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MARYLAND HEALTH CARE COMMISSION

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October 4, 2018

Anne Langley
Sr. Director, Health Planning & Community Engagement
Johns Hopkins Medicine
3910 Keswick Road, Suite N-2200
Baltimore, Maryland 21211

**Re: Johns Hopkins Bayview Medical Center Addition of 16 Inpatient Rehabilitation Beds –
Matter # 18-24-2430**

Dear Ms. Langley:

Staff of the Maryland Health Care Commission (“MHCC”) reviewed the Johns Hopkins Bayview Medical Center’s above-referenced Certificate of Need application, and has the following completeness questions.

Project Description

1. Why is Table A showing a change in physical bed capacity for a project that, in essence, is simply a change in bed classification and licensure?
2. If this proposal is approved, will Bayview be delicensing 16 chronic care beds?

Quality of Care

3. Regarding the tables used to respond to this standard:
 - a) What is the unit of measure on the Y-axis of the “FIM Improvement...” table?
 - b) The “FIM Improvement...” and “FIM Efficiency” tables only show a comparison to Maryland peers; does the data reporting not include a national comparison?
4. The table on p. 26 shows infection rates for Bayview but does not compare those rates to any national or state norm. Please provide that perspective.

5. Exhibits 6 and 8 compare Bayview to some peer group in Press Ganey's NDQI. Please describe that peer group.
6. The data provided by the applicant in Exhibit 6 shows patient falls to be well above the mean in four out of eight quarters, with that problem being especially the case during the four most recent quarters. Please summarize: a) the root cause; b) the solutions implemented; c) why, after initial improvement, falls again increased to exceed the norm by a significant margin.
7. Exhibit 8, displaying the incidence of pressure sores, showed the applicant to have a strong record (zero incidence) in 7 out of 8 quarters. The one outlier, Q4 of 2016, however, showed a spike with an incidence of almost 3x that of the mean for the compare group. Did Bayview explore the reasons for that occurrence, and what was done about the findings?

Need

8. Your response provides data on "the utilization statistics for the 28 beds used for CIR services at JHBMC." It is difficult to discern the location of those beds vis a vis the location of the chronic beds. Please provide a "before" and "after" table listing the floors and units containing these beds.
9. The utilization statistics appearing in the table on p. 30 shows significantly more patient days in FY17 and '18 than FY16, and the application states: "This growth trend reflects an increased demand for rehabilitation services at JHBMC in recent years that has prompted JHBMC to commit additional resources to this service." What caused this growth, and should it be considered a short-term phenomenon or a sustainable shift?
10. Since the proposal to add 16 rehabilitation beds exceeds the latest bed need projections, please respond to part (d) of this standard, which states that: *an applicant proposing to establish or expand adult acute rehabilitation beds that is not consistent with the projected net need in .05 in the applicable health planning region shall demonstrate the following:*
 - (i) *The project credibly addresses identified barriers to access; and*
 - (ii) *The applicant's projection of need for adult acute rehabilitation beds explicitly accounts for patients who are likely to seek specialized acute rehabilitation services at other facilities due to their age or their special rehabilitative and medical needs. At a minimum, an applicant shall specifically account for patients with a spine or brain injury and pediatric patients; and*

- (iii) *The applicant's projection of need for adult acute rehabilitation beds accounts for in-migration and out-migration patterns among Maryland health planning regions and bordering states.*

Financial Feasibility

11. Submit a Table F that separates Chronic from Rehabilitation volume projections.

Charity Care

12. Part (a) (ii)3 of this standard requires: ***Individual notice regarding the hospital's charity care policy {to} be provided at the time of preadmission or admission to each person who seeks services in the hospital.*** Bayview's policy provides that: "A Patient Billing and Financial Assistance Information Sheet will be provided to inpatients **before discharge** and will be available to all patients upon request." Providing information "before discharge" does not align with the standard's requirement to provide it "at the time of preadmission or admission." Please submit a revised policy.

Viability

13. Table L does not reflect changes to be expected based on this project, but on a much larger renovation/expansion project. Would this addition of 16 rehab beds – which you characterize as a "conversion" -- change current staffing patterns at all? If so, submit a Table L that reflects only this project, not the larger project.

Please submit four copies of the responses to completeness questions and the additional information requested in this letter within ten working days of receipt (as always, extensions granted as needed). Also submit the response electronically, in both Word and PDF format, to Ruby Potter (ruby.potter@maryland.gov). Given the number of questions posed, as well as the time required for staff to compile these questions, we will certainly grant an extension to the ten day target specified in regulation as soon as you would request it.

All information supplementing the applicant must be signed by person(s) available for cross-examination on the facts set forth in the supplementary information, who shall sign a statement as follows: "I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief."

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Should you have any questions regarding this matter, feel free to contact me at (410) 764-5982.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin McDonald". The signature is fluid and cursive, with the first name "Kevin" and last name "McDonald" clearly distinguishable.

Kevin McDonald
Chief, Certificate of Need

cc: Leana Wen, MD, Health Officer, Baltimore City