Change in Service Form. **The current OR and Endoscopy volume is all outpatient.**
 - i. What is the current utilization of the existing ORs and Procedure Rooms? The Applicant's utilization of the ORs and Procedure Rooms is a function of staff availability in North County. The Project proposes to close two procedure rooms and re-open two (2) ORs that were in operation prior to the inpatient hospital closure in 2014. The Applicant will maintain a total of four (4) rooms before and after the Project. This change allows the Applicant to gain efficiencies that will minimize costs. In particular, the Applicant will be to able staff and support any type of procedure/surgery in a given room and maximize the anesthesia providers' time as they are involved in all types of procedures.

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- ii. The application states that staff will be able to use the proposed ORs for all types of procedures which will reduce wait times (F.1.c.). Provide current wait times for surgical and endoscopy procedures and any projected reduction in wait times. Currently North County patients are getting endoscopies in both North Adams and in Pittsfield. The current blended wait time for endoscopies in North Adams and Pittsfield is approximately 7 weeks based on the third next available appointment. Wait times, as well as the need to have more procedures be done in Pittsfield, are impacted by the recent retirement of a physician in North Adams and use of a locums tenens physician. The outpatient surgical wait times in North Adams is approximately 1-2 months.
- 4. Based on the change in service form, the occupancy rate is projected to be 52% after project implementation. How did you determine occupancy rate after project implementation? Do you anticipate that it will change over the next five years after project implementation? If so, please explain. The Applicant's proposed volume did not assume any surgical growth and accounts for a temporary drop in volume with the retirement of endoscopy provider. The Applicant anticipates volume will increase as soon as it recruits a replacement physician, and that over time it will be prepared to address the natural growth in volume with the 4 ORs.

Factor 1: b) Public Health Value, Improved Health Outcomes And Quality Of Life; Assurances Of Health Equity

With respect to health equity:

- 5. How will BHS respond to increased demand for interpreter services (IS) as a result of the expansion of inpatient and observation services at NARH? BHS is currently providing interpreter services for the BMC Satellite Services as the program is described in the Application. BMC will continue to provide the same interpreter services with the expansion of inpatient and outpatient services at NARH. This includes both remote interpreting over Zoom (since the start of the Pandemic) and in-person interpreters.
- 6. With increasing use of telemedicine, how will you ensure that you maintain equitable access to high-quality IS and that staff receive guidance on its appropriate use. Applicant's staff is trained on the use of interpreter services both for in-person and telemedicine visits. When there is a need for interpreter services during a telemedicine visit, a request gets placed with central scheduling. Upon receipt of the request, the applicable Department will coordinate with the interpreter services program to address the language, date, and time for the visit. The interpreter is invited to the telemedicine visit and receives a link. The majority of the requests the Applicant receives for telemedicine interpreter services are for Spanish and the Applicant has been able to use its in-house interpreter. For other languages, the Applicant coordinates with its vendors.

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Factor 1c: Efficiency, Continuity of Care, Coordination of Care

7. To better understand how the Proposed Project will improve continuity and coordination of care for the Patient Panel, describe the discharge processes for M/S and observation patients. How will you ensure linkages to patients' primary care and other providers? The Applicant will have a dedicated case manager at NARH who will be supported by the case management team in Pittsfield who can cover when there is high volume, on weekends or vacations. The NARH case manager will follow the same process used at Berkshire Medical Center. This includes working with each individual's care plan, identifying their needs and linking them with appropriate home or community-based services.

All primary care physicians in North County, except one, are part of the Applicant's system or work for the local federally qualified community health center (FQHC). These physicians have access to the electronic medical record (EMR) that is used for the BMC Satellite Services in North Adams and will be used at NARH. These physicians currently receive a message in the EMR when their primary care patient is admitted to and discharged from the SEF and a copy of the discharge summary. This process will extend to the admissions and discharges from the inpatient beds at NARH. The primary care physicians' offices also receive a daily notification that shows all patients that were admitted and discharged from the SEF (and when open, the inpatient beds). This allows the primary care physicians' mid-level staff to also have timely access to this information. All primary care physicians, including the one who does not have access to the EMR, also receive this notification at their office that shows all the patients that were admitted and discharged from the SEF (and when open the inpatient beds). The one primary care physician who does not have access to the electronic medical record is nearing retirement and has a small patient panel. This physician receives a copy of their patients' discharge summaries.