

Mass General Brigham Incorporated

DON # MGB-23120414-AM

APPLICANT RESPONSES

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
- 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 March 4, 2024.

Project Description

1. **Page 1 of the Narrative states, "The Department of Public Health ("Department") approved the construction of a new building with 482 replacement beds but did not approve the request for an incremental 94-bed increase, requiring the entire construction project to be based on the closure and relocation of 482 existing beds at the Hospital ("Approved Project")." Review of the Staff Report for the original DoN (p 37) as well as the Notice of Final Action for the original DoN states that only 388 beds were approved and would be transferred from other locations. Please provide details on whether this correction changes the presentation of any points made in the Narrative.**

Based on written confirmation from Department at the time the DoN was approved, the Hospital is permitted to build 482 beds in the new building by relocating 482 beds from existing buildings. The 482 beds in existing buildings will close. As a result, the Hospital will not increase its licensed adult medical/surgical bed count consistent with the DoN approval.

2. **Page 1 of the Narrative states, "The Hospital now requests approval to use 94 inpatient beds in existing rooms when the new building opens, resulting in a net increase of 94 licensed beds ("Proposed Change") for the patients who are currently being cared for at MGH..." Please answer the following:**

- a. **Please provide a breakdown of the number of single bedded and double-bedded rooms that would comprise the 94 licensed beds referenced as "existing rooms"?**

MGH will construct 482 single bedded rooms in the new building. If 94 requested beds are approved, MGH will close 277 beds in existing facilities and convert 111 existing doubles into singles in existing rooms (388 beds).

- b. **Would all 94 beds be for general M/S use or would the total beds be divided between other specialized use beds (ICU, Cardiology, Oncology, etc.)? If the beds would be divided by specialty, please provide a breakdown of how many beds per specialty.**

The 94 beds would be comprised of 54 medical/surgical and 40 ICU beds, consistent with how the Department categorizes licensed beds. The Department does not license medical/surgical or ICU beds for a specific specialty. MGH does not have any plan to designate beds to a particular specialty.

Mass General Brigham Incorporated

DON # MGB-23120414-AM

- c. Please provide details on the method used to determine that 94 beds are the necessary number of beds to mitigate the ED Overcrowding and occupancy issues referenced throughout the Narrative.

The 94 beds will allow MGH to bring its occupancy rate closer to the industry standard 85% upon opening the new building. Using FY23 actual data, the Hospital's occupancy rate would have been just below 85% had the new building been open plus the 94 requested beds licensed. This does not account for any potential growth or change in length of stay between now and when the new building will open (estimated to be late 2027). MGH included modest projections of future demand in the amendment which supports the need for 94 beds.

- d. Please fill out the table below to better illustrate the distribution of licensed beds if the Proposed Amendment were approved:

	Currently Approved under the Original DoN (Based on data from page 6 of original Staff Report)	If Proposed Amendment is Approved	Change
Licensed Med/Surg and ICU Beds: Tower Location	482	482	0
Licensed Med/Surg and ICU ¹ Beds: Other MGH Main Campus Buildings	418	512	+ 94
Subtotal Med/Surg and ICU	900	994	+94
Subtotal Other Beds ²	143	145 ³	0
TOTAL LICENSED BEDS (Tower + MGH Main Campus)	1,043	1,139	+94

10.5.c Describe the associated cost implications to the Holder's existing Patient Panel

3. On page 2 of the Narrative, the Holder details strategies that have been used to address capacity constraints and states, "MGH has reduced community admissions while simultaneously increasing tertiary care admissions." Please explain how the reduction in community transfers has been measured and provide data showing the reduction.

MGH determined that community admissions have decreased through a retrospective review. MGH ran each patient's final diagnosis related group ("DRG")⁴ disposition through an algorithm used by vendors like Vizient and SG2 to classify the level of care. The year over year comparison shows that community level care is trending down while tertiary care has increased. This retrospective measurement

¹ Including Coronary Care Unit and Burn Unit beds.

² Inclusive of Pediatric, Pediatric ICU, Maternal Newborn, Neonatal ICU, and Psychiatric.

³ MGH is currently licensed for 1,045 total beds. Since the time of the DoN's filing in 2021, MGH received licensure approval for two (2) additional pediatric beds in 2023 bringing the total number of licensed beds to 1,045 from 1,043.

⁴ DRGs are a patient classification scheme which provides a means of relating the type of patients a hospital treats (i.e., its case mix) to the costs incurred by the hospital. [https://www.cms.gov/icd10m/version37-fullcode-cms/fullcode_cms/Design_and_development_of_the_Diagnosis_Related_Group_\(DRGs\).pdf](https://www.cms.gov/icd10m/version37-fullcode-cms/fullcode_cms/Design_and_development_of_the_Diagnosis_Related_Group_(DRGs).pdf)

Mass General Brigham Incorporated

DON # MGB-23120414-AM

tool is used to assess correlation with the initiatives MGH implements to better manage community level care in alternative settings and grow tertiary/accept more high-level transfers.

The table below illustrates the increase in tertiary admissions and the decrease of secondary (community) admissions.

Level of Care Table	FY22	FY23 ⁵	% Change
Secondary	25,567	25,194	-1%
High-End Secondary ⁶	6,435	6,647	3%
Tertiary	5,188	5,830	12%

10.5.d Provide a detailed narrative, comparing the approved project to the proposed Significant Change, and the rationale for such change.

- In Table 1 of the Narrative, the number of “Licensed Beds” (inclusive of M/S and ICU beds) is listed as 900. Please explain why the number of licensed beds in the Narrative differs from the 1,043 Licensed Beds listed in the original staff report (referenced in question 2d above).**

As illustrated in the table above as well as the Change in Service Form, MGH’s total bed count is 1,045. Of those 1,045 beds, 900 beds are licensed for Med/Surg and ICU patients. The remaining 145 beds are licensed by DPH for the care of the following populations: Pediatric, Pediatric ICU, Maternal Newborn, Neonatal ICU, and Psychiatric. For purposes of assessing the Hospital’s inpatient occupancy and utilization, only beds licensed as Med/Surg and ICU are included because that is the population that will be served by the 94 beds. See table below for breakdown of beds by license type as reflected on the Hospital’s license.

	Licensed Beds*
Medical/Surgical	776
Intensive Care Unit	101
Coronary Care Unit	16
Burn Unit	7
Subtotal- Medical/Surgical and ICU	900
Pediatric	46
Pediatric ICU	14
Maternal Newborn	40
Neonatal Intensive Care Unit	21
Psychiatry	21
Total	1045

* 12 Med/surg beds used for Maternal Newborn

⁵ The number of patients in the Level of Care Table varies slightly from the Change in Service Form because the table is based on the discharge DRG of the patient and therefore likely includes some young adult patients who had a medical DRG but were cared for on the pediatric unit.

⁶ High end secondary cases are those patients whose diagnosis related group could be treated in the community hospital if the hospital had the capability to do so (e.g., access to cardiac catheterization). Secondary cases are patients with acuity levels that typically are treated in a community hospital.

Mass General Brigham Incorporated

DON # MGB-23120414-AM

5. Given that any benefit from the additional bed capacity would not be realized for several years, what strategies are currently being implemented or considered to alleviate ED Boarding and ED Overcrowding?

- The Hospital continues to deploy strategies within its control to address capacity constraints including efforts to direct admissions to community hospitals, including a new affiliation with Cambridge Health Alliance. When clinically appropriate, acceptable to the patient, and the community hospitals have open bed capacity.
- The Mass General Capacity Coordination Center collaborates with clinicians across the Hospital to verify that patients requesting transfers from other hospitals cannot receive the same level of care at their location; operates programs that reduce the length of stay for patients who were transferred from other hospitals and supports inpatient units facing barriers to discharge or care progression, including challenges with tests, imaging, procedures, or other necessary services.
- Through these initiatives, MGH has reduced community admissions while simultaneously increasing tertiary care admissions. The solution to the Hospital's capacity challenges requires a multifactorial response, including the addition of 94 beds. MGH continuously works to ensure patients receive care the most appropriate setting, whether at its Boston campus or in a community setting.

6. Are there other facilities within the MGB health system that could assist with alleviating occupancy concerns?

MGH uses MGB community hospital capacity when available for transfers and direct admissions. MGB is also expanding a Home Hospital program for qualified patients. Both programs address the lower acuity (e.g., community-level) patients. However, the three MGB community hospitals in eastern Massachusetts⁷ are over the standard 85% occupancy (over 90%).

Moreover, a subset of community-level care at MGH is geographically driven and should not be transferred outside of the community. As the amendment noted, MGH is the community hospital for segments of Boston, Revere, Chelsea and Winthrop.

7. In FY2023, what was the average length of stay (ALOS) for inpatient beds (medical/surgical and intensive care unit beds.)

We report ALOS by patient and not by bed (med/surg routine vs ICU). The patients go between these locations throughout their stay so there is no unique LOS for the type of licensed bed. The table below separates patients who had at least one night in the ICU from those who never received care in an ICU bed. Patients who spent some time in the ICU have a significantly higher overall LOS compared to patients that were never in an ICU bed during their stay.

FY23 MGH IP Data	Non ICU	ICU	Total
Med/Surg LOS	6.5	13.4	7.85

⁷ Brigham & Women's Faulkner Hospital, Salem Hospital, and Newton Wellesley Hospital

Mass General Brigham Incorporated

DON # MGB-23120414-AM
