

**Beth Israel Lahey Health, Inc**  
**DON # BILH-23102414-HE**

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**APPLICANT RESPONSES 2**

*Responses should be sent to DoN staff at [DPH.DON@mass.gov](mailto:DPH.DON@mass.gov)*

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
- We accept answers on a rolling basis however, when providing the answer to the final question, submit all questions and answers in order in one final document.
- Submit responses in WORD or EXCEL; only use PDF's if absolutely necessary. **Whenever possible, include a table in data format (NOT pdf or picture) with the response.**

In order for us to review this project in a timely manner, please provide the responses by **October 16, 2024**.

**Project Description**

**1. Please define Vertical Treatment Unit (Narrative, page 1).**

This is an area that includes the use of recliner type chairs to provide care rather than stretchers and dedicated private rooms. Patients who are determined to have the ability, based on acuity assigned at triage, to be able to sit in a chair to receive their care will be assigned to the Vertical Treatment Unit in order to maintain availability of the ED's treatment beds. The use of a vertical treatment area allows the hospital to reserve ED beds for higher acuity patients.

**Factor 1a: Patient Panel Need**

**2. In the Narrative (table 4, page 6) notes an increase in ED visits. Beyond the increase in population already noted in the Narrative:**

**a. To what does the Applicant attribute the increase in ED visits?**

In addition to population growth, the Applicant attributes the increase in ED visits largely to the closure of Compass Medical in May 2023, which left patients without access to their primary and specialty care providers. As a result, patients with acute medical needs turned to the Plymouth ED. Further compounding care access was the temporary closure of Brockton Hospital. Some of these patients will chose to remain within the BILH system, including for obtaining emergency services.

**b. Are the patients being seen in the ED more appropriate to urgent care?**

In 2024, only 14.4% of patients were categorized on the Emergency Severity Index (ESI) as ESI 4 and 5, which are patients with low acuity needs. As detailed below, despite the increase in ED utilization, the percentage of patients categorized as ESI 4 and 5 has declined every year since 2020. Through these efforts, the number of low acuity patients has decreased from 19.1% of all ED patients in FY2020 to 14.4%. Moreover, approximately 800 fewer patients sought ED-level care for lower acuity conditions in FY2024 compared to FY2020 despite an increase of 7,000 more ED visits in FY2024 compared to FY2020.

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The Hospital attributes this decline in low acuity ED visits to initiatives it has put into place to facilitate patients receiving care in the right setting.

BID-Plymouth and the Applicant continue to provide patient education in the primary care setting as well as the community setting on “where to go for what care”, including education specifically designed for new residents. The Hospital created a list of common illness and guidelines for the most appropriate place to go for treatment if/when primary care is not available. Further, the Hospital hosts a “House Calls” series, where physician leaders and administrators spend time with the community in settings such as community centers, senior living facilities and libraries. These events are educational and social, providing opportunities to re-educate the public on the best place for obtaining after hours care.

**3. Page 6 of the Narrative references patient acuity levels for ED visits. Please define:**

- a. Low Acuity patients: ESI 4 and 5
- b. Moderate Acuity patients: ESI 2 and 3
- c. High Acuity patients: ESI 1

**4. Page 6 of the Narrative discusses data about patient acuity levels for ED Visits. Please provide the following information for a more complete view of the data referenced:**

ED Visit Acuity Levels					
	FY2020	FY2021	FY2022	FY2023	FY2024 <sup>1</sup>
Low Acuity	19.1%	17.3%	16.1%	15.8%	14.4%
Moderate Acuity	79.5%	81.2%	82.6%	82.9%	84.2%
High Acuity	1.4%	1.5%	1.3%	1.3%	1.3%
Total ED Visits	39,142	40,180	42,367	43,609	45,952

**5. Based on the projections provided, the Proposed Project would not be operational until FY2029. Considering the current capacity issues, what is the Applicant’s interim plan to manage the volume until the Project achieves completion?**

The Proposed Project will be completed in phases so the ED will experience incremental improvements once construction begins.

Phase I will be accomplished in two sub-phases:

Phase 1A will create the new addition which will include the new emergency department main entrance, public waiting area, reception and triage areas, public toilet facilities, security center of operations, seven new private treatment rooms – one of which is appointed for patients of size – and supporting clinical and administrative areas. Completion is targeted for Spring 2026.

Following the opening of the new addition, Phase 1B will then renovate the front end of the existing emergency department taking the existing waiting area, reception, triage, four treatment bays, security office, and supporting administrative areas offline since the aforementioned areas will have moved into the new addition. A temporary corridor will be created to enable direct access between the new emergency department addition and the portion of the existing emergency department that will remain active during Phase 1B construction. Phase 1B will create ten new private treatment rooms and

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<sup>1</sup> 2024 data has been annualized.

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supporting clinical & administrative areas. Completion of this phase is targeted for late 2026.

Phase 2 will then renovate the vacant portion of an existing infusion department to create a new secure-holding behavioral health area for the ED. This will result in sixteen new secure-holding behavioral health rooms with supporting clinical and administrative areas. This phase also includes new ED staff and administrative support areas including private and shared offices, a staff locker room, a staff toilet, and additional storage space.

Phase 3 will be accomplished in two sub-phases; A and B:

Phase 3A will renovate the remaining portion of the existing emergency department that does not contain the existing secure-holding behavioral health rooms. This will include both the renovation of existing and construction of new patient support spaces, supporting clinical areas, and staff support areas. The patient support spaces will include the renovation of existing patient toilets, a new consult room, nine new private treatment rooms, and the renovation of five existing private treatment rooms.

Phase 3B will then renovate the existing emergency department secure-holding behavioral health space to create five new private treatment rooms and supporting patient, staff, and clinical areas.

Additionally, BID-Plymouth engaged the Berkeley Research Group to conduct an assessment of ED throughput opportunities and has begun implementation of the interventions identified. These initiatives include adjusting staffing patterns in real time to meet patient demand, focusing on reducing turnaround times for diagnostic imaging studies through the addition of another teleradiology service when testing volume warrants additional radiologists to interpret completed studies, and implementing laboratory point of care testing within the Emergency Department to improve laboratory testing turnaround times. In addition, BID-Plymouth convened an ED Throughput Multidisciplinary Steering Team to oversee the workgroups responsible for implementing the above strategies, evaluating outcomes, and identifying the potential need for additional interventions.

**6. Narrative page 7 discusses the need for additional Behavioral Health beds.**

**a. How did the application determine that 9 beds was the appropriate number of beds to add to the unit?**

The Hospital determined that 16 behavioral health beds would provide sufficient capacity based on historical utilization. The Hospital utilized the number of behavioral health visits in the ED from 2018 to 2021. During this period, the ED had an average of seven (7) beds used for behavioral health patients. By having 16 beds, the Hospital will be able to accommodate peak volumes as well as serve multiple populations simultaneously.

**b. Will the Hospital have sufficient inpatient capacity to serve the needs of behavioral health individuals?**

This project does not involve an increase in inpatient psychiatric beds at the hospital. It is important to recognize that Hospital's inpatient psychiatric bed capacity does not dictate where patients will seek emergency services and the project is addressing the need for patients presenting to the ED in need of behavioral health services, not all of which require an inpatient admission

**7. Page 7 of the Narrative states, "Annually, Plymouth's population is growing at a rate of 3.52% and is expected to grow by an additional 10,000 residents by 2035."**

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- a. **Given the 3.52% population growth rate cited, please explain why only a 2% growth rate was applied to projections.**

A 2% growth rate for emergency services was applied to the Hospital's projections to account for better utilization of virtual care, telemedicine, primary care, and urgent care for low acuity conditions. As these services are used more consistently for patients who would have gone to the ED with ESI level 5 or level 4 complaints, the Applicant anticipates emergency services will grow at a slightly lower rate than the population. In addition, the Hospital experienced an increase in ED visits due to the closure of Brockton Hospital. With the Hospital's reopening, it anticipates that patients will chose to obtain emergency services locally rather than travelling to Plymouth.

8. **In table 6 on page 7 of the Narrative, Year 1 volume is projected to be approximately 44,481. However, the annualized data for 2024 volume was approximately 45,952. Could the Applicant please explain the presumed decrease in volume from FY2024 to Year 1 (FY2029).**

Please refer to the table below for the Applicant's current projections which were provided in the CPA Report and more accurately reflect when the Proposed Project will be fully operational.

Category	2029	2030	2031	2032	2033
ED cases	49,738	50,733	51,747	52,782	53,838

**Factor 1bi: Public Health Value /Evidence Based**

9. **Page 9 of the Narrative states that the impact of overcrowding would be longer wait times. Please provide a comparison of average ED wait times for comparable Hospitals within the BILH system.**

HOSPITAL	ARRIVAL TO TREATMENT SPACE in minutes
Milton	36
Plymouth	24
Needham	9

**Factor 1biii: Public Health Value /Health Equity-Focused**

10. **Page 11 of the Narrative describes language accessibility efforts. Are the translator staff and resources described dedicated to the ED?**

The translator staff and resources described are available across the Hospital, including for ED patients.

**Factor 2c: Delivery System Transformation**

11. **Page 15 of the Narrative notes that, "BID- Plymouth conducts comprehensive admission screenings that address social determinants of health..." Are these admission screenings performed at an ED visit or only when a patient has been admitted to the Hospital?**

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Comprehensive admissions screenings are only performed for inpatient admissions. Patients seen in the ED receive problem-specific assessments that may indicate the need for the completion of a comprehensive admissions screening.

**12. Please describe any Delivery System Transformation efforts specifically related to the ED project.**

- One of the more significant improvements to patient care resulting from the Proposed Project is the creation all private treatment rooms from care being delivered in hallways and curtained bay areas. This results in improved patient experience, privacy and space for family and caregivers.
- A larger, dedicated behavioral health unit with ability to serve multiple populations in a secure and ligature resistant environment will allow the Hospital to address the needs of this population in an expanded environment that provides for improved patient experience, which in turn may improve outcomes.
- A continued commitment to BID-Plymouth's Mobile Integrated Health ("MIH") program. Patients presenting to the ED that are determined to need additional support but not necessarily an admission or observation stay are referred to the MIH program to manage their care. This program is designed to allow for care management that avoids the use of the ED.
- The Proposed project will improve efficiency for the existing vertical treatment space, improving ED patient throughput by providing care in the most appropriate setting in the ED.