

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

APPLICANT QUESTIONS #2

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. The Application states that the reimagined North Adams Regional Hospital will have 18 medical/surgical beds which will also be certified for use as swing beds for subacute care (pg.4). A CAH with Medicare swing bed approval may use any of its inpatient beds for either inpatient or skilled nursing facility level services (pg.9). The Application notes that this will allow patients to stay in one place without having to move between the hospital and nursing facility (pg.9).

To better understand Patient Panel need for swing beds, please respond to the following:

- a. The Application cites a study which stated that the most commonly reported uses of swing beds was for physical and occupational therapy for orthopedic patients or for patients who need strengthening following their hospital stay, as well as patients requiring wound care and/or intravenous antibiotics or end of life care. (pg.9).
 - i. What do you expect will be the most common diagnoses or health conditions of patients admitted to a swing bed at the proposed Facility? **The Applicant anticipates that the most common diagnoses or health conditions of patients admitted to a swing bed are those patients who no longer need an acute level of care but require intravenous antibiotics. These patients often have a dual diagnosis of Substance Use Disorder ("SUDs"). In addition, Berkshire Medical Center consistently has a nursing unit of patients who no longer need acute care but cannot be discharged to a SNF or home for a variety of reasons including, but not limited to, availability of services (a SNF bed or home care), a SNF does not have the resources to care for the patient or there is a lack of family supports. These patients have a noticeably longer length of stay than other patients.**

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- ii. What types of services will be offered for patients admitted to a swing bed?
Admission to a swing bed requires two (2) skilled services. Most common are nursing and rehab.
- iii. What will be the most common uses of the proposed swing beds? **See Question 1.a.i. above**
- b. How will the proposed M/S beds that will be certified for use as swing beds be staffed? Will staffing for swing beds patients be different from staffing for acute care patients?
The staff will provide services to both the M/S and the swing beds and staffing will be based on acuity.
- c. What is the anticipated average length of stay (ALOS) for swing beds? **7-10 days for medical admissions and 4-6 weeks for IV antibiotics**
- d. What is the projected number of swing bed patient days? **The Applicant has not done this calculation.**
- e. What patient measures will you use to assess impact of the proposed swing beds? **The Applicant will look at the following measures to assess the impact of the proposed swing beds: discharges to home, 30-day follow-up status and functional status improvement. Fairview Hospital, the Applicant's other CAH, participates in a study conducted by Stroudwater Associates that collects swing bed data. The Applicant intends to enroll NARH in this study if that option is available**
- f. Are patients given the option to be admitted to a swing bed versus a SNF? **Yes, patients always have the option. As a Medicare-certified hospital, the Applicant complies with the hospital discharge regulations¹ which include providing the patient with a list of post-acute providers that serve the geographic area and disclosing any providers on the list that are owned or operated by the Applicant.**

¹ 42 CFR 482.43(b)

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2. The Application includes the number of SEF transfers to BMC (Appendix, pg. 10). Provide the payer mix for FY22, for SEF patient transfers to BMC.

Payer Mix	FY 22 SEF Transfers to BMC	
	Number	Percent
Public/Medicaid/Medicaid MC	315	24.5%
Medicare/Medicare MC/Advantage	765	59.5%
Private/Commercial/HMO	176	13.7%
Health Safety Net (HSN)	5	0.4%
Other (self-pay/workers' comp/VA)	24	1.9%
Total	1285	100.0%

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