Massachusetts Department of Public Health
Determination of Need
Application Form

Version: 11-8-17

Application Type: Ambulatory Surgery

Application Date: 03/25/2019 12:25 pm

Applicant Name: Signature Healthcare Corporation

Mailing Address: 680 Centre Street

City: Brockton State: Massachusetts Zip Code: 02302

Contact Person: Dennis Renaud Title: Business Development Officer

Mailing Address: 680 Centre Street

City: Brockton State: Massachusetts Zip Code: 02302

Phone: 5089417808 Ext: E-mail: drenaud@signature-healthcare.org

Facility Information

List each facility affected and or included in Proposed Project

1 Facility Name: Signature Healthcare Corporation

Facility Address: 680 Centre Street

City: Brockton State: Massachusetts Zip Code: 02302

Facility type: Hospital CMS Number: 22-0052

Add additional Facility Delete this Facility

2 Facility Name: Brockton Hospital Inc., d/b/a Signature Healthcare Brockton Hospital

Facility Address: 680 Centre Street

City: Brockton State: Massachusetts Zip Code: 02302

Facility type: Hospital CMS Number: 22-0052

Add additional Facility Delete this Facility

1. About the Applicant

1.1 Type of organization (of the Applicant): nonprofit

1.2 Applicant's Business Type: (•) Corporation ( ) Limited Partnership ( ) Partnership ( ) Trust ( ) LLC ( ) Other

1.3 What is the acronym used by the Applicant's Organization? SHC

1.4 Is Applicant a registered provider organization as the term is used in the HPC/CHIA RPO program? (●) Yes ( ) No

1.5 Is Applicant or any affiliated entity an HPC-certified ACO? (●) Yes ( ) No

1.5.a If yes, what is the legal name of that entity? Signature Healthcare

1.6 Is Applicant or any affiliate thereof subject to M.G.L. c. 6D, § 13 and 958 CMR 7.00 (filing of Notice of Material Change to the Health Policy Commission)? ( ) Yes (●) No

1.7 Does the Proposed Project also require the filing of a MCN with the HPC? ( ) Yes (●) No

1.8 Has the Applicant or any subsidiary thereof been notified pursuant to M.G.L. c. 12C, § 16 that it is exceeding the health care cost growth benchmark established under M.G.L. c. 6D, § 9 and is thus, pursuant to M.G.L. c. 6D, §10 required to file a performance improvement plan with CHIA? ( ) Yes (●) No

1.9 Complete the Affiliated Parties Form

2. Project Description

2.1 Provide a brief description of the scope of the project.

Signature Healthcare Corporation (SHC, the Applicant), located in Brockton, Massachusetts, operates the award-winning Brockton Hospital, Inc. (the "Hospital'), a community based non-profit 197 licensed bed teaching hospital, providing a full range of clinical services. SHC is the licensee of the Hospital.

The Proposed Project involves the renovation of existing space within the Hospital to accommodate the creation two new operating rooms as well as 6 pre and post-op care rooms. The project includes plans to provide all services that are required to equip the two rooms and for operational efficiencies to meet patients needs.

The Proposed Project will allow SHC to address projected growth in Orthopedic procedures as well as several other surgical service lines, prepare for the health system transition of inpatient care to outpatient care, renovate an area on the main campus in a low-cost manner as an alternative to constructing a free-standing ambulatory surgery center and allow SHC to offer services in a low-cost, high quality setting in order to meet the needs of SHC's patients.

2.2 and 2.3 Complete the Change in Service Form

3. Delegated Review

3.1 Do you assert that this Application is eligible for Delegated Review? ( ) Yes (●) No

4. Conservation Project

4.1 Are you submitting this Application as a Conservation Project? ( ) Yes (●) No

5. DoN-Required Services and DoN-Required Equipment

5.1 Is this an application filed pursuant to 105 CMR 100.725: DoN-Required Equipment and DoN-Required Service? ( ) Yes (●) No

6. Transfer of Ownership

6.1 Is this an application filed pursuant to 105 CMR 100.735? ( ) Yes (●) No

7. Ambulatory Surgery

7.1 Is this an application filed pursuant to 105 CMR 100.740(A) for Ambulatory Surgery? (●) Yes ( ) No

7.2 If yes, is Applicant or any affiliate thereof a HPC-certified ACO OR in the process of becoming a Certified ACO? (•) Yes ( ) No

7.2.a If yes, Please provide the date of approval and attach the approval letter: 12/29/2017

7.3 Does the Proposed Project constitute: (Check all that apply)

- [x] Ambulatory Surgery capacity located on the main campus of an existing Hospital **105 CMR 100.740(A)(1)(a)(i)**;
- [ ] An Expansion, Conversion, Transfer of Ownership, transfer of Site, or change of designated Location for Ambulatory Surgery capacity located on a satellite campus of an existing Hospital **105 CMR 100.740(A)(1)(a)(ii)**;
- [ ] A Freestanding Ambulatory Surgery Center within the Primary Service Area of an independent community hospital (Refer to a list that we update regularly with support from HPC) **105 CMR 100.740(A)(1)(a)(iii)**; or
- [ ] An Expansion, Conversion, Transfer of Ownership, transfer of Site, or change of designated Location for a Freestanding Ambulatory Surgery Center that received an Original License as a Clinic on or before January 1, 2017 **105 CMR 100.740(A)(1)(a)(iv)**.

7.4 **See section on Ambulatory Surgery in the Application Instructions**

8. Transfer of Site

8.1 Is this an application filed pursuant to 105 CMR 100.745? ( ) Yes (•) No

9. Research Exemption

9.1 Is this an application for a Research Exemption? ( ) Yes (•) No

10. Amendment

10.1 Is this an application for a Amendment? ( ) Yes (•) No

11. Emergency Application

11.1 Is this an application filed pursuant to 105 CMR 100.740(B)? ( ) Yes (•) No

12. Total Value and Filing Fee

Enter all currency in numbers only. No dollar signs or commas. Grayed fields will auto calculate depending upon answers above.

Your project application is for: Ambulatory Surgery

12.1 Total Value of this project:	$4,119,450.00
12.2 Total CHI commitment expressed in dollars: (calculated)	$205,972.50
12.3 Filing Fee: (calculated)	$8,238.90
12.4 Maximum Incremental Operating Expense resulting from the Proposed Project:	$1,327,399.00
12.5 Total proposed Construction costs, specifically related to the Proposed Project, If any, which will be contracted out to local or minority, women, or veteran-owned businesses expressed in estimated total dollars.	$100,000.00

13. Factors

Required Information and supporting documentation consistent with 105 CMR 100.210
Some Factors will not appear depending upon the type of license you are applying for.
Text fields will expand to fit your response.

Factor 1: Applicant Patient Panel Need, Public Health Values and Operational Objectives

F1.a.i **Patient Panel:**
Describe your existing Patient Panel, including incidence or prevalence of disease or behavioral risk factors, acuity mix, noted health disparities, geographic breakdown expressed in zip codes or other appropriate measure, demographics including age, gender and sexual identity, race, ethnicity, socioeconomic status and other priority populations relevant to the Applicant's existing patient panel and payer mix.

General Overview:

Signature Healthcare Corporation (SHC) or (the Applicant) is Southeastern Massachusetts' premier local provider of quality, personalized medical services. SHC is the sole corporate member of Brockton Hospital, Inc., d/b/a Signature Healthcare Brockton Hospital (the Hospital), which is a not-for-profit, community-based teaching hospital serving greater than 412,000 residents in more than 20 communities. The Hospital operates the Brockton Hospital School of Nursing, a registered diploma program. The Applicant provides a full range of primary care, specialty care, hospital care and related ancillary services on a coordinated basis. Signature Healthcare physicians and Signature Healthcare Brockton Hospital are increasingly recognized as the "provider of choice" by staff, patients and the community.

Organizationally, SHC is also the sole corporate member of Signature Healthcare Medical Group, Inc., d/b/a (SMG) which is a multi-specialty physician group of more than 150 physicians practicing in 18 ambulatory locations.

SHC is a clinical affiliate of Beth Israel Deaconess Medical Center (BIDMC), Harvard Medical Faculty Physicians at BIDMC, Inc., and the Floating Hospital for Children at Tufts Medical Center. SHC also operates Signature ACO which participates with BMC Health Systems, Inc., in the Massachusetts Medicaid Accountable Care Organization.

The Hospital is designated by the Health Policy Commission as an Independent Community Hospital as the organization does not have a corporate or contracting affiliation with an academic medical center or with a teaching hospital. In addition, the Health Policy Commission has certified SHC as an ACO. The Hospital is also designated by the Executive Offices of Health and Human Services as a Disproportionate Share Hospital (DSH) by virtue of its serving a significant number of low-income patients.

FACTOR 1

F1.a.i

The Applicant's patient panel total is 296,420. This total reflects patients served by the three patient care components of SHC over the three most recent fiscal years; FY 16, FY 17 and FY 18.

Hospital discharges account for 35,053 of the total, with emergency department patients contributing an additional 185,246 to the patient panel total. Finally, patients who receive ongoing primary care from Signature Medical Group represent an additional 76,211 patients.

A summary chart of the patient panel follows;

Patient Panel FY 16 ,FY 17, FY 18 & Totals

Discharges: 12,153, 11,412 ,11,488 =35,053

E.D. Visits: 63,996, 60,686 ,60,564 = 185,246

Signature Medical Group-Average Panel for Three Years = 76,121

Total Panel = 296,420

Patient Panel Characteristics

City/Town-Zip Code Analysis

Eighty-four percent (250,388) of the Applicant's total panel of 296,420 reside in the following 20 cities/towns;

Brockton (154,197)
Bridgewater (15,783)
East Bridgewater (11,160)
Abington (8,525)
Stoughton (7,581)
Taunton (6,243)
Rockland (5,661)
Middleboro (5,476)
Randolph (5,391)
Hanson (4,915)
Holbrook (4,561)
Whitman (3,624)
West Bridgewater (3,307)
North Easton (3,190)
Halifax (3,110)
Pembroke (1,870)
Avon (1,661)
Lakeville (847)
Norton (834)
East Taunton (682)

Age Cohorts

The various age cohorts for the Applicant's panel are outlined in the next chart.

Age Cohort	Patient Panel Totals
0-10	20,629
11-20	19,179
21-30	43,456
31-40	44,219
41-50	39,811
51-60	45,404
61-70	38,000
71-80	28,189
81-90	12,870
90 and above	4,663
Total	296,420

Race

Appendix A outlines the Race of the patient panel based on data that is available to the Applicant.

Ethnicity

Appendix B outlines the Ethnicity of the patient panel.

Gender

The gender distribution is 55% female and 45% male. The number of obstetrical patients, in part, account for a greater gender distribution of females to males.

SHC Patient Diagnoses

As noted previously there are three sources that make up SHC's patient panel; inpatient discharges, emergency room visits and the patients that receive ongoing primary care from Signature Medical Group. Appendix C outlines the relevant clinical information in each segment of SHC's panel by diagnosis.

Plymouth County Health Status

SHC is located within Plymouth County which includes 27 cities and towns (1). Eighty-four percent of the patient panel resides in Plymouth County. In order to provide an assessment of the health status from a county perspective, the Applicant sourced the 2018 County Health Rankings Report. The report ranks the 14 counties in Massachusetts on health outcomes and health factors. For 2018, Plymouth County ranked 9th out of 14 counties. Health outcomes represent the measures of how long people live and how healthy people feel. Length of life is measured by premature death (years of potential life lost before age 75) and quality of life is measured by self-reported health status (percentage of people reporting poor or fair health and the number of physically and mentally unhealthy days within the past 30 days) as well as the percentage of low birth weight newborns (2).
(1)www.sec.state.ma.us/cis/cisctlist/ctlistcoun.htm
(2)2018 County Health Rankings Report. www.countyrankings.org. Massachusetts Data- Plymouth County.

For health factors in 2018, Plymouth County ranked 10th out of 14 counties. Health factors represent the focus areas that drive how well we live, including health behaviors (tobacco use, diet and exercise, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family and social support, community safety) and the physical environment (air, water quality, housing and transit) (3). The following chart depicts the results of key behavioral risk factors in Plymouth County as compared to the state;

Health Behavior Plymouth County and Massachusetts

Adult Obesity: Plymouth County = 28%. Massachusetts = 24%.
Physical Inactivity: Plymouth County= 23% . Massachusetts = 20%.
Access to exercise opportunities: Plymouth County = 86%. Massachusetts = 94%.
Excessive drinking: Plymouth County =23% . Massachusetts =19%.
(3)2018 County Health Rankings Report. www.countyrankings.org. Massachusetts Data- Plymouth County.

City of Brockton

Approximately 52% (154,197) of SHC's patient panel resides within the City of Brockton. The Applicant utilized the SHC 2016 CHNA as a source of data for the following relevant demographic information regarding Brockton.

Diversity and Poverty:

The city of Brockton has considerably more racial and ethnic diversity than the rest of the towns served by SHC. According to the American Community Survey from 2010-2014, approximately 25.2% of Brockton's population are foreign born (4). The U.S. Census Environmental Justice Populations are defined as communities that include any or all of the following criteria; households earning 65% or less of the statewide household median income, 25% minority residents, 25% foreign born residents, or 25% non-English speaking. As of 2000, out of the 15 towns in the CHNA, 3 were classified as Environmental Justice Populations - Brockton, Bridgewater, and Stoughton. Brockton is the only city that reported all four of the categories in the criteria (5).
(4)https:factfinder.census.gov//faces/jsf/pages/productview.xhtm. Brockton-City, Massachusetts (5)https://docs.digital.mass.gov/dataset/massgif-data/2010-us-census-environmental-justice-populations. 2010-2014.

Income:

According to the 2017 Census profile from the Census Reporter, the per capita income in the City of Brockton was $26,252 or 63% of per capita income in Massachusetts ($41,821). The median household income in the city was $58,357 or 75% of the median income in Massachusetts ($77,385). 10.5% of the population in the city of Brockton lives below the poverty line (6). The Federal Poverty Guidelines in 2017 for a household of one was $12,060 and increased to $41,320 for a household of eight (7).
(6) http://censusreporter/city/Brockton-Massachusetts.html
(7) U.S. Department of Health and Human Services. Office of the Assistant Secretary for Planning and Evaluation. 2017 Poverty Guidelines. http://aspe.hhs.gov2017-poverty-guidelines.

Health Care Access:

Among the cities and towns in Massachusetts, Brockton is the community with the highest percentage (6%) of individuals that do not have health insurance, as well as having the highest percentage (49.5%) of individuals who are insured through public payors (8).
(8)https:factfinder.census.gov//faces/jsf/pages/productview.xhtm. Brockton-City, Massachusetts.

Risk Behaviors:

An estimated 15,379 smokers live in Brockton (22.07% of adults, age 18+). The adult smoking rate is 46% higher in Brockton than statewide (22.07% in Brockton compared to 15.1% statewide). Mortality from lung cancer is 24% higher in Brockton compared to

Massachusetts (9).

In March 2015, the Applicant commenced with a CT-Scan Lung Screening Program which targets people that have a long history of smoking. Since that date, 962 patients have been screened for lung cancer and 24 tumors have been identified, resulting in 13 surgical procedures. Per the Cancer Network, as more CT-Scan Lung Screening Programs are implemented, more patients with early-stage lung cancer who could benefit from surgical intervention will be identified (10). Therefore, the Applicant estimates an increase in thoracic surgical volume as a result of an increase in screenings.
(9)Massachusetts Department of Public Health. Tobacco Community Fact Sheet. Brockton, Massachusetts. 3/19/18.
(10) Cheng, Aaron M., MD, Wood, Douglass, E., MD. Cancer Network. "Minimally Invasive Resection of Early Lung Cancers".

SHC Payer Mix

The information in the next section describes the hospitals payor mix for the average of Fiscal Years 16, 17 and 18 and is based on revenues. The Applicant's payor mix is 40% Medicare (Medicare and Medicare HMO). In total, public payors represent 71% of all payors (BMC, HSNO, Medicaid, Medicare, Medicare HMO, Neighborhood Health Plan and Tufts Public Health Plan).

Payer Mix	Payor %
Blue Cross	10.00%
BMC	9.00%
Commercial	1.00%
Harvard Pilgrim	4.00%
Hlth Maintenance Org	6.00%
HSNO	1.00%
Liability	1.00%
Medicaid	12.00%
Medicare	30.00%
Medicare HMO	10.00%
Neighborhood Health	5.00%
Other	2.00%
Self Pay	1.00%
Tufts Health Plan	3.00%
Tufts Public Plan	4.00%
Workers Compensation	1.00%
Total	100.00%

F1.a.ii **Need by Patient Panel:**

Provide supporting data to demonstrate the need for the Proposed Project. Such data should demonstrate the disease burden, behavioral risk factors, acuity mix, health disparities, or other objective Patient Panel measures as noted in your response to Question F1.a.i that demonstrates the need that the Proposed Project is attempting to address. If an inequity or disparity is not identified as relating to the Proposed Project, provide information justifying the need. In your description of Need, consider the principles underlying Public Health Value (see instructions) and ensure that Need is addressed in that context as well.

SHC's patient panel need for two additional operating rooms is demonstrated by several key points. The Applicant has experienced significant growth in Orthopedic procedures through its affiliation with BIDMC and also expansion in Urological and Ophthalmic procedures. According to the Advisory Board and their 2017 report; Orthopaedics and Spine Global Market Trends, there are three main factors that support increased demand; first, the growing prevalence of osteoarthritis, diabetes, and obesity; second, an increase in the elderly population (65+): and lastly, increasing physical activity levels among younger segments of the population translating to earlier utilization (11). These trends are the catalyst for operating room efficiency and cost-effective sites of care. The two new operating rooms will be supported by 6 pre and post op bays that will allow patients to receive care in a high-quality, low –cost setting.
(11) Advisory Board. 2017. 2017 Orthopaedics and Spine Global Market Trends.

According to Sg2, a healthcare intelligence company, an aging United States population will drive increased demand for Orthopedic services over the next decade. Inpatient orthopedic and spine surgeries are expected to decrease 3 percent over the next ten years while spine surgeries including spinal fusions are expected to increasingly head to the outpatient setting. Orthopedics and spine are expected to grow 35% in the outpatient setting over the next ten years according to Sg2 (12).
(12) Beckers ASC Review. April 2, 2018. 10 Key Trends for ACS's and outpatient surgery in the next ten years.

While the clinical affiliation with BIDMC commenced in 2014, to date the collaboration has focused on two service lines; Orthopedics and Oncology. SHC and BIDMC work closely on program development, quality and physician recruitment. As evidenced by the next chart, Orthopedics has seen significant growth as a result of the affiliation with BIDMC. From FY 15 through FY 18, there has been an

increase of 761 Orthopedic procedures at SHC or 65%. In addition, from FY 15 through FY 18, there has been an increase in the number of total joint procedures of 161 or 79 %.

Fiscal Year Number of Surgical Procedures Number of Total Joint Procedures

FY15 Surgical Procedures = 1,171. Total Joint Procedures = 204
FY 16 Surgical Procedures = 1,401. Total Joint Procedures = 309
FY 17 Surgical Procedures = 1,616 . Total Joint Procedures = 364
FY 18 Surgical Procedures = 1,932 . Total Joint Procedures = 365

The next table reflects specific orthopedic procedures that have seen significant growth.

Time Period	ICD10	Procedure	Number of Procedures
8/1/16-7/31/17	29826	Arthroscopy Shoulder	70
8/1/17-7/31/18	29826	Arthroscopy Shoulder	111

Time Period	ICD10	Procedure	Number of Procedures
8/1/16-7/31/17	2340	Tenodesis Long Tendon Biceps	63
8/1/17-7/31/18	2430	Tenodesis Long Tendon Biceps	123

Time Period	ICD10	Procedure	Number of Procedures
8/1/16-7/31/17	29822/29823	Arthroscopy Shoulder – Limited/Extensive	37
8/1/17-7/31/18	29822/29823	Arthroscopy Shoulder- Limited/Extensive	80

Outside of Orthopedics, Urology and Ophthalmic surgical procedures have experienced steady growth as evidenced by the next chart;

Time Period Urological Procedures and Ophthalmic Procedures

FY 16 Urological = 448 Ophthalmic = 568
FY 17 Urological = 486 Ophthalmic = 586
FY 18 Urological = 495 Ophthalmic = 653

Overall surgical volume is outlined in the next table;

Fiscal Year and Total OR Cases
FY 15 5,560
FY 16 6,137
FY 17 6,183
FY 18 6,121

The reason for the slight decline in volume from FY 17 to FY 18 was an operating room renovation project which resulted in a reduced schedule over several weeks. SHC accepts all patients and specifically surgical patients, regardless of payer source.

Population growth projections support the need for additional operating room capacity. From the University of Massachusetts McCormack Graduate School of Policy and Global Studies, from 2010 to 2030, the total population in Massachusetts is expected to grow by about 6%, from 6.6 million to 7.0 million. The growth of the state's population is expected to occur almost entirely among older adults. In fact, the group of individuals 65 years and older is expected to grow by 61 %(13).
(13)Gravette, Hayley; Lyu, Jiyoung; Steinman, Bernard A; Mutchler, Jan; and Center for Social and Demography Research on Aging, University of Massachusetts Boston, "Projected Population by Age: Resident of Massachusetts 2010-2030"

In terms of the younger population and joint replacement surgery, a study presented at the 2014 American Academy of Orthopaedic Surgeons (AAOS) meeting highlighted the number of knee replacement surgeries. When researchers reviewed hospital discharge data for more than two million people undergoing this procedure, they found the rate of knee replacements jumped 120 percent over a 10 year period. The overall increase was steep, but it was even more pronounced in younger age groups. While the number of surgeries increased by 89% among those ages 65 to 84, they increased by 188 percent in 45 to 64 year olds (14). 57% of the Applicants panel is 41 years of age or older which supports the growth the Applicant is experiencing in total joint procedures.
(14)www.arthitis.org/living with arthritis/treatments/joint surgery/types/knee/knee-replacement. "Knee Replacement Surgery and

Revision Surgeries on the Rise".

SHC is experiencing a shift in the percentage of surgical procedures from the inpatient setting to the outpatient setting. From FY 17 to FY 18, inpatient surgical cases declined from 21% to 19% of total cases and outpatient cases increased from 79% to 81% of total cases. Supporting this type of transition are hip arthroscopy procedures which the Applicant started to offer in April 2017. Since commencing with this procedure, SHC has completed 31 outpatient hip arthroscopies. Patients who undergo hip arthroscopy on an outpatient basis experience a quick recovery, minimal pain, small incision and excellent results (15). Over the next decade, inpatient discharges are expected to decrease 2 percent while outpatient volumes will likely grow 15% across the United States, according to Sg2. As the government and payors scrutinize costs and push the shift to value-based care, outpatient surgery is expected to see an overall 11 percent increase from 2017 to 2022 (16). In proposing two new outpatient operating rooms, the Applicant is preparing for this shift from inpatient to outpatient surgical care.
(15)Bert, J.M. 2017, October 24, Outpatient Total Joint Arthroplasty. Retrieved from www.ncbi.nlm.nih.gov/pmc/articiles/PMC5685971
(16) Becker's ASC Review. April 2, 2018. 10 key trends for ASCs and outpatient surgery in the next 10 years.

Growth Projections and Physician Recruitment Supporting Additional OR Capacity

SHC anticipates growth in several services lines. The projected growth is supported by demonstrated need within SHC's existing patient panel, projected growth of the panel, local and national trends, SHC's current alignment with BIDMC and planned physician recruitment.

Orthopedic Surgery:

National data reflects the prevalence of musculoskeletal disease. An increased prevalence of obesity, diabetes and osteoarthritis will increase the need for Orthopedic procedures (17). SHC is planning for continued growth in Orthopedics. Over FY19 and FY20, SHC is projected to add an additional 500 Orthopedic procedures. This projected growth is attributable to anticipated increases in Hand Surgery, Sports Medicine and Spine.
(17) Advisory Board. Orthopedic Marketing Trends, 2017.

In FY 19 the Applicant will add a second hand surgeon. The first hand surgeon was hired in March, 2017 and the service has experienced a steady increase in surgical volume. In the first seven months of FY 17, hand surgeries totaled 155; in FY 18 they totaled 433. In FY 17 and 18, the surgeon had 1,779 and 3,187 office visits respectively which results in a 79% increase. The current wait time to book an initial appointment with the hand surgeon is 8 days.

In FY 19, the Applicant will add a non-surgeon sports medicine physician which will allow the current sports medicine surgeon to see additional patients needing surgery in a timely manner. The non-surgeon physician will see patients with concussions, perform injections and other procedures while the surgeon will have a greater focus on surgeries. The existing sports medicine surgeon who started in April 2017 had 1,750 office visits through September 2017; 4,520 visits in FY 18 and 1,393 visits in the first three months of this fiscal year which annualized will result in 5,512 office visits. The current wait time to book an initial appointment with the sports medicine surgeon is 5 days. In the six months of FY 17, the sports medicine surgeon performed 114 procedures and in FY 18, he performed 367 procedures.

In FY 20, the Applicant will add its first spine surgeon. In working with the Orthopedic service line at BIDMC who has extensive experience in spine surgery, year one projected surgical volumes are 8 per month, for a first year projected total of 96. An article published in Becker's Spine Review in 2016, states that from 2005 to 2015, there has been a movement to a place where nearly 45% of all spine cases are done on an ambulatory basis. This compares to approximately 5% in 2005, according to the Society for Ambulatory Spine Surgery. The drivers of outpatient spine procedures include; lower cost per case in an outpatient setting, improved technology, patient preference and significant improvement in anesthesia (18). While adding spine surgery will meet a need of the Applicant's patient panel, it will apply additional pressure on operating room capacity. Data from Mayo Clinic shows that 50% of spine surgeries are over 4 hours in length. The length and variability can impact patient access. Therefore, the proposed addition of two new operating rooms will assist with creating capacity to meet the needs of the patient panel (19).
(18) Becker, S., Wood, M, February 3, 2016. Becker's Spine Review. The Growth of Outpatient Spine.
(19) Ozen, Asli, Marmor, Yariv. Rohleder, Thomas, Balasubramanian, Hari, Huddleston, Paul, Huddletson, Jeanne, Manufacturing & Service Operations Management. "Optimization and Simulation of Orthopedic Spine Surgery Practice at Mayo Clinic".

According to The Advisory Board Company, projected outpatient surgical volumes from 2014 to 2024 will increase from 2.3 to 3.3.million cases nationally. The increase in outpatient volumes is related to; technology, changes in surgical approach and patient preference (20).
(20) The Advisory Board Company. Why providers are "batting" on sports medicine. April 14, 2016.

SHC continues to plan for additional surgical growth in addition to Orthopedics.

Plastic Surgery

In FY 19, SHC will hire a .50FTE plastic surgeon who will perform a projected 150 to 200 surgical procedures. At some point in FY20 the FTE compliment is expected to increase to 1.0, which is projected to result in 300 surgical procedures. The basis for the conclusion of plastic surgery volumes is as follows;

A Plastic Surgeon left SHC in September of 2017. The surgeon's historical volumes were; FY 15- 222, FY 16 – 249, FY 17 – 111. In order to support this gap in service, the Applicant, through the affiliation with BIDMC has contracted for the services of a Plastic Surgeon who is Board Certified, has full plastic credentialing to facilitate breast reconstruction after cancer and provide comprehensive breast care for women with breast cancer in the community. Many of the Applicants patients have socioeconomic issues that make it extremely burdensome to travel to Boston for breast reconstruction surgery. According to an article published by the American Society of Plastic Surgeons in 2017, breast reconstruction accounted for 109,256 cases in 2016. The society has seen steady annual growth in breast reconstruction over the years with a 39% increase in procedural volume since 2000. The Society estimates there are more than 3.1 million breast cancer survivors in the United States, many of whom may be candidates for delayed breast reconstruction or revisions of prior reconstruction (21). In addition, the Agency for Healthcare Research and Quality released a report in 2017 that reflects the portion of woman who elected to have breast reconstruction surgery after mastectomy increased 65 percent between 2009 and 2014. Much of the increase was attributable to a 150 percent increase in reconstruction surgeries performed in hospital-based ambulatory surgery centers (22). The addition of breast reconstruction surgical capabilities and the proposed two new operating rooms, positions the Applicant to meet a community need.
(21) Lui, D. 2017, March 14. American Society of Plastic Surgeons. New plastic surgery statistics and breast reconstruction trends.
(22) October 10, 2017. Agency for Healthcare Research and Quality. Breast Reconstruction after Mastectomies Increased More Than 60% from 2009 to 2014.

Thoracic Surgery:

One of the treatment options for patients diagnosed with lung cancer is surgery. According to the American Lung Association, lung cancer is the leading cancer killer in both men and women in the United States. In 1987, it surpassed breast cancer to become the leading cause of cancer death in women. During 2018, an estimated 234,030 new cases of lung cancer were expected to be diagnosed, representing approximately 13% of all cancer diagnoses (23).
(23) American Lung Association. Lung Cancer Fact Sheet. www.lung.org/lung-health-and-disease/lung disease lookup/lung cancer.org

SHC and BIDMC are planning for a regional approach to Thoracic Surgery. Within the next 12 months a 1.0 FTE will be jointly hired to cover SHC, BI-Milton and BI-Plymouth. Once fully ramped up, SHC is projecting 200 surgical procedures, including major lung resections. Support for this volume growth is as follows;

A Thoracic surgeon left Signature in September 2017 and since this date the Applicant has only been performing minor thoracic procedures such as Bronchoscopies. Historical Thoracic surgical volumes were; FY 15 – 109, FY 16- 173, FY 17 – 169 and FY 18 – 50. The addition of a Thoracic surgeon will permit the Applicant to return to performing open Thoracic cases such as Decortification and Lobectomies which will keep patients within the system. As noted earlier, the Applicant commenced with a Lung Screening Program with a goal of identifying lung tumors as early in the disease process as possible. This process has lead to identifying 24 tumors, resulting in 13 surgical procedures.

Urological Surgery:

The Applicant projects continued growth in Urological procedures due to the aging population and stronger integration with our comprehensive cancer center which opened in October, 2017. According to the American Cancer Society and Cancer Facts and Statistics, the national incidence rate of Bladder Cancer from 2011 to 2015 was 20.3, however in Massachusetts, the incidence rate during the same time period was 23.6 (24).
(24) www.cancerstatisticscenter.org Urinary Bladder Statistics.

Operating Room Capacity with Growth Projections

Strategic Dynamics, a healthcare consulting organization recommends a goal of 75% to 80% operating room utilization (25). This allows for the OR scheduler to add emergency cases as required. For the most recent 12 month period of 9/1/17 – 8/31/18, operating room utilization at SHC was 74%. For the period 9/1/16 -8/31/17 the room utilization was 80%. As noted earlier, the reason for the slight decline was an operating room renovation project which resulted in a reduced schedule over several weeks.
(25)Strategic Dynamics. www.strategicdynamicsfirm.com. "Do you Know the KPIs of the Operating Room

The Applicant has demonstrated growth in Orthopedics and overall surgical growth. This expansion in combination with growth projections and physician recruitment supports the Applicant's initiative to add two operating rooms in a low-cost, fiscally sound manner as compared to other costly alternatives. The addition of two operating rooms will continue to allow SHC to meet the needs of

the community.

F1.a.iii **Competition:**

Provide evidence that the Proposed Project will compete on the basis of price, total medical expenses, provider costs, and other recognized measures of health care spending. When responding to this question, please consider Factor 4, Financial Feasibility and Reasonableness of Costs.

Signature Medical Group's volume contribution to SHC's patient panel is 76,121 patients and there is a five-year goal to increase the panel size by 15%. Approximately 20,000 are Medicaid ACO patients, 10,000 are Medicare patients and 45,000 patients are commercial patients. Signature Medical Group manages health care across the entire continuum of care for the 20,000 Medicaid ACO patients, 6,500 Blue Cross AQC patients, and 2,000 Tufts Medicare Preferred patients. Signature Medical Group currently manages bundled contractual arrangements through the BPCI Medicare Bundle program for another 8,000 Medicare patients. These arrangements have provided Signature with the ability to effectively manage the total costs of care through an integrated delivery approach. SHC has managed projects that support standardization of care protocols and workflows, use of team-based care, and care coordination including providing linkages to ancillary, specialty, and other services. This has helped achieve fundamental care delivery transformation and population health management by connecting patients quickly and directly with care in the most appropriate setting.

Beginning in November 2019, SHC will maintain a single shared Electronic Medical Record that is accessible across the treatment team to ensure coordination of care planning. In addition, the Applicant added care coordinators at their primary care sites who are responsible for coordinating care within Signature Healthcare. SHC also provides ongoing staff training on The Team Based Care Model to ensure efficient and effective provision of services including medication reconciliation.

The Applicant will not change contract rates with the addition of two new operating rooms. Inpatient surgical cases are reimbursed on a DRG basis, while outpatient procedures are reimbursed on an APC system which results in a lower reimbursement fee to the hospital.

The Applicant has an opportunity to utilize available space within its footprint as opposed to constructing freestanding ambulatory operating rooms. SHC is working with DAI/DiGiorgio Associates, Inc., an Architecture, Engineering and Interior Design firm specializing in healthcare design. In working with DAI/DiGiorgio, SHC assessed the premise that renovating an existing structure is less expensive than new construction. The Marshall Valuation Service from Marshall and Swift has two methods of determining costs; the Calculator Cost Method and the Segregated Cost Method. The Calculator Cost Method is mainly applicable to new construction. The Segregated Cost Method allows one to estimate building components. One can estimate a renovation with this method and also estimate parts of new construction that would not be in the renovation, such as; excavation and site preparation, foundations, frame, exterior walls, floor structure, exterior balconies and stairs, roof and insulation. In conclusion, in the vast majority of examples, renovation is the less expensive alternative by 30% or more.

Signature Medical Group has developed the following medical management initiatives to meet the needs of its various populations:

- Complex Care Management Control
- Community Health Outreach
- Transitions of Care
- Medication Management
- Behavioral Health and Substance Abuse Disorders
- Wellness Initiatives

In order to ensure that costs are optimized, SHC participates in the Vizient group purchasing organization to obtain volume pricing discounts. Additionally, through the clinical affiliation with BIDMC, SHC is able to obtain the highest available pricing tiers (results in cost savings) through the North East Purchasing Coalition.

Members of the clinical staff including the operating room, participate in the Value Analysis Committee. Value Analysis is a systematic process to review and approve clinical products and equipment and evaluate their clinical efficacy, safety and impact on organizational resources. This process is applied by a collaborative team consisting of clinical, financial and supply chain members. The Committee's goal is to strive towards standardization of products that provide the highest quality care and safety to our patients in the most cost-effective manner. All requests for new supplies and equipment require a thorough review involving an evaluation of cost, clinical efficacy and ease of use for clinicians. The two proposed operating rooms will go through this internal review process.

The team at SHC is dedicated to continuous quality improvement and finding ways to reduce the cost of care. Since 2007, SHC has set an annual cost containment goal in order to support the provision of high-value care and has achieved total savings of over $8,000,000. In fiscal year 2018, SHC achieved its cost containment target by assessing supply costs and selection of supplies, which led to an annual savings of $530,000 of which $98,000 was for Surgical Services. The Applicant presents this competition section as evidence that the Proposed Project will compete on the basis of price, total medical expense and provider costs.

SHC strives to be a high-quality, low cost provider of healthcare services. The 2016 Massachusetts CHIA Relative Price Report demonstrates that SHC maintains relatively low pricing compared to much of the state, thus establishing the Applicant as a high-value care provider. SHC's statewide relative price (S-RP) of .785, ranks it ninth in the State out of 63 hospitals measured in the report and lower than the two nearest hospitals; Steward Good Samaritan Medical Center at .907 and South Shore Health System at 1.108 (26).
(26) CHIA 2016 Relative Price Report. http://www.chiamass.gov/assets/docs/r/pubs/16/Relative-Price-Report-2016.pdf

SHC has outlined its growth initiatives over the next several years and is preparing for the continued shift of surgical procedures from the inpatient to outpatient setting. SHC is proposing to construct two new operating rooms within the hospital footprint at a projected cost savings of 30% versus building free-standing operating rooms.

F1.b.i **Public Health Value /Evidence-Based:**
Provide information on the evidence-base for the Proposed Project. That is, how does the Proposed Project address the Need that Applicant has identified.

The Proposed Project addresses the need the Applicant has identified. The Applicant has demonstrated; significant and continued growth in Orthopedics, growth in Urological and Opthalmalic procedures, overall surgical growth and an outline to add surgeons over the next 12 to 24 months with a corresponding increase in procedures by specialty.

The 2018 County Health Rankings for Plymouth County reflect issues with; adult obesity, lack of physical activity and lack of access to exercise in Plymouth County as compared to the rest of the State (27). Increased weight has been linked to osteoarthritis, increased wear and tear on joints and increased odds of having a musculoskeletal injury. According to the American Academy of Orthopaedic Surgeons (AAOS), individuals with obesity are at greater risk than patients of normal weight for musculoskeletal injuries like; fractures in the lower extremities, meniscal tears, rotator cuff tendonitis, heel-bone fractures and ankle injuries. In addition, the AAOS states that every pound of body weight places four to six pounds of pressure on each knee joint. Individuals with obesity are 20 times more likely to need a knee replacement than those that are not overweight (28). The findings of the County Health Rankings in combination with statements from the AAOS and the growth of the Applicant's Orthopedic service line, support the addition of two operating rooms. In addition, as noted earlier Beckers recently reported that Sg2 is projecting that Orthopedics and spine are expected to grow 35 percent in the outpatient setting over the next 10 years (29).
(27)Plymouth County Health Rankings Report. www.countyrankings.org. Massachusetts Data- Plymouth County.
(28)American Academy of Orthopaedic Surgeons (AAOS). Position Statement: The Impact of Obesity on Bone.
(29) Beckers ASC Review, April 2, 2018. 10 Key Trends for ASC's and outpatient surgery in the next ten years.

According to the American Academy of Orthopedic Surgeons and their report on March 6, 2018, projected volume of primary Total Hip Replacement in the U.S., by 2030, is projected to grow 171% and primary Total Knee Replacement is projected to grow by up to 189%, for a projected 635,000 and 1.28 million procedures respectively. Similar gains are expected for revision Total Hip Replacements and Total Knee Replacements, growing by 142%, 72,000 procedures and 190%, 120,000 procedures respectively (30). With its Orthopedic alignment with BIDMC, SHC is well-positioned to capture additional volumes and the opening of two new operating rooms will allow the organization to meet this need.
(30)Study Presented at the 2018 Annual Meeting of the Academy of Orthopaedic Surgeons. Projected volume of primary and revision total joint replacement in the U.S. 2030-2060.

In terms of adding value to the Applicant's patient panel through the clinical affiliation with BIDMC, patients are; increasingly receiving services closer to home, possess greater ease in scheduling appointments, eliminating the stress of travel concerns and receiving services in a low-cost setting. As noted earlier, operating room capacity is running between 74% and 80% and the Applicant has presented data-backed volume projections. Therefore, increased operating room capacity will lead to an increase in outpatient surgeries. The Applicant has documented its involvement in value based contracts (Medicare ACO, Blue Cross AQC and Tufts Medicare Preferred) and continues to strive to lower cost and provide high quality services. According to Deloitte Insights, a report for the Deloitte Center for Health Solutions, the increase in value based payments are projected to spur greater shifts from inpatient to outpatient care to reduce total cost of care and improve the patient experience (31). The addition of two operating rooms will allow the Applicant to continue to strive to lower costs and provide high quality care.
(31)Deloitte Insights. A report by the Deloitte Center for Health Solutions. Growth in outpatient care. The role of quality and value incentives. P7.

Nationally there is a trend for total joint procedures to be performed in an outpatient setting (32). SHC has taken note of the shift to outpatient total joint procedures and is monitoring the progress of the transition. The Applicant acknowledges that Medicare has removed Total Knee Arthroplasty from the Inpatient-Only list and has authorized that the procedure can be performed in a hospital outpatient setting. According to the Current Review in Musculoskeletal Medicine in 2016, 15% of primary total hip and knee replacements were performed in an outpatient setting, however in 2026, the projection is expected to increase to 51% (33). Offering outpatient total joint procedures would allow SHC to provide patients with; less pain, fewer transfusions, lower infection risk, better recovery at home and faster, more aggressive physical therapy (34). Since SHC is monitoring the shift from inpatient to outpatient for

Total Knee Arthroplasty, the Applicant is well-positioned to respond to this trend with the proposed two new operating rooms.
(32) Sg2 2017; Impact of Change Forecast- Finding Growth.
(33)Bert, J.M., Hooper, H., Moen, S., 2017. Outpatient Total Arthroplasty. Current Review in Musculoskeletal Medicine. 567-574.
(34) health essentials from the Cleveland Clinic. April 18, 2018. Joint Replacement: 5 Benefits of Outpatient Surgery.

F1.b.ii **Public Health Value /Outcome-Oriented:**

Describe the impact of the Proposed Project and how the Applicant will assess such impact. Provide projections demonstrating how the Proposed Project will improve health outcomes, quality of life, or health equity. Only measures that can be tracked and reported over time should be utilized.

Adding two operating rooms and 6 pre-op/post-op bays will allow SHC to continue to meet the needs of the community. The proposed project will allow SHC to retain its high quality surgeons and allow it to recruit surgeons to meet continued growth needs. The two new operating rooms will support surgical recruitment and retention as it relates to operating room capacity. The growth projections the Applicant has outlined would place greater constraints on the existing operating room capacity of 74% to 80%, thereby reducing potential block time and directly impacting satisfaction of the surgeons. SHC will monitor the impact of the Proposed Project through measures that are monitored on a regular basis, including, but not limited to, clinical outcomes and patient satisfaction.

The following indicators were tracked from April 2015 to June 2018 in order to measure the overall quality of care for surgical services at SHC. The Applicant is committed to tracking these measures for the two additional operating rooms.

The Deep Vein Thrombosis/Pulmonary Embolus (DVT/PE) outcome rate in the Department of Surgery was 1.0% in 2015, however in 2016, the rate was 0%, 2017, .20% and through 8 months of FY 18, it's .20%. A decline in the observations of post-operative DVT/PE outcomes over time is attributed to the Department of Orthopedics re-evaluation of their practice for prophylactic prevention and post-procedure prevention management. In October of 2017 the Orthopedic providers met and decided as a group to use the American Academy of Orthopedic Surgeons DVT/PE preventive modalities. The Applicant will continue to monitor the DVT/PE outcome rate as well as other surgical quality indicators as it relates to the proposed new operating rooms.

The unplanned Readmit Rate for the Department of Surgery in 2015 was 4.50%. However, in 2016 that decreased to 1.70%. In 2017, it was 1.20% and through 8 months of FY 18, it is at .50%. A decline in the observations of unplanned surgical readmits and unplanned Returns to the Operating Room (RTOR) over time is attributed to patient optimization pre-procedure. The pre-op optimization initiative includes such interventions as; hygiene measures for skin as well as oral hygiene, engaging the entire surgical team and the patient in his/her plan of care. Surgical team and patient engagement has been enhanced by the following three programs: Early Recovery after Surgery Program/Colon Program, Total Joint Classes and a Vascular Taskforce. A brief description of these programs follows.

Early Recovery after Surgery Program / Colon Program

The Applicant's Early Recovery after Surgery Program/Colon Program initiative is a multi-disciplinary approach to establishing protocols to reduce colorectal surgery infections. It includes targeted interventions along the continuum of surgical care and is evidenced based. The evidenced based portion has three phases; 1. Preoperative care which includes a perioperative pathway to coordinate care with the surgical office and pre-admission testing as well as defined expectations, optimization of the patient and liberalized pre-op fluid intake. 2. Intention fluid management- minimized surgical trauma. 3. Aggressive adherence to best guidelines, including; food, walks and defined goals.

Interventions include; Preadmission counseling, Pre operative clear liquids until two hours before induction, epidural anesthesia for open resections, multimodal pain management, normothermia on PACU arrival, intra-operative goal directed intravenous fluids, post operative nausea and vomiting assessment and prophylaxis, clear liquids provided in first 24 hrs post op, Solids provided 24-48 hrs post op, foley removed post-op day 1, intravenous fluids discharge/ post-op day 0/1.

The outcome goals are decreased length of stay and decrease in overall morbidity.

Total Joint Replacement Classes

The TJR Pre-operative class addresses several things:

The classes cover what to expect from arrival to the hospital to discharge home, with extensive focus on activity and the therapies. Another covered topic is complication prevention, including infection prevention and blood clot prevention. Many topics have been expanded related to root cause of occurrences, including not putting anything you have not been instructed to on your incision (addressing the hydrogen peroxide issue) and not using alcohol when on prescription pain medication post-op (addressing the risk for fall at home). In terms of safety, the use of a call light for all needs is covered in the classes.

Vascular Taskforce

A vascular team formed to ensure the needs of the patient population were being met. This multidisciplinary team meets to ensure procedures will be booked correctly and all necessary equipment is available to avoid delays or cancellations, pre-op identification of vascular patient's health risk and optimization of the patient prior to their surgery, i.e. smoking sensation, high blood pressure and glycemic management. There is a scheduled early post operative visit with the vascular surgeon for wound evaluation and treatment to prevent surgical site infection. Robust post operative debriefing by the surgeon in the operating room and enhanced communication with all care providers to ensure proper management and interventions customized to the patient and family.

In review of the patient satisfaction surveys, patients are willing to recommend the care provided at Signature Healthcare 98.5% of the time for the first 8 months of FY 18. The National Surgical Improvement Program (NSQIP) Patient Satisfaction Rate; "Would Recommend SHC for Care", was 98% for the first 8 months of FY 18.

Other key quality indicators related to the operating room at SHC are as follows;

• From 2015 through 2017 the volume of clean surgical cases performed at SHBH increased from 3561 to 4441.
• Despite this increase in volume, the Applicants rate of clean surgical site infections progressively decreased.
• The clean surgical site infection rate went from 0.42% in 2015 to 0.1% in 2017 with a combined 3-year rate of 0.24%.
• NHSN (National Healthcare Safety Network) calculates hospitals SIR (Standardized Infection Ratio) based on historical performance.
• SHC's predicted number of total hip replacement, total knee replacement, and vaginal hysterectomy surgical site infections in 2017, according to NHSN, was less than 1 case.

SHC will monitor cost per case of the procedures performed in the new operating rooms as it currently does within the existing six suites. SHC utilizes LEAN as its management platform; therefore any changes in financial performance will be will be resolved through a PDCA cycle (Plan, Do, Check, Act).

The Applicant has undertaken a system wide program to proliferate a culture that endorses safety for all who are cared for as well as those who provide care. The program focuses on methods of communication that encourage open-minded contacts so that the coordination of all services ensure patients are the center of attention regardless of age, race, ethnic background, financial status or disabilities.

Subprograms under the premise stated include;

• All of the programs referenced earlier (Early Recovery After Surgery Program/Colon Program, Total Joint Replacement Classes & Vascular Taskforce) begin in the health care provider's office and extend to minimally thirty days into the postoperative period. Patients are screened pre-procedure by an array of health care specialists including surgeons, anesthesia, nursing, physical therapists, nutritionists, case managers, social services and interpreter services and others as needed.
• During the pre-procedure screening assessments if a patient needs further clinical evaluation, efforts are coordinated with the patient/ family/PCP/ surgeon/ as well as with the identified clinical service such as Cardiology, Neurology, etc.
• All patients are taught that they are expected to participate in their care and post-operative recovery. They are also taught about skin care and surgical site infection prevention as well as hand hygiene. They are taught how to use inspiration spirometry, breathing and circulation exercise and about early ambulation as well as safety in the home.
• Since Case Management and Social Services are involved with every patient from the time of admit to discharge, their roles are instrumental in identifying those patients who may be not be safe at home and therefore work with the families in many cases to arrange for safe placement when indicated.
• The programs focus on optimization pre-procedure – like stop smoking, walking, hygiene, nutrition and continued health maintenance.

The Applicant will continue to maintain a proactive approach to monitoring and improving health outcomes.

F1.b.iii **Public Health Value /Health Equity-Focused:**

For Proposed Projects addressing health inequities identified within the Applicant's description of the Proposed Project's need-base, please justify how the Proposed Project will reduce the health inequity, including the operational components (e.g. culturally competent staffing). For Proposed Projects not specifically addressing a health disparity or inequity, please provide information about specific actions the Applicant is and will take to ensure equal access to the health benefits created by the Proposed Project and how these actions will promote health equity.

This project does not specifically address a health disparity and inequity. SHC will strive to ensure that all patients have equal access to the health benefits created by this project. SHC has a robust Interpreter Services Program. For patients requiring language services, interpreters are scheduled in advance for pre-op and post-op appointments. Interpreter services are provided by SHC staff interpreters whose language skills cover the top languages served at SHC; Cape Verdean Creole, Portuguese, Spanish and Haitian Creole. Services are also provided through video remote and telephonic interpreters and via requests to outside agencies such; as Cross Cultural

Communication Systems (CCCS) for non-staffed languages and Mass Commission for the Deaf and Hard of Hearing (MDCHH) for American Sign Language (ASL), Certified Deaf Interpreter (CDI) and Communication Access Real-Time Translation (CART) interpreters. To help ensure timely services for this Proposed Project, a video remote device and dual handset phone will be stationed in the new surgical area for easy access when an in-person interpreter is not readily available.

In terms of Total Joint Replacement classes, the Applicant addresses issues that are identified in pre-operative encounters that may place patients at risk as soon as they are identified. One example is the home assessment completed by the VNA.

Part of SHC's community focus, and indeed the very core of the mission, is to care for those in greatest need. SHC is especially proud of the distinguished, century-plus tradition of reaching out to all patients in the community, from every walk of life, regardless of their ability to pay.

F1.b.iv Provide additional information to demonstrate that the Proposed Project will result in improved health outcomes and quality of life of the Applicant's existing Patient Panel, while providing reasonable assurances of health equity.

The addition of two operating rooms and 6 pre-post-op bays will; expand access for the patient panel, assist with the volume expansion that SHC is experiencing and meet the demand for future growth projections.

The project will provide additional operating room access in a high-quality, cost-effective setting. In addition, increased surgical care will take place locally, which is convenient for the patient panel. On an increasing level, patients are having surgery in Brockton and forgoing the long commute into Boston. Within this application, SHC demonstrated a strong track record in quality surgical outcomes and will continue with a LEAN approach to assure this continued success within the two new operating rooms.

F1.c Provide evidence that the Proposed Project will operate efficiently and effectively by furthering and improving continuity and coordination of care for the Applicant's Patient Panel, including, how the Proposed Project will create or ensure appropriate linkages to patients' primary care services.

To ensure continuity of care, improved health outcomes and enhanced quality of life for surgical patients, all patients go through a standardized pre-operative process. Patients that have procedures in the proposed operating rooms will go through this process. A patient appointment for Pre-testing is either a phone call or in person visit to a specific ambulatory location. The nurse does an assessment which includes past medical and surgical history, including any previous illnesses or treatments. Patients are assessed for any social issues, including living arrangements and safety within the home. All medications are reviewed, including allergies or any adverse drug reactions and the patient is given a copy of their medication list. Most in- person interviews are seen by anesthesia that day and will have additional lab work and EKG as needed. All nursing documentation is reviewed by anesthesia who will order medical or cardiac clearances as needed. Any concerns are communicated to the surgeon by either nursing or anesthesia.

Each patient receives procedure specific pre and post-operative instructions from nursing, anesthesia and with the surgeon during preoperative visits. Each patient provides the name and contact information for the patient's escort home and who will be with the patient at home.

An interpreter is provided for all non-English speaking patients. The surgeon provides copies of operative notes to the primary care provider. The PACU nursing staffs calls all same day surgery patients the day after surgery.

LEAN is the management platform within SHC where the focus is on quality improvements, eliminating waste, improving efficiencies and safety. In working within a LEAN system, the Applicant is implementing processes that are value-added from the perspective of the patient and eliminating those that are not. In addition, LEAN aligns leaders and staff around a shared vision. When adopted by an entire organization, the LEAN management system equips employees with the tools and methods they need to lead diverse teams of employees. In a LEAN healthcare organization, all employees are empowered to speak-up about problems affecting patient care and create patient-centered processes.

There is a process in place for the care of patients receiving Total Joint Replacements that demonstrates the improving continuity and coordination of care for the Applicant's panel. The project took place over the entire FY 16. However, the processes that were developed are still being used today and will be used for patients receiving total joint procedures in the proposed operating rooms. The following demonstrates the Applicant's commitment to improving continuity and coordination of care for patients.

The goals/objectives are:

- Reduce patient readmissions to the hospital by 10%.
- 50% of Total Joint Care patients to be discharged safely to the VNA.
- Average length of stay (LOS) of 3 days.

The results are as follows:

• The readmission rate was reduced to 6.6%.
• 72% of patients were safely discharged to the VNA.
• The average length of stay was 3.4 days.

Lessons Learned:

After accumulating one year of data, SHC assessed information to identify at risk populations for short-term rehab and readmission. The process improvements in order to achieve the positive results are outlined below.

Education

• Made pre-op total joint replacement class mandatory.
• The class covers content from pre-op to post-op, including in-depth detail regarding the inpatient stay. Patients hear from members of the Case Management and Rehabilitation Departments, as well as previous patients.
• Surveys regarding the session are collected at the end of each class. The practice then adds and sometimes subtracts content based on these suggestions.

Follow-up

• Patients are called periodically when discharged home, as well as seen in the office between post operative days 10-15. This phone call checks in with the patient and helps to prevent unnecessary emergency room visits and readmissions.

Identifying patients at risk for SNF stay/rehab peri-operitively

• Using an established readmission risk assessment tool, the team began risk-stratifying patients who had readmissions and SNF stays.
• Case Management makes a pre-operative phone call to assess the patient's living situation and support system.

Linkages to Primary Care Services

The Applicant has an employed physician model. All primary care physicians within Signature Medical Group are employed and specialists from major specialties are also employed, therefore providers have a strong platform for effective communication. Within the electronic medical record (EMR) there is a tracking system for Signature primary care physicians and specialists to discuss cases electronically. Non-Signature referring physicians receive a follow-up communication following the patient's surgery. This communication can be by letter, fax or phone call depending on the nature of the case.

Currently ambulatory physicians within Signature Medical Group (SMG) use Allscripts as an EMR and the hospital uses Meditech as an EMR. However, in FY 19 SMG will convert to Meditech as their ambulatory EMR. Therefore, patients will have one EMR regardless of their point of service within SHC. The Applicant's stated goal is; One Patient- One Chart. This will enhance the linkages of overall services within SHC.

F1.d Provide evidence of consultation, both prior to and after the Filing Date, with all Government Agencies with relevant licensure, certification, or other regulatory oversight of the Applicant or the Proposed Project.

The Applicant has communicated with the following departments/personnel within the State; The Office of Health Equity, Nora J. Mann, Rebecca Rodman, Lynn Conover, Lucy Clarke, Ben Wood and Elizabeth Maffei.

After approval, the project will require DPH review and approval of plans. Also, the project will require a building permit from the City of Brockton, which will be obtained by the contractor. Since the operating rooms are within the existing footprint of the hospital and consistent with approved zoning use of the building, the Proposed Project requires no other local approvals.

Following construction of the operating rooms, the Applicant will obtain a Certificate of Occupancy from the City of Brockton, a Certificate of Inspection from the Brockton Fire Department and a Certificate of Inspection from the Department of Public Safety. The Applicant will then request a survey of, and approval to utilize the facility by DPH.

F1.e.i Process for Determining Need/Evidence of Community Engagement: For assistance in responding to this portion of the Application, Applicant is encouraged to review *Community Engagement Standards for Community Health Planning Guideline.* With respect to the existing Patient Panel, please describe the process through which Applicant determined the need for the Proposed Project.

The Applicant determined the need for the Proposed Project as a result of historical volume trends in the current operating rooms, including significant and projected growth in Orthopedics and surgical physician recruitment plans over the next 12 to 18 months. National projections of increases in Orthopedic procedures support the continued growth the Applicant is anticipating. In addition, for the most recent 12 to 24 month period the Applicant's existing operating rooms functioned at 74% to 80% occupancy, while experts suggest this percentage not exceed 75% to 80%. The addition of two operating rooms within the existing footprint of the hospital represents a fiscally sound decision to meet growing demands.

The Proposed Project is a Tier 1 project. The Applicant has complied with DPH Community Engagement Standards through its submission of its 2016 Community Health Needs Assessment. The Applicant has invited 6 community stakeholders to complete the Community Engagement Stakeholder Assessment Form and the Applicant has completed the Community Engagement Self-Assessment form.

The Applicant has fulfilled the Tier 1 CHI DPH Community Engagement Standards. The Applicant consulted as well as engaged a Community Advisory Board on August 29, 2018, December 19, 2018 and March 21, 2019

F1.e.ii Please provide evidence of sound Community Engagement and consultation throughout the development of the Proposed Project. A successful Applicant will, at a minimum, describe the process whereby the "Public Health Value" of the Proposed Project was considered, and will describe the Community Engagement process as it occurred and is occurring currently in, at least, the following contexts: Identification of Patient Panel Need; Design/selection of DoN Project in response to "Patient Panel" need; and Linking the Proposed Project to "Public Health Value".

Community Engagement Process

The Applicant established and consulted with a Community Advisory Board (the "Advisory Board") three times during the application process; August 29, 2018, December 19, 2018 and March 21, 2019. During these meetings the Applicant consulted with and sought the input from the Advisory Board regarding the identification of Patient Panel Need, selection of the DoN Project in response to Patient Panel Need and linking the project to Public Health Value.

The Applicant's Advisory Board includes members who represent organizations that have a commitment to low-resource and diverse communities and who work with those individuals who face barriers and obstacles in accessing care. These organizations represent a wide range of community residents within the Applicant's service area, who are ethnically, demographically, and gender diverse.

The organizations represented on the Advisory Board include; Councils on Aging, Community Based Organizations Working with Children, Private Sector-Banking, Cape Verdean Adult Day Health Center, Youth Commission, YMCA, Local Health Department, Haitian Community Partners and an Opioid Abuse Prevention Collaborative. Given the broad-based representation on the Advisory Board the Applicant believes it is representative of the Applicant's Patient Panel.

Through the consultative process with the Advisory Board, they provided feedback in several areas on the project. They expressed concerns about a "do-nothing strategy" and how an operating room capacity issue would impact the patient panel in terms of being able to receive care locally. In addition, they questioned and had a dialogue about the project being the lowest cost option to adding operating room capacity. The Advisory Board recognized the high quality surgical indicators from the existing operating rooms and was satisfied that the same quality indicators would be utilized in monitoring care within the proposed new operating rooms. The Applicant listened to and acknowledged the concerns as well as provided feedback as to how community input influenced decisions. The Applicant has made a commitment to engage the Advisory Board through the review of the application, final determination and if approved, the opening of the operating rooms.

The Community Advisory Board meetings considered the Proposed Project in terms of its Public Health Value as evidenced by the following;

Public Health Value-Evidence Based

Discussions included information on the historical growth in surgical volumes, projected physician recruitment as well as operating room capacity and came to the conclusion that additional operating room space was warranted. In addition, the Applicant presented its assessment of health issues in Plymouth county, such as; adult obesity, lack of physical activity and lack of access to exercise. Evidence that these health issues lead to an increase in orthopedic issues and corresponding surgical procedures was considered. As noted

earlier in this Factor, the findings in the County Health Rankings as well as a report by Sg2 projects orthopedic and spine cases are expected to grow by 35% in an outpatient setting over the next 10 years depict a public health need in terms of access to operating room capacity (35).
(35) Beckers ASC Review. April 2, 2018. 10 Key Trends for ACS's and outpatient surgery in the next ten years.

Through the affiliation with BIDMC, the Applicant has seen significant growth in Orthopedics and the Proposed Project will continue to allow Orthopedic patients to receive services closer to home, possess greater ease in scheduling appointments, eliminating the stress of travel concerns as well as access to care in a low-cost setting.

Public Health Value- Outcome Oriented

The Applicant presented information on current operating room capacity as it relates to physician satisfaction and recruitment/ retention. The growth projections the Applicant has outlined would place greater constraints on the existing operating room capacity of 74% to 80%, thereby reducing potential block time and directly impacting physician satisfaction.

The Applicant also discussed its current measures of surgical outcomes including; The DVT/PE outcome rate in the Department of Surgery as well as the Unplanned Readmit Rate. As a result of continuous quality improvement efforts through a LEAN process, the Applicant has shown significant improvement in these two indicators over the past several years. The Applicant is committed to monitoring these measures in the two proposed operating rooms and will utilize a LEAN process to focus on an outcome oriented approach. In addition, the Applicant is committed to continuing with its Early Recovery after Surgery Program/Colon Program, Total Joint Classes and a Vascular Taskforce.

Public Health Value – Health Equity

As noted earlier, the project does not specifically address a health disparity or inequity. However, the Applicant will continue to offer a robust Interpreter Services Program for all patients receiving care in the proposed operating rooms.

Part of Signature Healthcare Brockton Hospital's community focus, and indeed the very core of the mission, is to care for those in greatest need. SHC is especially proud of the distinguished, century-plus tradition of reaching out to all patients in the community, from every walk of life, regardless of their ability to pay.

Factor 2: Health Priorities

Addresses the impact of the Proposed Project on health more broadly (that is, beyond the Patient Panel) requiring that the Applicant demonstrate that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation.

F2.a **Cost Containment:**

Using objective data, please describe, for each new or expanded service, how the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment.

The Applicant has been recognized through CHIA reports as a low cost hospital. Currently, the Hospital is being paid at the 79th percentile of all hospitals in the State. A portion of the volumes associated with the proposed project will come from reducing outmigration of surgical cases from Signature Medical Group and the SHC service area to higher cost surgical settings. The greater availability and increased use of lower cost surgical services will positively contribute to the Commonwealth's cost containment goals.

It is believed that through a carefully planned process, the two additional operating rooms can be managed more efficiently than the main operating rooms, thereby improving throughput and allowing the hospital to generate significant savings in salaries and benefit costs.

F2.b **Public Health Outcomes:**

Describe, as relevant, for each new or expanded service, how the Proposed Project will improve public health outcomes.

The addition of two new operating rooms is limited in scope; therefore improvements in health outcomes will be limited and difficult to measure. The expansion of operating room capacity will allow the Applicant to further serve its patient population and meet growing surgical volumes. As evidenced by the growth in Orthopedics, patients who experience a Total Joint Replacement will improve health outcomes with increased mobility and a decrease in discomfort, which should lead to greater mobility and a healthier lifestyle.

Through the results of the 2016 CHNA, the Applicant continues to offer services that look to improve the health of the surrounding communities. To that effort, the FY 2019 Community Benefits Plan Implementation Strategy includes, but is not limited to;

Wellness Programs: In response to a variety of findings in the past few CHNA's that highlighted a lack of physical activity for adults and children, Signature Healthcare implemented a free Zumba program.

Blessings in a Backpack: To address the need for enhanced nutritional services, SHC will continue to work with "Blessings in a Backpack"; a program for children who are in the free or reduced breakfast and lunch program. Signature will provide the 50 children, identified from the Kennedy School, nutritious food to take home for the weekend.

Brockton Knocks Down Diabetes: SHC will continue to be part of the larger community wide "Brockton Knocks Down Diabetes" (BKDD) initiative and will kick it off with a Health & Wellness Expo.

Substance Abuse & Opiod Crisis Management Programs: SHC staff will continue to be part of the Mayor's Opiod Coalition, Independence Academy and the Plymouth County's Substance Abuse Coalition.

F2.c **Delivery System Transformation:**

Because the integration of social services and community-based expertise is central to goal of delivery system transformation, discuss how the needs of their patient panel have been assessed and linkages to social services organizations have been created and how the social determinants of health have been incorporated into care planning.

The screening of a patient's potential psychosocial needs begins at the point of pre-registration for any surgical procedure. Patients complete a comprehensive Pre-Admission Nursing Assessment which incorporates these needs. Seeking to address the social determinants of health, the areas assessed include safety at home, (including threats of harm from others), substance use, mental health, housing, advanced directives, as well as any anticipated post-surgical care needs. In addition, SHC recognizes that access to transportation has a significant impact on health outcomes.

The Social Work Department is consulted when these needs are identified and may begin working with patient's days in advance of their procedures. Based on the needs identified, the Social Work Department helps link the patients with community resources. As part of a comprehensive healthcare system, the SHC Social Work Department has processes in place for hand-off communication within the organization to avoid duplication of efforts and ensure the level of detail needed regarding each individual patients circumstances are shared for seamless referrals to community resources.

Aggressive efforts are ongoing to sustain existent grant funding to assist patients in minimizing barriers to meeting their health care needs. Signature Healthcare also organizes fundraising efforts and has established the Patient Advocacy Fund to provide for the basic

needs of patients facing financial challenges. The Patient Advocacy Fund pays for such things as transportation, clothing, medication co-pays, durable medical equipment and other necessities not covered by insurance.

Efforts for delivery system transformation have been ongoing through our multi-disciplinary focus on maximizing appropriate hospital utilization and readmission reduction work. This includes new program development, an outcome of the CHART grant funding, a Community Integration Team with the goal to improve health outcomes and to reduce healthcare costs. This team consists of a Licensed Independent Clinical Social Worker and a Community Health Worker who follow patients with high hospital utilization into the community. This team enables the Applicant to extend care coordination beyond the hospital walls, meeting the patient where they are, increasing patient engagement and sustaining community resource connections.

Factor 3: Compliance

Applicant certifies, by virtue of submitting this Application that it is in compliance and good standing with federal, state, and local laws and regulations, including, but not limited to M.G.L. c. 30, §§ 61 through 62H and the applicable regulations thereunder, and in compliance with all previously issued notices of Determination of Need and the terms and conditions attached therein .

F3.a Please list all previously issued Notices of Determination of Need

Add/Del Rows	Project Number	Date Approved	Type of Notification	Facility Name
+ -				

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs

Applicant has provided (as an attachment) a certification, by an independent certified public accountant (CPA) as to the availability of sufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel.

F4.a.i **Capital Costs Chart:**
For each Functional Area document the square footage and costs for New Construction and/or Renovations.

		Present Square Footage		Square Footage Involved in Project				Resulting Square Footage		Total Cost		Cost/Square Footage	
				New Construction		Renovation							
Add/Del Rows	Functional Areas	Net	Gross	Net	Gross	Net	Gross	Net	Gross	New Construction	Renovation	New Construction	Renovation
+ -	Reception/Waiting/Consult					860	1,775	860	1,775		$411,800.00		$232.00
+ -	Support					1,115	1,680	1,115	1,680		$557,760.00		$332.00
+ -	Operatories					1,035	1,700	1,035	1,700		$1,076,810.00		$632.00
+ -	Pre/Post Op					910	1,565	910	1,565		$676,080.00		$432.00
+ -													
+ -													
	Total: (calculated)					3,920	6,720	3,920	6,720		$2,722,450.00		$1,628.00

F4.a.ii For each Category of Expenditure document New Construction and/or Renovation Costs.

	Category of Expenditure	New Construction	Renovation	Total (calculated)
	Land Costs			
	Land Acquisition Cost		$0.	$0.
	Site Survey and Soil Investigation		$0.	$0.
	Other Non-Depreciable Land Development		$0.	$0.
	Total Land Costs		$0.	$0.
	Construction Contract (including bonding cost)			
	Depreciable Land Development Cost		$0.	$0.
	Building Acquisition Cost		$0.	$0.
	Construction Contract (including bonding cost)		$2722450.	$2722450.
	Fixed Equipment Not in Contract		$204000.	$204000.
	Architectural Cost (Including fee, Printing, supervision etc.) and Engineering Cost		$300000.	$300000.
	Pre-filing Planning and Development Costs		$25000.	$25000.
	Post-filing Planning and Development Costs		$20000.	$20000.
Add/Del Rows	Other (specify)			
+ -				
	Net Interest Expensed During Construction		$0.	$0.
	Major Movable Equipment		$848000.	$848000.
	Total Construction Costs		$4119450.	$4119450.
	Financing Costs:			
	Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc		$0.	$0.
	Bond Discount		$0.	$0.
Add/Del Rows	Other (specify			
+ -				
	Total Financing Costs		$0.	$0.
	Estimated Total Capital Expenditure		$4119450.	$4119450.

Factor 5: Relative Merit

F5.a.i Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Proposal:

SHC plans to build out two new operating rooms and equip six pre and post operative care rooms within the existing Brockton Hospital, Inc.

Quality:

With the addition of two new outpatient operating rooms, SHC will continue to provide high-quality, cost effective surgical services. If approved, SHC will continue to monitor the Deep Vein Thrombosis/Pulmonary Embolus (DVT/PE) outcome rate as well as the unplanned Readmit Rate within the Department of Surgery. In addition, the Applicant will continue to offer the following programs which positively impact surgical quality; Early Recovery after Surgery Program/Colon Program, Total Joint Classes and a Vascular Taskforce.

Efficiency:

The Proposed Project design optimizes patient flow and the location provides onsite parking just outside of the two new operating rooms. The Applicant has demonstrated patient-focused care delivery as evidenced by the National Surgical Improvement Program (NSQIP) Patient Satisfaction Rate; "Would Recommend SHC for Care", which was 98% for the first 8 months of FY 18. The processes that are in place to assist with achieving a 98% score in the existing operating rooms will be utilized in the proposed operating rooms.

Capital Expense:

Capital expenses of the Proposed Project include renovation costs, fixed equipment and major movable equipment. The renovation within the existing hospital is significantly more cost effective than constructing new freestanding operating rooms.

Operating Costs:

Operating costs are anticipated to be incremental and are associated primarily with additional staff and supplies for the additional cases that will be performed in the new space. These expenses are expected to be offset by increased case volume, demonstrating economy of scale achieved by the addition of the two operating rooms.

List alternative options for the Proposed Project:

Alternative Proposal:

The Applicant has an opportunity to utilize available space within its existing footprint as opposed to constructing freestanding operating rooms. DAI/DiGiorgio, the architect on the Proposed Project supports the Segregated Cost Method to estimate building components to evaluate the costs associated with a renovation versus new construction. One can estimate a renovation with this method and also estimate parts of new construction, such as; excavation and site preparation, foundations, frame, exterior walls, floor structure, exterior balconies and stairs, roof and insulation. DAI/DiGiorgio, concludes that in the vast majority of examples, renovation is the less expensive alternative by 30% or more. An alternative option of doing nothing, would not address the increased demand for services.

Alternative Quality:

Alternative Efficiency:

Alternative Capital Expense:

Alternative Operating Costs:

Add additional Alternative Project | Delete this Alternative Project

F5.a.ii Describe the process of analysis and the conclusion that the Proposed Project, on balance, is superior to alternative and substitute methods for meeting the existing Patient Panel needs as those have been identified by the Applicant pursuant to 105 CMR 100.210(A)(1). When conducting this evaluation and articulating the relative merit determination, Applicant shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

On balance constructing two new operating rooms on the main campus of Brockton Hospital, Inc., is superior to constructing two freestanding operating rooms. The patient panel currently receives surgical services on the hospital campus, so to open freestanding operating rooms in addition to existing campus based operating rooms would result in fragmented surgical services. The Applicant has demonstrated need through historical and consistent growth in surgical volumes. Operating room capacity is running at 74% to 80% which is nearing capacity for industry standards. The Applicant has shared detailed plans for future surgical growth, including growth in spine procedures where 50% of the cases are over 4 hours in length, therefore impacting future operating room capacity (1).
(1)Ozen, Asli, Marmor, Yariv. Rohleder, Thomas, Balasubramanian, Hari, Huddleston, Paul, Huddletson, Jeanne, Manufacturing & Service Operations Management. "Optimization and Simulation of Orthopedic Spine Surgery Practice at Mayo Clinic

The Applicant has shared County Health Data which depicts issues with adult obesity, physical inactivity as well as a lack of access to exercise opportunities. These issues present a direct correlation to an increase need in Orthopedic surgeries. Additional Orthopedic surgeries will require additional operating room capacity.

The Applicant has notified and consulted with several Government agencies in regards to the DoN application and they include; The Office of Health Equity, Determination of Need Program and Office of Community Health Planning and Engagement. The Applicant will consult and work with appropriate Government agencies if the Proposed Project is approved.

The Applicant established and consulted with a Community Advisory Board (the "Advisory Board") three times during the application process; August 29, 2018, December 19, 2018 and March 21, 2019. During these meetings the Applicant consulted with and sought the input from the Advisory Board regarding the identification of Patient Panel Need, selection of the DoN Project in response to Patient Panel Need and linking the project to Public Health Value.

The Applicant's Advisory Board includes members who represent organizations that have a commitment to low-resource and diverse communities and who work with those individuals who face barriers and obstacles in accessing care. These organizations represent a wide range of community residents, within the Applicant's service area, who are ethnically, demographically, and gender diverse.

In consulting with the Applicant's architect on the Proposed Project, the Applicant has demonstrated that renovating two operating rooms versus constructing two free standing operating rooms is cost-effective.

Documentation Check List

The Check List below will assist you in keeping track of additional documentation needed for your application.

Once you have completed this Application Form the additional documents needed for your application will be on this list. E-mail the documents as an attachment to: DPH.DON@state.ma.us

- ☒ Copy of Notice of Intent
- ☒ Affidavit of Truthfulness Form
- ☒ Scanned copy of Application Fee Check
- ☒ Affiliated Parties Table Question 1.9
- ☒ Change in Service Tables Questions 2.2 and 2.3
- ☒ Certification from an independent Certified Public Accountant
- ☒ Articles of Organization / Trust Agreement
- ☒ Current IRS Form, 990 Schedule H CHNA/CHIP and/or Current CHNA/CHIP submitted to Massachusetts AGO's Office
- ☒ Community Engagement Stakeholder Assessment form
- ☒ Community Engagement-Self Assessment form

Document Ready for Filing

When document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the"E-mail submission to Determination of Need" button.

This document is ready to file: ☒ Date/time Stamp: 03/25/2019 12:25 pm

E-mail submission to Determination of Need

Application Number: SHC-19032512-AS

Use this number on all communications regarding this application.

☒ Community Engagement-Self Assessment form