Everest Hospital, LLC
DON # 23101112-TO

APPLICANT QUESTIONS 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 **May 21, 2025**.

Proposed Project

1. **Please provide details on the experience that the partners in the newly formed entity Everest Hospital have in the Long Term Care Hospital industry.**

   Response: As noted in the DoN application, the partners in the newly formed entity Everest Hospital have vast expertise in long-term care (i.e. skilled nursing) which they plan to leverage with this proposed transaction that includes the acquisition of both the Hospital, a long term care hospital (LTCH) and a SNF. As the Applicant will further highlight in these responses, one primary goal of the proposed transaction is to increase throughput from the acute hospitals to the LTCH and then to the SNF. The Applicant's experience in long-term care can be easily translated into the long-term care hospital industry as there are many commonalities. For example, they serve a similar payor mix, they each have patients with long lengths of stay, and they have the same core goals to address chronic medical needs, prevent hospital readmissions and work on discharging patients home.

   The two principals of Everest Hospital are Mr. Klein and Mr. Danzinger. Mr. Klein is a practicing health care practitioner and has more than 20 years of experience as an owner of skilled nursing facilities, which has provided him with valuable insight and experience on the practicalities of delivering quality patient care. Mr. Danzinger is an experienced nursing home administrator, operating multiple post-acute facilities, including skilled nursing, assisted living, and independent living facilities, and is well-versed in the types of services and needs that apply to each. Together, these partners have the necessary leadership experience to address the major operational functions that are required for any health care facility, including LTCHs, such as patient satisfaction, quality of care, case management and care coordination, goal setting, cost-effectiveness, and health equity. This team understands that the clinical aspects of care fall under purview of the clinicians; therefore its focus is to bring forth its management experience from the long-term care space – which is, in some ways, more highly regulated than LTCHs.

2. **The Narrative notes that Vibra Hospital of Western Massachusetts, LLC is under the parent organization, Vibra Healthcare II, LLC.**

   a. **Please provide a brief description of any other facilities that fall under the Vibra Healthcare II parent organization.**

      Response: In addition to Vibra Hospital of Western Massachusetts, Vibra Healthcare II, LLC's subsidiaries operate four (4) long term care hospitals located in California, Idaho and North Dakota. See attached organizational chart.

3. **How long has Vibra Hospital of Western Massachusetts, LLC been in operation?**

   Response: Vibra Hospital of Western Massachusetts, LLC has operated the Hospital since September 1, 2013.

4. **What changes does the Applicant anticipate to current staffing levels as a result of the Proposed Project?**

   Response: The LTCH is currently staffed to census and patient acuity. The Applicant will continue to staff accordingly. The current operator, however, uses travel staff, a practice which the Applicant will be moving away from.   The Applicant intends to invest in staff through recruitment, hiring, and retention practices.

   a. **If the Applicant intends to hire additional staff, please provide details on how they will attract talent.**

      Response: After the proposed transaction, key priorities of the Applicant are to understand the Hospital's personnel needs, enhance the Hospital's existing human resources infrastructure and utilize other marketing techniques to boost recruitment and hiring, and implement a long-term worker retention strategy emphasizing a personal approach by Hospital leadership. First, to understand the existing staffing needs, Applicant plans to survey current staff, establish an onsite presence, and have regular and ongoing discussions with the Director of Nursing. Based on the feedback received, Applicant will develop a plan to address these needs. For example, Applicant plans to utilize recruitment software that connects providers to potential candidates and will strengthen its relationships with local clinical training programs, both of which are sources of potential hires who can also develop into longstanding employees. Applicant will also utilize standard marketing approaches including signing and referral incentives, as well as use of social media. Applicant understands that maintaining staff requires investment in employee satisfaction and management that goes beyond recruitment and hiring. Therefore, Applicant is committed to creating a culture where leadership is readily available and on the premises to quickly step in when staffing or personnel issues arise.

1ai: Patient Panel

5. **Based on the Unique Patient data provided in Exhibit 2A, Vibra's unique patient count has been in decline since FY2020. Please provide an explanation for the decline.**

   Response: The patient volume decline in FY 2024 was unusual for the Hospital, and was due to a number of issues including staffing issues and the termination of dialysis service provider who exited the business. For FY 2025, the patient volume is projected to be over 240 based on current volumes. In addition, the Hospital will have dialysis service shortly which will increase the patient volume.

6. **Can the Applicant provide any insight on why the percentage of male patients is significantly higher than female patients?**

   Response: The patient volume is proportionate to the split between male and female referrals to the Hospital. Overall, the percentage of male admissions versus female admissions was within 5% of the percentages of males versus females referrals.

7. **In Exhibit 2A, Tables 3 and 4 (Patient Origin, Race & Ethnicity), specifically for year 2024, please combine like categories (such as, "out of state patients"), footnoting what comprises each category, to reduce the number of categories with the "<11" designation. (One "<11" category per table would be acceptable).**

   Response: Please see the attached table at the end of this document.

8. **In exhibit 2A, table 5 of the narrative, the total number of patients for the Payer Mix for FY2024 (204 patients) does not equal the total number of patients listed in table 1 (207 patients). Please correct the table as necessary so that the numbers align or provide an explanation for why they do not match.**

   Response: The tables have been corrected and it was an administrative error in inputting the data on the tables.

Factor 1aii: Patient Panel Need

9. **The Narrative (p 4) notes that "The Hospital is invaluable to ensuring that the residents of Central and Western Massachusetts have access to long-term hospital services so that the acute care hospitals in the region can appropriately discharge patients in need of chronic hospital level care to the appropriate level and free up acute care beds for more acute care needs," and further notes that "The closure of Vibra Hospital of Western Massachusetts in Springfield on August 17, 2023 threatens to widen already existing gaps in patients' access to post-acute chronic care services."**

   a. **Would the Hospital be at risk of closure without the Proposed Project?**

      Response: Vibra would continue to operate the Hospital without the Proposed Project; however, the SNF, which is on the same campus and is owned by Vibra, likely would have been at risk for closure if Vibra had been unable to find a buyer.

b. **What has prompted Vibra to want to sell?**

Response: Vibra was initially marketing the SNF. After Applicant expressed interest in acquiring the Hospital as well, Vibra agreed to proceed with the sale of both facilities. In addition, the sale transaction as includes the real estate on which the Hospital and SNF are located.

c. **Please provide data on the volume of intake referrals from each acute care hospital from FY2020-FY2024.**

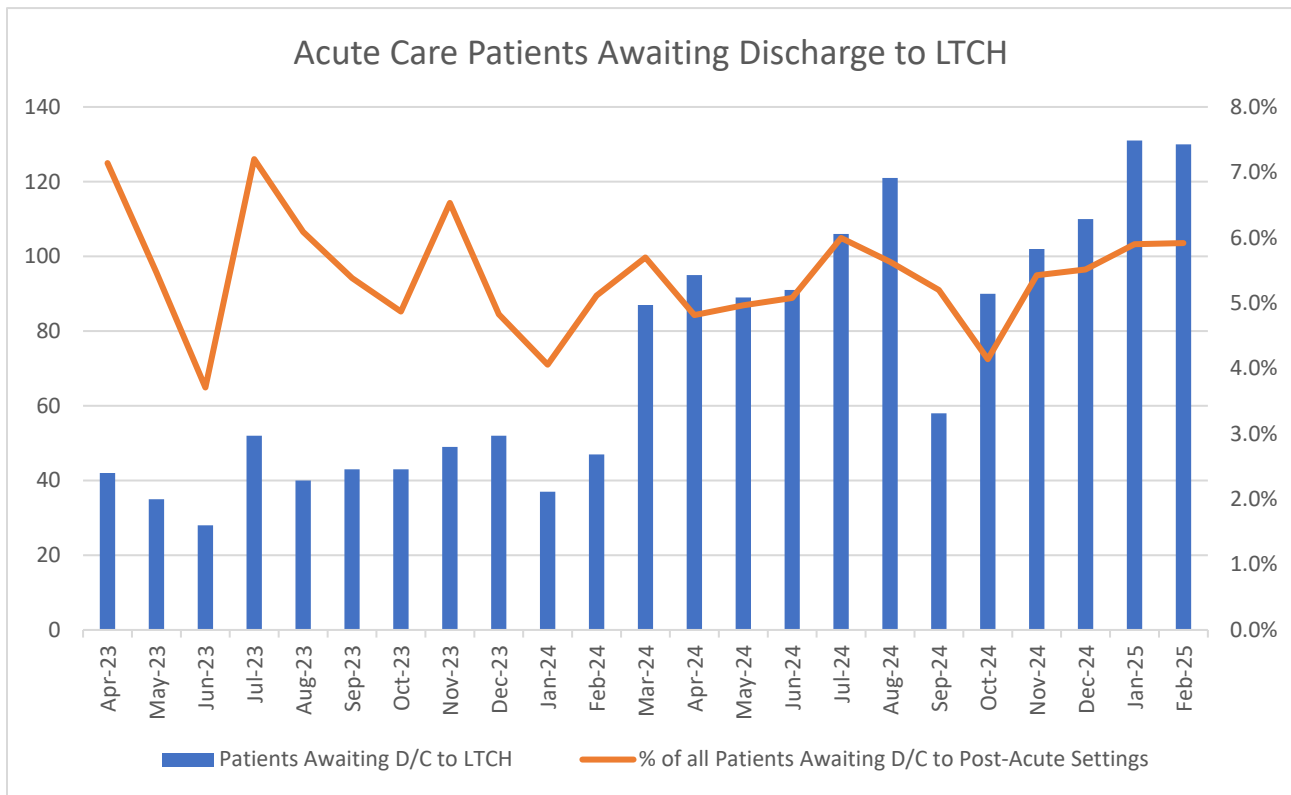Response: Please see the table attached at the end of this document.

d. **Please provide data demonstrating the "gaps in patient access to post-acute chronic care services" noted above.**

Response: This statement refers to patients in Massachusetts acute care hospitals awaiting discharge to LTCH or Inpatient Rehabilitation Facility (IRF) settings. This was described with more detail in Section F1.b.i. of the Application narrative, though the patient backlog data has since been updated by the Massachusetts Health & Hospital Association: As of February 2025, 312 patients across 45 Massachusetts acute care hospitals, comprising 14.2% of all reported patients, awaited discharge to LTCH or IRF settings. Of those patients awaiting discharge to an LTCH or IRF, 40% were waiting for more than thirty (30) days.

The following chart (next page) illustrates (i) the monthly number of acute care patients in the Commonwealth who are awaiting discharge to LTCH settings, and (ii) the percentage of patients awaiting discharge to LTCHs with respect to all patients awaiting discharge to post-acute settings, as reported by MHA.[1] Note that since MHA began separately tracking LTCH throughput data in April 2023, the number of patients awaiting discharge to LTCHs have trended upward over time, suggesting that the need for LTCH services exist, but patients have not been able to receive such services.

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[1] MHA, Monthly Throughput Survey Reports, MASS. HEALTH & HOSP. ASSN, https://www.mhalink.org/throughputreports/.

Acute Care Patients Awaiting Discharge to LTCH

Legend: Patients Awaiting D/C to LTCH — % of all Patients Awaiting D/C to Post-Acute Settings

e. **What other LTC hospitals are in the primary service area?**

Response: The closest LTCH is Whittier Rehabilitation Hospital in Westborough. However, it should be noted that the Hospital, like the other LTCHs in Massachusetts, serves the entire Commonwealth. This is evidenced by the patient origin data included with the Application. See Exhibit 2A, Chart 3. This is an industry standard practice that the Applicant is committed to continuing and is especially important in light of recent LTCH closures (e.g. Vibra Springfield and New England Sinai), which will help ensure patient access to LTCH services.

f. **What is the average drive time to each of these other LTC options from Leicester?**

Response: According to Google Maps, the average drive time between Whittier and the Hospital is between 30-40 minutes with the usual traffic and 30-50 minutes during rush hour.

10. **Page 5 of the Narrative states, "The majority of the patients awaiting discharge to an LTCH are in the Central Region and can be served by the Hospital." Given that the Hospital currently already serves the patients in this region, explain how the transfer of ownership will improve the throughput for the acute care hospitals.**

Response: As noted above, the lack of staffing and inability to admit dialysis patients has limited patient admissions. The staffing issue is being resolved and the Hospital will be able to admit dialysis patients since it is finalizing approvals for providing such dialysis service in-house.

11. **While the Narrative details the benefits of LTCH's in general, please provide any details (not covered in the preceding questions) on why the Transfer of Ownership is a need for the Patient Panel.**

    Response: As a result of the proposed transaction, a related party to the Applicant will own the real property which houses the Hospital and SNF. This will remove the current real estate owner (Medical Properties Trust) and bring both the Hospital and the real estate under the control of the principals of Everest. By removing the sale-leaseback structure in favor of an operator owned real estate structure, Applicant aims to remove the financial uncertainty that is often associated with REITs and bring financial stability to the Hospital. As described further below, Applicant anticipates that this financial stability will enable Applicant to pursue opportunities to improve patient access and delivery of care.

Factor 1bi: Public Health Value

12. **What improvements to patient access and/or patient experience does the Applicant expect as a result of the project?**

    Response: The Applicant plans to make a number of improvements to patient access and/or the patient experience as a part of the project.

    The Applicant intends to make two immediate changes. First, Vibra has a centralized referral/intake system and other shared back-office resources that serve both the Hospital and their primary LTCH location in Fall River. The two facilities are also more than 75 miles from each other in different locations in the Commonwealth, serving different acute care hospital partners.   Uncoupling these systems and creating a referral/intake process that is specific to the Hospital should positively impact patient access in Central and Western Massachusetts and help with throughput. Consolidating operations under Applicant will also result in more resources directly invested to promote the Hospital and invest in enhanced patient programming. Second, Applicant's leadership intends to have a regular and ongoing presence at the Hospital. This will provide patients and families as well as staff with more direct access to leadership and in turn should increase patient satisfaction.

    In addition, although it serves a patient panel from a broad geographic area, as noted above, the Hospital is in a rural area with limited public transportation access; therefore, the Applicant plans to further explore and implement transportation services programs for eligible patients and their families with access challenges.   This includes connecting with local hotels to develop potential discounts so that families and friends can be local while their loved ones are in the Hospital.   The Applicant also plans to explore transportation vouchers.

13. **Please describe how the collection of race and ethnicity data will be used to promote health equity for the Patient Panel.**

    Response: The Applicant intends to collect race and ethnicity data as part of its admission process. The Applicant has already experienced the benefits of providing Culturally and Linguistically Appropriate Services in the nursing home setting – for instance, implementing appropriate translation programs and enhanced care coordination programs to accommodate specific cultural needs. Through these experiences, Applicant understands

the importance of data-driven programming to ensure that it is meeting the needs of its patients. For this reason, Applicant intends to not only fulfill its general non-discrimination obligations under law, but will leverage this data to tailor programming patient panel needs.

14. **Narrative page 6 states, "The Applicant anticipates that the Proposed Project will improve health outcomes and quality of life through its standardized clinical practices, disease specific programs and best practices."**

    a. **Please describe the clinical practices, disease specific programs, and best practices referenced.**

    Response: Applicant intends to focus on maintaining and, where appropriate, improving the Hospital's LTCH Quality Reporting Program measures which are reported to CMS. To this end, Applicant will work with both administrative and clinical staff so that both teams understand the cost and clinical implications of their respective functions; however, as mentioned above, Applicant intends to support, not instruct, the clinical staff on implementing clinical and best practices and programming, so that their focus is on delivering quality care. This collaborative culture will extend beyond the Hospital. Applicant aims to create enhanced cohesion between the Hospital and the SNF, so that both facilities communicate more frequently and work in tandem to coordinate care, thereby avoiding the tendency to work in silos, despite both residing on the same campus.

    b. **How will the practices described be different or an improvement on what is already in place?**

    Response: Applicant's long term care expertise will bring forth a renewed focus on integrating the Hospital and SNF operations so that the campus will function as a whole. Rather than two facilities coexisting on the same campus, Applicant envisions both facilities working closely together, exchanging ideas and expertise, so that patients have access to the benefits of both and can transition their care within the same system with fewer delays.

Competition

15. **On page 4 of the Narrative, the Applicant states that it "anticipates that the Proposed Project will either have a net neutral impact or reduce the Hospital's total medical expenses (TME)."**

    a. **Please explain how the Applicant anticipates the Proposed Project might reduce the Hospital's TME.**

    Response: Applicant aims to harness any operational efficiencies that are created through the Hospital's shared campus with the Meadows (the SNF that Applicant is also acquiring from Vibra under this transaction). Such efficiencies may include bulk purchasing and shared contracting services, which Applicant anticipates will result in cost savings to the Hospital. Though Applicant does not plan to make significant changes to the Hospital's clinical operations, it will discontinue the use of the Vibra Travels program, which is Vibra's travel staffing agency, and will no longer use Vibra's corporate or administrative functions. Applicant anticipates that this will significantly lower the

fees associated with staffing and encourage some Vibra Travels staff to join the Hospital as employees. Furthermore, it will significantly reduce the corporate overhead charge.

Factor 2a: Cost Containment

16. **Please provide a detailed explanation (with cited reference) to explain why timely placement at an LTCH helps to contain the cost of patient care.**

Response: A 2021 study examining Medicare claims data from 2014-2015 found that, on the whole, patients who were intubated at an acute care hospital and were discharged to an LTCH to wean off the ventilator were more likely to be weaned when discharged earlier to the LTCH.[2] The study showed that each additional day spent in an acute care setting after intubation reduced the odds of weaning in an LTCH by 11.6%. The study explains that not all ventilated patients will benefit from an LTCH stay; however, for those critically ill patients who will, timely transition to an LTCH is not only beneficial to the individual, but to the hospital system as a whole: As was described in the Application, LTCHs may be able to help with hospital throughput issues and improve patient ventilation outcomes by enabling patients to transition from an acute care setting to an LTCH where they can receive appropriate specialized care such as weaning protocols and rehabilitation, and thereby lowering the rates of hospital readmissions, which the Commonwealth has already identified as an area of cost concern.[3]

The financial implications of prolonged ventilation in an acute care setting has been widely reported: In its online provider training materials, the Agency for Healthcare Research and Quality cites to research studies showing that each day that a patient spends on a ventilator in an acute care setting costs an average of $2,300 per day, rising to $3,900 after the fourth day.[4] These are savings that this project aims to accomplish.

Factor 2c: System Delivery Transformation

17. **Please provide examples of any new practices that will be incorporated into the system delivery as a result of the Proposed Project. (Assessments, linkages to social services organizations, incorporation of social determinants of health into care planning, etc.)**

Response: As described in the Application, Applicant intends to explore opportunities to expand and enhance the Hospital's under-utilized services, including dialysis services. Additionally, Applicant aims to increase clinical acuity in both the Hospital and the SNF so that both facilities have the resources and personnel to accept higher acuity patients. This will support one of the project's key objectives of this project: to improve hospital throughput throughout the Commonwealth.

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[2] Demiralp, B. et al., *Time spent in prior hospital stay and outcomes for ventilator patients in long-term acute care hospitals*, 104 BMC PULMONARY MED. 1, 3 (2021).

[3] CHIA, Hospital Readmissions and Revisits in Massachusetts
CHIAMASS.GOV, https://www.chiamass.gov/hospital-readmissions-and-revisits-in-massachusetts.

[4] Agency for Healthcare Research and Quality, *Overview: Getting Patients Off the Ventilator Faster: Facilitator Guide*, AHRQ.GOV (Feb. 2017), https://www.ahrq.gov/hai/tools/mvp/modules/vae/overview-off-ventilator-fac-guide.html (Citing Berenholtz S., et al., *Collaborative cohort study of an intervention to reduce ventilator associated pneumonia in the ICU,* 32 INFECTION CONTROL HOSP EPIDEMIOLOGY 305 (2011); Lipitz-Snyderman A et al., *Impact of a statewide intensive care unit quality improvement initiative on hospital mortality and length of stay: retrospective comparative analysis*, 219 BMJ 342 (2011)).

Factor 4: Demonstration Of Sufficient Funds Independent CPA Analysis

18. To what does the Applicant attribute the steep increase in expenses from 2025 to 2026 on page 7 of the CPA Report?

Response: On page 3 of the CPA Report, occupancy increases from 64.45% in year 1 to 89.09 in year 2. The expense increase is tied to this occupancy increase as there are a number of expenses which are variable based on occupancy (i.e. patient nursing staffing which is based on hours of nursing care per patient day). Applicant believes that the current occupancy levels are not sufficient to normalize operations at a sustainable level; therefore Applicant expects to implement several operational changes, including staffing, workflow, and marketing/outreach changes that will significantly increase occupancy levels.

19. Please define "triple Net" from page 7 of the CPA Report.

Response: Triple net is a real estate term which means the tenant is responsible for items such as real estate taxes, property insurance, repairs, maintenance, and escrows. These "Triple net" expenses are included in our financial projections. Triple net lease agreements are very common in healthcare entities.

20. Please explain the increase in rent noted in years 2028 and 2029. (Page 8 CPA Report)

Response: Years 4 and 5 include a small annual increase tied to inflation. This was projected to ensure compliance with the Applicant's 1.35 Debt Service Coverage Ratio.

Supplemental response to Question 2.a.

As of 4/22/2025

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                                              VIBRA HEALTHCARE II, LLC

   Southwest Idaho
   Advanced Care
   Hospital, Inc.              75%                                              100%
                  25%

           Vibra Hospital of Boise,      Vibra Hospital   Vibra Hospital of   Vibra Hospital    Vibra Hospital
                   LLC                   of Western MA,   Sacramento, LLC     of Central        of Fargo, LLC
                                               LLC                            Dakotas, LLC

           Vibra Hospital of Boise       Vibra Hospital   Vibra Hospital of   Vibra Hospital    Vibra
                                         of Western       Sacramento         of Central        Hospital of
                                         Mass – Central                      Dakotas           Fargo
                                         Campus

                                         The Meadows
                                         Central Mass
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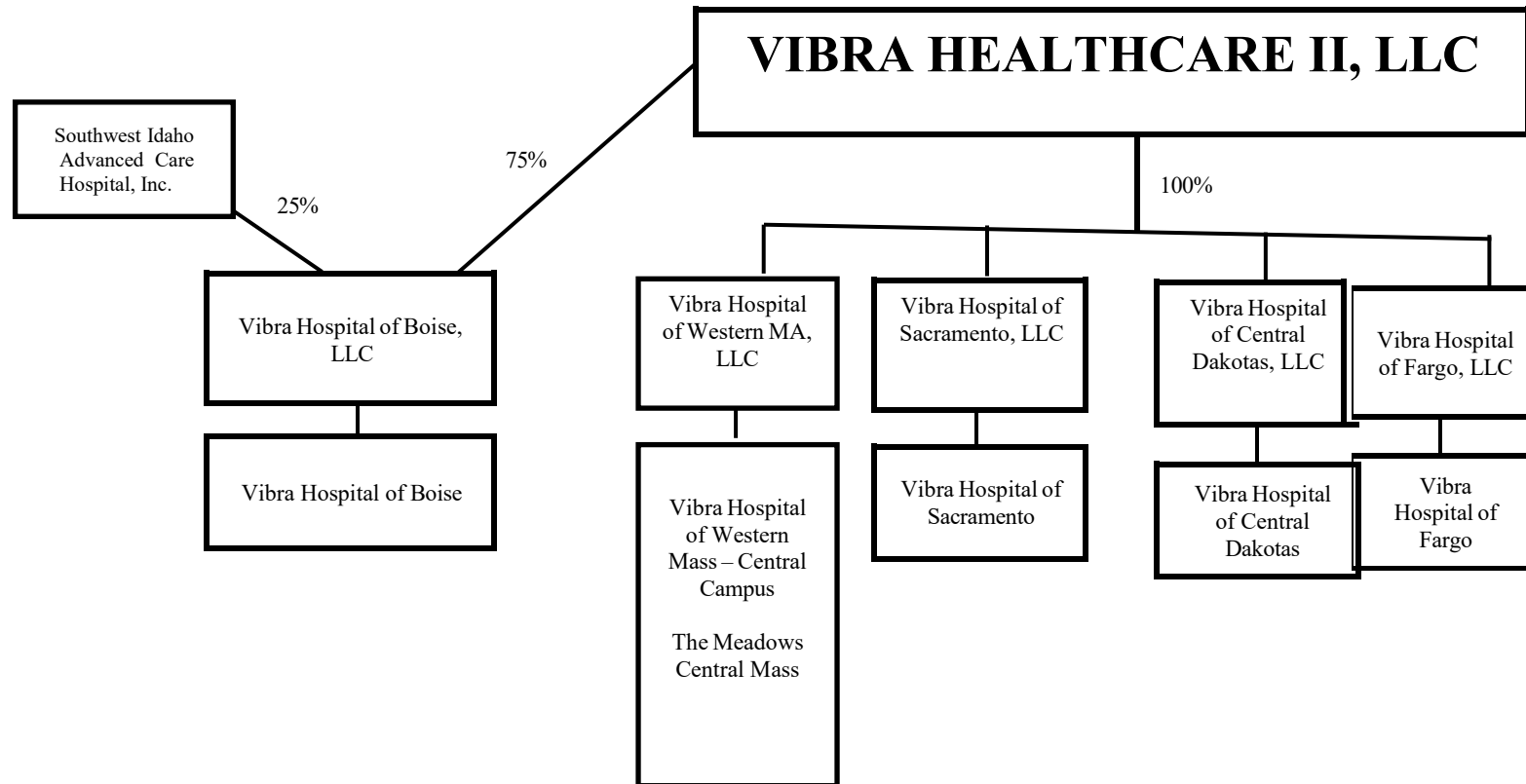
Response to Question 7:

1. **Patient Volume and Gender (collected at discharge)**

Years (CY)	Female	Male	Total
2020	144	194	**338**
2021	131	166	**297**
2022	117	175	**292**
2023	87	157	**244**
2024	75	132	**204**

2. **Age (collected at discharge)**

Years (CY)	2020	2021	2022	2023	2024
0 to 17	<11	<11	<11	<11	<11
18 to 64	194	156	160	119	120
65+	144	141	132	125	84
Grand Total	338	297	292	244	204

3. **Patient Origin**

County	2020	2021	2022	2023	2024
Worcester, MA	177	145	155	141	90
Hampden, MA	74	52	70	56	63
Middlesex, MA	44	32	28	19	16
Hampshire, MA	20	14	<11	<11	<11
Franklin, MA	<11	<11	<11	<11	<11
Essex, MA	11	11	<11	<11	<11
Berkshire, MA	<11	<11	<11	<11	<11
Norfolk, MA	<11	<11	<11	<11	<11
Suffolk, MA	<11	<11	<11	<11	
Bristol, MA	<11	<11	<11	<11	<11
Plymouth, MA	<11	<11	<11	<11	<11
Barnstable, MA	<11	<11	<11		<11
Out of State	16[5]	23[6]	<11[7]		
Unspecified	<11	<11	<11		

[5] Providence, RI; Washington, RI; Rockingham, NH; Orange, VT; Hartford, CT; Windham, CT; Putnam, NY; Albany, NY; Rensselaer, NY; Dorchester, SC; St. Lucie, FL.

[6] Providence, RI; Washington, RI; Rockingham, NH; Hartford, CT; Windham, CT; Windham VT; Saratoga, NY; Albany, NY; Westchester, NY; York, ME; Lee, FL; Sullivan, NH; Stafford, NH; Cheshire, NH; Hillsborough, NH.

[7] Providence, RI; Rockingham, NH; Hillsborough, NH.

Response to Question 7 (cont.):

4. Race and Ethnicity

Ethnicity	2023	2024
Puerto Rican	<11	<11
Another Hispanic, Latino Origin	25	26
Not of Hispanic, Latino Origin	215	172
Patient unable to respond or declines to respond	<11	<11
Total	**244**	**204**

Race	2023	2024
White	196	146
Black/African American	21	19
American Indian or Alaska Native	<11	
Asian	<11 [8]	<11 [9]
Patient unable to respond or declines to respond	<11	
None of the above	22	31
Total	**244**	**204**

5. Payor Mix (collected at discharge)

Payors	2020	2021	2022	2023	2024
Commercial	72	60	56	54	74
Medicaid	54	46	42	48	38
Medicare	104	101	91	66	58
Managed Medicaid	57	27	39	26	<11
Managed Medicare	42	51	64	48	24
Other	<11	12	<11	<11	<11
Total	**338**	**297**	**292**	**244**	**204**

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[8] Asian Indian, Other Asian
[9] Asian Indian, Other Asian

Everest Hospital, LLC
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Response to Question 9.c.

Referring Provider	2020	2021	2022	2023	2024
UMass Memorial University	120	91	100	224	195
Baystate Medical Center	53	45	45	146	133
St. Vincent's Hospital	44	27	31	60	49
UMass Memorial	50	49	45	90	67
Leominster Hospital	25	24	17	32	21
Harrington Memorial Hospital	11	<11	<11	21	<11
Mercy Medical Center Springfield	<11	<11	<11	34	90
Cooley Dickinson Hospital	<11	<11	<11	16	<11
Lahey Hospital and Medical Center	<11	<11	<11	51	18
Brigham & Women's Hospital	<11	<11	<11	29	15
Holyoke Medical Center	<11	<11	<11	17	17
Massachusetts General Hospital	<11	<11	<11	<11	16
Henry Heywood Hospital	<11	<11	<11	31	20
Metro West Framingham	<11	<11	<11	15	19
Emerson Hospital	<11	<11	<11	40	27
Beth Israel Deaconess Medical Center	<11	<11	<11	48	25
Beverly Hospital	<11	<11	<11	<11	<11
Boston Medical Center	<11	<11		<11	<11
Milford Regional Hospital	<11	<11	<11	46	25
Tufts New England Medical Center	<11	<11	<11	37	33
Other Massachusetts[10]	<11	14	<11	111	86
Out of State[11]	12	19	<11	109	104
Total Referrals	**386**	**341**	**339**	**1176**	**989**

[10] Cambridge Hospital; Fairlawn Rehab Hospital; Holden Rehab; Lawrence Memorial Hospital; St. Anne's Hospital; Anna Jaques Hospital; Athol Hospital; Baystate Franklin Medical Center; Baystate Wing Hospital; Bear Mountain at Worcester; Berkshire Medical Center; Beth Israel Deaconess of Needham; Boston Children's Hospital; Brigham & Women's Faulkner Hospital; CHA Cambridge Hospital; Charlton Memorial Hospital; Clinton Hospital; Fairlawn Hospital; Falmouth Hospital; Family Lives Homecare; FMC Devens Fed Prison Clinical Unit; Good Samaritan Medical Center; HOLY FAMILY HOSPITAL; Lawrence General Hospital; Lowell General Hospital; Marlborough Hills Rehabilitation & Health; Mass Eye and Ear Infirmary; MelroseWakefield Hospital; Mercy Medical Center; MetroWest Medical Center; Milton Hospital (Beth Israel Deaconess); Mount Auburn Hospital - Cambridge Ma; Nashoba Valley Medical Center; New England Sinai Hospital and Rehab; Newton Wellesley; NWH Newton Wellesley Hosp; Salem Hospital; South Shore Hospital; Southcoast St Luke's Hospital; St Elizabeth's Boston Hospital; St. Elizabeth's Medical Center; The Meadows; Vibra Hospital of SE Mass; Winchester Hospital.

[11] Hartford Hospital; Rhode Island Hospital; Dartmouth-Hitchcock Medical Center; Hospital Auxilio Mutuo; Johnson Memorial Medical Center; Lawnwood Regional Medical Center; Samaritan Hospital; St Francis Hospital ; St Peter's Hospital; Yale New Haven Hospital; Adventhealth Orlando; Albany Medical Center; Ascension Sacred Heart Bay; Backup Hospital; Carilion Roanoke Memorial Hospital; Cary Medical Center; Catholic Medical Center; CCS Cleveland Fairhill; Central Maine Medical Center; Cheshire Medical Center; Concord Hospital; Crouse Hospital; Danbury Hospital; Elliot Hospital; Ellis Hospital; Exeter Hospital; Frisbie Memorial Hospital; HCA Florida Memorial Hospital; HCA Florida Osceola Hospital; Healthalliance Hospital Marys Avenue Cam; Kent County Hospital; Kindred Hospital LTACH Los Angeles; Maine Medical Center; Mid Coast Hospital; MidState Medical Center; Mt Sinai Rehab Hospital; Nazareth Hospital; New York Presbyterian Hospital; Northern Light East Maine Medical Center; Northern Lights Eastern Maine Medical Center; NYU Langone Hospital Brooklyn; Our Lady of Fatima; Portsmouth Regional Hospital; Rochester General Hospital; Saint Francis Hospital and Medical Center; Southern New Hampshire Medical Center; St Joseph Hospital; St. Vincent's Medical Center; The Saratoga Hospital; The University of Vermont Medical Center; University of Alabama at Birmingham; University of Vermont Medical Center; Vassar Brothers Medical Center; Waterbury Hospital; West Roxbury VA; York Medical Center.

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