

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

APPLICANT RESPONSES 1

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 **September 9, 2024**.

Factor 1ai: Patient Panel

1. **Please provide the number of unique patients served for 2019 and 2020 in the table below. Please note: the timeframes for the data should match the submissions in Tables 1-3 in the Narrative (Fiscal year or Calendar year).**

Patient Panel is defined at 100 CMR 105.100 as those patients seen over the course of the most recent complete 36-month period. For purposes of this application, that period is 2021-2023. Due to the timing of the Application, the Applicant provided FY24 annualized as requested in the responses. BILH transferred data systems and is unable to pull patient panel data on the fiscal year for the years requested prior to 2021. In addition, the Applicant does not believe utilization data from FY19 and FY20 should or will have bearing on the Application as it precedes the pandemic. Accordingly, responses (in whole or in part) to questions #1, 3, 4, and 5 will be limited to FY21-24.

Table 1

	2019	2020
BILH Overall Patient Panel		
BID-Plymouth		
BID-P Emergency Department		

2. **For the 2023 BILH Overall Patient Panel (on Table 1, page 3 of the Narrative), please break down the age demographics according to the table below:**

Table 2

Age	Count	Percent
0 to 17	98,201	7.0%
18 to 25	169,171	12.1%
26 to 45	423,129	30.2%
46 to 64	255,776	18.3%
65 and Older	452,644	32.4%
Total	1,398,921	100.0%

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3. For the Historical ED Visits Table (Table 4, page 6 of the Narrative), please provide additional data as requested below. (Please annualize visits for FY2024.)

BID-P does not classify ED patients as strictly “behavioral” or “non-behavioral” when they arrive at the ED for help. As noted in the narrative, BID-P used the number of ESP assessments as a surrogate measure for assessing behavioral health volume.

Table 3

	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
Behavioral Health ED Visits						
Non Behavioral Health ED Visits						
Total ED Visits		39,142	40,180	42,367	43,609	45,952

4. For the Historical ED Utilization Data Table (Table 5, page 6 of the Narrative), please provide data for FY2019 and annualized data for FY2024.

Table 4

Historical ED Utilization	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
Avg. Arrival to Treatment Space (minutes)		11	59	90	91	82
Number of LWBS		363	582	1,254	1,123	953
Number of Eloped ¹		157	185	262	299	228
Avg. Total TLOS - All Patients		391	440	475	468	483
Median TLOS - All Patients		279	311	324	329	324
Avg. TLOS - Admitted & Acute Transfers		480	594	675	693	760
Median TLOS - Admitted & Acute Transfers		365	438	466	521	568

5. Please provide the following data for the Behavioral Health ED Utilization (Please annualize 2024 data):

As noted in the response to #3, BID-P does not track these measures separately because patients are not tracked separately.

Table 5

Behavioral Health ED Utilization	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
Avg. Arrival to Treatment Space (minutes)						

¹ An eloped patient is one who had care initiated in the ED or a Medical Screening exam was performed, but left prior to treatment or discharge by provider.

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Number of LWBS						
Number of ELOPED ²						
Avg. Total TLOS - All Patients						
Median TLOS - All Patients						
Avg. TLOS - Admitted & Acute Transfers						
Median TLOS - Admitted & Acute Transfers						

6. Page 7 of the Narrative and page 4 of the CPA report note staffing needs for the expanded ED. Please answer the following questions:

Because the Proposed Project is primarily focused on right-sizing the ED to meet current need, the Applicant does not anticipate a significant increase in resources will be required upon opening, but rather than staffing will adjust to meet volume overtime. Therefore, the Hospital anticipates utilizing existing BILH resources and will adjust operational coverage based on the types of additional patients that utilize the Emergency Room. The Hospital, along with BILH, will work to recruit and retain talented staff.

- a. **Of the 107 FTE's projected for the expansion, how many are anticipated to be new hires versus existing staff?** Increases in staffing will be driven by additional volume growth over time. The current robust per diem workforce will be utilized to assist with initial growth during the period of recruitment. Recruitment efforts will continue and include new nurse resident and nurse transition to specialty unit programs.
- b. **The expanded Behavioral Health unit will be "staffed by dedicated clinicians, including psychiatrists, psychologists, and licensed social workers, with experience to work with, treat, and care for patients with behavioral health needs." How many FTE's will be part of the dedicated behavioral Health unit?** Clinicians in each discipline are assigned to care for patients in the behavioral health unit daily based on volume and acuity. Currently, the behavioral health unit has 4.2 RN, 4.2 Technicians, and 4.2 Public safety Officers for a total of 12.6 full-time employees. Additional positions will be added proportionate to volume.
- c. **How many FTE's for the Behavioral Health unit are anticipated to be new hires versus existing staff?** Clinicians will be hired for general ED patient population or behavioral patient population both in ED and throughout the hospital, e.g., psychiatrists work across services lines, through BILH Behavioral Services. All staff are allocated based on volume and acuity/patient needs.
- d. **How does BID-P plan to attract qualified staff to the new positions?**
 BID-P will continue to recruit locally and partner with BILH on recruitment efforts.

² An eloped patient is one who had care initiated in the ED or a Medical Screening exam was performed, but left prior to treatment or discharge by provider.

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7. Please share the methodology used to determine that 68 beds³ would be the appropriate number of beds to serve the Patient Panel.

BID-P's current ED utilizes a variety of treatment spaces to accommodate each patient that seeks emergency care depending on need and acuity. This includes a total of 58 private rooms, hallway stretchers, curtained bays, cubicles, and other spaces. The historical utilization data provided in the DoN application illustrates the significant wait times that patients are currently experiencing with the existing arrangement and compliment of treatment spaces. The chart below illustrates the ED's current state and what is being requested.

Table 6

	Current	Proposed Project	Net New
Trauma ^[1]	2	2	0
Triage/Fast Track	2	2	0
Behavioral Health	7	16	9
Flex Space/ Vertical Treatment ^[2]	11	11	0
Private Rooms	5	37	32
Hallway Stretchers	15	0	-15
Curtained Bays	12	0	-12
Cubicles	4	0	-4
Total	58	68	10

The net increase to the ED is 10 (ten) additional beds, of which nine (9) will be dedicated to behavioral health patients in a designated and secluded area, improving patient experience. The additional behavioral health beds are needed address the current and projected need for patients with acute behavioral health needs. Without designated space within the behavioral health unit, patients will otherwise be placed within an ED bed until an alternative or permanent placement is available, further impacting throughput within the ED. The expansion of the behavioral health unit is expected to alleviate wait times for all ED patients, while ensuring each patient receives care in the most appropriate space. In addition, by converting non-optimal treatment areas including hallway beds and curtained bays to private 32 private rooms, patients experience will improve through enhanced privacy.

8. Projected Volume (Table 6, Page 7 of the Narrative) uses a 2% growth rate. Please explain the foundation for using a 2% growth rate for projections.

A 2% growth rate factors projected population growth of the Plymouth community, including BID-P's primary and secondary service area, as well as increased utilization during summer months. While 85% of all ED visits originate from the Hospital's primary and secondary service areas, 15% of visits originate elsewhere indicating a strong need for emergency services by individuals visiting the Plymouth community.

Factor 5: Relative Merit

³ The DoN Narrative incorrectly identified 67 beds in the Proposed Project. The Proposed Project is for 68 beds, as detailed in Table 6.

^[1] Note that both trauma beds are and will be located in one trauma room (i.e. a "two-position room").

^[2] The existing 11 beds are used as flex-space as demand required. Under the Proposed Project, these beds will be used in a designated vertical treatment space for lower acuity treatments.

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9. Page 16 of the Narrative states that only one alternative option to the project was considered.

a. **Please provide information about any alternative options that were not reflected in the Narrative.** The Hospital provides educational materials and public service announcements patients on where to receive care based on presenting symptoms. Further, the Hospital implemented a Mobile Integrated Health service in partnership with Brewster Ambulance which supports patients post discharge and those with chronic health conditions that can receive care in their homes. Lastly, the Hospital increased the number of Primary and Specialty care providers in order to provide greater access to the full spectrum of health care in the community.

b. **Describe any methods that may have been considered to manage the high volume/ long wait times, and why those options were rejected.**

BID-P continuously adjusts its care processes to assist with managing ED volume and acuity. It has focused on improving the door-to-provider times by creating a vertical flow area with recliner chairs that are used for lower acuity patients and has created exam spaces so that providers can begin seeing and examining patients at triage/waiting room. During the COVID-19 pandemic, BID-P added ten (10) private ED rooms in an adjacent area to help support isolation and continues to use those beds when ED volume is at its highest. This area is currently used as flex-space and includes 11 total beds. Lastly, the Hospital has implemented a process to transition observation patients to a new 25 bed observation unit thus attempting to decrease ED boarding.

The Hospital considered building a new ED instead of renovating in place with phased construction. However, the cost of new construction was not feasible despite the impact to existing services.