Sturdy Health, Inc DON # SH-24100710-HE

APPLICANT RESPONSES 2

Responses should be sent to DoN staff at 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 February 24, 2025.

Proposed Project

1. Given the expansion of ED beds in the Proposed Project, please explain why the number of Hallway Stretchers would increase.

Due to the expansion of ED beds through the Proposed Project, the utilization of hallway stretchers is expected to decrease. However, the new, expanded emergency department footprint provides greater potential capacity for hallway stretcher utilization in the event they are necessary to manage surge volumes caused by major events/disasters or should the hospital enter a CODE HELP scenario.

2. Is the Applicant able to provide statistics on Hallway Stretcher volume from FY21-FY24?

Hallway Stretcher volumes are not tracked.

3. With curtained bays becoming private rooms, is it possible to keep those bays as opposed to stretchers?

Please note the Proposed Project is for new construction, not a renovation of the existing ED. Therefore, existing ED space will not be a part of the new ED footprint.

Factor 1aii: Patient Panel Need

4. Does the Applicant attempt any follow-up with LWBS patients?

Yes. All patients who LWBS, elope or leave AMA receive a follow-up call pursuant to hospital policy and are encouraged to return for care.

5. To what does the applicant attribute the reduction in Psych Boarding from FY21-24?

The increased presence of community behavioral health centers has allowed more patients to be evaluated and cared for within the community, reducing some ED presentations. Additionally, patients

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are being more quickly admitted to inpatient psychiatric beds and this has reduced the length of stay in the ED until the patient is able to be transferred.

6. Given that Behavioral Health tracking could not be provided and also that Behavioral Health boarders have decreased overtime, please explain how the Patient Panel has been negatively impacted by the current size of the ED Behavioral Health area.

The current ED Behavioral Health area has five (5) beds and is open to the rest of the Emergency Department. Despite a reduction in overall ED boarding, there are many days that the Hospital still treats more than five (5) behavioral health patients at a time so patients that do not receive a bed in the Behavioral Health area must be placed in hallways while awaiting disposition. By increasing the number of dedicated beds for behavioral health patients, more patients will receive their care in an area designed for their treatment, well-being and safety, contributing to their experience and health outcomes.

Moreover, the proposed ED Behavioral Health area will not be open, but instead will be physically separate from the main ED. Furthermore, the current ED Behavioral Health area is located adjacent to the ED's general patient care area. Given the close proximity and lack of distinct separation of the current ED Behavioral Health area from the rest of the ED, patients in either setting are more likely to negatively impact patients in the other setting. Having the larger, physically distinct ED Behavioral Health area will ensure that behavioral health patients in crisis have access to a private, therapeutic space that will reduce agitation and promote recovery.

7. Round 1 responses stated that the Applicant would use, "our robust recruitment efforts to attract qualified staff to these new positions." Please provide greater detail on recruitment methods.

Sturdy Health has a dedicated Recruitment Manager (RM) for the Emergency Department who sources candidates for all ED positions via Indeed and LinkedIn, as well as by featuring sponsorships on LinkedIn. The RM reaches out to people who meet the requirements of the positions being sourced on both career search sites, as well as conducts initial screening of any applicants who apply directly to Sturdy Health's career website. Additionally, the RM attends numerous career fairs throughout the year focused on nursing students at local colleges within Massachusetts and Rhode Island, including the Community College of Rhode Island, Wheaton College, Curry College, and Bristol Community College. The RM also meets with clinical students on these campuses to review Sturdy Health's new graduate programs, compensation and benefits.

For existing employees, Sturdy Health offers recruitment and retention bonuses to nurses. There is also a referral bonus program for Sturdy Health employees who refer nurses for open positions which has helped with recruitment. Furthermore, Sturdy Health offers a special program for the internal growth of current employees interested in transitioning to the ED. The ED Bridge Program trains existing nurses for a position within the ED and will be an instrumental recruitment tool as additional staffing is needed for the new ED.

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Factor 2b: Public Health Outcomes

- 8. Round 1 responses indicated that the PRAPARE tool is not routinely used with ED patients but could be used with ED patients if determined to be necessary.
 - a. Please describe instances where an SDOH Screening would be used in the ED.

An SDOH screening may be used in the ED if a patient disclosed a need for assistance during their visit. The ED would assist with the disclosed need to the extent possible through case management or a referral to the appropriate resource. Case management could determine a full SDoH screening is appropriate based on their interaction with the patient.

b. How does this ED SDoH Screening policy compare with other ED SDoH screening policies?

Sturdy Health cannot speak to the screening policies of other emergency departments.