Sturdy Health, Inc
DON # SH-24100710-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 **January 17, 2025**.

1. Please fill out the table below to summarize the current versus proposed ED configuration:

	Current	Proposed Project	Net New
Trauma	**1**	**2**	**1**
Triage	**2**	**4**	**2**
Behavioral Health	**5**	**12**	**7**
Flex Space/ Vertical Treatment	**5**	**0**	**-5**
Private Rooms	**16**	**36**	**20**
Hallway Stretchers[1]	**10**	**12**	**2**
Curtained Bays	**9**	**0**	**-9**
Cubicles	**0**	**0**	**0**
Total	**48**	**66**	**18**

2. What would be the distribution of Adult vs. Pediatric ED beds in the Proposed Project?

   All beds in the new ED will be useable for adult and pediatric patients.

Factor 1ai: Patient Panel

3. DPH is assessing the impact of the pandemic on patient volume. As such, please provide the number of unique patients served for 2019-2021 in the table below.

	2019[2]	2020[3]	2021
Sturdy Health Overall Patient Panel			**95,176**
Sturdy Memorial Hospital			**75,952**
Sturdy Memorial Hospital Emergency Department			**29,109**

[1] Hallway stretchers are not reflected on the Hospital's license and are only used during surges and periods of high demand.
[2] Data for FY2019 and FY2020 are not available due to a change in EMR systems that occurred in October 2020.
[3] See above.

4. Please provide the FY2024 Payer Mix for Sturdy Memorial Hospital ED Patient Population.

	FY 2024
Commercial HMO/POS	**7.0%**
Commercial Medicare	**13.9%**
Commercial PPO/Indemnity	**25.1%**
Managed Medicaid	**16.7%**
MassHealth	**7.9%**
Medicare FFS	**23.4%**
Other	**6.0%**
Grand Total	**100.0%**

Factor 1aii: Patient Panel Need

5. Page 9 of the Narrative states, "The Hospital will replace an existing CT scanner currently located within the Imaging Department and install a new CT scanner within the ED along with x-ray imaging."
    a. Would the replacement CT Scanner be considered a 1:1 replacement? **Yes**
    b. Is the replacement CT scanner remaining within the Imaging Department? **No, the scanner being replaced will be located in the ED.**
    c. Will the result of the Proposed Project be one or two CT Scanners? **Sturdy Hospital currently has two (2) CT scanners in the imaging department. Following the Proposed Project, one (1) scanner will remain in the imaging department and one (1) scanner will be located in the ED.**

6. Page 9 of the Narrative states, "more than 70% of all ED visits at the Hospital are Levels I-III and are more appropriate for ED-level care. Very few patients come to the ED with a Level V complaint." Please provide a table detailing the percentage visits by acuity level in the ED from FY2019-FY2024.

Fiscal Year	FY 2021[4]	FY 2022	FY 2023	FY 2024
ESI Level 1	**0.4%**	**0.3%**	**0.4%**	**0.4%**
ESI Level 2	**23.80%**	**21.20%**	**21.90%**	**20.90%**
ESI Level 3	**51.60%**	**52.40%**	**53.20%**	**54.50%**
ESI Level 4	**21.10%**	**23.10%**	**21.70%**	**21.70%**
ESI Level 5	**1.6%**	**1.8%**	**1.7%**	**1.7%**

7. Page 9 of the Narrative describes the expectation of modest growth in ED visits in the coming years. To what does the Applicant attribute the expectation of modest growth in future years?

    The Applicant's projected volume growth in the ED is based on population growth in the Hospital's service area coupled with an aging population.

8. For Table 9 on page 10 of the Narrative, please provide information for FY2019 and FY2020 to demonstrate pre-pandemic utilization.

    Data for these years are unavailable due to a change in systems in FY2021.

[4] Due to a change in EMR systems, FY2021 is missing 18 days (October 1 – October 18)

9. For Table 9 on page 10 of the Narrative, please provide definitions for:

   a. Psych Boarding: **A psych boarder is a patient who must wait in the ED or on a medical-surgical floor for any amount of time after the decision to admit is made and until a psychiatric inpatient bed is available.**

   b. Medical Boarding: **A medical boarder in the ED is a patient who has been admitted to the hospital but is kept in the ED greater than 2 hours after the decision to admit because there are no inpatient beds available.**

10. What methodology was used to determine that 50 was the appropriate number of beds for the Proposed Project?

    Sturdy Health leveraged the healthcare clinical and capital planning consulting services of The Innova Group. The Innova Group specializes in healthcare strategic, operational, financial and facility planning and are recognized as both thought partners and thought leaders in the field, respected for their ability to generate credible analyses that lead to actionable results. Following an in-depth analyses of Sturdy Health's current state, future market share capture and growth projections from various data sources, The Innova Group leveraged their proprietary analytics process and the Emergency Department Benchmarking Alliance formulas to arrive at the appropriate number of beds for the Proposed Project.

11. Page 11 of the Narrative states that the "average number of Behavioral Health patients in the ED is consistently greater than seven." Please provide the following data for the Behavioral Health ED Utilization:

    The Hospital is unable to separately report out these metrics for Behavioral Health patients.

12. How did the Applicant determine that 12 was the appropriate number of BH beds for the Projected Project?

    The size of the 12 bed sub-unit was based on a combination of Sturdy Health's historical volume of behavioral health patients and staffing efficiency. Sturdy had an average of 9 behavioral health patients in the ED over the past several years. Eight and 10 bed units were considered, but a 12-bed unit accommodates higher than average census days while also allowing for most efficient staffing levels and utilization (of up to 6 patients per RN).

13. Will the Hospital have sufficient inpatient capacity to serve the needs of behavioral health individuals?

    The Hospital is committed to meeting the needs of patients seeking acute behavioral health care. It does not currently offer inpatient psychiatric care; rather, it works with other hospitals and providers to find inpatient placements in the community when needed.

14. Please provide information on the following staffing questions:

    a. For the Proposed Project, how many FTEs are anticipated to be new hires versus existing staff?

       The Proposed Project will require 2 RNs (2.8 FTEs) to staff a 16-hour "first-look nurse" greeter position 7 days per week. If the ED experiences volume growth greater than predicted, more staff would need to be hired.

    b. How many FTEs will be part of the Behavioral Health unit?

       8.4 RNs will be needed to provide the unit with 24/7 coverage by two (2) RNs. Actual daily staffing would depend on volume in the unit and those positions can be covered with cross-trained ED RNs. In addition to the RNs, the behavioral health unit will be staffed 24/7 with behavioral health / mental health technicians (up to 8.4 FTEs) who can also be crossed trained to cover the BH unit or main ED and would staff the BH unit based on actual census. One security officer (4.2 FTEs) would also located within the unit.

c. How many FTEs for the Behavioral Health unit are anticipated to be new hires versus existing staff?

As both BH and ED RN and techs are trained to provide cross coverage, the majority of coverage for the Behavioral Health unit will be comprised of existing staff who have or will be cross-trained. Security positions will also be filled using existing staff.

d. How does Sturdy plan to attract qualified staff to the new positions?

Sturdy will utilize our robust recruitment efforts to attract qualified staff to these new positions. We anticipate that the creation of a brand-new ED would also assist in attracting qualified staff.

15. Based on the projections provided, the Proposed Project would not be operational until FY2028. Considering the current capacity issues, what is the Applicant's interim plan to manage the volume until the Project achieves completion?

Sturdy Health continues to provide education to patients, providers and the community on when to seek emergency care and when to use primary and/or urgent care. For example, the Hospital has seen a drop in pediatric ED patients due to the after-hours availability in the community to address urgent, but non-emergency concerns.

In February 2024, the Hospital opened a vertical treatment space to treat patients needing minimal interventions quickly. This has helped move more low-acuity patients through the ED, freeing up resources for higher-acuity patients.

Lastly, the Hospital implemented point of care testing in the ED for COVID in order to improve diagnosis, treatment, and discharge times.

Factor 1bi: Public Health Value

16. Page 12 of the Narrative suggests that the Proposed Project will help to reduce wait times. For FY2019 to FY2024, please provide:

a. Average wait times for All ED Patients.

b. Average wait times for Behavioral Health ED patients.

c. Average wait times by payer.

This information is being provided for all patients because data is not separately available for Behavioral Health patients or by payer. Moreover, payer status does not impact care delivery as the Hospital does not consider payer source, rather care is provided based a patient's condition.

	FY2021	FY2022	FY2023	FY2024
Door to Provider	**36.67**	**51.00**	**63.67**	**64.33**

17. Page 18 of the Narrative states that, "All patients admitted for inpatient or observation stays are screened for SDOH."

a. Are ED patients screened using the PRAPARE tool?

At present, ED patients are not screened with the PRAPARE tool. Patients do get screened upon admission to the inpatient unit for either inpatient or observation stays.

b. If not, please explain how ED patients are identified with SDOH needs.

The ED does not currently screen for SDOH, however, if upon completion of routine nursing assessments, if it is determined that the patient should be screened, they will be during the visit. At that time, they are seen by a member of the case management team to address their SDOH needs.

18. Page 18 of the Narrative states that Sturdy Health performs the Identified Seniors at Risk (ISAR) assessment.

    c. What are the criteria for this screening to be completed?

    All patients 65 years of age and older are screened utilizing the ISAR tool.

    d. Is this screening completed with ED patients?

    Yes.

Factor 2b: Public Health Outcomes

19. Page 18 of the Narrative notes that the current misalignment between ED capacity and number of patients presenting to the ED could lead to higher levels of patient dissatisfaction. Please propose an Outcome Measure related to patient satisfaction.

    Quality – Patient Satisfaction: Patients who have positive experiences receiving health care are more likely to seek out future care when needed. The Applicant will use the Press Ganey survey to measure patient satisfaction following the opening of the new ED. The specific measure will be "Likelihood to recommend the ER".

    Numerator: Total of all responses (top box)

    Denominator: # of responses x 100

Quality Measure #1	Baseline	Year 1	Year 2	Year 3
Overall score	54.75	55.86	57.47	58.88

Factor 5: Relative Merit

20. Page 23 of the Narrative states that only one alternative option to the project was considered. Please provide a second alternative option that was not reflected in the Narrative.

Alternative Proposal: Locate new Emergency Department in other locations on the hospital campus. The Hospital explored alternative locations for the new Emergency Department addition. The options are very limited by the size of the hospital campus. Most options were varying combinations of renovating the existing space with an addition on one of the exterior sides. Relocating the ED to the other side of the hospital, near the ICU was also considered.

Alternative Quality: The renovation with an addition option would further exacerbate wait times and ED overcrowding as parts of the existing space would be taken out one at a time for renovation. This would result in worsening patient health outcomes and decreased patient satisfaction.

Alternative Efficiency: Similarly, renovation with an addition would temporarily compound existing inefficiencies and wait times. Patients would thus be at higher risk of adverse outcomes due to longer wait times before receiving care, including an increased number of patients who will leave the ED without receiving care at all. A new addition on the other side of the building would potentially have some benefits from an efficiency standpoint as it would be closer to the ICU. The operating rooms are relatively equal in distance from either side.

Alternative Capital Expenses: The capital expenses of renovating the existing ED with a build-out or building an addition for the ED on the other side of the buildings both exceed the proposed option. The difference in grade made the alternate side option difficult (in terms of lining up floors / entry into the building) and expensive. Ultimately, the proposed location made the most sense in terms of cost and ability to care for patients while the project is being completed.

Alternative Operating Costs: Operating costs would not be noticeably different under any option.