Steward Health Care System, LLC - Good Samaritan Medical Center
DoN Application # 22111516
Applicant Responses

1. **For comparison purposes, please provide Patient Panel data (counts) for Steward NE, GSMC, and GSMC inpatient psychiatric patients for FY19 (Q1-Q4).**

Response: Please refer to the tables below for the Patient Panel Data counts for Steward NE, GSMC, and GSMC inpatient psychiatric patients for FY19(Q1-Q4).

Steward NE Patient Panel

Demographic Measure	FY19 (Q1-Q4)
	Count
Age	
0 to 18	56,101
19 to 45	158,418
46 to 64	156,641
65+	128,094
Total	499,254
Gender	
Female	281,102
Male	214,839
Unknown[1]	3,313
Total	499,254
Race	
African American	56,800
American Indian or Alaska Native	756
Asian	14,752
Declined[2]	6,424
Hispanic	55,449
Native Hawaiian or Other Pacific Islander	300
Other[3]	25,163
Unable to Obtain[4]	3,801
White	335,809
Total	499,254

[1] "Unknown" is defined as not recorded as male or female.
[2] "Declined" indicates the patient declined to provide.
[3] "Other" indicates not included in any of the categories mentioned in the table.
[4] "Unable to Obtain" indicates staff was unable to obtain from the patient due to trauma situations or patient was unconscious.

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GSMC Patient Panel

Demographic Measure	FY19 (Q1-Q4)
	Count
Age	
0 to 18	8,840
19 to 45	27,958
46 to 64	27,879
65+	22,058
Total	86,735
Gender	
Female	Pending
Male	Pending
Unknown	Pending
Total	86,735
Race	
African American	20,647
American Indian or Alaska Native	119
Asian	878
Declined	853
Hispanic	5,032
Native Hawaiian or Other Pacific Islander	49
Other	5,393
Unable to Obtain	500
White	53,264
Total	86,735

GSMC Inpatient Psychiatric Patient Panel

Demographic Measure	FY19 (Q1-Q4)
	Count
Age	
0 to 18	0
19 to 45	1095
46 to 64	508
65+	225
Total	1,828
Gender	
Female	Pending
Male	Pending
Unknown	Pending
Total	1,828
Race	
African American	107
American Indian or Alaska Native/Asian/ Declined[5]	18
Hispanic	57
Native Hawaiian or Other Pacific Islander	28
Other	27
Unable to Obtain	1591
White	107
Total	1,828

2. Provide the cities/towns that make up the primary service area of Steward NE.

Response: The primary service area of Steward NE includes: Taunton, Brockton, Methuen, Lawrence, Fall River, Haverhill, Brighton, Stoughton, Norwood, Dorchester Center, Mansfield, Quincy, Raynham, Bridgewater, Middleborough Center Historic District, Canton, New Bedford, Salem, and Randolph.

3. In order to obtain a better understanding of GSMC Inpatient psychiatric patients, please provide the following:

a. Payer mix for GSMC Inpatient Psychiatric Unit patients for FY21, or the most recent year available.

[5] Includes "American Indian or Alaska Native", "Asian" and "Declined" for patient confidentiality.

Response: Please refer to the table below for payer mix for GSMC Inpatient Psychiatric Unit patients for FY21.

Payer	FY21
Commercial PPO/Indemnity	1.93%
Commercial HMO/POS	2.45%
MassHealth	9.99%
Managed Medicaid	3.30%
Commercial Medicare	7.65%
Medicare FFS	41.02%
All Other[6]	33.66%
Total	100%
APM/ACO Contracts	14.45%
Non-APM/Non-ACO Contracts	85.55%
Total	100%

b. Occupancy rate for GSMC's inpatient psychiatric beds for FY21, or the most recent year available.

Response: The occupancy rate for GSMC's inpatient psychiatric beds for FY21[7] was 87.5% (average daily census of 14). The occupancy rate for GSMC's inpatient psychiatric beds was 30% for the most recent year available through February 2022[8].

c. City/town of origin for GSMC Inpatient Psychiatric Unit patients for FY21, or the most recent year available. Please combine counts less than 11 into another category to protect patient privacy and confidentiality.

Response: For FY21, the primary service area of GSMC Inpatient Psychiatric Unit patients included: Taunton, Brockton, Stoughton, New Bedford, Attleboro, North Attleboro, Norton, Fall River, Quincy, Canton, Norwood, Mansfield, Dorchester Center, Bridgewater, New Bedford, Middleboro Center Historic District, Randolph, Plymouth, Raynham and North Easton Historic District.

4. The application states that GSMC offers inpatient psychiatric treatment for those aged 65 years and older in 16 geriatric inpatient psychiatric beds (pg.5). However, the GSMC Inpatient Psychiatric Unit Patient Panel includes patients aged 19 to 64 (pg.6), and the largest percentage of patients at GSMC inpatient psychiatric were in the 19-45 age cohort (pg.6).

[6] "All Other" includes but is not limited to: Medicaid-Other; Noninsurance payors; QHP-Connector Plans; and Self-pay/free care.
[7] The Applicant's Fiscal Year is January 1- December 31.
[8] Occupancy rate began to decrease in November 2021 due to staffing shortages, requiring the beds to be offline.

Please explain the geriatric beds distinction and how these beds will be used in the new behavioral health facility.

Response: The GSMC Inpatient Psychiatric Unit patient panel includes all inpatients with a behavioral health ("BH") diagnosis. While the Inpatient Psychiatric Unit at GSMC focuses primarily on the geriatric population, younger adults are admitted to GSMC for dual diagnoses issues and once medically cleared, may require BH placement for stabilization at GSMC's Inpatient Psychiatric Unit. Additionally, the Department of Mental Health requested that GSMC admit younger patients who are appropriate for a general psychiatry unit ("GPU") to GSMC's Inpatient Psychiatric Unit, and generally, these patients are between the ages of 55-65.

The new behavioral health facility will have four units: two dedicated to geriatric populations (ages 65+) (38 beds) and two dedicated to adult populations (ages 18-65) (39 adult beds). The 16 relocated beds, along with the additional 22 geriatric beds (totaling 38) care for the same types of patients as the GSMC unit: geriatric-focused with the ability to care for some medical comorbidities on the unit.

5. **The application states that since February 25, 2022, approximately 10 months, the 16 psychiatric beds at GSMC have been offline due to staffing shortages (Footnote 28).**
    a. **How does GSMC plan to staff the 77 inpatient psychiatric beds in the new behavioral health facility?**

Response: The Inpatient Psychiatric Unit at GSMC was temporarily closed due to staffing shortages. GSMC's staffing plan for the new behavioral health facility is multifaceted: 1) GSMC will offer the opportunity to current staff with BH training to shift into the new facility; 2) GSMC will run a behavioral health nursing residency program for new graduates and existing nurses (both internal and external) who have an interest in being trained in providing BH care; 3) GSMC will begin the hiring processes once the Proposed Project is approved and construction commences, giving GSMC 18-20 months to ensure adequate staffing to meet its plan. GSMC is confident that having BH patients in a more appropriate setting (dedicated, appropriately laid out facility versus ED/IP unit) will make these positions more appealing for BH-focused Registered Nurses ("RN") and in turn, the ED/IP positions more appealing to other RNs.

6. **The application states that Steward also has an average of 1,800 crisis evaluations per month in its EDs (pg.8). What is a crisis evaluation?**

Response: Crisis Evaluations are patients who present to the Emergency Department in a behavioral health crisis. These patients are evaluated by BH clinicians in the Emergency Department to determine what level of care they require to address their presenting emergent medical condition. These clinicians work with the patient to identify existing resources/support in the community, assist in finding appropriate inpatient placement for them if needed, and arrange for outpatient resources post-discharge. Their work is dictated by the patient's needs.

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7. **The application states From January 1, 2022 through November 1, 2022, the GSMC ED evaluated 2,103 unique patients and the average boarding time was 34 hours (1 day and 10 hours) with a total of 71,782 boarder hours (pg.8).**

    a. **What number of the unique patients were psychiatric patients, and what was the average boarding time and total boarding hours for psychiatric patients?**

	Unique Patients	Total Boarder Hours	Average Boarding Time
GSMC ED (non-psychiatric patients)	42,970	408,215	9.5
GSMC ED Psychiatric Patients	2,103	71,782	34 hours

Response: The table above reflects data for the BH population presenting to the Emergency Department. During this same time period, from January 1, 2022 through November 1, 2022, GSMC saw 42,970 patients in its Emergency Department.

    b. **Does the GSMC ED have a dedicated area/location for psychiatric/behavioral health boarders?**

Response: The GSMC ED has a behavioral health area with two isolation rooms, two rooms that can be quasi-isolation rooms, and six other rooms. This area is not locked and not separated from the rest of the department. As a result of GSMC's current running BH boarder census of 20+ patients, BH patients are cared for throughout the ED.

8. **The application states, the facility will provide services to inpatients and outpatients, including electroconvulsive therapy (ECT), partial hospitalization program, trans-magnetic stimulation (TMS) and activity therapy (pg.1).**

    a. **Were these services available at Norwood Hospital?**

Response: ECT was provided at Norwood. A partial hospitalization program, TMS, and activity therapy were not available at Norwood Hospital.

    b. **Are these services currently available to GSMC patients?**

Response: These services are not currently available to GSMC patients; GSMC currently does not provide outpatient BH services.

    c. **What is/will be the process for patients to access these outpatient services?**

Response: These services will be referral based.

d. What is GSMC's catchment area for providing ECT services?

Response: It is difficult to identify specific catchment areas relative to BH given how scarce and spread out these resources are across the Commonwealth. GSMC's likely primary catchment area are its Primary and Secondary Service Areas. However, the patients that will be referred to the new BH facility will likely be from across the state.

9. The application states discharge plans are shared with the patient's' primary care provider, as well as a patient's psychiatrist or other mental health provider to ensure care coordination (pg. 13). What is the discharge process for patients without a primary care provider (PCP) or other mental health provider?

Response: For patients that do not have a designated primacy care provider (PCP) and/or BH provider, appropriate referrals will be made for the patient to have an intake at a PCP clinic as well as a follow-up/intake referral with a BH provider. If the patient needs medication renewals/refills prescriptions will be provided to ensure the patient has access to medication until the patient has an outpatient appointment with a PCP or BH provider. Clear instructions about how to manage any emergencies will be provided to patients both verbally and in writing. Information, referrals, and contact information for patients to access Community Behavioral Health Centers (CBHC) or Community Crisis Stabilization (CCS) are included in all discharge plans. These referrals will be made by the social worker working with the patient. Family meetings, when possible, will be held and family and caretakers (guardians, health care proxies and others) will be involved in treatment and discharge planning when possible and available. Any outside agency involved in patient care (DMH, DCF, and others) will be engaged by the treatment team from the beginning of the admission to plan accordingly for the duration of the hospitalization and for the aftercare plan.

Where appropriate, patient care will be bridged until they are seen by outpatient providers (behavioral health and/or PCP) by utilizing intermediate level of care such as Partial Hospitalization Programs (PHPs).

10. What processes are in place to reduce avoidable readmissions for patients with a behavioral health diagnosis or comorbid (behavioral health and other medical condition) diagnosis.

Response: Among the many factors that influence readmissions are follow-up after discharge from inpatient care, rapid access to psychiatric services when needed, and medication compliance. As discussed directly above in No. 9, appropriate referrals will be provided to patients without a designated PCP and/or behavioral health provider for follow-up and access to behavioral health providers and/or PCP in an outpatient setting. Easy/rapid access to behavioral

health systems during crisis can be obtained by contacting the community behavioral health centers, psychiatric emergency services in the community such as BEST team and others, and by visiting an emergency room for a psychiatric evaluation when appropriate. Medication management and compliance can be supported by referrals to behavioral health outpatient providers and PCP clinics to address any concerns the patient might have regarding medication, possible side effects, efficacy, etc. Simplification of treatment to the extent possible can be achieved in both inpatient and outpatient settings.

11. **The application states GSMC has a team of qualified medical interpreters to provide effective communication to Limited English Proficiency (LEP), deaf and hard of hearing (DHH) patients and has bilingual clinical staff (pg.12). Are bilingual clinical staff that assist with interpretation assessed for their clinical fluency in the patients' language and competency in the provision of medical interpretation?**

Response: Steward Heath Care System, LLC's ("Steward") policy requires that providers and clinical staff who wish to use a language other than English in the provision of direct care demonstrate their proficiency in that language. The "Bilingual Clinician/Staff Language Assessment" (BCSLA) program has been implemented across Steward to ensure all staff are in compliance with Federal laws related to communicating with patients who speak another language. Staff who pass the BCSLA, become a Qualified Bilingual Staff (QBS) member and are allowed, if they choose, to communicate directly with patients/families in this language. Staff who do not pass the BCSLA, can no longer communicate clinically with patients in another language; however, they can still speak to patients in that language for all non-clinical care issues. Staff who do not pass the BCSLA, must always utilize a qualified interpreter to communicate clinically with patients.

12. **The application states that three presentations were conducted to fulfill the community engagement requirement (pg.14).**

    a. **How many attendees were at each of the presentations?**

Response: The following presentations were listed in the application:

(1) Presentation to PFAC on December 14, 2022
Five people attended this presentation.

(2) Presentation at the January 2023 session of the Brockton City Council
GSMC did not get on the Brockton City Council ("BCC") agenda for the January 2023 session and is actively working with the BCC President to get on another session's agenda.

(3) Presentation at a Community open Forum on January 5, 2023
This presentation has been delayed until GSMC presents first to the BCC. GSMC would like to sequence the presentations so that the BCC receives notice prior to the public.

(4) The following additional community engagement activities were conducted:

- 10/7/22- Good Samaritan President meeting with Mayor Sullivan to introduce the project.
- 10/21/22- Mayor, City CFO (Troy Clarkson), and Building Commissioner (Jim Plouffe) had site visit to proposed project site with GSMC Leadership.
- 11/7/22- Meeting at City Hall with Mayor and all Department Heads, Steward Design Team, Mr. Hesketh, Mr. Tetrault (COO).
- City of Brockton Town Planning Board process for building permit approval: June 2023 to November 2023.

13. Which domains are screened for with SDoH screening?

Response: Current social determinants of health ("SDoH") screening as part of GSMC's BH evaluation looks at the following SDoH areas: 1) housing situation and accessibility; 2) support systems including family and friend involvement and support; 3) education and level of comprehension; 4) employment status and barriers to employment; 5) legal issues presenting challenges; 6) language and literacy skills; 7) abuse and trauma history; and 8) spiritual, religious, and cultural circumstances.

14. The literature points to disparities in utilization of mental health services by age, income, payer, and race/ethnicity.[9] Does GSMC collaborate with local demographic-specific organizations to better serve the mental health of the communities it serves.

Response: Yes, this is an integral part of Steward's Community Health Needs Assessment (CHNA) process. Steward worked with the Brockton Chapter of the NAACP, the Veteran's Association, the Cape Verdean Women United group, the Brockton Area Multiservice Agency, Old Colony Elder Services, and the Family and Community Resources group to identify major concerns and focus areas within their specific represented populations. Providing culturally competent care is an incredibly important part of Steward's mission with the majority of its communities served being racially and economically diverse.

[9] (1) Blue Cross Blue Shield of Massachusetts Foundation. NORC. Behavioral Health During the First Year of the COVID-19 Pandemic: An Update on Need and Access in Massachusetts 2020/2021. 2) CHIA Behavioral Health & Readmissions In Massachusetts Acute Care Hospitals SFY 2020. 3) Center for Health Information and Analysis (CHIA). Massachusetts Acute Care Hospital Inpatient Discharge Data 4) FFY 2016-2021. 4) KFF Mental Health in Massachusetts. 5) CCIS Spotlight: Mental Health.