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January 17, 2019

VIA EMAIL & HAND DELIVERY

Ms. Ruby Potter
ruby.potter@maryland.gov
Health Facilities Coordination Officer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Shore Health System
Request for Certificate of Exemption from CON Review
Merger and Consolidation of UM SMC at Dorchester and UM SMC at Easton

Dear Ms. Potter:

On behalf of Shore Health System, Inc. *d/b/a* University of Maryland Shore Medical Center at Easton and University of Maryland Shore Medical Center at Dorchester, we are submitting four copies of its response to the additional information questions dated December 12, 2018. A WORD version will be provided under separate cover.

I hereby certify that a copy of this submission has also been forwarded to the appropriate local health planning agency noted below.

Sincerely,

Thomas C. Dame

Mallory Regenbogen

Mallory Regenbogen

TCD/MMR:blr
Enclosures

#641850
012516-0006

cc: Kevin McDonald, Chief, Certificate of Need
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UM Shore Regional Health
Merger and Consolidation of UM SMC at Dorchester and
UM SMC at Easton

UM Shore Regional Health's Responses to
December 12, 2018 Completeness Questions

Tables and projections

1. **Table F shows occupancy rates above 100% for general medical surgical beds in 2016 and 2017; I suspect there is an error in the calculations. Please submit a corrected table F.**

Applicant Response

The presentation of fiscal year 2016 and 2017 general medical surgical bed occupancies in Table F of the Merger/Consolidation Application were calculated based on medical surgical patient days included in the Maryland State non-confidential patient level data set and licensed beds presented in the HSCRC annual filings for UM SMC at Dorchester and UM SMC at Easton. UM SRH compared the patient days included in the State data set that were used in the calculation of bed occupancy to: (1) the Medical Surgical Acute ("MSG") and Medical Surgical ICU ("MIS") patient days that are presented in the fiscal year 2016 and 2017 HSCRC annual filings for UM SMC at Dorchester and UM SMC at Easton, and (2) internal hospital utilization data for UM SMC at Dorchester and UM SMC at Easton. It was determined that all three sources of utilization data in fiscal years 2016 and 2017 are comparable. As the State patient level data set provides detail on zip codes, age, and diagnoses that are not included in the other sources of utilization data, it was determined that the State data set would continue to be used and the results presented in an updated Table F (to be provided with the responses to the HSCRC completeness questions).

In addition, the updated Table F will reflect actual fiscal year 2018 occupancy that is calculated based on actual patient days obtained from the State patient level data set and licensed beds obtained from the HSCRC annual filings.

In addition to patient days, the other factor to consider in the calculation of bed occupancy is the number of beds that are included in the calculation. Dividing the historical patient days by the licensed beds calculates the historical occupancy. The cause for the presentation of occupancy greater than 100% is when the total medical surgical average daily census exceeds the medical surgical licensed beds. As presented below in Table 37, the average daily census of 24 patients for UM SMC at Dorchester in fiscal year 2017 exceeds the 23 medical surgical licensed beds.

Table 37
Historical UM SMC Med/Surg Occupancy
FY2016 – FY2018

	FY2016			FY2017			FY2018		
	MSG	MIS	Total	MSG	MIS	Total	MSG	MIS	Total
UM SMC at Dorchester									
Patient Days (1)	7,120	188	7,308	8,373	220	8,593	6,006	158	6,164
Average Daily Census	20	1	20	23	1	24	16	0	17
Licensed Beds (2)	17	6	23	17	6	23	18	6	24
Licensed Bed Occupancy	114.8%	8.6%	87.1%	134.9%	10.1%	102.4%	91.4%	7.2%	70.4%
UM SMC at Easton									
Patient Days (1)	24,986	1,693	26,679	25,732	1,625	27,357	21,968	1,387	23,355
Average Daily Census	68	5	73	70	4	75	60	4	64
Licensed Beds (2)	77	10	87	77	10	87	85	10	95
Licensed Bed Occupancy	88.9%	46.4%	84.0%	91.6%	44.5%	86.2%	70.8%	38.0%	67.4%
UM SMC Combined									
Patient Days	32,107	1,880	33,987	34,105	1,845	35,950	27,974	1,545	29,519
Average Daily Census	88	5	93	93	5	98	77	4	81
Licensed Beds	94	16	110	94	16	110	103	16	119
Licensed Bed Occupancy	93.6%	32.2%	84.7%	99.4%	31.6%	89.5%	74.4%	26.5%	68.0%

Note (1): Reflects Maryland State non-confidential patient level data set
Note (2): Reflects HSCRC Annual Filing

As presented in the Annual Report on Selected Maryland Acute Care and Special Hospital Services for fiscal year 2018, effective July 1, 2017 (Exhibit 19) and as required by Maryland Code, Health-General § 19-307.2, total licensed acute care bed capacity is established at 140% of the hospital's average daily census for the 12-month period preceding the calculation (the "140% rule"). This calculation of total licensed acute care bed capacity, though, does not appear to have been applied to medical surgical beds. The current presentation of medical surgical licensed beds in the annual filings for UM SMC at Dorchester appear to be understated given the calculation of 102.4% occupancy for UM SMC at Dorchester in fiscal year 2017.

Rather than using the historical number of licensed beds at UM SMC at Dorchester and UM SMC at Easton as presented in the HSCRC annual filings when considering the appropriate number of beds to be relocated as part of the merger and consolidation, the Applicant suggests that the MHCC consider the methodology presented in the State Health Plan for Acute Care Hospital Services for determining the appropriate number of medical surgical ("MSGA") beds in fiscal years 2016 through 2018. An alternative methodology is to apply the MHCC 140% rule to the historical medical surgical average daily census to determine the appropriate number of MSGA beds.

The State Health Plan for Acute Care Hospital Services presents a 70% occupancy target for hospitals with an average daily MSGA census of 0-49 patients and 80% occupancy target for hospitals with an average daily MSGA census of 100-299 patients. Applying the 70% occupancy target to the average daily census at UM SMC at Dorchester calculates a need for 29 MSGA beds in fiscal year 2016, 34 MSGA beds in fiscal year 2017, and 24 MSGA beds in fiscal year 2018 at UM SMC at Dorchester. Applying the 80% occupancy target to the average

daily census at UM SMC at Easton calculates a need for 91 MSGA beds in fiscal year 2016, 94 MSGA beds in fiscal year 2017, and 80 MSGA bed in fiscal year 2018 at UM SMC at Easton (Table 38).

Table 38
Historical UM SMC MSGA Bed Need Based on State Health Plan Occupancy Targets
FY2016 – FY2018

	FY2016			FY2017			FY2018		
	MSG	MIS	Total	MSG	MIS	Total	MSG	MIS	Total
UM SMC at Dorchester									
Average Daily Census	20	1	20	23	1	24	16	0	17
Occupancy Target	70%	70%	70%	70%	70%	70%	70%	70%	70%
MSGA Bed Need	28	1	29	33	1	34	24	1	24
UM SMC at Easton									
Average Daily Census	68	5	73	70	4	75	60	4	64
Occupancy Target	80%	80%	80%	80%	80%	80%	80%	80%	80%
MSGA Bed Need	86	6	91	88	6	94	75	5	80
UM SMC Combined									
Average Daily Census	88	5	93	93	5	98	77	4	81
Weighted Average Occupancy	78%	79%	78%	77%	79%	77%	78%	79%	78%
MSGA Bed Need	113	7	120	121	6	127	99	5	104

Applying the 140% rule to the average daily census at UM SMC at Dorchester results in a need for approximately the same number of MSGA beds as the 140% rule reflects an implicit occupancy assumption of 71.4%. With this implicit occupancy assumption, the application of the 140% rule to the average daily census at UM SMC at Easton results in a need for 90 MSGA beds at UM SMC at Dorchester in fiscal year 2018.

Table 39
Historical UM SMC MSGA Bed Need Based on MHCC 140% Rule
FY2016 – FY2018

	FY2016			FY2017			FY2018		
	MSG	MIS	Total	MSG	MIS	Total	MSG	MIS	Total
UM SMC at Dorchester									
Average Daily Census	20	1	20	23	1	24	16	0	17
MHCC Factor	140%	140%	140%	140%	140%	140%	140%	140%	140%
MSGA Bed Need	27	1	28	32	1	33	23	1	24
UM SMC at Easton									
Average Daily Census	68	5	73	70	4	75	60	4	64
Occupancy Target	140%	140%	140%	140%	140%	140%	140%	140%	140%
MSGA Bed Need	96	6	102	99	6	105	84	5	90
UM SMC Combined									
Average Daily Census	88	5	93	93	5	98	77	4	81
Weighted Average Occupancy	140%	140%	140%	140%	140%	140%	140%	140%	140%
MSGA Bed Need	123	7	130	131	7	138	107	6	113

The Applicant requests that the MHCC consider the State Health Plan methodology when evaluating the need for beds to be relocated from UM SMC at Dorchester to UM SMC at Easton as part of the Applicant's proposed merger and consolidation.

2. Given that FY-2018 data would be available, please substitute actual 2018 data for "current year projected."

Applicant Response

The presentation of "current year projected" fiscal year 2018 utilization in Table F in the Request for Exemption for Merger/Consolidation Application ("Merger/Consolidation Application") reflected the annualization of utilization in the first six months of fiscal year 2018. The presentation of fiscal year 2018 utilization below reflects the full twelve months of utilization in fiscal year 2018. As might be expected, there are minimal differences in the presentations of fiscal year 2018 utilization, but these differences are not sufficient to change the resulting projection of 17 MSGA and 12 psychiatric beds to be relocated from UM SMC at Dorchester to UM SMC at Easton.

MSGA Bed Need Projection

Table 39 below depicts the total use rate of MSGA discharges per 1,000 population in UM SMC at Dorchester's defined service area in fiscal years 2016 through 2018. These use rates reflect the MSGA service area as defined in the Merger/Consolidation Application. The total MSGA use rate of 97.5 discharges per 1,000 population in fiscal year 2018 represents a decline of 7.9% from fiscal year 2016. This reduction was separated by a 6.5% increase in fiscal year 2017.

Table 40
UM SMC at Dorchester's Historical MSGA Service Area Use Rates
FY2016 – FY2018

	Actual FY2016	Actual FY2017	Actual FY2018
MSGA Use Rates			
Age 0-14	**18.2**	**14.7**	**13.3**
%Change		*-19.5%*	*-9.4%*
Age 15-64	**81.4**	**84.6**	**73.8**
%Change		*3.9%*	*-12.7%*
Age 65-74	**220.8**	**232.3**	**196.3**
%Change		*5.2%*	*-15.5%*
Age 75+	**333.6**	**376.3**	**317.3**
%Change		*12.8%*	*-15.7%*
Total	**105.9**	**112.8**	**97.5**
%Change		*6.5%*	*-13.5%*

Source: Calculations of use rates are based on discharge data obtained from the Maryland State non-confidential patient level data set

Due to an expected reduction in potentially avoidable utilization, use rates are projected to decline by an additional 1% at the age cohort level in fiscal year 2019. Use rates are then projected to remain constant through fiscal year 2024 by age cohort, although the total use rate will increase with the shift of population to older age cohorts with higher use rates (Table 41).

Table 41
UM SMC at Dorchester's Historical and Projected MSGA Use Rate
FY2016 - FY2024

	Actual FY2016	Actual FY2017	Actual FY2018	Projected at Dorchester FY2019	FY2020	FY2021	Projected at Easton FY2022	FY2023	FY2024	% Change FY18-FY24
MSGA Use Rates										
Age 0-14	**18.2**	**14.7**	**13.3**	**13.1**	**13.1**	**13.1**	**13.1**	**13.1**	**13.1**	
%Change		-19.5%	-9.4%	-1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*-1.0%*
Age 15-64	**81.4**	**84.6**	**73.8**	**73.1**	**73.1**	**73.1**	**73.1**	**73.1**	**73.1**	
%Change		3.9%	-12.7%	-1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*-1.0%*
Age 65-74	**220.8**	**232.3**	**196.3**	**194.4**	**194.4**	**194.4**	**194.4**	**194.4**	**194.4**	
%Change		5.2%	-15.5%	-1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*-1.0%*
Age 75+	**333.6**	**376.3**	**317.3**	**314.1**	**314.1**	**314.1**	**314.1**	**314.1**	**314.1**	
%Change		12.8%	-15.7%	-1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*-1.0%*
Total	**105.9**	**112.8**	**97.5**	**97.1**	**97.7**	**98.3**	**98.9**	**99.6**	**100.2**	
		6.5%	-13.5%	-0.4%	0.6%	0.6%	0.6%	0.6%	0.6%	*2.8%*

Source: Historical use rates are calculated based on discharge data obtained from the Maryland State non-confidental patient level data set

Based on the 0.2% growth in service area population from fiscal year 2017 to 2024, as presented in the Merger/Consolidation Application, and the use rate assumptions described above, the total projected MSGA service area discharges are projected to increase 3.2% between fiscal years 2018 and 2024 as presented below in Table 42.

Table 42
UM SMC at Dorchester's Historical and Projected MSGA Service Area Discharges
FY2016 - FY2024

	Actual	Actual	Actual	Projected at Dorchester			Projected at Easton			% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
Service Area Discharges	**3,641**	**3,872**	**3,344**	**3,332**	**3,354**	**3,376**	**3,400**	**3,424**	**3,450**	*3.2%*
%Change		*6.3%*	*-13.6%*	*-0.4%*	*0.7%*	*0.7%*	*0.7%*	*0.7%*	*0.7%*	

Source: Historical discharges were obtained from the Maryland State non-confidental patient level data set

UM SMC at Dorchester's MSGA market share decreased in fiscal year 2018 after an increase in fiscal year 2017 (Table 43). Due to this swing, market share at UM SMC at Dorchester is projected to remain constant at the fiscal year 2018 level, by age cohort, through fiscal year 2021. Total market share will increase slightly each year with the shift of population to older age cohorts with greater market share.

Table 43
UM SMC at Dorchester's Historical and Projected MSGA Market Share
FY2016 - FY2024

	Actual	Actual	Actual	Projected at Dorchester			Projected at Easton			% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
UMSMCD Market Share	**40.4%**	**43.3%**	**35.6%**	**35.6%**	**35.7%**	**35.7%**	**27.8%**	**27.8%**	**27.8%**	
%Change		*7.2%*	*-17.8%*	*0.1%*	*0.1%*	*0.1%*	*-22.2%*	*0.1%*	*0.1%*	*-21.9%*

Source: Historical marekt shares are calculated based on discharge data obtained from the Maryland State non-confidental patient level data set

As presented in the Merger/Consolidation Application, UM SMC at Dorchester is expected to lose 22.2% of its MSGA market share in fiscal year 2022 due to the shift of some MSGA discharges to Peninsula Regional Medical Center and Atlantic General Hospital when UM SMC at Dorchester converts to an FMF and relocates its inpatient medical/surgical services to UM SMC at Easton.

UM SMC at Dorchester's out-of-service area MSGA discharges are projected to remain constant, as a percentage of service area discharges, at the age cohort level from fiscal year 2018 through the projection period. Reductions from year to year in this percentage are due to the aging of the population into older cohorts with fewer discharges from outside the service area (Table 44).

Table 44
UM SMC at Dorchester's Historical and Projected Out-of-Service Area MSGA Discharges
% of Service Area Discharges
FY2016 – FY2024

	Actual	Actual	Actual	Projected at Dorchester			Projected at Easton		
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
Out-of-Service Area Discharges									
% of Service Area Discharges	18.2%	17.7%	18.9%	18.8%	18.8%	18.8%	18.7%	18.7%	18.6%

Source: Historical out-of-service area percentages are calculated based on discharge data obtained from the Maryland State non-confidental patient level data set

Based on the assumptions described above, UM SMC at Dorchester's MSGA discharges (in Cambridge and Easton) are projected to decline from fiscal year 2017 to fiscal year 2024 by 19.6% (Table 45). Much of the decline will occur in fiscal year 2022 when UM SMC at Dorchester converts to an FMF and a portion of its medical cases are projected to be lost to other hospitals.

Table 45
UM SMC at Dorchester's Historical and Projected MSGA Discharges
FY2016 – FY2024

	Actual	Actual	Actual	Projected at Dorchester			Projected at Easton			% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
Inpatient Discharges										
UMSMCD	**1,738**	**1,974**	**1,416**	**1,411**	**1,421**	**1,432**	**1,121**	**1,129**	**1,138**	
%Change		*13.6%*	*-28.3%*	*-0.3%*	*0.7%*	*0.7%*	*-21.7%*	*0.8%*	*0.8%*	*-19.6%*

Source: Historical discharges were obtained from the Maryland State non-confidental patient level data set

The average length of stay for MSGA patients at UM SMC at Dorchester is expected to remain constant at the age cohort level from UM SMC at Dorchester's experience in fiscal year 2018, although the weighted average length of stay will increase with the shift of population to older age cohorts with higher average lengths of stay (Table 46).

Table 46
UM SMC at Dorchester's Historical and Projected ALOS
FY2016 – FY2024

	Actual	Actual	Actual	Projected at Dorchester			Projected at Easton			% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
ALOS - MSGA	**4.20**	**4.35**	**4.35**	**4.36**	**4.36**	**4.36**	**4.36**	**4.37**	**4.37**	
%Change		*3.5%*	*0.0%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.4%*

Source: Historical ALOS is calculated based on discharge data obtained from the Maryland State non-confidental patient level data set

The expected occupancy of inpatient MSGA beds at UM SMC at Dorchester for fiscal years 2016 through 2021 reflects the State Health Plan for hospitals with an average daily census of 0-49 patients. Due to the expected shift of beds to UM SMC at Easton in fiscal year 2022, the expected occupancy for fiscal year 2022 through the remainder of the projection

period reflects the State Health Plan for hospitals with an average daily census of 100-299 patients (Table 47).

Table 47
UM SMC at Dorchester MSGA Projected Bed Occupancy

	Projected	
	Dorchester FY16-21	Easton FY22-24
Occupancy	70%	80%

Source: State Health Plan for Acute Care Hospital Services

Based on the assumptions presented above, the applicant has projected a need to shift 17 inpatient MSGA beds from UM SMC at Dorchester to UM SMC at Easton, beginning in fiscal year 2022 when UM SMC at Dorchester converts to an FMF (Table 48).

Table 48
UM SMC at Dorchester's Historical and Projected MSGA Bed Need
FY2016 – FY2024

	Actual	Actual	Actual	Projected at Dorchester			Projected at Easton			% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
MSGA Bed Need	**29**	**34**	**24**	**24**	**24**	**24**	**17**	**17**	**17**	*-29.2%*
%Change		*17.2%*	*-29.4%*	*0.0%*	*0.0%*	*0.0%*	*-29.2%*	*0.0%*	*0.0%*	

Psychiatric Bed Need Projection

Use rates in UM SMC at Dorchester's adult psychiatric service area declined in fiscal years 2017 and 2018. Use rates are projected to decline by an additional 1% at the age cohort level in fiscal year 2019 but then level off and remain constant at each age cohort. Aging of the population will drive a lower overall use rate by fiscal year 2024 as the over 65 years age cohorts have lower projected use rates than the under 65 years age cohort (Table 49).

Table 49
UM SMC at Dorchester's Historical and Projected Adult Psychiatric Use Rates
FY2016 - FY2024

	Actual	Actual	Actual	Projected						% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
Use Rate										
15-64	**5.6**	**5.1**	**4.9**	**4.9**	**4.9**	**4.9**	**4.9**	**4.9**	**4.9**	
%Change		-8.8%	-2.7%	-1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*-1.0%*
65-74	**2.7**	**2.7**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	
%Change		0.9%	-34.7%	-1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*-1.0%*
75+	**2.6**	**3.9**	**2.4**	**2.4**	**2.4**	**2.4**	**2.4**	**2.4**	**2.4**	
%Change		50.4%	-37.1%	-1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	*-1.0%*
Total	**4.1**	**3.9**	**3.6**	**3.5**	**3.5**	**3.5**	**3.5**	**3.5**	**3.5**	
% Change		-4.6%	-8.1%	-1.2%	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%	*-2.5%*

Source: Historical use rates are calculated based on discharge data obtained from the Maryalnd State non-confidential patient level data set

With a 0.5% annual growth in the adult psychiatric service area population, as presented in the Merger/Consolidation Application, offset partially by the reduction in total service area use rates, the total adult psychiatric discharges are projected to increase by only 0.1% a year from fiscal year 2019 to 2024 (Table 50).

Table 50
UM SMC at Dorchester's Historical and Projected Adult Psychiatric Service Area Discharges
FY2016 – FY2024

	Actual	Actual	Actual	Projected						% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
Service Area Discharges										
15-64	**756**	**687**	**666**	**658**	**657**	**655**	**654**	**653**	**651**	***-2.2%***
%Change		***-9.1%***	***-3.1%***	***-1.2%***	***-0.2%***	***-0.2%***	***-0.2%***	***-0.2%***	***-0.2%***	
65-74	**68**	**71**	**48**	**49**	**51**	**52**	**54**	**56**	**57**	***19.7%***
%Change		***4.4%***	***-32.4%***	***2.2%***	***3.2%***	***3.2%***	***3.2%***	***3.2%***	***3.2%***	
75+	**49**	**75**	**48**	**48**	**49**	**50**	**50**	**51**	**52**	***8.2%***
%Change		***53.1%***	***-36.0%***	***0.5%***	***1.5%***	***1.5%***	***1.5%***	***1.5%***	***1.5%***	
Total	**890**	**851**	**784**	**777**	**778**	**779**	**780**	**781**	**782**	***-0.2%***
%Change		*-4.4%*	*-7.9%*	*-0.9%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	

Source: Historical discharges were obtained from the Maryland State non-confidential patient level data set

After a decline in total market share in fiscal year 2017, UM SMC at Dorchester experienced an increase in its adult psychiatric market share in fiscal year 2018. With this swing, market share it is projected to remain constant, at each age cohort, from fiscal year 2018 to 2024 as UM SMC at Dorchester is not expected to lose any psychiatric discharges to other

hospitals when the inpatient psychiatric services at UM SMC at Dorchester are relocated to UM SMC at Easton (Table 51).

Table 51
UM SMC at Dorchester's Historical and Projected Adult Psychiatric Market Share
FY2016 - FY2024

	Actual	Actual	Actual	Projected						% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
Market Share										
15-64	**62.7%**	**59.8%**	**60.7%**	**60.7%**	**60.7%**	**60.7%**	**60.7%**	**60.7%**	**60.7%**	
%Change		*-4.6%*	*1.4%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
65-74	**54.4%**	**52.1%**	**68.8%**	**68.8%**	**68.8%**	**68.8%**	**68.8%**	**68.8%**	**68.8%**	
%Change		*-4.2%*	*31.9%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
75+	**18.4%**	**21.3%**	**33.3%**	**33.3%**	**33.3%**	**33.3%**	**33.3%**	**33.3%**	**33.3%**	
%Change		*16.1%*	*56.3%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
Total	**58.4%**	**54.5%**	**57.8%**	**57.8%**	**57.8%**	**57.8%**	**57.8%**	**57.8%**	**57.8%**	
%Change		*-6.7%*	*6.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*

Source: Historical market shares are calculated based on discharge data obtained from the Maryalnd State non-confidential patient level data set

UM SMC at Dorchester's out-of-service area adult psychiatric discharges declined in fiscal year 2017 as a percentage of total discharges, but then increased in fiscal year 2018. Out-of-service area discharges are expected to remain constant, at each age cohort, at the 2018 level through fiscal year 2024 (Table 52).

Table 52
UM SMC at Dorchester's Out-of-Service Area Adult Psychiatric Discharges
% of Service Area Discharges
FY2016 - FY2024

	Actual	Actual	Actual	Projected						% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
Out-of-Service Area Discharges % of Service Area Discharges										
15-64	**26.2%**	**18.7%**	**24.3%**	**24.3%**	**24.3%**	**24.3%**	**24.3%**	**24.3%**	**24.3%**	
%Change		*-28.4%*	*29.5%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
65-74	**10.8%**	**5.4%**	**15.2%**	**15.2%**	**15.2%**	**15.2%**	**15.2%**	**15.2%**	**15.2%**	
%Change		*-50.0%*	*180.3%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
75+	**0.0%**	**6.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	
%Change		*0.0%*	*-100.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
Total	**24.6%**	**17.2%**	**22.7%**	**22.7%**	**22.7%**	**22.6%**	**22.6%**	**22.6%**	**22.5%**	
%Change		*-30.0%*	*31.9%*	*-0.1%*	*-0.1%*	*-0.1%*	*-0.2%*	*-0.2%*	*-0.2%*	*-0.2%*

Source: Historical out-of-service area percentages are calculated based on discharge data obtained from the Maryalnd State non-confidential patient level data set

In fiscal year 2017, the adult psychiatric discharges at UM SMC at Dorchester declined by 16.0%, but then increased by 2.2% in fiscal year 2018. Based on the assumptions presented above, adult psychiatric discharges are projected to grow by 0.1% per year between fiscal years 2019 and 2024, due primarily to population growth. With a decline in use rates in fiscal year 2019, the total adult psychiatric discharges are projected to decline by 0.4% between fiscal years 2018 and 2024 (Table 53).

Table 53
UM SMC at Dorchester's Historical and Projected Adult Psychiatric Inpatient Discharges
FY2016 – FY2024

	Actual	Actual	Actual	Projected at Dorchester			Projected at Easton			% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
Inpatient Discharges	**648**	**544**	**556**	**551**	**551**	**552**	**552**	**553**	**554**	*-0.4%*
% Change		*-16.0%*	*2.2%*	*-0.9%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	

Source: Historical discharges were obtained from the Maryland State non-confidential patient level data set

While the average length of stay ("ALOS") of adult psychiatric patients at UM SMC at Dorchester increased to 7.2 days in fiscal year 2017, it declined to 6.98 days in fiscal year 2018. This ALOS is projected to continue at this level throughout the projection period at both UM SMC at Dorchester and UM SMC at Easton, beginning in fiscal year 2022, when UM SMC at Dorchester's inpatient adult psychiatric services move to UM SMC at Easton (Table 54).

Table 54
UM SMC at Dorchester's Historical and Projected Adult Psychiatric ALOS
FY2016 – FY2024

	Actual	Actual	Actual	Projected at Dorchester			Projected at Easton			% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
ALOS (days)	**6.95**	**7.48**	**6.98**	**6.98**	**6.98**	**6.98**	**6.98**	**6.98**	**6.98**	*0.0%*
% Change		*7.5%*	*-6.7%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	

Source: Historical ALOS is calculated based on discharge data obtained from the Maryalnd State non-confidential patient level data set

The adult psychiatric inpatient bed occupancy at both UM SMC at Dorchester and UM SMC at Easton was conservatively projected at 85%, which is consistent with the outdated State Health Plan for Psychiatric Services, COMAR 10.24.07 (Need Projection Methodology (A)(7)), and much higher than the jurisdictional minimum occupancy standard of 70% applicable to MSGA beds with an average daily census of between 0-49 inpatients.

Based on the assumptions presented above, the applicant has projected a need to relocate 12 adult psychiatric inpatient beds from UM SMC at Dorchester to UM SMC at Easton, beginning in fiscal year 2022 as demonstrated in Table 55.

Table 55
UM SMC at Dorchester's Historical and Projected Adult Psychiatric Bed Need
FY2016 – FY2024

	Actual FY2016	Actual FY2017	Actual FY2018	Projected at Dorchester FY2019	FY2020	FY2021	Projected at Easton FY2022	FY2023	FY2024	% Change FY18-FY24
Bed Need	**14**	**13**	**13**	**12**	**12**	**12**	**12**	**12**	**12**	*-7.7%*
% Change		*-7.1%*	*0.0%*	*-7.7%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	

3. In what FY year is the transition of the Dorchester beds into Easton assumed to be completed?

Applicant Response

As stated on page 9 of the Merger/Consolidation Application, the inpatient beds will not relocate from UM SMC at Dorchester to UM SMC at Easton until the new FMF in Cambridge is complete and opens, which is expected to occur by summer 2021 or FY 2022.

4. If 17 of the 18 MSGA beds from Dorchester are being *added* to Easton, how does Table F show *fewer* MSGA beds for the combined facilities in the future years?

Applicant Response

Inpatient MSGA use rates are projected to decline at both UM SMC at Dorchester and UM SMC at Easton. In addition, there is an expected reduction in the MSGA average length of stay at UM SMC at Easton in fiscal years 2019 and 2020. As a result of these assumptions, the existing MSGA bed need at UM SMC at Easton will decline from a need for 80 MSGA beds in fiscal year 2018 to 78 MSGA beds in fiscal year 2024. Combined with the need for 17 MSGA beds relocated from UM SMC at Dorchester, there will be a combined need for a total of 95 MSGA beds at UM SMC at Easton by fiscal year 2024 (Table 56).

Table 56
UM Shore Health System Projected MSGA Bed Need
FY2018 – FY2024

	MSGA Beds at Separate Hospitals				Beds Combined at UM SMC at Easton		
	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024
UM SMC at Dorchester	24	24	24	24	17	17	17
UM SMC at Easton	80	78	76	76	77	77	78
Total	**104**	**102**	**100**	**100**	**94**	**94**	**95**

Note: Includes ICU beds

5. **What is the source of the MSGA use rate/1000 data shown in Table 6 on p. 21, and of the psychiatric use rates shown in Table 24 (p. 69)? What was the FY2018 projection based on for both MSGA and psychiatric use?**

Applicant Response

In the Merger/Consolidation Application, the calculations of MSGA and psychiatric service area use rates were based on: (1) population projections obtained from Environics Spotlight for the Zip Codes included in UM SMC at Dorchester's MSGA and psychiatric service areas, as defined in the Merger/Consolidation Application; and (2) inpatient discharge data obtained from the Maryland State non-confidential patient level data set for fiscal years 2016, 2017, and the first six months of 2018. In the presentations included above, fiscal year 2018 reflects the full twelve months of utilization in fiscal year 2018.

6. **What is the source of the market share data shown in Table 10 (p. 24) and table 26 (p. 70)?**

Applicant Response

In the Merger/Consolidation Application, the calculations of MSGA and psychiatric market share for UM SMC at Dorchester were based on inpatient discharge data obtained from the Maryland State non-confidential patient level data set for both UM SMC at Dorchester and all other Maryland hospitals that serve the residents of UM SMC at Dorchester's service areas. In the Merger/Consolidation Application, the data for fiscal year 2018 reflected the first six months of the year. In the presentations included above, fiscal year 2018 reflects the full twelve months of utilization in fiscal year 2018.

7. **Please summarize the rationale and calculation – apparently developed over a series of tables ending with table 15 – that arrived at a need to retain 17 of the 18 Dorchester MSGA beds to meet the demand of patients from UM SMC Dorchester service area. The reasoning and mathematics are not totally apparent. Perhaps explaining what conclusion is being drawn at each step of the process (and each related table) would make it clearer.**

   Do the same for psychiatric bed need. In both cases (psych and MSGA) a summary of the overall rationale and approach may make the step by step calculation more comprehensible.

Applicant Response

The projected bed need for MSGA and psychiatric beds at UM SMC at Dorchester were developed using the methodology presented in the State Health Plan for Acute Care Hospital Services and described below.

MSGA Beds

A. **Identify Historical and Project Future Utilization of MSGA Discharges in the UM SMC at Dorchester MSGA Service Area**

- Projecting the MSGA bed need at UM SMC at Dorchester begins with a definition of the MSGA service area for UM SMC at Dorchester. As presented in Table 3 in the Merger/Consolidation Application, MSGA discharges from UM SMC at Dorchester in fiscal year 2017 were accumulated by zip code for all ages. To determine the zip codes to be included in the service area, the Applicant identified the zip codes comprising the top 86.2% of UM SMC at Dorchester's MSGA discharges. This analysis, using discharge data as reported for fiscal year 2017 in the Maryland State non-confidential patient level data set, resulted in the identification of ten zip codes that comprised the MSGA service area for UM SMC at Dorchester.

- For the zip codes identified to represent UM SMC at Dorchester's MSGA service area, the Applicant obtained Environics Spotlight (formerly Nielsen Claritas) population data for the following age cohorts: 0-14, 15-64, 65-74, and 75+. As presented in Table 4 in the Merger/Consolidation Application, the total population within UM SMC at Dorchester's MSGA service area is projected to grow by 0.3% between 2018 and 2023, with the highest growth expected in the older age cohorts (15.4% for the 65-74 age cohort and 3.9% for the 75+ age cohort, respectively).

  Using the compounded annual growth rates calculated between 2018 and 2023, the projected annual population by age cohort between fiscal years 2016 and 2024 was calculated as presented in Table 5 in the Merger/Consolidation Application.

- Using the zip codes identified in Table 3 of the Merger/Consolidation Application, MSGA service area discharges were extracted from the Maryland State non-confidential patient level data set. The Merger/Consolidation Application presents actual data for fiscal years 2016 and 2017. This response includes an update that includes actual discharge data (from the same data source) for fiscal year 2018. Refer to Table 42 above for updated service area discharges including fiscal year 2018 actual data. This data is inclusive of all discharges across all Maryland hospitals for patients within the defined MSGA service area.

- Dividing the historical service area discharges by the service area population yields a use rate for UM SMC at Dorchester's MSGA service area. Dividing this figure by 1,000 yields a use rate per 1,000 population within the defined service area. The results of this historical analysis in fiscal years 2016 and 2017 were presented in Table 6 in the Merger/Consolidation Application. Additionally, refer to Table 40 in this response which has been updated to reflect fiscal year 2018 actual utilization. This update presents a 7.9% reduction in MSGA use rates between fiscal year 2016 and 2018, but with a 6.5% increase in fiscal year 2017.

- To project use rates between fiscal year 2019 and fiscal year 2024, the Applicant began with the baseline of fiscal year 2018 actual use rates as calculated in the step above. The Applicant then reduced the baseline use rates at the age cohort level by 1% for fiscal year 2019 due to an expected reduction in potentially avoidable utilization. The projected use rate is then expected to level off and remain constant at the age cohort level for the remainder of the projection period.

  Table 7 in the Merger/Consolidation Application reflects the use rates at the age cohort level for both the historical and projection periods. As noted previously, this

table has also been updated in the Applicant's response (see Table 41). In line with the overall aging trend of the population within UM SMC at Dorchester's MSGA service area, the aging of the population leads to an overall increase in use rates over the course of the projection period from 97.5 MSGA discharges per 1,000 population in fiscal year 2018 to 100.2 in fiscal year 2024 (despite the 1% reduction in 2019 at the age cohort level) as the population becomes more concentrated within older age cohorts which experience higher MSGA use rates.

- Table 8 in the Merger/Consolidation Application and Table 42 above present the expected number of MSGA discharges by year, through fiscal year 2024. In this response, MSGA service area discharges are expected to grow 3.2% from 3,344 discharges in fiscal year 2018 to 3,450 discharges by fiscal year 2024.

B. Identify UM SMC at Dorchester's Share of the Service Area and Project Future MSGA Discharges at UM SMC at Dorchester

- The next step in the bed need projection process is to calculate UM SMC at Dorchester's share of the overall MSGA service area discharges. Using the same Maryland State non-confidential patient level data set, the Applicant has identified the historical number of MSGA discharges at the age cohort level for UM SMC at Dorchester from the defined MSGA service area.

- Dividing the number of UM SMC at Dorchester MSGA service area discharges by the total MSGA service area discharges yields UM SMC at Dorchester's market share for the historical period. Table 10 of the Merger/Consolidation Application includes actual market share data for fiscal years 2016 and 2017. Table 43 of this response updates that analysis to include actual market share for fiscal year 2018.

- For fiscal years 2019 through 2021, the Applicant expects no change in market share from actual fiscal year 2018, by age cohort as follows:
    - Age 0-14: 0%
    - Age 15-64: 33.3%
    - Age 65-74: 36.6%
    - Age 75+: 42.0%

  UM SMC at Dorchester's higher market share among the older age cohorts coupled with the aging of the population within UM SMC at Dorchester's MSGA service area leads to a slight increase (0.1% per year) in the hospital's overall market share (despite a static market share at the age cohort level) through fiscal year 2021. UM SMC at Dorchester's overall (i.e. across all age cohorts) market share is presented, by year, in the same tables noted above.

- In fiscal year 2022, UM SMC at Dorchester expects its MSGA market share to change when inpatient services are projected to shift from UM SMC at Dorchester to UM SMC at Easton. In fiscal year 2022, the Applicant expects a loss of 22.3% of its inpatient MSGA market share as a result of shifting services. The calculation of the projected shift is presented in Table 9 of the Merger/Consolidation Application. The

shift is based on a drive time analysis that was conducted by service line and assumes that medical patients that live closer to Peninsula Regional Medical Center and Atlantic General Hospital will seek care at those hospitals beginning in fiscal year 2022.

- After the loss of market share to account for the transfer of inpatient MSGA services to UM SMC at Easton, the Applicant expects that market share will remain constant at the age cohort level through the remainder of the projection period. As noted above, the aging of the population into older age cohorts coupled with UM SMC at Dorchester's higher market share among the older age cohorts leads to a slight increase (0.1% per year) in UM SMC at Dorchester's overall market share of all MSGA discharges within the defined MSGA service area.

- As presented below, the growth in MSGA service area discharges related to population is offset by UM SMC at Dorchester's loss of market share. As presented in Table 57 below, UM SMC at Dorchester's MSGA service area discharges are projected to decline 19.5% from 1,191 discharges in fiscal year 2018 to 959 discharges by fiscal year 2024.

Table 57
UM SMC at Dorchester Historical and Projected MSGA Service Area Discharges
FY2016 – FY2024

	Actual	Actual	Actual	Projected at Dorchester			Projected at Easton			% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
Service Area Discharges										
UMSMCD	**1,471**	**1,677**	**1,191**	**1,188**	**1,196**	**1,205**	**944**	**951**	**959**	*-19.5%*
%Change		*14.0%*	*-29.0%*	*-0.3%*	*0.7%*	*0.8%*	*-21.7%*	*0.8%*	*0.8%*	

Source: Historical discharges were obtained from the Maryland State non-confidental patient level data set

- UM SMC at Dorchester also anticipates discharges related to patients originating from outside of the hospital's service area. For historical years (fiscal years 2016 through 2018), the Applicant used the Maryland State non-confidential patient level data to identify the total number of MSGA inpatient discharges at UM SMC at Dorchester. Subtracting the in-service-area MSGA discharges from the total MSGA discharges at the hospital and dividing by the in-service-area discharges at UM SMC at Dorchester yields a proportion of out-of-service-area discharges to be included in UM SMC at Dorchester's total projected MSGA discharges. The Applicant has assumed that the proportion of out-of-service area discharges in fiscal year 2018 will remain constant at the age cohort level throughout the projection period. Table 11 of the Merger/Consolidation Application presents the results of this analysis based on fiscal year 2017 data while Table 44 of this response provides an update with full fiscal year 2018 actual utilization.

- Combining the in-service-area and out-of-service area discharges at UM SMC at Dorchester results in the projections of MSGA discharges at UM SMC at Dorchester that are presented in Table 12 of the Merger/Consolidation Application and Table 45 above which is updated for fiscal year 2018 actual utilization. As a result of the loss of market share, the 1,138 MSGA discharges from UM SMC at Dorchester that are expected to receive care at UM SMC at Easton in fiscal year 2024 will be almost

20% less than those seen at UM SMC at Dorchester in fiscal year 2018.

C. Based on Projected Utilization, Calculate Expected Bed Need

- Determining the average length of stay to apply to the projected discharges is the next step in projecting bed need.

- The average length of stay was calculated for each age cohort (0-14, 15-64, 64-75, 75+) for fiscal years 2016 to 2018 by dividing actual patient days by discharges at UM SMC at Dorchester in each year. As with the discharges, patient days are sourced from the Maryland State non-confidential patient level data set. This calculated average length of stay in fiscal year 2018 is then assumed to remain constant throughout the remainder of the projection period for each age cohort.

- Using the average length of stay by age cohort, a weighted-average length of stay (weighted by discharges) across all MSGA discharges for each year within the projection period is then calculated. While the average length of stay remains constant at the age cohort level, the weighted average length of stay across all MSGA discharges increases slightly over the projection period as a result of the aging of the population in UM SMC at Dorchester's service area over the projection period. More specifically, based upon population data provided by Environics Spotlight for the UM SMC at Dorchester MSGA service area, the 15-64 age cohort (which has a lower length of stay of 4.06 days) is expected to shrink by 0.6% per year while the older age cohorts (with longer average lengths of stay) of 65-74 (4.54 days ALOS) and 75+ (4.63 days ALOS) are expected to grow by 2.9% and 0.8%, respectively, over the same period. The aging of the population, therefore, leads to an increase in the projected average length of stay across all MSGA discharges over the projection period. Table 13 of the Merger/Consolidation Application and Table 46 above present the calculated average length of stay for MSGA patients by year for UM SMC at Dorchester. In this response, the weighted average length of stay is expected to increase from 4.35 days in fiscal year 2018 to 4.37 days in fiscal year 2024.

- Multiplying the average length of stay, by year, by the expected number of discharges yields the following projected MSGA patient days by year.

Table 58
UM SMC at Dorchester Historical and Projected MSGA Patient Days and ADC
FY2016 – FY2024

	Actual	Actual	Actual	Projected at Dorchester			Projected at Easton			% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
UMSMCD										
MSGA Patient Days	7,402	8,457	6,164	6,148	6,195	6,243	4,890	4,930	4,971	*-19.4%*
MSGA Avg Daily Census	20	23	17	17	17	17	13	14	14	*-19.4%*

Source: Historical patient days were obtained from the Maryland State non-confidental patient level data set

- Dividing the projected patient days by year by 365 days in a year yields the average daily census for MSGA beds at UM SMC at Dorchester throughout the projection period.

- The MSGA average daily census at UM SMC at Dorchester by year is then divided by a target occupancy percentage of 70% for fiscal years 2019 through 2021 and 80% for fiscal years 2022 through 2024, with the resulting figure then rounded to the nearest whole bed to arrive at the expected need, by year, for MSGA beds. These target occupancy percentages are presented in Table 14 of the Merger/Consolidation Application and Table 47 of this response and have been sourced from the State Health Plan for Acute Care Hospital Services for hospitals with 0-49 patients and 100-299 patients, respectively. The final determination of bed need is presented in Table 15 of the Merger/Consolidation Application and Table 48 above.

  Using the methodology described above, there is a need for 24 MSGA beds at UM SMC at Dorchester in fiscal year 2018 as presented in Table 48 above. This need will decline to 17 MSGA beds in fiscal year 2022 when the inpatient services at UM SMC at Dorchester are moved to UM SMC at Easton.

- While the methodology described above reflects the State Health Plan for Acute Care Hospital Services, another method to determine MSGA bed need is to apply the MHCC'S 140% rule to the projected average daily census. Applying this formula would calculate an average licensed bed count of 24 beds in fiscal year 2018 which would remain in effect until fiscal year 2022. In fiscal year 2022, the calculated average licensed bed count is projected to decline to 19 beds with the loss of market share when inpatient service at UM SMC at Dorchester are shifted to UM SMC at Easton.

Table 59
UM SMC at Dorchester Historical and Projected MSGA Bed Need
FY2016 – FY2024

	Actual	Actual	Actual	Projected at Dorchester			Projected at Easton			% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
UMSMCD										
MSGA Avg Daily Census	20	23	17	17	17	17	13	14	14	*-19.4%*
MSGA Avg Licensed Beds[(1)]	28	32	24	24	24	24	19	19	19	*-19.4%*

(1) Reflects the application of the MHCC's 140% rule to the projected MSGA average daily census

While the use of the 140% rule would result in more beds in fiscal year 2024, the Applicant requests that only 17 MSGA beds be made available at UM SMC at Easton to care for the patients currently served by UM SMC at Dorchester.

Psychiatric Beds

A. Identify Historical and Project Future Utilization of Psychiatric Discharges in the UM SMC at Dorchester Psychiatric Service Area

- Projecting the psychiatric bed need at UM SMC at Dorchester begins with a definition of the psychiatric service area for UM SMC at Dorchester. As presented in Table 21 in the Merger/Consolidation Application, psychiatric discharges from UM SMC at Dorchester in fiscal year 2017 were accumulated by zip code for all ages. To determine the zip codes to be included in the service area, the Applicant identified the zip codes comprising the top 85.3% of UM SMC at Dorchester's psychiatric discharges. This analysis, using discharge data as reported for fiscal year 2017 in the Maryland State non-confidential patient level data set, resulted in the identification of thirty-five zip codes that comprised the psychiatric service area for UM SMC at Dorchester.

- For the zip codes identified in Table 21 that represent UM SMC at Dorchester's psychiatric service area, the Applicant obtained Environics Spotlight (formerly Nielsen Claritas) population data for the following age cohorts: 0-14, 15-64, 65-74, and 75+. As Presented in Table 22 in the Merger/Consolidation Application, the total population within UM SMC at Dorchester's psychiatric service area is projected to grow by 2.6% between 2018 and 2023, with the highest growth expected in the older age cohorts (17.1% for the 65-74 age cohort and 7.7% for the 75+ age cohort, respectively).

  Using the compounded annual growth rates calculated between 2018 and 2023, the projected annual population by age cohort between fiscal years 2016 and 2024 was calculated as presented in Table 23 in the Merger/Consolidation Application.

- Using the zip codes identified in Table 21 of the Merger/Consolidation Application, psychiatric service area discharges were extracted from the Maryland State non-confidential patient level data set. The Merger/Consolidation Application presents actual utilization for fiscal years 2016 and 2017. This response includes an update that includes actual discharge data (from the same data source) for fiscal year 2018. Refer to Table 50 above for updated service area discharges including fiscal year 2018 actual data. This data is inclusive of all discharges across all Maryland hospitals for patients within the defined psychiatric service area.

- Dividing the historical service area discharges by the service area population yields a use rate for UM SMC at Dorchester's psychiatric service area. Dividing this figure by 1,000 yields a use rate per 1,000 population within the defined service area. The results of this historical analysis in fiscal years 2016 and 2017 were presented in Table 24 of the Merger/Consolidation Application. Additionally, refer to Table 49 in this response, which has been updated to reflect fiscal year 2018 actual utilization. This update presents a 2.5% reduction in psychiatric use rates between fiscal year 2016 and 2018, with an 8.1% decrease in fiscal year 2018.

- To project use rates between fiscal year 2019 and fiscal year 2024, the Applicant began with the baseline of fiscal year 2018 actual use rates as calculated in the step above. The Applicant then reduced the baseline use rates at the age cohort level by 1% for fiscal year 2019 as use rates in UM SMC at Dorchester's service area have declined over the last two fiscal years and are expected to level off. As such, the fiscal year 2019 projected use rates are expected to remain constant at the age cohort level for the remainder of the projection period.

Table 24 in the Merger/Consolidation Application reflects the use rates at the age cohort level for both the historical and projection periods. As noted previously, this table has also been updated in the Applicant's response (see Table 49). In contrast to the trend observed with regard to MSGA discharges, the overall aging trend of the population within Dorchester's psychiatric service area, leads to an overall slight decrease in use rate over the course of the projection period from 3.6 psychiatric discharges per 1,000 population in fiscal year 2018 to 3.5 in fiscal year 2024 as the population becomes more concentrated within older age cohorts which experience lower psychiatric use rates.

- Table 25 in the Merger/Consolidation Application and Table 50 above present the expected number of psychiatric discharges, by year, through fiscal year 2024. In this response, psychiatric service area discharges are expected to decrease 0.2% from 784 discharges in fiscal year 2018 to 782 discharges by fiscal year 2024.

B. Identify UM SMC at Dorchester's Share of the Service Area and Project Future Psychiatric Discharges at UM SMC at Dorchester

- The next step in the bed need projection process is to calculate UM SMC at Dorchester's share of the overall psychiatric service area discharges. Using the same Maryland State non-confidential patient level data set, the Applicant has identified the historical number of psychiatric discharges at the age cohort level for UM SMC at Dorchester from the defined psychiatric service area.

- Dividing the number of UM SMC at Dorchester psychiatric service area discharges by the total psychiatric service area discharges yields UM SMC at Dorchester's market share for the historical period. The Applicant expects that market share will remain constant at the age cohort level through the projection period. Table 26 of the Merger/Consolidation Application includes actual market share data for fiscal years 2016 and 2017 with projections through fiscal year 2024. Table 51 of this response updates that analysis to include actual market share for fiscal year 2018 with updated projections through fiscal year 2024.

- As presented below, the growth in psychiatric service area discharges at UM SMC at Dorchester related to population is offset by a 1% reduction in use rates in fiscal year 2019. Beginning in fiscal year 2020, though, the growth related to population is only partially offset by the aging of the population into older age cohorts that experience lower use rates. As presented in Table 60 below, UM SMC at Dorchester's psychiatric service area discharges are projected to remain relatively constant from 453 discharges in fiscal year 2018 to 452 discharges in fiscal year 2024.

Table 60
UM SMC at Dorchester Historical and Projected Psychiatric Service Area Discharges
FY2016 – FY2024

	Actual	Actual	Actual	Projected at Dorchester			Projected at Easton			% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
Service Area Discharges										
UMSMCD	**520**	**464**	**453**	**449**	**449**	**450**	**451**	**451**	**452**	*-0.2%*
%Change		*-10.8%*	*-2.4%*	*-0.9%*	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*0.2%*	

Source: Historical discharges were obtained from the Maryland State non-confidental patient level data set

- UM SMC at Dorchester also anticipates psychiatric discharges related to patients originating from outside of the hospital's service area. For historical years (fiscal years 2016 through 2018), the Applicant used the Maryland State non-confidential patient level data to identify the total number of psychiatric inpatient discharges at UM SMC at Dorchester. Subtracting the in-service-area psychiatric discharges from the total psychiatric discharges at the hospital and dividing by the in-service-area psychiatric discharges at UM SMC at Dorchester yields a proportion of out-of-service-area discharges to be included in UM SMC at Dorchester's total projected psychiatric discharges. The Applicant has assumed that the proportion of out-of-service area discharges in fiscal year 2018 will remain constant at the age cohort level throughout the projection period. Table 27 of the Merger/Consolidation Application presents the results of this analysis based on fiscal year 2017 data, while Table 52 above provides an update with full fiscal year 2018 actual utilization.

- Combining the in-service-area and out-of-service-area discharges at UM SMC at Dorchester results in the projections of psychiatric discharges at UM SMC at Dorchester that are presented in Table 28 of the Merger/Consolidation Application and Table 53 above which is updated for fiscal year 2018 actual utilization. Overall, psychiatric discharges at Dorchester remain relatively constant over the course of the projection period with 556 discharges in fiscal year 2018 and 554 projected discharges in fiscal year 2024.

C. Based on Projected Utilization, Calculate Expected Bed Need

- Determining the average length of stay to apply to the projected discharges is the next step in projecting bed need.

- The average length of stay was calculated for each age cohort (0-14, 15-64, 64-75, 75+) for fiscal years 2016 to 2018 by dividing actual patient days by discharges at UM SMC at Dorchester in each year. As with the discharges, patient days are sourced from the Maryland State non-confidential patient level data set. This calculated average length of stay in fiscal year 2018 is then assumed to remain constant throughout the remainder of the projection period for each age cohort.

- Using the average length of stay by age cohort, a weighted-average length of stay (weighted by discharges) across all psychiatric discharges for the projection period was calculated. The Applicant expects this actual fiscal year 2018 weighted-average length of stay of 6.98 days to remain constant throughout the projection period. Table 29 of the Merger/Consolidation Application presents the weighted-average length of

stay for psychiatric patients at UM SMC at Dorchester using actual data through fiscal year 2017, and Table 54 above updates the projection using fiscal year 2018 actual experience.

- Multiplying the average length of stay, by year, by the expected number of discharges yields the following projected psychiatric patient days by year shown below:

Table 61
UM SMC at Dorchester Historical and Projected Psychiatric Patient Days and ADC
FY2016 – FY2024

	Actual	Actual	Actual	Projected at Dorchester			Projected at Easton			% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
UMSMCD										
PSYCH Patient Days	4,417	3,917	3,880	3,844	3,848	3,851	3,855	3,860	3,864	*-0.4%*
PSYCH Avg Daily Census	12	11	11	11	11	11	11	11	11	*-0.4%*

Source: Historical patient days were obtained from the Maryland State non-confidental patient level data set

- Dividing the projected patient days by year by 365 days in a year yields the average daily census for psychiatric beds at UM SMC at Dorchester throughout the projection period.

- The psychiatric average daily census at UM SMC at Dorchester by year is then divided by a target occupancy percentage of 85% with the resulting figure then rounded to the nearest whole bed to arrive at the reported bed need by year for psychiatric beds. This target occupancy percentage is sourced from the State Health Plan for Psychiatric Services, COMAR 10.24.07. The final determination of bed need is presented in Table 30 of the Merger/Consolidation Application and Table 55 above.

  Using the methodology described above, there is a need for 13 psychiatric beds at UM SMC at Dorchester in fiscal year 2018 as presented in Table 55 above. This need will decline to 12 psychiatric beds in fiscal year 2019 and remain at that level for the remainder of the projection period.

- While the methodology described above reflects the State Health Plan guidance for Psychiatric Services, another method to determine psychiatric bed need is to apply the MHCC's 140% rule to the projected average daily census. Applying this formula would calculate an average licensed bed count of 15 beds in fiscal year 2018, which would remain in effect through fiscal year 2024.

Table 62
UM SMC at Dorchester Historical and Projected Psychiatric Bed Need
FY2016 – FY2024

	Actual	Actual	Actual	Projected at Dorchester			Projected at Easton			% Change
	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY18-FY24
UMSMCD										
PSYC Avg Daily Census	12	11	11	11	11	11	11	11	11	*-0.4%*
PSYCH Avg Licensed Beds[(1)]	17	15	15	15	15	15	15	15	15	*-0.4%*

(1) Reflects the application of the MHCC's 140% rule to the projected MSGA average daily census

While the use of the 140% rule would result in more beds in fiscal year 2024, the Applicant requests that only 12 psychiatric beds be made available at UM SMC at Dorchester to continue to care for the psychiatric patients currently served at UM SMC at Dorchester.

Adverse Impact

8. The applicant's response to this standard states that: "SHS is requesting that the HSCRC approve a proposed Global Budget Revenue Plan that redistributes revenue among SHS's rate-regulated components, including UM SMC at Easton and the freestanding medical facility. Please explain the proposed redistribution, and report on the progress toward agreement with HSCRC.

Applicant Response

UM SRH management met with the HSCRC Staff on December 11, 2018 to discuss the proposed revenue redistribution, the services to be offered at the FMF, and the retention of all GBR dollars. The assumption for the revenue redistribution is as follows:

- 50% of the revenue will follow the patients moving outside of UM SRH
  - IP volume shifting to competitors at 50% VCF
  - The other 50% is retained by UM SRH to help fund the construction of the new FMF
- IP volume shifting to Easton moves at 100% VCF to cover direct variable costs and renovations needed to handle the additional patient volumes
- For OP services remaining at the FMF, retain 100% of revenue associated with these volumes
- For services identified as moving to the unregulated setting, retain the revenue related to the payment differential between regulated and unregulated reimbursement

See below for a table of the assumed revenue redistribution:

Table 63
Assumed Revenue Redistribution

	GBR Distribution ($ in millions)
Revenue to Fund Remaining Volume	
1. Inpatient Services to Easton	$22.1
2. Outpatient Services at Dorchester FMF	16.7
Subtotal	38.8
Retained Revenue to Pop Hlth & Future Capital	
3. Inpatient Market Shift Retained Revenue	2.2
4. Outpatient Revenue After Shifts to Unregulated	6.0
Subtotal	8.2
Total GBR Revenue Retained by SRH	46.9
Regulated Revenue Shifted to Competitors	2.2
Revenue Shifted to Unregulated Settings	2.2
Total	$51.3

UM SRH management is in the process of scheduling a meeting with the HSCRC to finalize the terms of the revenue redistribution and the assumed retained revenue.

Efficiency

9. Please list examples of the operational efficiencies that will be gained by consolidating the inpatient services of the two facilities.

Applicant Response

As noted on pages 43 and 73 of the Merger/Consolidation Application, the consolidation and merger of beds from UM SMC at Dorchester to UM SMC at Easton will also enhance patient safety as well as operational efficiencies in a number of other ways, including:

- Patients will be afforded a 24/7 pharmacy service, which will enhance efficiency of delivery of medications to the patient units. UM SMC at Dorchester does not currently have an on-site pharmacy. Medications are supplied through a Pyxis machine on individual units.

- Moving UM SMC at Dorchester's ICU patients to UM SMC at Easton will provide enhanced quality and safety because UM SMC at Easton has a dedicated ICU with 10 beds and UM SMC at Dorchester has only a combined ICU/Telemetry unit.

Because UM SMC at Dorchester's average ICU daily census is low, it is difficult to maintain staff competent in the care of ICU patients. With a dedicated ICU unit at UM SMC at Easton, the staff will be able to maintain proficiency and skills as ICU nurses.

- Patient safety on the MSGA units will be enhanced through the filling of staff vacancies at UM SMC at Easton with competent staff already employed by SHS, who will be relocated from UM SMC at Dorchester, thereby decreasing the use of travel staff.

- Transfer of acute care patients requiring rehabilitation services will be expedited since the acute rehabilitation unit is located within UM SMC at Easton. Currently, a patient admitted at UM SMC at Dorchester requires an interfacility transport to obtain inpatient rehabilitation services. Following consolidation, acute care patients can be taken by wheelchair or bed to the rehabilitation unit within UM SMC at Easton.

- Relocation of the behavioral health unit to a unit that is right-sized to serve the reduced average daily census of behavioral health patients that are currently being served at UM SMC at Dorchester will result in operational efficiencies.

- Minimum staffing patterns for the MSGA units, which often have a low census but have to maintain minimum staffing patterns, will no longer be of concern, thereby increasing efficiency. The neuro 10 bed unit (already existing at Easton) will be combined with the joint center 11 bed unit (already existing at Easton) along with five new medical/surgical beds from UM SMC at Dorchester to create a 26-bed unit. This will increase efficiency of the combined unit and eliminate the need for minimum staffing patterns on the small, separate units that currently exist.

- The consolidation of inpatient services to UM SMC at Easton will provide better access to vascular services (PICCs and midlines) because the vascular access team (IV Team) is based at UM SMC at Easton. Travel time to UM SMC at Dorchester will be obviated.

As discussed in Section II.L.3 (pp. 46-48) of the Merger/Consolidation Application, consolidating UM SMC at Dorchester's inpatient services at UM SMC at Easton and moving UM SMC at Dorchester's outpatient services to the proposed UM SMC at Cambridge will result in a reduction of 113 FTEs and produce $9.1 million of operating expense efficiencies through reductions in salaries and other operating expenses. These efficiencies are summarized in Tables 17 and 18 and the staffing reductions are shown in Exhibit 1, Table L.

In addition to the operational efficiencies identified in the Merger/Consolidation Application, the following operational efficiencies will also be gained through the merger and consolidation of beds at UM SMC at Easton:

- Dieticians, who currently provide coverage at both hospitals and commute back and forth, will now be centrally located at UM SMC at Easton. This will allow them to spend additional time on patient care.

- UM SMC at Easton hospital uses CBORD food service technology and a call center for patients to order patient meals. This enhances patient safety as well as efficiency as dietary restrictions are automatically entered into CBORD and prohibited food selections are blocked. When the patient calls the call center to place meal orders, the patient will not be allowed to select menu items contraindicated. This system is much more efficient than the paper menu selection system currently used at UM SMC at Dorchester.

- The consolidation of inpatient services to UM SMC at Easton will provide better access for patients to the wound and ostomy specialist. The Wound and Ostomy Specialist currently provides coverage at both hospitals and commutes back and forth, but will now be centrally located at UM SMC at Easton. Travel time to UM SMC at Dorchester will be obviated.

- The Behavioral Health Response Team (BHRT) will be stationed at the UM SMC Easton rather than UM SMC at Dorchester, decreasing the wait time for patients to be evaluated by the team. Travel time to UM SMC at Dorchester will be obviated, as the BHRT will use telemedicine to evaluate patients at the FMF.

- Medical consults for behavioral health patients at UM SMC at Easton will be provided more timely since specialists will be located at UM SMC at Easton.

- Inpatient Behavioral Health consults will be more efficient with psychiatrists located at the UM SMC at Easton campus where all inpatient beds will be located. Travel time to UM SMC at Dorchester will be obviated.

- Administrative supervisory coverage will be more efficient due to need to cover only the UM at SMC Easton campus versus having to cover two campuses as is the case today.

- Operational efficiencies will be gained through the consolidation of staff to one campus, affecting all support departments such as environmental services, clinical information management, lab, and respiratory therapy.

Financial Feasibility

10. On p. 47 Shore lists "new expenses…added to the financial projection related to EPIC implementation ($5 million in fiscal year 2019), physician contracting, and other strategic initiatives." We wish to confirm that these are not initiatives and costs that are related to this merger, but that would occur regardless. Please comment.

Applicant Response

These expenses are not related to the merger/consolidation and would be incurred regardless of whether it occurs.

11. **There are slight inconsistencies between the bed counts in the description of the project on p. 4, and what is shown in the "licensed beds" column of Table A. Please submit any needed modification of both or either of these pages.**

Applicant Response

UM SRH is still working to finalize a revised Table A and will submit this response at a later date.

12. **Given the difficulty of deciphering "what is really going on" given the often large gap between physical capacity and operational capacity, please complete the tables below that allow for a clearer depiction of "reality."**

Applicant Response

UM SRH is still working to finalize its before and after licensed and physical counts and will submit this response at a later date.

Tally of Licensed beds

	Easton today	Dorchester today	Easton post-project
General MSGA			
ICU/CCU			
Obstetrics			
Psych			
Total Acute			
Rehab			

Tally of physical capacity

	Easton today	Dorchester today	Easton post-project
General MSGA			
ICU/CCU			
Obstetrics			
Psych			
Total Acute			
Rehab			

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I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions Dated December 12, 2018 and its attachments are true and correct to the best of my knowledge, information, and belief.

1/15/2019
Date

JoAnne Hahey

JoAnne Hahey, CPA
Senior Vice President &
Chief Financial Officer
UM Shore Regional Health

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions Dated December 12, 2018, and its attachments are true and correct to the best of my knowledge, information, and belief.

1/15/19
Date

Kenneth D. Kozel
President & CEO
UM Shore Regional Health

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions Dated December 12, 2018 and its attachments are true and correct to the best of my knowledge, information, and belief.

1/15/19
Date

Michael Wood
Senior Director, Rate Setting, Reimbursement
& Revenue Advisory Services
UMMS

#651266
012516-0006

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions Dated December 12, 2018 and its attachments are true and correct to the best of my knowledge, information, and belief.

January 14, 2019
Date

Patti Willis
Senior Vice President, Strategy & Communications
UM Shore Regional Health

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions Dated December 12, 2018 and its attachments are true and correct to the best of my knowledge, information, and belief.

1-15-2019
Date

Robert Frank, MBA
Senior Regional Vice President,
Operations
UM Shore Regional Health

I hereby declare and affirm under the penalties of perjury that the facts stated in this Response to Additional Information Questions Dated December 12, 2018 and its attachments are true and correct to the best of my knowledge, information, and belief.

1/14/19
Date

Ruth Ann Jones

Ruth Ann Jones, Ed.D.
MSN, RN, NEA-BC
Senior Vice President, Patient Care Services and Chief Nursing Officer
UM Shore Regional Health

EXHIBIT 19

Annual Report on Selected Maryland Acute Care and Special Hospital Services

Fiscal Year 2018

Effective July 1, 2017

MHCC | MARYLAND HEALTH CARE COMMISSION

Posted to the MHCC website on June 28, 2018

Annual Report on Selected Maryland Acute Care and Special Hospital Services

Fiscal Year 2018

Center for Health Care Facilities
Planning & Development

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Background

An Annual Report profiling changes in licensed acute care hospital beds in Maryland's general hospitals was initiated in 2001 to document and track changes in the licensed bed inventory following implementation of a standardized annual licensure renewal process. The process is based on inpatient census and involves notifying hospitals prior to the beginning of each fiscal year concerning the calculated total number of licensed acute care beds for the coming fiscal year. In turn, the hospitals identify the allocation of the total licensed acute care beds across four (4) service categories: medical/surgical/gynecological/addictions ("MSGA"); obstetric, pediatric, and acute psychiatric services. Over time, additional information on hospital service capacity, covering emergency department services, surgical services, obstetric, perinatal services, observation services, and non-acute care and non-general hospital bed capacity has been added to the survey.

Acute Care Hospital Bed Capacity

Licensed bed capacity for acute care hospitals in the State of Maryland is dynamic, calculated annually based on average daily acute care inpatient census. The Maryland Health Care Commission, in conjunction with the Health Services Cost Review Commission, calculates the average daily census (ADC) of acute care patients for each hospital for the 12-month period ending with the first quarter of each year and total licensed acute care bed capacity is established for the next fiscal year at 140% of the hospital's average daily census. This licensure approach reflects an assumption that an average annual occupancy rate of approximately 71% for acute care hospital beds is an appropriate bench-mark for determining the maximum number of beds an acute care hospital needs to operate.

The initial implementation of this licensure process in FY 2001 resulted in a total of 9,562 licensed acute care beds, removing 2,773 beds from the licensure rolls. Total licensed acute care bed capacity increased, in response to increases in average daily patient census each year after the initial reduction in 2001, peaking at 10,880 beds for FY 2011. In FY 2012 the total number of licensed acute care hospital beds in Maryland declined to 10,729 and licensed beds continued declining though FY 2017 declining in that year to 9,555 licensed beds. In FY 2018 there was a slight increase in licensed beds to 9,611 (less than one percent). Overall, Maryland experienced a 13.8% increase in the average daily census of acute care patients between 2000 and 2010 and then experienced a 12.2% decline in acute care ADC between 2010 and 2017.

NOTES:

In 2017 the University of Maryland Medical System (UMMS) acquired Dimensions Healthcare System, which included Laurel Regional Hospital, Prince George's Hospital Center and the freestanding medical facility, Bowie Health Center.

Effective September 1, 2017 Dimensions Health Care System was renamed University of Maryland Capital Region Health and is now part of UMMS. The "University of Maryland" title was added to the names of the hospitals and facilities to reflect the new ownership. The names of the hospitals are now University of Maryland Laurel Regional Hospital and University of Maryland Prince George's Hospital Center. The freestanding medical facility, Bowie Health Center, will now be University of Maryland Bowie Health Center.

Also, effective September 14, 2017, Calvert Memorial Hospital of Calvert County changed its' name to CalvertHealth Medical Center (CHMC).

Tables included in the following report utilize the "new" names of the acute care hospitals and the Freestanding Medical Facility.

Previous Name	Current Name
Dimensions Healthcare System	University of Maryland Capital Region Health
Laurel Regional Hospital	University of Maryland Laurel Regional Hospital
Prince George's Hospital Center	University of Maryland Prince George's Hospital Center
Bowie Health Center	University of Maryland Bowie Health Center
Calvert Memorial Hospital	CalvertHealth Medical Center

Licensed Acute Care Hospital Beds in Maryland: FY 2018

Table 1 shows the licensed acute care bed capacity for each acute care hospital, by service, effective July 1, 2017. The calculation of licensed beds for FY 2018, based on each hospital's ADC during the period April 1, 2016 through March 31, 2017, results in a total of 9,611 licensed acute care hospital beds in Maryland. Table 2 shows the ten-year trend in licensed acute care beds by hospital. Table 3 shows the percent change by region.

Table 1: Licensed Acute Care Beds by Hospital and Service: Maryland, FY 2018

Jurisdiction/**REGION**	Hospital	Licensed Bed Capacity				
		MSGA	Obstetric	Pediatric	Psychiatric	Total
Allegany	Western Maryland Regional	172	8	1	19	200
Frederick	Frederick Memorial	204	27	5	21	257
Garrett	Garrett County Memorial	24	2	1	0	27
Washington	Meritus	198	17	4	18	237
WESTERN MARYLAND		**598**	**54**	**11**	**58**	**721**
Montgomery	Adventist HealthCare (AHC) Shady Grove	185	56	25	0	266
	AHC Washington Adventist	145	20	0	39	204
	Holy Cross Germantown	58	8	0	6	72
	Holy Cross of Silver Spring	301	96	6	0	403
	MedStar Montgomery	83	11	2	19	115
	Suburban	203	0	3	24	230
MONTGOMERY COUNTY		**975**	**191**	**36**	**88**	**1,290**
Calvert	CalvertHealth	59	6	1	8	74
Charles	University of Maryland (UM) Charles Regional	91	12	6	0	109
Prince George's	Doctors Community	210	0	0	0	210
	Fort Washington	32	0	0	0	32
	MedStar Southern Maryland	123	30	4	25	182
	UM Laurel Regional	45	0	0	16	61
	UM Prince George's	166	34	2	28	230
	Total: Prince George's County	*576*	*64*	*6*	*69*	*715*
St. Mary's	MedStar St. Mary's	79	12	6	12	109
SOUTHERN MARYLAND		**805**	**94**	**19**	**89**	**1,007**
Anne Arundel	Anne Arundel	317	60	8	0	385
	UM Baltimore Washington	249	15	10	14	288
	Total: Anne Arundel County	*566*	*75*	*18*	*14*	*673*
Baltimore City	Bon Secours	45	0	0	24	69
	Johns Hopkins Bayview	295	22	5	20	342
	MedStar Good Samaritan	137	0	0	0	137
	MedStar Harbor	84	24	5	26	139
	MedStar Union Memorial	190	0	2	0	192
	Mercy	141	32	5	0	178
	Sinai of Baltimore	293	27	26	24	370
	St. Agnes	230	20	4	0	254
	The Johns Hopkins	808	35	140	108	1,091
	University of Maryland	622	30	59	56	767
	UM Midtown Campus	62	0	0	28	90
	UM Rehabilitation and Orthopaedics	3	0	0	0	3
	Total: Baltimore City	*2,910*	*190*	*246*	*286*	*3,632*
Baltimore County	Greater Baltimore	163	60	8	0	231
	MedStar Franklin Square	262	37	9	40	348
	Northwest	165	0	0	37	202
	UM St. Joseph	183	19	4	18	224
	Total: Baltimore County	*773*	*116*	*21*	*95*	*1,005*
Carroll	Carroll	99	20	7	20	146
Harford	UM Harford Memorial	57	0	0	29	86
	UM Upper Chesapeake	160	10	1	0	171
	Total: Harford County	*217*	*10*	*1*	*29*	*257*
Howard	Howard County General	207	34	6	20	267
CENTRAL MARYLAND		**4,772**	**445**	**299**	**464**	**5.980**
Cecil	Union	63	5	3	11	82
Dorchester	UM Shore at Dorchester	24	0	0	24	48
Kent	UM Shore at Chestertown	25	0	1	0	26
Somerset	Edward W. McCready Memorial	3	0	0	0	3
Talbot	UM Shore at Easton	95	17	8	0	120
Wicomico	Peninsula Regional	248	20	8	13	289
Worcester	Atlantic General	45	0	0	0	45
EASTERN SHORE		**503**	**42**	**20**	**48**	**613**
MARYLAND		**7.653**	**826**	**385**	**747**	**9,611**

Source: Maryland Health Care Commission, Acute Care Hospital Licensed Bed Inventory, FY 2018

Table 2. Trend in Licensed Acute Care Beds by Hospital: Maryland, FY 2009 - 2018

Jurisdiction/Region	Hospital	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Allegany County	Braddock Hospital	154	-	-	-	-	-	-	-	-	-
	Memorial Hosp. & Med. Ctr. of Cumberland	117	-	-	-	-	-	-	-	-	-
	Western Maryland Regional Medical Center	-	262	252	250	234	200	192	195	198	200
	Total: Allegany County	*271*	*262*	*252*	*250*	*234*	*200*	*192*	*195*	*198*	*200*
Frederick County	Frederick Memorial Hospital	269	274	276	309	298	297	258	233	239	257
Garrett County	Garrett County Memorial Hospital	36	33	31	30	29	26	23	25	27	27
Washington County	Meritus Medical Center	258	260	258	252	245	237	231	223	227	237
WESTERN MARYLAND TOTAL		**834**	**829**	**817**	**841**	**806**	**760**	**704**	**676**	**691**	**721**
Montgomery County	Adventist HealthCare Shady Grove Medical Center	293	320	336	339	331	312	305	290	256	266
	Adventist HealthCare Washington Adventist Hospital	292	288	281	271	252	252	232	230	204	204
	Holy Cross Germantown Hospital*	-	-	-	-	-	-	-	93	93	72
	Holy Cross Hospital	408	404	402	409	396	397	391	423	409	403
	MedStar Montgomery General Hospital	165	170	159	158	138	132	120	122	114	115
	Suburban Hospital	238	239	222	233	229	236	220	236	222	230
MONTGOMERY COUNTY TOTAL		**1,396**	**1,421**	**1,400**	**1,410**	**1,346**	**1,329**	**1,268**	**1,394**	**1,298**	**1,290**
Calvert County	CalvertHealth Medical Center	106	98	98	95	95	92	85	77	76	74
Charles County	Univ. of MD Charles Regional Medical Center	129	120	120	124	110	121	115	110	89	109
Prince George's County	Doctors Community Hospital	195	190	195	219	207	198	182	163	190	210
	Fort Washington Medical Center	43	43	42	41	31	33	31	34	32	32
	MedStar Southern Maryland Hospital Center	255	246	235	238	239	227	207	208	192	182
	University of Maryland Laurel Regional Hospital	97	95	87	83	77	78	74	60	63	61
	University of Maryland Prince George's Hospital Center	246	254	244	242	224	214	215	237	233	230
	Total: Prince George's County	*836*	*828*	*803*	*823*	*778*	*750*	*709*	*702*	*710*	*715*
St. Mary's County	MedStar St. Mary's Hospital	108	103	96	90	90	89	82	91	103	109
SOUTHERN MARYLAND TOTAL		**1,179**	**1,149**	**1,117**	**1,132**	**1,073**	**1,052**	**991**	**980**	**978**	**1,007**
Anne Arundel County	Anne Arundel Medical Center	301	316	324	336	380	385	384	375	370	385
	Univ. of MD Baltimore Washington Medical Center	298	311	321	308	307	319	310	303	293	288
	Total: Anne Arundel County	*599*	*627*	*645*	*644*	*687*	*704*	*694*	*678*	*663*	*673*
Baltimore City	Bon Secours Hospital	125	126	141	127	115	107	88	72	72	69
	Johns Hopkins Bayview Medical Center	345	346	348	348	355	355	337	341	330	342
	MedStar Good Samaritan Hospital	245	236	235	222	224	206	177	165	155	137
	MedStar Harbor Hospital	215	221	193	179	160	136	120	113	107	139
	MedStar Union Memorial Hospital	292	295	271	231	236	221	205	211	209	192
	Mercy Medical Center	243	244	244	226	233	225	207	184	183	178
	Sinai Hospital of Baltimore	415	413	424	416	426	421	407	392	367	370
	St. Agnes Hospital	307	318	314	296	287	276	264	251	263	254
	The Johns Hopkins Hospital	979	990	994	992	1,000	1,060	1,082	1,129	1,131	1,091
	University of Maryland Medical Center	705	731	757	779	800	816	801	772	750	767
	Univ. of MD Medical Center Midtown Campus	191	180	167	164	155	128	110	107	87	90
	Univ. of MD Rehabilitation & Orthopaedic Institute	11	10	10	9	9	10	10	7	4	3
	Total: Baltimore City	*4,073*	*4,110*	*4,098*	*3,989*	*4,000*	*3,961*	*3,808*	*3,744*	*3,658*	*3,632*
Baltimore County	Greater Baltimore Medical Center	310	300	285	281	270	255	245	231	232	231
	MedStar Franklin Square Hospital	380	371	376	347	355	347	354	364	353	348
	Northwest Hospital Center	218	221	215	221	225	243	245	199	192	202
	Univ. of MD St. Joseph Medical Center	354	345	300	263	247	232	238	247	232	224
	Total: Baltimore County	*1,262*	*1,237*	*8,841*	*1,112*	*1,097*	*1,077*	*1,082*	*1,041*	*1,009*	*1,005*
Carroll County	Carroll Hospital Center	218	213	195	189	158	151	147	140	143	146
Harford County	Univ. of MD Harford Memorial Hospital	104	105	101	97	89	89	84	84	85	86
	Univ. of MD Upper Chesapeake Medical Center	182	196	186	175	181	185	183	180	170	171
	Total: Harford County	*286*	*301*	*287*	*272*	*270*	*274*	*267*	*264*	*255*	*257*
Howard County	Howard County General Hospital	209	227	238	249	249	253	259	266	264	267
CENTRAL MARYLAND TOTAL		**6,647**	**6,715**	**6,639**	**6,455**	**6,461**	**6,420**	**6,257**	**6,133**	**5,992**	**5,980**
Cecil County	Union Hospital of Cecil County	116	113	113	106	92	85	75	84	83	82
Dorchester County	Univ. of MD Shore Medical Center at Dorchester	54	54	53	52	46	41	39	47	46	48
Kent County	Univ. of MD Shore Medical Center at Chestertown	57	53	47	46	42	41	31	30	26	26
Somerset County	Edward W. McCready Memorial Hospital	9	8	8	9	5	4	4	4	3	3
Talbot County	Univ. of MD Shore Medical Center at Easton	120	125	120	116	112	112	112	112	112	120
Wicomico County	Peninsula Regional Medical Center	362	358	362	363	317	288	275	292	281	289
Worcester County	Atlantic General Hospital	53	55	53	53	48	45	48	48	45	45
EASTERN SHORE TOTAL		**771**	**766**	**756**	**745**	**662**	**616**	**584**	**617**	**596**	**613**
	MARYLAND TOTAL	**10,827**	**10,880**	**10,729**	**10,583**	**10,348**	**10,177**	**9,804**	**9,800**	**9,555**	**9,611**

Source: Maryland Health Care Commission, ACHI, FY2009 - FY2018

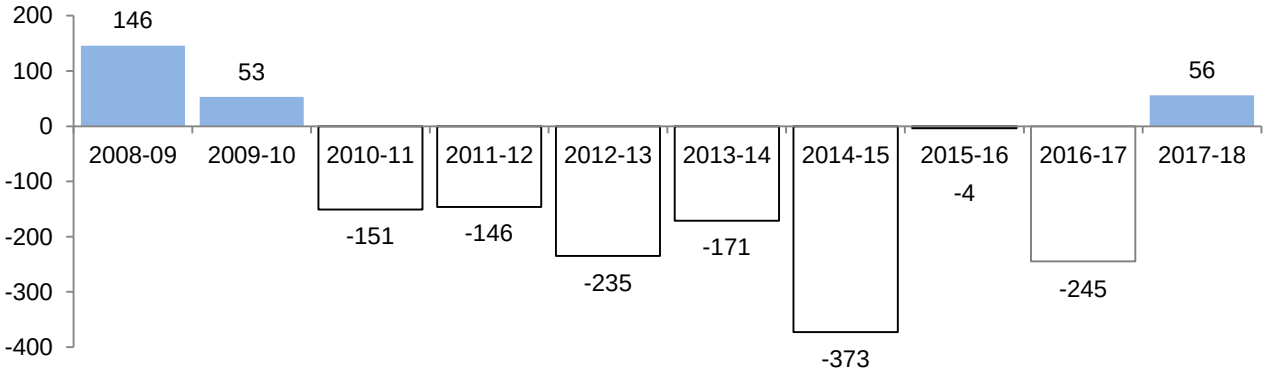
Table 3. Percent Change in Total Licensed Acute Care Hospital Beds, by Maryland Region: Fiscal Years 2009 - 2018

Region	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Average Annual Change 2009 - 2018
Western Maryland	3.2%	-0.6%	-1.4%	2.9%	-4.2%	-5.7%	-7.4%	-4.0%	2.2%	4.3%	-1.1%
Montgomery County	3.4%	1.8%	-1.5%	0.7%	-4.5%	-1.3%	-4.6%	9.9%	-6.9%	-0.6%	-0.4%
Southern Maryland	-0.5%	-2.5%	-2.8%	1.3%	-5.2%	-2.0%	-5.8%	-1.1%	-0.2%	3.0%	-1.6%
Central Maryland	1.1%	1.0%	-1.1%	2.8%	0.1%	-0.6%	-2.5%	-2.0%	-2.3%	-0.2%	-0.4%
Eastern Shore	0.9%	-0.6%	-1.3%	1.5%	-11.1%	-6.9%	-5.2%	5.7%	-3.4%	2.9%	-1.8%
Maryland Total	1.4%	0.5%	-1.4%	-1.4%	-2.2%	-1.7%	-3.7%	0.0%	-2.5%	0.6%	-1.1%

Source: Maryland Health Care Commission, ACHI,FY2009 - FY2018

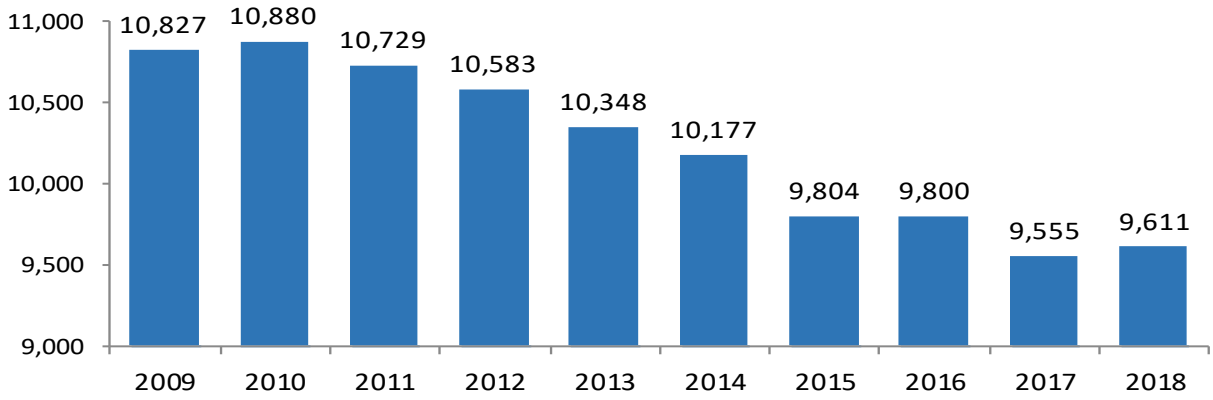
Chart 1 displays the annual net change in licensed acute care beds over the last ten years, while Chart 2 shows the total number of licensed beds over the same period

Chart 1. Year to Year Change in Total Licensed Acute Care Beds: Maryland Hospitals, FY 2008 - 2018



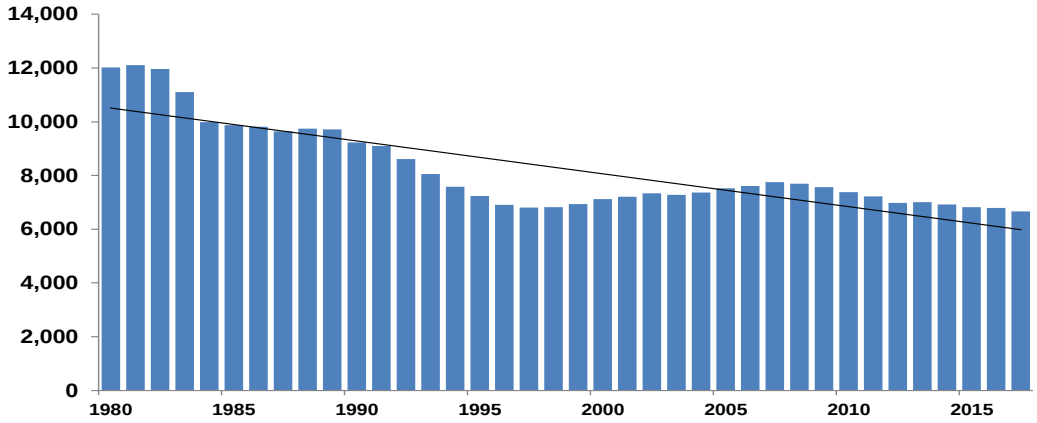
Source: Maryland Health Care Commission, ACHI, FY2008 - FY 2018

Chart 2. Total Licensed Acute Care Beds: Maryland Hospitals, FY 2009 - 2018



Source: Maryland Health Care Commission, ACHI, FY2009 - FY2018

Chart 3: Trend in Average Daily Acute Care Patient Census Maryland General Hospitals, 1980-2017



Source: Maryland Health Care Commission. Note: Data reported is based on the Hospital Discharge Abstract Data Base for calendar years 1980 - 2017 and reflects the average daily census for all services excluding newborn and rehabilitation services.

While the average daily census of acute care patients began to gradually trend upward in the late 1990's, hospital utilization in Maryland never returned to historic peaks. During calendar year 2009 average daily census saw the first decline since dynamic hospital bed licensure went into effect in 2001. The average daily census declined again in calendar year 2010. Chart 3 shows the trend of declining acute care census from the early 1980s through the late 1990s, the extent of the rebound in census that occurred in the next ten years and the recent return to gradual decline after 2008. There is a slight increase (0.6%) in the total number of licensed hospital beds in FY2018.

Table 4 profiles the FY 2017 - 2018 change in total licensed acute care hospital beds from a regional perspective. The State as a whole experienced an increase of 56 beds, growth of 0.6%. Two (2) Maryland health planning regions saw licensed bed capacity decline in FY 2018, with Central Maryland experiencing the largest decline (0.6%). Western Maryland saw an increase of 4.3% in licensed acute care beds. Statewide, 23 hospitals saw an increase in bed capacity, 18 hospitals saw a decline in bed capacity, and six hospitals had no change in bed capacity from FY 2017 to FY 2018.

Table 4. Change in Number of Total Licensed Acute Care Beds by Region: Maryland Hospitals, FY 2017 - FY 2018

Region	Total Number of Hospitals	Net Change in Number of Total Licensed Beds	Percent Change	Number of Hospitals with an Increase in Beds	Number of Hospitals with a Decrease in Beds	Number of Hospitals with No Change in Hospital Beds
Western Maryland	4	30	4.3%	3	0	1
Montgomery County	6	(8)	-0.6%	3	2	1
Southern Maryland	8	29	3.0%	3	4	1
Central Maryland	22	(12)	-0.2%	11	11	0
Eastern Shore	7	17	2.9%	3	1	3
MARYLAND TOTAL	**47**	**56**	**0.6%**	**23**	**18**	**6**

Source: Maryland Health Care Commission, ACHI FY2017 - FY2018

Tables 5 and 6 profile the change in the inventory of licensed acute care hospital beds for the past ten fiscal years for the four acute care bed service categories. As can be seen, there have been no dramatic changes in the allocation of acute care beds by Maryland's hospitals over this period, with MSGA beds accounting for an average of 80% to 82% of total acute care beds, obstetric beds comprising an average of 8% to 9%, acute psychiatric beds, on average, 7% to 8% of total, and pediatric beds, 4% of total. Licensed bed capacity allocated to psychiatric services is the only service category of the four that saw consistent growth over this ten year period.

Table 5. Allocation of Licensed Acute Care Beds by Service
Maryland Hospitals, FY2009 - FY2018

Service Category	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
MSGA	8,827	8,890	8,738	8,590	8,352	8,198	7,835	7,850	7,595	7,653
Obstetric	854	851	848	851	851	827	823	832	820	826
Pediatric	459	451	452	447	442	438	422	396	400	385
Acute Psychiatric	687	688	691	695	703	714	724	722	740	747
TOTAL	10,827	10,880	10,729	10,583	10,348	10,177	9,804	9,800	9,555	9,611

Source: Maryland Health Care Commission, ACHI FY2009 - FY2018

Table 6. Allocation of Licensed Acute Care Beds by Service (Percentage), Maryland Hospitals, FY 2009 - FY 2018

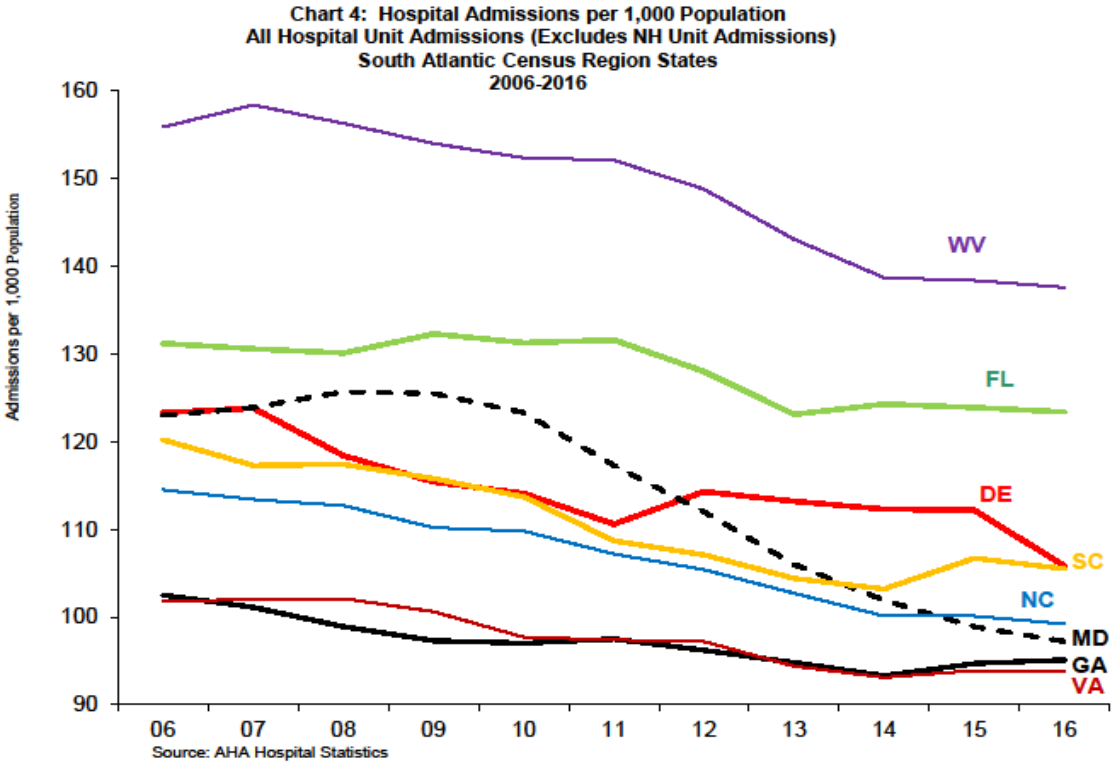
Service Category	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
MSGA	81.5%	81.7%	81.4%	81.2%	80.7%	80.6%	79.9%	80.1%	79.5%	79.6%
Obstetric	8.0%	7.8%	7.9%	8.0%	8.2%	8.1%	8.4%	8.5%	8.6%	8.6%
Pediatric	4.2%	4.1%	4.2%	4.2%	4.3%	4.3%	4.3%	4.0%	4.2%	4.0%
Acute Psychiatric	6.3%	6.3%	6.4%	6.6%	6.8%	7.0%	7.4%	7.4%	7.7%	7.8%
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: Maryland Health Care Commission, ACHI FY2009 - FY2018

Demand for Hospital Beds in Maryland Compared with Regional and National Trends

The following graphs profile information from *Hospital Statistics*, an annual publication of the American Hospital Association (AHA). They reflect this publication's reported acute care hospital use rates and average hospital stay statistics for Maryland and contrasts the demand reported for other Southeastern States and the U.S. experience.

The first two graphs compare hospital admissions per thousand population and average length of hospital stay in Maryland with the experience of the seven other states in the South Atlantic Census Region. This data is not age-adjusted. The relative age of the population in these states is an important factor in interpreting these hospital use rates. Florida and West Virginia are the oldest states in this region. The U.S. Census Bureau estimates that 19.9% and 18.7%, respectively, of the total 2016 estimated population of these two states was aged 65 or older. Delaware, South Carolina, and North Carolina are the next oldest, with 17.5%, 16.7%, and 15.5% of total population, respectively, aged 65+. Virginia and Maryland have the same estimated proportion of elderly in their total population, 14.6%. Georgia is the youngest state in this region at 13.1% of its estimated population estimated to be 65 and older.

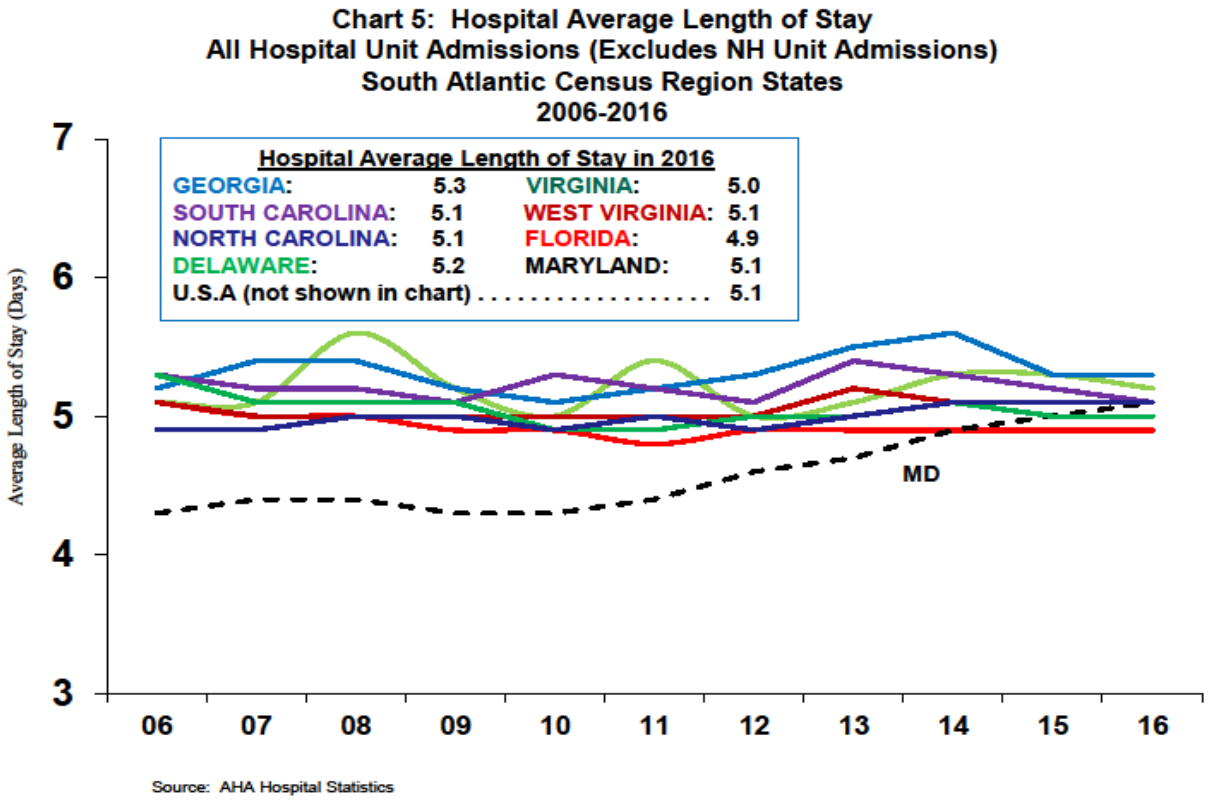


Source: AHA Hospital Statistics(2012 – 2018 Editions)

Table 7.
Proportion of Total Population Aged 65 and Older
South Atlantic Census Region States, 2016 Estimate

State	Proportion of Population Aged 65 and Older
Delaware	17.5%
Florida	19.9%
Georgia	13.1%
Maryland	14.6%
North Carolina	15.5%
South Carolina	16.7%
Virginia	14.6%
West Virginia	18.7%
United States	15.2%

Source: U.S. Census Bureau, 2016 Population Estimates



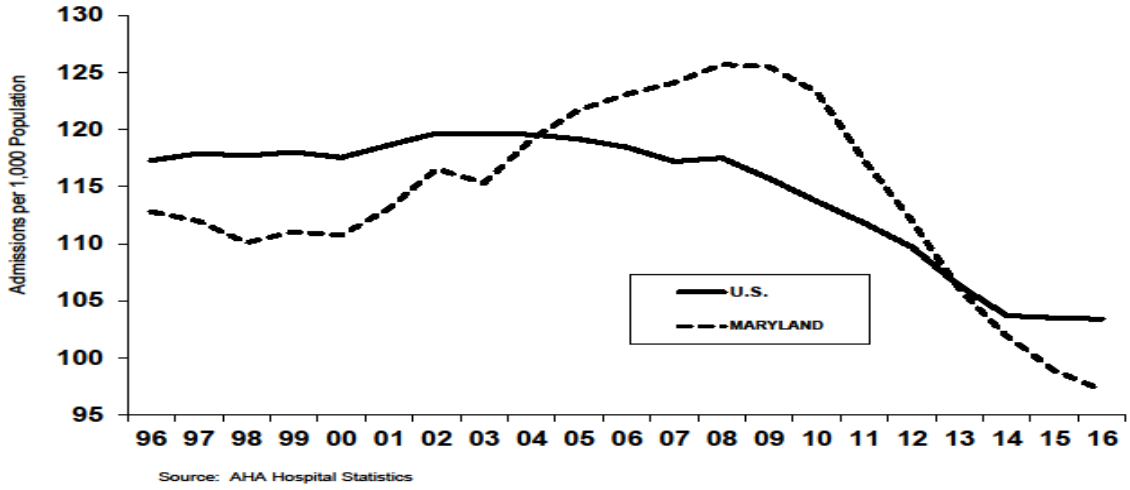
As will be noted, from a regional perspective, Maryland's admissions rate has been lower than that of the states in the South Atlantic region with a higher percentage of population aged 65 and older, Florida and West Virginia, as would be expected. Maryland's admissions rate was substantially higher, for the most part, in the early years of this time period compared with that of the Carolinas or Delaware, states with populations only slightly older than that of Maryland, and was much higher than Virginia's hospital use rate, a state with a very similarly sized elderly population. However, beginning in 2010, Maryland's admissions rate has declined more steeply than that of any other state in this region.

Ten years ago, Maryland was an outlier in the region with respect to average length of hospital stay (ALOS), with a distinctly shorter ALOS when compared with these other states, as shown in Chart 5. The ALOS gap has closed however, indicating that Maryland's decline in admissions was largely due to reductions in short-stay hospitalizations.

The following graphs, Chart 6 and Chart 7, taken from the same data source, provide a longer-term perspective on Maryland and the Nation. Maryland had an enviable record with respect to admissions rate and average length of hospital stay in the 1990s but this changed during the previous decade. Hospital use rates in Maryland peaked in the 2008-09 period, at approximately 8-9% higher than the overall national use rate but have steeply declined in the following years, dropping below the overall U.S. use rate in 2013 and continuing to widen the gap through 2016.

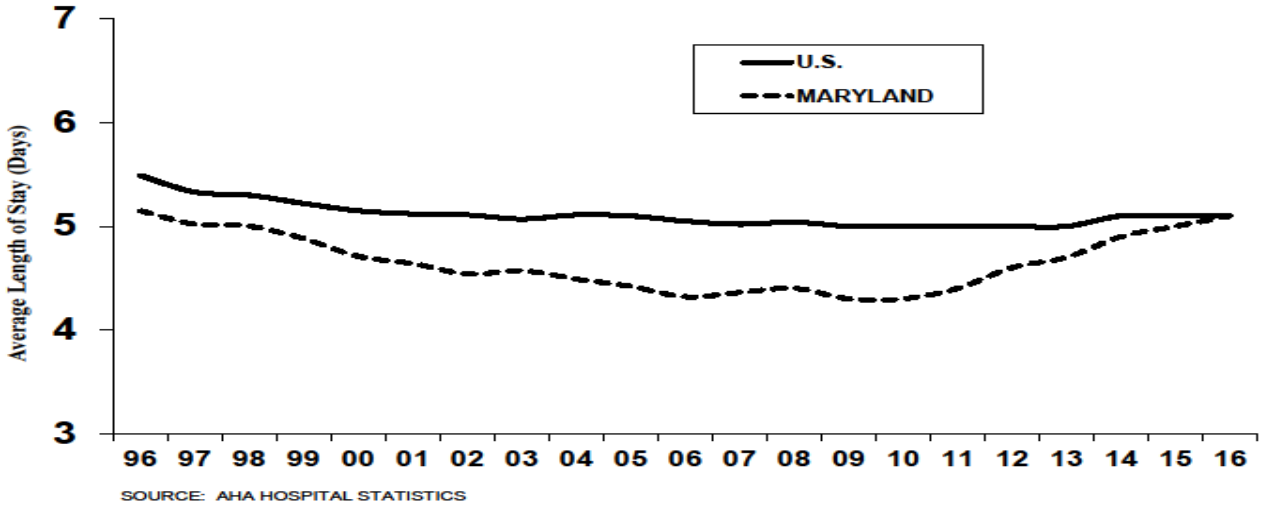
Maryland was consistently discharging hospital patients more quickly, on average, than the U.S. as a whole until the latter part of the last decade. (See Chart 7.) Similar to the regional trend shown in Chart 4 there has been a narrowing of the gap between Maryland's ALOS and that of all U.S. hospitals in the current decade, as Maryland hospitals have reduced short stays. There was no difference in the ALOS of Maryland general hospitals and that of all U.S. hospitals in 2016, according to AHA. In many cases, very short stays have been replaced with observation stays, classified as outpatient episodes of care and not recorded as hospital admissions.

Chart 6: Hospital Admissions per 1,000 Population
All Hospital Unit Admissions (Excludes NH Unit Admissions)
U.S. and Maryland
1996-2016



Source: AHA Hospital Statistics

Chart 7: Hospital Average Length of Stay
All Hospital Unit Admissions (Excludes NH Unit Admissions)
U.S. and Maryland
1996-2016



SOURCE: AHA HOSPITAL STATISTICS

Regarding the data used in Charts 4 through 7, the AHA conducts an annual survey of all hospitals, both AHA-registered and nonregistered, in the U.S. and its associated areas. AHA reports, overall, the average response rate over the past five years has been approximately 83 percent.

Critical Care Beds

Table 8 shows the FY 2018 inventory of critical care beds, which in the case of adult critical care beds, are a subset of MSGA beds. Adult critical care beds comprise 15.8% of the state's licensed MSGA bed inventory, ranging from 8.2% in Western Maryland to 17.4% in Central Maryland. Pediatric critical care beds comprise 16.9% of the state's licensed pediatric bed inventory.

Table 8. Critical Care Bed Inventory: Maryland Hospitals, FY 2018

Jurisdiction/Region	Hospital	Critical Care Beds	
		Adult	Pediatric
Allegany County	Western Maryland Regional Medical Center	15	
Frederick County	Frederick Memorial Hospital	18	
Garrett County	Garrett County Memorial Hospital	2	
Washington County	Meritus Medical Center	14	
WESTERN MARYLAND TOTAL		**49**	**0**
Montgomery County	Adventist HealthCare Shady Grove Medical Center	28	
	Adventist HealthCare Washington Adventist Hospital	26	
	Holy Cross Germantown Hospital	8	
	Holy Cross Hospital	46	
	MedStar Montgomery General Hospital	12	
	Suburban Hospital	24	
MONTGOMERY COUNTY TOTAL		**144**	**0**
Calvert County	CalvertHealth Medical Center	4	
Charles County	University of Maryland Charles Regional Medical Center	10	
Prince George's County	Doctors Community Hospital	23	
	Fort Washington Medical Center	4	
	MedStar Southern Maryland Hospital	18	
	University of Maryland Laurel Regional Hospital	10	
	University of Maryland Prince George's Hospital Center	34	
St. Mary's County	MedStar St. Mary's Hospital	12	
SOUTHERN MARYLAND TOTAL		**115**	**0**
Anne Arundel County	Anne Arundel Medical Center	20	
	University of Maryland Baltimore Washington Medical Center	33	
Baltimore City	Bon Secours Hospital	8	
	Johns Hopkins Bayview Medical Center	52	
	MedStar Good Samaritan Hospital	17	
	MedStar Harbor Hospital	14	
	MedStar Union Memorial Hospital	50	
	Mercy Medical Center	24	
	Sinai Hospital at Baltimore	35	6
	St. Agnes Hospital	28	
	The Johns Hopkins Hospital	110	40
	University of Maryland Medical Center	276	19
	University of Maryland Medical Center Midtown Campus	13	
	University of Maryland Rehabilitation and Orthopaedics Institute	0	
Baltimore County	Greater Baltimore Medical Center	24	
	MedStar Franklin Square Hospital	26	
	Northwest Hospital Center	16	
	University of Maryland St. Joseph Medical Center	37	
Carroll County	Carroll Hospital Center	12	
Harford County	University of Maryland Harford Memorial Hospital	6	
	University of Maryland Upper Chesapeake Medical Center	13	
Howard County	Howard County General Hospital	16	
CENTRAL MARYLAND TOTAL		**830**	**65**
Cecil County	Union Hospital of Cecil County	3	
Dorchester County	University of Maryland Shore Medical Center at Dorchester	6	
Kent County	University of Maryland Shore Medical Center at Chestertown	6	
Somerset County	Edward W. McCready Memorial Hospital	0	
Talbot County	University of Maryland Shore Medical Center at Easton	10	
Wicomico County	Peninsula Regional Medical Center	42	
Worchester County	Atlantic General Hospital	6	
EASTERN SHORE TOTAL		**73**	**0**
MARYLAND STATE TOTAL		**1,211**	**65**

Source: Maryland Health Care Commission: Critical Care Bed Capacity FY2018. Note: Adult critical care beds include all medical surgical intensive care and coronary care beds and excludes definitive observation/stepdown beds, pediatric intensive care beds and NICU bassinets. Adult critical care beds are part of the larger MSGA inventory.

*Johns Hopkins Bayview includes 10 Burn Critical Care Beds, and University of Maryland Medical Center includes 115 Shock Trauma Beds.

Monitored Beds

Monitored beds are beds which the hospital identified as equipped with cardiac monitoring. "Monitored" means that cardiac monitoring is available for identified hospital beds. Previously this meant a bed was hard-wired for cardiac monitoring. With the institution of remote centralized monitoring, a wireless transmitting system that can be viewed on a central surveillance system, cardiac monitoring is no longer dependent on a stationary bed being hard wired. Wireless monitoring can detect early warning signs and changes in a patient's condition through the continuous automated collection of key vital signs.

Table 9 identifies the proportion of total licensed acute care beds, by hospital, which the hospital identified as equipped with cardiac monitoring.

From FY 2008 to FY 2012, the number of monitored beds reported by Maryland's acute care general hospitals increased 32%, this compares to the 18%, increase from FY 2008 to FY 2011, in part due to the increase of monitoring capability with the introduction of wireless centralized systems. While monitored beds as a percentage of all licensed beds, from FY 2008 to FY 2011 increased an average of 5.6% per year, in FY 2013, the increase in monitored beds was 12%. The number of monitored beds reported by Maryland's acute care hospitals increased from 55% of total licensed beds in FY 2013 to 65.6% in FY2017 and 66.9% in FY2018.

In addition to collecting monitored bed inventories for licensed acute care beds, MHCC also compiles that data for bassinets for hospitals that provide obstetrical and newborn nursery services. Thirty-two hospitals provide obstetric and perinatal services and report a combined total of 1,380 newborn nursery bassinets; of these bassinets, 527 (38.2%) have monitoring capability.

Table 9. Licensed Acute Care Beds with Monitoring Capability: Maryland Hospitals, FY2018

Jurisdiction/Region	Hospital Name	FY 2018 Licensed Beds	Monitorable Beds	Monitorable as % of Licensed Beds
Allegany County	Western Maryland Regional Medical Center	200	90	45.0%
Frederick County	Frederick Memorial Hospital	257	257	100.0%
Garrett County	Garrett County Memorial Hospital	27	27	100.0%
Washington County	Meritus Medical Center	237	215	90.7%
	WESTERN MARYLAND TOTAL	**721**	**589**	**81.7%**
Montgomery County	Adventist HealthCare Shady Grove Medical Center	266	185	69.5%
	Adventist HealthCare Washington Adventist Hospital	204	145	71.1%
	Holy Cross Germantown Hospital	72	**58**	80.6%
	Holy Cross Hospital	403	209	51.9%
	MedStar Montgomery General Hospital	115	46	40.0%
	Suburban Hospital	230	119	51.7%
	MONTGOMERY COUNTY TOTAL	1,290	**762**	**59.1%**
Calvert County	CalvertHealth Medical Center	74	41	55.4%
Charles County	University of Maryland Charles Regional Medical Center	109	97	89.0%
Prince George's County	Doctors Community Hospital	210	89	42.4%
	Fort Washington Medical Center	32	28	87.5%
	MedStar Southern Maryland Hospital Center	182	153	84.1%
	University of Maryland Laurel Regional Hospital	61	37	60.7%
	University of Maryland Prince George's Hospital Center	230	118	51.3%
St. Mary's County	MedStar St. Mary's Hospital	109	74	67.9%
	SOUTHERN MARYLAND TOTAL	**1,007**	**637**	**63.3%**
Anne Arundel County	Anne Arundel Medical Center	385	325	84.4%
	University of Maryland Baltimore Washington Medical Center	288	158	54.9%
Baltimore City	Bon Secours Hospital	69	50	72.5%
	Johns Hopkins Bayview Medical Center	342	342	100.0%
	MedStar Good Samaritan Hospital of Maryland	137	73	53.3%
	MedStar Harbor Hospital	139	97	69.8%
	MedStar Union Memorial Hospital	192	127	66.1%
	Mercy Medical Center	178	113	63.5%
	Sinai Hospital of Baltimore	370	196	53.0%
	St. Agnes Hospital	254	159	62.6%
	The Johns Hopkins Hospital	1,091	558	51.1%
	University of Maryland Medical Center	767	767	100.0%
	University of Maryland Medical Center Midtown Campus	90	81	90.0%
	University of Maryland Rehabilitation & Orthopaedic Institute	3	3	100.0%
Baltimore County	Greater Baltimore Medical Center	231	82	35.5%
	MedStar Franklin Square Hospital	348	162	46.6%
	Northwest Hospital Center	202	67	33.2%
	University of Maryland St. Joseph Medical Center	224	188	83.9%
Carroll County	Carroll Hospital Center	146	62	42.5%
Harford County	University of Maryland Harford Memorial Hospital	86	68	79.1%
	University of Maryland Upper Chesapeake Medical Center	171	150	87.7%
Howard County	Howard County General Hospital	267	135	50.6%
	CENTRAL MARYLAND TOTAL	**5,980**	**3,963**	**66.3%**
Cecil County	Union Hospital of Cecil County	82	82	100.0%
Dorchester County	University of Maryland Shore Medical Center at Dorchester	48	16	33.3%
Kent County	University of Maryland Shore Medical Center at Chestertown	26	26	100.0%
Somerset County	Edward W. McCready Memorial Hospital	3	3	100.0%
Talbot County	University of Maryland Shore Medical Center at Easton	120	48	40.0%
Wicomico County	Peninsula Regional Medical Center	289	269	93.1%
Worchester County	Atlantic General Hospital	45	32	71.1%
	EASTERN SHORE TOTAL	**613**	**476**	77.7%
	STATE TOTAL	**9,611**	**6,427**	**66.9%**

Source: MHCC Supplemental Survey: Inpatient Monitoring Capacity, FY2018. Data are self reported. Capacity for inpatient monitoring means cardiac monitoring is available for the reported numbers of beds. Note: The calculated percentage reflects total licensed beds and does not necessarily reflect the actual complement of beds set up and staffed by the hospital.

Hospital System Affiliation

Table 10 profiles the trend in licensed acute care beds for hospitals that are members of a multihospital system. Sixty percent of Maryland general hospitals are part of the state's six multi-hospital systems. In 2017 the University of Maryland Medical System (UMMS) acquired Dimensions Health System, representing two acute care general hospitals, Laurel Regional Hospital and Prince George's Hospital Center. Dimensions Health System was renamed to University of Maryland Capital Regional Health and the two member were renamed University of Maryland Laurel Regional Medical Center and University of Maryland Prince George's Medical Center, joined the University of Maryland Medical System (UMMS).

Chart 8 shows the number of Maryland hospitals and beds that are part of a multihospital system and the number of hospitals and beds that are not part of a multihospital system in Maryland. Although there was little change from 2001 through 2007, the following seven (7) years saw an increase in the number of hospitals joining multihospital systems. FY2015 through FY2017 saw no additional hospitals joining a multi-hospital system. Although it did not affect the total number of hospitals that are part of a Hospital System, in FY2018, The University of Maryland Dimensions Healthcare System, which included Laurel Regional Hospital and Prince George's Hospital Center, was acquired by UMMS. Dimensions Healthcare System was renamed University of Maryland Capital Region Health System.

Table 11 compares the growth and annual change in the number of hospitals and beds that are part of Maryland multi-hospital systems with hospitals that are independent reflecting the annual percent change in the distribution of beds and the change during the last eight years (FY 2011 to FY 2018).

Table 10. Trend in Hospitals and Licensed Acute Care Bed Capacity by Hospital System Affiliation
Maryland Hospitals, FY 2009 - 2018

System Name	System Hospitals / *[Year of System Affiliation]*	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
University of Maryland Medical System	University of Maryland Medical Center	705	731	757	779	800	816	801	772	750	767
	UM Baltimore Washington Medical Center	298	311	321	308	307	319	310	303	293	288
	UM Medical Center Midtown Campus	191	180	167	164	155	128	110	107	87	90
	UM Rehabilitation & Orthopaedic Institute	11	10	10	9	9	10	10	7	4	3
	UM St. Joseph Medical Center *[2013]*	*354*	*345*	*300*	*263*	*247*	232	238	247	232	224
	UM Charles Regional Medical Center *[2011]*	*129*	*120*	120	124	110	121	115	110	89	109
UM Shore Regional Health	UM Shore Medical Center at Easton	120	125	120	116	112	112	112	112	112	120
	UM Shore Medical Center at Dorchester	54	54	53	52	46	41	39	47	46	48
	UM Shore Medical Center at Chestertown	57	53	47	46	42	41	31	30	26	26
UM Upper Chesapeake Health System *[2014]*	UM Upper Chesapeake Medical Center	*182*	*196*	*186*	*175*	*181*	*185*	183	180	170	171
	UM Harford Memorial Hospital	*104*	*105*	*101*	*97*	*89*	*89*	84	84	85	86
UM Capital Region Health *[2017]*	UM Laurel Regional Hospital	*97*	*95*	*87*	*83*	*77*	*78*	*74*	*60*	63	61
	UM Prince George's Hospital Center	*246*	*254*	*244*	*242*	*224*	*214*	*215*	*237*	233	230
	System Total	**1,436**	**1,464**	**1,595**	**1,598**	**1,581**	**1,820**	**2,033**	**1,999**	**2,190**	**2,223**
The Johns Hopkins Health System Corporation [1]	The Johns Hopkins Hospital	979	990	994	992	1,000	1,060	1,082	1,129	1,131	1,091
	Johns Hopkins Bayview Medical Center	345	346	348	348	355	355	337	341	330	342
	Howard County General Hospital	209	227	238	249	249	253	259	266	264	267
	Suburban Hospital *[2010]*	*238*	239	222	233	229	236	220	236	222	230
	System Total	**1,533**	**1,802**	**1,802**	**1,822**	**1,833**	**1,904**	**1,898**	**1,972**	**1,947**	**1,930**
MedStar Health [1]	MedStar Franklin Square Medical Center	380	371	376	347	355	347	354	364	353	348
	MedStar Good Samaritan Hospital	245	236	235	222	224	206	177	165	155	137
	MedStar Harbor Hospital	215	221	193	179	160	136	120	113	107	139
	MedStar Montgomery Medical Center	165	170	159	158	138	132	120	122	114	115
	MedStar Southern Maryland Hospital Center *[2013]*	*255*	*246*	*235*	*238*	239	227	207	208	192	182
	MedStar St. Mary's Hospital *[2010]*	*108*	103	96	90	90	89	82	91	103	109
	MedStar Union Memorial Hospital	292	295	271	231	236	221	205	211	209	192
	System Total	**1,297**	**1,396**	**1,330**	**1,227**	**1,442**	**1,358**	**1,265**	**1,274**	**1,233**	**1,222**
LifeBridge Health	Carroll Hospital Center *[2015]*	*218*	*213*	*195*	*189*	*158*	*151*	147	140	143	146
	Sinai Hospital of Baltimore	415	413	424	416	426	421	407	392	367	370
	Northwest Hospital Center	218	221	215	221	225	243	245	199	192	202
	System Total	**633**	**634**	**639**	**637**	**651**	**664**	**799**	**731**	**702**	**718**
Trinity Health [1]	Holy Cross Germantown Hospital [Opened 2014)	-	-	-	-	-	-	-	93	93	72
	Holy Cross Hospital of Silver Spring	408	404	402	409	396	397	391	423	409	403
	System Total	**408**	**404**	**402**	**409**	**396**	**397**	**391**	**516**	**502**	**475**
Adventist HealthCare	Adventist HealthCare Shady Grove Medical Center	293	320	336	339	331	312	305	290	256	266
	Adventist HealthCare Washington Adventist Hospital	292	288	281	271	252	252	232	230	204	204
	System Total	**585**	**608**	**617**	**610**	**583**	**564**	**537**	**520**	**460**	**470**
Ascension [1]	St. Agnes Hospital	307	318	314	296	287	276	264	251	263	254
	System Total	**307**	**318**	**314**	**296**	**287**	**276**	**264**	**251**	**263**	**254**
Bon Secours Health System [1]	Bon Secours Hospital	125	126	141	127	115	107	88	72	72	69
	System Total	**125**	**126**	**141**	**127**	**115**	**107**	**88**	**72**	**72**	**69**
	Total: System Hospitals	**6,324**	**6,752**	**6,840**	**6,726**	**6,888**	**7,090**	**7,275**	**7,335**	**7,369**	**7,361**

Independent Hospitals	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Anne Arundel Medical Center	301	316	324	336	380	385	384	375	370	385
Atlantic General Hospital	53	55	53	53	48	45	48	48	45	45
CalvertHealth Medical Center	106	98	98	95	95	92	85	77	76	74
Doctors Community Hospital	195	190	195	219	207	198	182	163	190	210
Edward W. McCready Memorial Hospital	9	8	8	9	5	4	4	4	3	3
Fort Washington Medical Center	43	43	42	41	31	33	31	34	32	32
Frederick Memorial Hospital	269	274	276	309	298	297	258	233	239	257
Garrett County Memorial Hospital	36	33	31	30	29	26	23	25	27	27
Greater Baltimore Medical Center	310	300	285	281	270	255	245	231	232	231
Mercy Medical Center	243	244	244	226	233	225	207	184	183	178
Meritus Medical Center	258	260	258	252	245	237	231	223	227	237
Peninsula Regional Medical Center	362	358	362	363	317	288	275	292	281	289
Union Hospital	116	113	113	106	92	85	75	84	83	82
Western Maryland Regional Medical Center [2]	*271*	262	252	250	234	200	192	195	198	200
Total: Independent Hospitals	**2,301**	**2,554**	**2,541**	**2,570**	**2,484**	**2,370**	**2,240**	**2,168**	**2,186**	**2,250**
Maryland Total	**10,827**	**10,880**	**10,729**	**10,583**	**10,348**	**10,177**	**9,804**	**9,800**	**9,555**	**9,611**

Source: Maryland Health Care Commission, ACHI FY2009 - FY2018. Systems are multi-hospital systems with more than one hospital in Maryland.

NOTES: Years in *italics* are the year in which the hospital became part of the hospital system. Shaded bed numbers in *italics* are for years in which the hospital was not affiliated with the system.

[1] These systems include non-Maryland hospitals. Only Maryland hospitals are shown in this table.

[2] Prior to 2010, this hospital was a two-hospital system.

Chart 8. Comparison of Multihospital Systems and Non-Hospital System Hospitals, Maryland FY2009 - FY2018

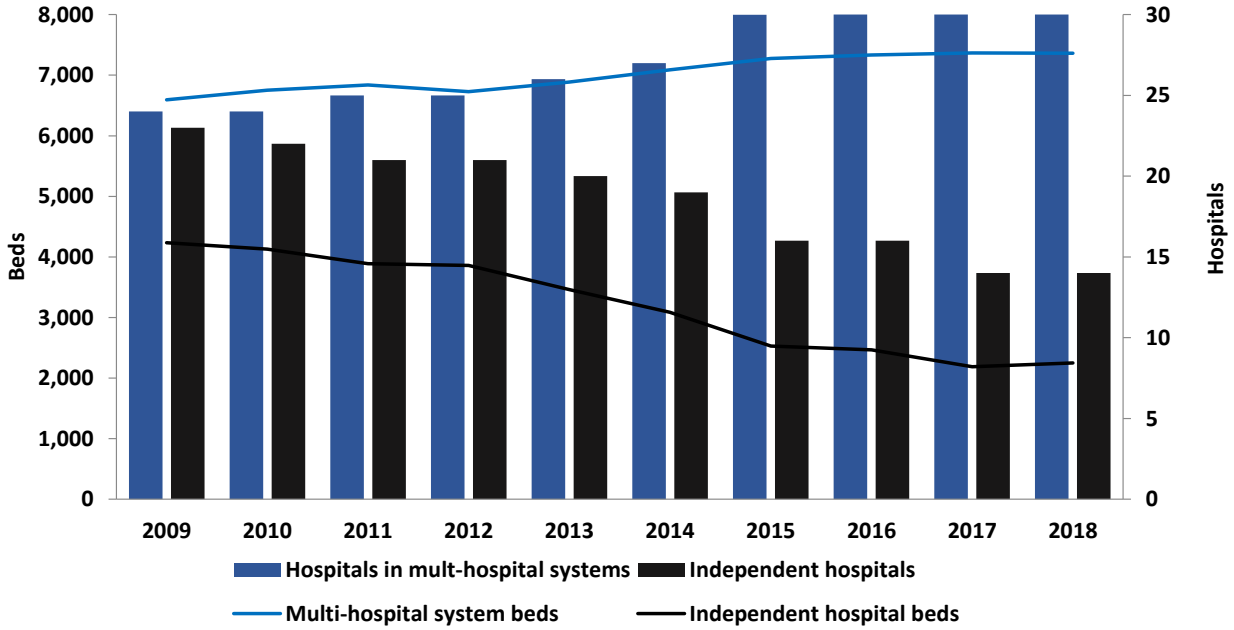


Table 11. Multi-hospital Systems and Independent Hospitals and Beds by System Status Maryland FY2011 - FY2018

System Status	2011	2012	Annual Change	2013	Annual Change	2014	Annual Change	2015	Annual Change	2016	Annual Change	2017	Annual Change	2018	Annual Change	Change 2011-2018
Multi-hospital Systems	10	10		10		10		9		9		8		8		-20.0%
Multihospital System Hospitals	25	25		26		27		30		31		33		33		32.0%
Beds	6,840	6,726	-1.7%	6,888	2.4%	7,090	2.9%	7,275	2.8%	7,335	0.8%	7,369	0.5%	7,361	-0.1%	7.6%
Percent of Maryland Hospitals	53%	53%		57%		59%		65%		66%		70%		70%		
Percent of Beds	64%	64%		67%		70%		74%		75%		77%		77%		
Independent Hospitals	21	21		20		19		16		16		14		14		-33.3%
Beds	3,889	3,857	-0.8%	3,460	-10.3%	3,087	-10.8%	2,529	-18.1%	2,465	-2.5%	2,186	-11.3%	2,250	2.9%	-42.1%
Percent of Maryland Hospitals	47%	47%		43%		41%		35%		34%		30%		30%		
Percent of Beds	36%	36%		33%		30%		26%		25%		23%		23%		
Total Acute General Hospital	46	46		46		46		46		47		47		47		2.2%
Total Beds	**10,729**	**10,583**	-1.4%	**10,348**	-2.2%	**10,177**	-1.7%	**9,804**	-3.7%	**9,800**	0.0%	**9,555**	-2.5%	**9,611**	0.6%	-10.4%

Source: Maryland Health Care Commission, ACHI FY2011 - FY2018

Total Available Acute Care Bed Capacity

The Commission surveys general hospitals for the total number of acute care beds they could physically accommodate, if necessary. Available acute care bed capacity is defined as the total number of acute inpatient beds that are available for use, or that could be physically set up in space appropriate for licensed acute inpatient care, as admissions might warrant. It is a physical count of beds based on the available patient rooms with headwalls, measuring the maximum operating capacity under normal, non-emergency circumstances, rather than a measure of staffing capacity.

The survey shows that 42 general hospitals in Maryland with 6,735 licensed acute care beds report the availability of physical bed capacity that exceeds their licensed capacity. These 42 hospitals, in the aggregate, report a physical capacity of 8,902 beds. This excess physical bed capacity (2,167 beds) would potentially be available to accommodate short term growth in demand and, if necessary, major emergencies and disasters, so long as staffing resources could be secured. Central Maryland has the greatest excess, with reported physical bed capacity exceeding licensed bed capacity of 846 beds, followed by Southern Maryland with 468 more physical beds than licensed beds.

Five hospitals report that their physical capacity to set up acute care beds, as of June, 2017 was less than their licensed bed capacity. These hospitals have a combined total of 2,876 licensed acute care beds and report that, in the aggregate, they only have physical capacity to set up 2,627 acute care beds, a difference of 249 beds.

Statewide, the Commission's June 1, 2017 survey identifies a net of 1,918 beds of physical bed capacity in excess of licensed bed capacity. The results of this survey are shown in Table 12.[1]

[1] The data are self-reported and not verified by the Commission. To the extent possible, the Commission verifies hospital physical bed capacity on a case by case basis, when reviewing hospital expansion, renovation, and replacement projects submitted under the Certificate of Need Program.

Table 12. Total Available Acute Care Bed Capacity Reported by Maryland Hospitals, June 1, 2017

Hospital Name	Licensed Beds FY 2018	Total Available Physical Capacity	Difference
Adventist HealthCare Shady Grove Medical Center	266	326	60
Adventist HealthCare Washington Adventist Hospital	204	304	100
Anne Arundel Medical Center	385	396	11
Atlantic General Hospital	45	62	17
Bon Secours Hospital	69	152	83
CalvertHealth Medical Center	74	126	52
Carroll Hospital Center	146	197	51
Doctors Community Hospital, Inc.	210	218	8
Edward W. McCready Memorial Hospital	3	26	23
Fort Washington Medical Center	32	37	5
Frederick Memorial Hospital	257	315	58
Garrett County Memorial Hospital	27	45	18
Greater Baltimore Medical Center, Inc.	231	342	111
Holy Cross Germantown Hospital*	72	93	21
Holy Cross Hospital	403	369	(34)
Howard County General Hospital	267	244	(23)
Johns Hopkins Bayview Medical Center	342	348	6
MedStar Franklin Square Hospital Center	348	342	(6)
MedStar Good Samaritan Hospital	137	309	172
MedStar Harbor Hospital	139	213	74
MedStar Montgomery Medical Center	115	187	72
MedStar Southern Maryland Hospital Center	182	339	157
MedStar St. Mary's Hospital	109	129	20
MedStar Union Memorial Hospital	192	279	87
Mercy Medical Center, Inc.	178	238	60
Meritus Medical Center	237	258	21
Northwest Hospital Center	202	224	22
Peninsula Regional Medical Center	289	380	91
Sinai Hospital of Baltimore	370	387	17
St. Agnes Hospital	254	367	113
Suburban Hospital	230	247	17
The Johns Hopkins Hospital	1,091	990	(101)
Union Hospital of Cecil County	82	96	14
University of Maryland Baltimore Washington Medical Center	288	327	39
University of Maryland Charles Regional Medical Center	109	144	35
University of Maryland Harford Memorial Hospital, Inc.	86	128	42
University of Maryland Laurel Regional Hospital	61	171	110
University of Maryland Medical Center	767	682	(85)
University of Maryland Medical Center Midtown Campus	90	158	68
University of Maryland Prince George's Hospital Center	230	311	81
University of Maryland Rehabilitation & Orthopaedic Institute	3	28	25
University of Maryland Shore Medical Center at Chestertown	26	40	14
University of Maryland Shore Medical Center at Dorchester	48	80	32
University of Maryland Shore Medical Center at Easton	120	150	30
University of Maryland St. Joseph Medical Center	224	281	57
University of Maryland Upper Chesapeake Medical Center	171	194	23
Western Maryland Regional Medical Center	200	250	50
MARYLAND TOTAL	9,611	11,529	1,918

Source: Maryland Health Care Commission, ACHI, Physical Bed Capacity, June 1, 2017

Note: Total available physical capacity is defined as the total number of acute inpatient beds that are available for use, including those that could be physically set up in space appropriate for licensed acute inpatient care as admissions might warrant. This should be a count of potentially available physical bed capacity rather than a measure of staffing capacity or a reflection of current use of patient care rooms. This is determined by the number of headwalls and/or gas lines that could be made available for inpatient use, without renovations. Rooms with two headwalls/gas lines should be counted as having capacity for two beds, and rooms with one headwall/gas line should be counted as having capacity for one bed, regardless of their current use. It does not include space currently used for non-acute or special hospital beds.

Observation Services

Observation services are those services furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary to determine the need for a possible admission to the hospital as an inpatient. Such services must be ordered and documented in writing as to time and method (FAX, telephone, etc.) by a medical staff practitioner. Observation services may or may not be provided in a distinct area of the hospital. Observation services include, but are not limited to; monitoring of vital life signs; collecting laboratory samples for diagnostic testing, use of specialized equipment assisting physicians during patient examination and treatment; changing of dressings and cleaning of wounds and incisions; observing and recording the emotional stability of patients; observing patients for reaction to drugs; administering specified medication; and infusing fluids intravenously.

Observation services are identified as a cost center by the Maryland Health Services Cost Review Commission and the standard unit of measure is hours. Extended recovery time for scheduled ambulatory surgery, emergency and/or labor and delivery observation are separate cost centers and are not included in observation services.

Beginning in 2012, hospitals were asked to report whether they use licensed beds, distinct unit (non-licensed) observation beds, or a combination of both licensed and distinct unit observation beds to provide services to observation patients. If distinct unit observation beds were used, the hospitals reported how many distinct unit observation beds were available. The hospitals were also asked if there were plans to expand the number of distinct unit observation beds and, if so, how many beds would be added. Finally, the hospitals were requested to report how many licensed beds were occupied by observation patients on an average day in the past twelve months.

As of June 1, 2017, nineteen (19) hospitals report the existence of distinct unit observation beds. However, only three (3) hospitals report using distinct unit observation beds exclusively. Twenty-seven (27) hospitals report using licensed beds only and eighteen (18) hospitals use a combination of distinct unit observation beds and licensed beds. The total number of distinct unit observation beds available for all Maryland hospitals is 331, a decrease of thirty-eight (38) distinct observation beds since June 1, 2016. No hospitals reported that they plan to expand the number of distinct unit observation beds within the next twelve months. Table 13 below shows the responses as reported by each hospital and Table 14 provides a summary of all Maryland general hospital observation services

Table 13. Maryland Acute Care General Hospital Observation (OBV) Services
June 1, 2017

Hospital Name	Distinct Unit Observation Beds Only	Licensed Beds Only	Combination of Distinct Unit Observation and Licensed Beds	Distinct Unit Observation Beds Available	Daily Census/ Observation Patients	Expansion of Distinct Unit Observation	Beds Planned for Expansion
Frederick Memorial Hospital		√			16.0		
Garrett County Hospital		√			6.0		
Meritus Medical Center			√	25	25.0		
Western Maryland Regional Medical Center	√			20	13.0		
Western Maryland Total	***1***	***2***	***1***	***45***	**–**	**–**	**–**
Adventist HealthCare Shady Grove Medical Center	√			18	15.0		
Adventist HealthCare Washington Adventist Hospital		√			13.7		
Holy Cross Germantown Hospital			√	8	6.5		
Holy Cross Hospital			√	19	17.0		
MedStar Montgomery Medical Center			√	15	10.1		
Suburban Hospital			√	20	17.0		
Montgomery County Total	***1***	***1***	***4***	***80***	**–**	**–**	**–**
CalvertHealth Medical Center		√			10.9		
Doctors Community Hospital			√	15	13.0		
Fort Washington Medical Center		√			5.0		
MedStar Southern Maryland Hospital Center		√			21.0		
MedStar St. Mary's Hospital		√			0.0		
University of Maryland Charles Regional Medical Center		√			7.7		
University of Maryland Laurel Regional Hospital		√			5.0		
University of Maryland Prince George's Hospital Center			√	16	12.6		
Southern Maryland Total	***0***	***6***	***2***	***31***	**–**	**–**	**–**
Anne Arundel Medical Center			√	17	35.0		
Bon Secours Hospital		√			4.5		
Carroll Hospital Center	√			22	10.0		
Greater Baltimore Medical Center		√			14.8		
Howard County General Hospital			√	13	14.6		
Johns Hopkins Bayview Medical Center			√	17	28.0		
MedStar Franklin Square Hospital			√	33	33.0		
MedStar Good Samaritan Hospital		√			12.0		
MedStar Harbor Hospital			√	11	8.2		
MedStar Union Memorial Hospital		√			11.0		
Mercy Medical Center		√			18.9		
Northwest Hospital Center		√			15.4		
Sinai Hospital of Baltimore		√			17.8		
St. Agnes Hospital		√			28.0		
The Johns Hopkins Hospital		√			6.2		
University of Maryland Baltimore Washington Medical Ctr.			√	24	20.0		
University of Maryland Harford Memorial Hospital		√			12.0		
University of Maryland Medical Center		√			17.0		
University of Maryland Medical Center Midtown Campus		√			8.0		
University of Maryland Rehabilitation & Orthopaedic Institute	–	–	–	–	–	–	–
University of Maryland St. Joseph Medical Center			√	16	18.0		
University of Maryland Upper Chesapeake Medical Center			√	10	31.0		
Central Maryland Total	***1***	***12***	***8***	***163***	**–**	**–**	**–**
Atlantic General Hospital		√			3.9		
Edward W. McCready Memorial Hospital		√			0.9		
Peninsula Regional Medical Center		√			15.0		
Union Hospital of Cecil County			√	12	5.7		
University of Maryland Shore Medical Center at Chestertown		√			1.8		
University of Maryland Shore Medical Center at Dorchester		√			1.0		
University of Maryland Shore Medical Center at Easton		√			2.0		
Eastern Shore Total	**0**	**6**	**1**	**12**	**–**	**–**	**–**
MARYLAND STATE TOTAL	**3**	**27**	**16**	**331**	**–**	**–**	**–**

Source: MHCC, ACHI, Supplemental Survey Observation Services, June 1, 2017. *James Lawrence Kernan Hospital does not provide emergency services and does not have observation services.

Table 14. Summary - Acute Care Hospital Observation Beds, June 1, 2017

Observation Services	Total Hospitals	Total Distinct Unit Observation Beds
Distinct Unit Observation Beds Only	3	60
Licensed Beds Only	27	–
Combined Distinct Unit/Licensed Observation Beds	16	271
Total Number of Distinct Unit Observation Beds, All Hospitals	19	331
Hospitals with Planned Expansion	0	
Number of Proposed Distinct Unit Observation Beds*	0	

Source: Maryland Health Care Commission, Survey Observation Beds, June 1, 2017

Emergency Department /Freestanding Medical Facility Treatment Capacity

Maryland has 46 emergency departments (EDs) located in acute general hospitals and three freestanding emergency treatment facilities operated by acute general hospitals licensed as "freestanding medical facilities." University of Maryland Rehabilitation and Orthopaedic Institute in Baltimore City is the only acute care hospital in Maryland that does not operate an emergency department.

The freestanding medical facilities are: (1) University of Maryland Bowie Health Center located in Bowie, (Prince George's County) and operated by University of Maryland Prince George's Hospital Center, with 27 treatment spaces allocated to emergency care; (2) Adventist HealthCare Germantown Emergency Center with 21 treatment spaces, and operated by Adventist HealthCare Shady Grove Medical Center, and (3) Queens Anne's Emergency Center, operated by University of Maryland Shore Medical Center at Easton with 14 treatment spaces. This facility is located near Grasonville in Queen Anne's County

Table 15 shows the change in ED and FMF treatment capacity from a regional perspective. Four (4) emergency departments report an increase in treatment capacity in the past year. Six (6) EDs reported a decline in the number of treatment spaces from 2016 to 2017. Thirty-six (36) hospital emergency departments and the three freestanding medical facilities with emergency department capacity had no change in treatment spaces. Overall, Maryland emergency departments/facilities reported a decrease of seventeen (17) treatment spaces.

Table 15. Change in Emergency Department/ Freestanding Medical Facility Treatment Capacity: Maryland, 2016 - 2017

REGION	Total Number of Emergency Departments and FMFs	Net Change in Emergency Treatment Spaces	Percent Change in Capacity in Emergency Treatment Spaces	Emergency Departments or FMFs with an Increase in Capacity	Emergency Departments or FMFs with a Decrease in Capacity	Emergency Departments or FMFs with No Change in Capacity
Western Maryland	4	1	0.56%	1	0	3
Montgomery County*	7	(2)	-0.74%	0	1	6
Southern Maryland*	9	0	0.00%	0	0	9
Central Maryland**	21	(21)	-1.72%	2	4	15
Eastern Shore*	8	5	2.45%	1	1	6
State Total	49	(17)	-0.77%	4	6	39

Source: Maryland Health Care Commission. *Montgomery County includes Shady Grove Emergency Center at Germantown, Southern Maryland includes emergency treatment capacity at the University of Maryland Bowie Health Center. and the Eastern Shore includes the Queen Anne's Emergency Center.

**Johns Hopkins Hospital operates 2 distinct emergency centers, the main emergency department and a pediatric emergency department, the emergency departments are combined and reported as one in Table 15.

Note: University of Maryland Rehabilitation and Orthopaedics Institute does not provide emergency services.

Table 16 summarizes the Commission's supplemental survey of general hospital emergency department treatment capacity by hospital or freestanding medical facility and jurisdiction and region, identifying how Maryland's hospitals classify their ED or freestanding medical facility treatment spaces.

Table 17 shows the trend in emergency department/freestanding medical facility treatment capacity in Maryland from 2010 to 2017 by region, jurisdiction and hospital/facility. Chart 9 shows the change in the types of treatment spaces in Maryland.

Table 16. Inventory of Emergency Department/ Freestanding Medical Facility Treatment Capacity: Maryland: June 1, 2017

Jurisdiction/Region	Hospital Name	Treatment Spaces			
		Total Treatment Spaces	Monitored Spaces	Non-Monitored Spaces	Non-Treatment Spaces*
Allegany County	Western Maryland Regional Medical Center	53	34	19	4
Frederick County	Frederick Memorial Hospital	57	56	1	1
Garrett County	Garrett County Hospital	13	12	1	2
Washington County	Meritus Medical Center	55	44	11	1
	WESTERN MARYLAND TOTAL	**178**	**146**	**32**	**8**
Montgomery County	Adventist HealthCare Germantown Emergency Center	21	9	12	2
	Adventist HealthCare Shady Grove Medical Center	64	31	33	0
	Adventist HealthCare Washington Adventist Hospital	26	15	11	0
	Holy Cross Germantown Hospital	14	11	**3**	2
	Holy Cross Hospital	64	34	30	8
	MedStar Montgomery General Hospital	39	30	9	3
	Suburban Hospital	41	29	12	3
	MONTGOMERY COUNTY TOTAL	**269**	**159**	**110**	**18**
Calvert County	CalvertHealth Medical Center	34	22	12	3
Charles County	University of Maryland Charles Regional Medical Center	38	25	13	3
Prince George's County	Doctors Community Hospital	55	36	19	3
	Fort Washington Medical Center	18	7	11	2
	University of Maryland Bowie Health Center	27	22	5	0
	University of Maryland Laurel Regional Hospital	31	31	0	0
	University of Maryland Prince George's Hospital Center	46	27	19	1
	MedStar Southern Maryland Hospital Center	39	29	10	4
St. Mary's County	MedStar St. Mary's Hospital	32	27	5	6
	SOUTHERN MARYLAND TOTAL	**320**	**226**	**94**	**22**
Anne Arundel County	Anne Arundel Medical Center	67	61	6	12
	University of Maryland Baltimore Washington Medical Ctr.	65	59	6	1
Baltimore City	Bon Secours Hospital	28	21	7	1
	Johns Hopkins Bayview Medical Center	50	29	21	18
	MedStar Good Samaritan Hospital	42	22	20	4
	MedStar Harbor Hospital	28	21	7	1
	MedStar Union Memorial Hospital	55	24	31	1
	Mercy Medical Center	51	36	15	3
	Sinai Hospital of Baltimore	79	69	10	3
	St. Agnes Hospital	69	53	16	0
	The Johns Hopkins Hospital - Main ED	73	73	0	0
	The Johns Hopkins Hospital - Pediatric ED	35	35	0	2
	University of Maryland Medical Center	92	73	19	4
	University of Maryland Medical Center Midtown Campus	29	21	8	2
Baltimore County	Greater Baltimore Medical Center	45	31	14	5
	MedStar Franklin Square Hospital	96	75	21	1
	Northwest Hospital Center	61	39	22	4
	University of Maryland St. Joseph Medical Center	38	37	1	5
Carroll County	Carroll Hospital Center	43	29	14	6
Harford County	University of Maryland Harford Memorial Hospital	28	23	5	0
	University of Maryland Upper Chesapeake Medical Center	54	37	17	3
Howard County	Howard County General Hospital	74	49	25	4
	CENTRAL MARYLAND TOTAL	**1,202**	**917**	**285**	**80**
Cecil County	Union Hospital of Cecil County	32	18	14	3
Dorchester County	University of Maryland Shore Medical Center at Dorchester	18	18	0	0
Kent County	University of Maryland Shore Medical Center at Chestertown	17	14	3	0
Queen Anne's County	Queen Anne's Emergency Center	14	14	0	1
Somerset County	Edward W. McCready Memorial Hospital	8	6	2	0
Talbot County	University of Maryland Shore Medical Center at Easton	32	32	0	4
Wicomico County	Peninsula Regional Medical Center	58	36	22	0
Worchester County	Atlantic General Hospital	30	7	23	5
	EASTERN SHORE TOTAL	**209**	**145**	**64**	**13**
	MARYLAND STATE TOTAL	**2,178**	**1,593**	**585**	**141**

Source: Maryland Health Care Commission, Supplemental Survey - Emergency Departments/Freestanding Medical Facilities, 2017

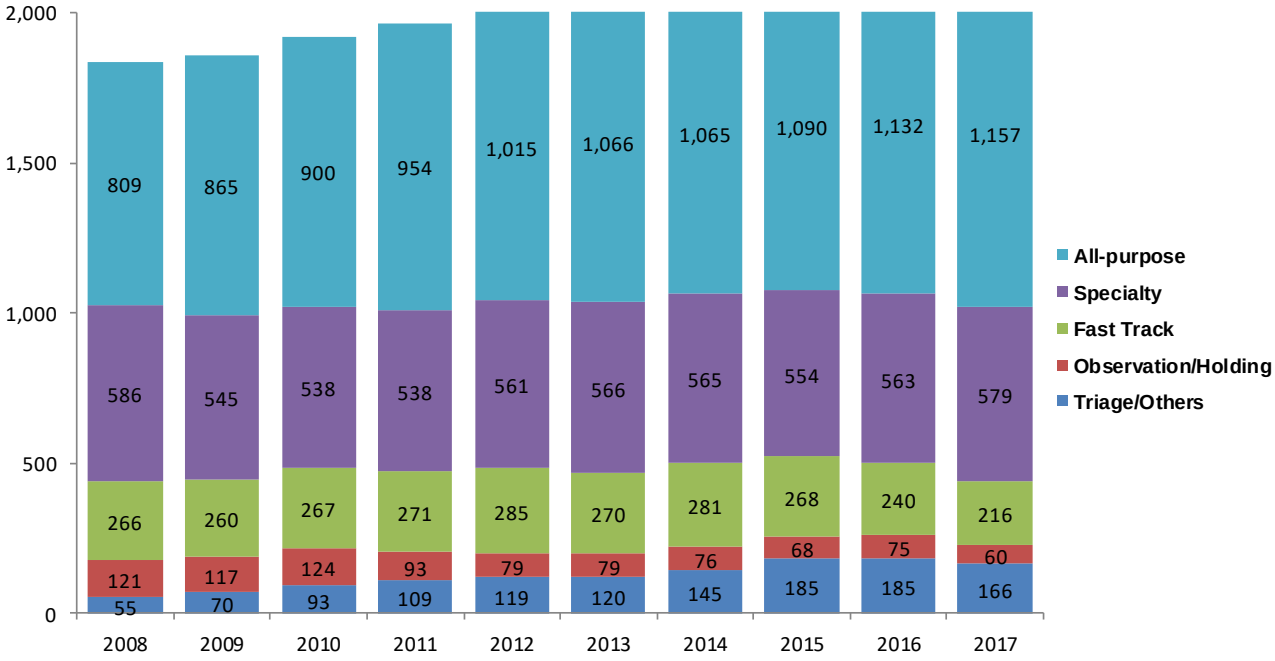
*Non-treatment spaces in Emergency Departments include decontamination, observation/holding, and triage spaces in which treatment is not provided.

Table 17. Trends in Emergency Department/ Freestanding Medical Facilities Treatment Capacity: Maryland, June 1, 2010 - June 1, 2017

Jurisdiction/Region	Hospital Name	Total Treatment Spaces							
		2010	2011	2012	2013	2014	2015	2016	2017
	Western Maryland Regional Medical Center	51	53	53	53	53	53	53	53
Frederick County	Frederick Memorial Hospital	64	64	64	64	55	45	56	57
Garrett County	Garrett County Memorial Hospital	13	13	13	13	13	13	13	13
Washington County	Meritus Medical Center	48	55	55	55	55	55	55	55
	WESTERN MARYLAND TOTAL	**176**	**185**	**185**	**185**	**176**	**166**	**177**	**178**
Montgomery County	Adventist HealthCare Germantown Emergency Center	21	21	21	21	21	21	21	21
	Adventist HealthCare Shady Grove Medical Center	63	64	64	64	64	64	64	64
	Adventist HealthCare Washington Adventist Hospital	28	26	26	26	26	26	26	26
	Holy Cross Germantown Hospital	–	–	–	–	–	14	14	14
	Holy Cross Hospital	59	59	59	61	61	61	64	64
	MedStar Montgomery General Hospital	41	41	41	41	41	41	41	39
	Suburban Hospital	43	43	43	43	42	41	41	41
	MONTGOMERY COUNTY TOTAL	**234**	**233**	**233**	**235**	**255**	**268**	**271**	**269**
Calvert County	CalvertHealth Medical Center	34	34	34	34	34	34	34	34
Charles County	University of Maryland Charles Regional Medical Center	30	30	30	38	38	38	38	38
Prince George's County	Doctors Community Hospital	55	55	55	55	55	55	55	55
	Fort Washington Medical Center	18	18	18	18	18	18	18	18
	MedStar Southern Maryland Hospital Center	29	34	42	42	41	39	39	39
	University of Maryland Bowie Health Center	21	21	21	21	15	15	27	27
	University of Maryland Laurel Regional Hospital	30	30	30	31	31	31	31	31
	University of Maryland Prince George's Hospital Center	44	44	44	47	47	46	46	46
St. Mary's County	MedStar St. Mary's Hospital	32	32	32	32	32	32	32	32
	SOUTHERN MARYLAND TOTAL	**293**	**298**	**306**	**318**	**311**	**308**	**320**	**320**
Anne Arundel County	Anne Arundel Medical Center	44	49	67	67	67	67	67	67
	University of MD Baltimore Washington Medical Center	66	66	66	66	66	68	68	65
Baltimore City	Bon Secours Hospital	29	32	32	28	28	28	28	28
	Johns Hopkins Bayview Medical Center	40	40	40	40	40	45	45	50
	MedStar Good Samaritan Hospital of Maryland	45	43	43	43	43	42	42	42
	MedStar Harbor Hospital	35	35	35	35	35	35	29	28
	MedStar Union Memorial Hospital	49	49	49	49	55	55	55	55
	Mercy Medical Center	45	45	45	57	57	57	57	51
	Sinai Hospital of Baltimore	61	61	61	61	61	67	79	79
	St. Agnes Hospital	53	53	59	64	64	65	69	69
	The Johns Hopkins Hospital - Main ED	51	51	73	73	73	73	73	73
	The Johns Hopkins Hospital - Pediatric ED	25	25	35	35	35	35	35	35
	University of Maryland Medical Center	62	62	79	85	123	123	109	92
	University of Maryland Medical Center Midtown Campus	25	25	29	28	30	29	29	29
Baltimore County	Greater Baltimore Medical Center	45	45	45	45	45	45	45	45
	MedStar Franklin Square Hospital	98	96	96	96	96	96	96	96
	Northwest Hospital Center	43	42	44	49	54	43	61	61
	University of Maryland St. Joseph Medical Center	39	39	39	39	38	38	38	38
Carroll County	Carroll Hospital Center	39	45	43	43	43	43	43	43
Harford County	University of Maryland Harford Memorial Hospital	31	31	29	29	29	27	27	28
	University of MD Upper Chesapeake Medical Center	52	52	52	57	55	54	54	54
Howard County	Howard County General Hospital	55	55	55	55	55	55	74	74
	CENTRAL MARYLAND TOTAL	**1,032**	**1,041**	**1,116**	**1,144**	**1,192**	**1190**	**1,223**	**1,202**
Cecil County	Union Hospital of Cecil County	32	32	32	32	32	32	32	32
Dorchester County	University of Maryland Medical Center at Dorchester	11	18	18	18	18	18	18	18
Kent County	University of Maryland Medical Center at Chestertown	11	11	11	11	11	17	17	17
Queen Anne's County	Queen Anne's Emergency Center	–	14	14	14	14	14	14	14
Somerset County	Edward W. McCready Memorial Hospital	8	8	8	8	8	8	8	8
Talbot County	University of Maryland Shore Medical Center at Easton	34	34	34	34	34	34	34	32
Wicomico County	Peninsula Regional Medical Center	51	51	51	51	51	51	51	58
Worchester County	Atlantic General Hospital	19	19	30	30	30	30	30	30
	EASTERN SHORE TOTAL	**166**	**187**	**198**	**198**	**198**	**204**	**204**	**209**
	STATE TOTAL	**1,901**	**1,944**	**2,038**	**2,080**	**2,132**	**2,136**	**2,195**	**2,178**

Source: Maryland Health Care Commission, Supplemental Survey - Emergency Departments/Freestanding Medical Facilities, June 1,2017

Chart 9. Change in Number of Emergency Treatment Spaces by Type of Space: Maryland, 2007 - 2017



Source: Maryland Health Care Commission, Emergency Department Supplemental Survey June 1, 2017

Hospital Surgical Services Capacity

Table 18 displays the inventory of sterile operating rooms, by room type, excluding dedicated cesarean section rooms, reported by Maryland general hospitals. Table 19 profiles the inventory of dedicated cesarean section operating rooms and procedure rooms. Procedure rooms are rooms used for endoscopy, cystoscopy, or other minor procedures and many are not sterile rooms, and thus, are only appropriately used for "closed" procedures that do not involve surgical incisions.

Table 18. Surgical Services Capacity By Hospital and Room Use: Maryland Hospitals, June 1, 2017

Hospital	Inpatient General Purpose	Outpatient General Purpose	Mixed Use General Purpose	Inpatient Special Purpose	Outpatient Special Purpose	Mixed Use Special Purpose	Other Operating Rooms	Total Operating Rooms
Adventist HealthCare Shady Grove Medical Center	0	0	16	0	0	0	0	16
Adventist HealthCare Washington Adventist Hospital	0	0	8	0	0	3	0	11
Anne Arundel Medical Center	0	0	26	0	0	0	0	26
Atlantic General Hospital	0	0	4	0	0	0	0	4
Bon Secours Hospital	0	0	5	0	0	0	0	5
CalvertHealth Medical Center	0	0	6	0	0	0	0	6
Carroll Hospital Center	0	0	10	0	0	0	0	10
Doctors Community Hospital	0	3	9	0	0	0	0	12
Edward W. McCready Memorial Hospital	0	0	2	0	0	0	0	2
Fort Washington Medical Center	0	0	3	0	0	0	0	3
Frederick Memorial Hospital	0	0	11	0	0	0	0	11
Garrett County Memorial Hospital	0	0	3	0	0	0	0	3
Greater Baltimore Medical Center	0	0	30	0	0	0	0	30
Holy Cross Germantown Hospital	0	0	5	0	0	0	0	5
Holy Cross Hospital	0	0	14	0	0	0	0	14
Howard County General Hospital	0	0	13	0	0	0	0	13
Johns Hopkins Bayview Medical Center	0	0	14	0	0	0	0	14
MedStar Franklin Square Hospital	0	0	14	0	0	2	0	16
MedStar Good Samaritan Hospital of Maryland	0	0	10	0	0	1	0	11
MedStar Harbor Hospital	0	0	9	0	0	0	0	9
MedStar Montgomery General Hospital	0	0	5	1	0	0	0	6
MedStar Southern Maryland Hospital Center	0	0	10	0	0	0	0	10
MedStar St. Mary's Hospital	0	0	6	0	0	0	0	6
MedStar Union Memorial Hospital	0	0	21	0	0	0	0	21
Mercy Medical Center	0	0	23	0	0	0	3	26
Meritus Medical Center	0	0	11	0	0	0	0	11
Northwest Hospital Center	0	0	10	0	0	0	0	10
Peninsula Regional Medical Center	0	0	10	0	0	3	0	13
Sinai Hospital of Baltimore	1	4	12	2	0	6	0	25
St. Agnes Hospital	0	0	19	0	0	0	0	19
Suburban Hospital	0	0	12	2	1	0	0	15
The Johns Hopkins Hospital	0	8	46	0	7	0	0	61
Union Hospital of Cecil County	0	0	4	0	0	0	0	4
University of Maryland Baltimore Washington Medical Center	0	0	16	0	0	0	0	16
University of Maryland Charles Regional Medical Center	0	0	4	0	0	0	0	4
University of Maryland Harford Memorial Hospital	0	0	4	0	0	0	0	4
University of Maryland Laurel Regional Hospital	0	0	6	0	0	0	1	7
University of Maryland Medical Center	0	0	22	0	0	13	0	35
University of Maryland Medical Center Midtown Campus	0	0	10	0	0	0	0	10
University of Maryland Prince George's Hospital Center	1	0	8	0	0	0	1	10
University of Maryland Rehabilitation & Orthopaedic Institute	0	0	6	0	0	0	0	6
University of Maryland Shore Medical Center at Chestertown	0	0	3	0	0	0	0	3
University of Maryland Shore Medical Center at Dorchester	0	0	4	0	0	0	0	4
University of Maryland Shore Medical Center at Easton	0	0	6	0	0	0	0	6
University of Maryland St. Joseph Medical Center	0	0	15	0	0	4	0	19
University of Maryland Upper Chesapeake Medical Center	0	0	11	0	0	0	0	11
Western Maryland Regional Medical Center	0	0	14	0	0	0	0	14
TOTAL	**2**	**15**	**530**	**5**	**8**	**32**	**5**	**597**

Source: Maryland Health Care Commission, ACHI, Supplemental Survey, Surgical Services Capacity, June 1, 2017

Table 19. Dedicated Cesarean Section Operating Rooms and Procedure Rooms by Hospital: Maryland Hospitals, June 1, 2017

Jurisdiction/Region	Hospital	Dedicated Cesarean Section OR's		Procedure Rooms*	
		Inside Sterile Area	Outside Sterile Area	Inside Sterile Area	Outside Sterile Area
Allegany County	Western Maryland Regional Medical Center	2	0	0	8
Frederick County	Frederick Memorial Hospital	2	0	1	2
Garrett County	Garrett County Memorial Hospital	0	0	0	1
Washington County	Meritus Medical Center	2	0	1	2
WESTERN MARYLAND TOTAL		**6**	**0**	**2**	**13**
Montgomery County	Adventist HealthCare Shady Grove Medical Center	0	3	3	0
	Adventist HealthCare Washington Adventist Hospital	2	0	2	0
	Holy Cross Germantown Hospital	2	0	1	3
	Holy Cross Hospital	4	0	2	9
	MedStar Montgomery General Hospital	2	0	1	2
	Suburban Hospital	0	0	0	3
MONTGOMERY COUNTY TOTAL		**10**	**3**	**9**	**17**
Calvert County	CalvertHealth Medical Center	1	0	1	7
Charles County	University of Maryland Charles Regional Medical Center	0	1	1	1
Prince George's County	Doctors Community Hospital	0	0	1	3
	Fort Washington Medical Center	0	0	1	1
	MedStar Southern Maryland Hospital Center	2	0	1	2
	University of Maryland Laurel Regional Hospital	0	0	0	2
	University of Maryland Prince George's Hospital Center	2	0	0	3
	Total: Prince George's County	*4*	*0*	*3*	*11*
St. Mary's County	MedStar St. Mary's Hospital	1	0	0	2
SOUTHERN MARYLAND TOTAL		**6**	**1**	**5**	**21**
Anne Arundel County	Anne Arundel Medical Center	3	0	0	4
	University of MD Baltimore Washington Medical Center	2	0	2	5
	Total: Anne Arundel County	*5*	*0*	*2*	*9*
Baltimore City	Bon Secours Hospital	0	0	1	2
	Johns Hopkins Bayview Medical Center	2	0	0	6
	MedStar Good Samaritan Hospital of Maryland	0	0	0	3
	MedStar Harbor Hospital	1	0	4	0
	MedStar Union Memorial Hospital	0	0	4	0
	Mercy Medical Center	2	0	1	14
	Sinai Hospital of Baltimore	2	0	5	1
	St. Agnes Hospital	2	0	0	1
	The Johns Hopkins Hospital	3	0	0	23
	University of Maryland Medical Center	3	0	10	2
	University of Maryland Medical Center Midtown Campus	0	0	0	8
	Univ. of MD Rehabilitation & Orthopaedic Institute	0	0	0	1
	Total: Baltimore City	*15*	*0*	*25*	*61*
Baltimore County	Greater Baltimore Medical Center	3	0	3	10
	MedStar Franklin Square Hospital	3	0	5	0
	Northwest Hospital Center	0	0	0	2
	University of MD St. Joseph Medical Center	2	0	1	5
	Total: Baltimore County	*8*	*0*	*9*	*17*
Carroll County	Carroll Hospital Center	2	0	0	3
Harford County	University of Maryland Harford Memorial Hospital	0	0	2	0
	University of Maryland Upper Chesapeake Medical Ctr.	2	0	1	0
	Total: Harford County	*2*	*0*	*3*	*0*
Howard County	Howard County General Hospital	2	0	1	3
CENTRAL MARYLAND TOTAL		**34**	**0**	**40**	**93**
Cecil County	Union Hospital of Cecil County	1	0	5	2
Dorchester County	University of MD Shore Medical Center at Dorchester	0	0	0	2
Kent County	University of MD Shore Medical Center at Chestertown	0	0	0	1
Somerset County	Edward W. McCready Memorial Hospital	0	0	0	0
Talbot County	University of MD Shore Medical Center at Easton	1	0	0	1
Wicomico County	Peninsula Regional Medical Center	2	0	2	2
Worcester County	Atlantic General Hospital	0	0	1	3
EASTERN SHORE TOTAL		**4**	**0**	**8**	**11**
MARYLAND TOTAL		**60**	**4**	**64**	**155**

Source: Maryland Health Care Commission, ACHI, Supplemental Survey, Surgical Services Capacity, June 1, 2017

*Procedure Rooms include dedicated cystoscopy and endoscopy rooms and other procedure rooms

Table 20 shows the trend in surgical services capacity at Maryland hospitals for the three-year period June 1, 2015 through June 1, 2017.

Table 20. Trends in Number of Surgical Rooms: Maryland Hospitals, 2015 - 2017

Jurisdiction/ Region	Hospital	2015			2016			2017		
		Total Operating Rooms	Total Procedure Rooms	Total Cesarean Section OR's	Total Operating Rooms	Total Procedure Rooms	Total Cesarean Section OR's	Total Operating Rooms	Total Procedure Rooms	Total Cesarean Section OR's
Allegany County	Western Maryland Regional Medical Center	14	8	2	14	8	2	14	8	2
Frederick County	Frederick Memorial Hospital	11	4	2	11	4	2	11	3	2
Garrett County	Garrett County Memorial Hospital	3	1	0	3	1	0	3	1	0
Washington County	Meritus Medical Center	11	3	2	11	3	2	11	3	2
WESTERN MARYLAND TOTAL		**39**	**16**	**6**	**39**	**16**	**6**	**39**	**15**	**6**
Montgomery County	Adventist HealthCare Shady Grove Medical Center	16	3	3	16	3	3	16	3	3
	Adventist HealthCare Washington Adventist Hospital	11	2	2	11	2	2	11	2	2
	Holy Cross Germantown Hospital	5	4	2	5	4	2	5	4	2
	Holy Cross Hospital	14	11	4	14	11	4	14	11	4
	MedStar Montgomery General Hospital	6	3	2	6	3	2	6	3	2
	Suburban Hospital	15	3	0	15	3	0	15	3	0
MONTGOMERY COUNTY TOTAL		**67**	**26**	**13**	**67**	**26**	**13**	**67**	**26**	**13**
Calvert County	CalvertHealth Medical Center	6	8	1	6	8	1	6	8	1
Charles County	Univ.of MD Charles Regional Medical Center	4	3	1	4	2	1	4	2	1
Prince George's County	Doctors Community Hospital	12	4	0	12	4	0	12	4	0
	Fort Washington Medical Center	3	2	0	3	2	0	3	2	0
	MedStar Southern Maryland Hospital Center	10	3	2	10	3	2	10	3	2
	University of Maryland Laurel Regional Hospital	7	3	1	7	2	0	7	2	0
	University of Maryland Prince George's Hospital Center	9	4	2	9	4	2	10	3	2
St. Mary's County	MedStar St. Mary's Hospital	6	2	1	6	2	1	6	2	1
SOUTHERN MARYLAND TOTAL		**57**	**29**	**8**	**57**	**27**	**7**	**58**	**26**	**7**
Anne Arundel County	Anne Arundel Medical Center	26	4	3	26	4	3	26	4	3
	Univ. of MD Baltimore Washington Medical Center	16	7	2	16	7	2	16	7	2
Baltimore City	Bon Secours Hospital	5	3	0	5	3	0	5	3	0
	Johns Hopkins Bayview Medical Center	14	6	2	14	6	2	14	6	2
	MedStar Good Samaritan Hospital	11	5	0	11	5	0	11	3	0
	MedStar Harbor Hospital	9	4	1	9	4	1	9	4	1
	MedStar Union Memorial Hospital	21	4	0	21	4	0	21	4	0
	Mercy Medical Center	22	8	2	26	9	2	26	15	2
	Sinai Hospital of Baltimore	25	6	2	25	6	2	25	6	2
	St. Agnes Hospital	19	1	2	19	1	2	19	1	2
	The Johns Hopkins Hospital	61	23	3	61	23	3	61	23	3
	University of Maryland Medical Center	35	12	3	35	12	3	35	12	3
	Univ. of MD Medical Center Midtown Campus	10	8	0	10	8	0	10	8	0
	Univ. of MD Rehabilitation & Orthopaedic Institute	6	1	0	6	1	0	6	1	0
Baltimore County	Greater Baltimore Medical Center	30	13	3	30	13	3	30	13	3
	MedStar Franklin Square Hospital Center	16	5	3	16	5	3	16	5	3
	Northwest Hospital Center	9	2	0	9	2	0	10	2	0
	University of Maryland St. Joseph Medical Center	19	6	2	19	6	2	19	6	2
Carroll County	Carroll Hospital Center	10	3	2	10	3	2	10	3	2
Harford County	University of Maryland Harford Memorial Hospital	4	7	0	4	2	0	4	2	0
	University of MD Upper Chesapeake Medical Ctr.	11	2	2	11	1	2	11	1	2
Howard County	Howard County General Hospital	13	4	2	13	4	2	13	4	2
CENTRAL MARYLAND TOTAL		**392**	**134**	**34**	**396**	**129**	**34**	**397**	**133**	**34**
Cecil County	Union Hospital of Cecil County	3	5	1	4	7	1	4	7	1
Dorchester County	Univ. of MD Shore Medical Center at Dorchester	4	2	0	4	2	0	4	2	0
Kent County	Univ. of MD Shore Medical Center at Chestertown	3	1	0	3	1	0	3	1	0
Somerset County	Edward W. McCready Memorial Hospital	2	0	0	2	0	0	2	0	0
Talbot County	Univ. of MD Shore Medical Center at Easton	6	1	1	6	1	1	6	1	1
Wicomico County	Peninsula Regional Medical Center	13	3	2	13	3	2	13	4	2
Worcester County	Atlantic General Hospital	4	4	0	4	4	0	4	4	0
EASTERN SHORE TOTAL		**35**	**16**	**4**	**36**	**18**	**4**	**36**	**19**	**4**
MARYLAND TOTAL		**590**	**221**	**65**	**595**	**216**	**64**	**597**	**219**	**64**

Source: Maryland Health Care Commission, Surgical Services Survey, June 1, 2017

Obstetric and Perinatal Services Capacity

Thirty-two of the 47 general hospitals in Maryland provide obstetric and perinatal services. Table 21 outlines the distribution of obstetric service capacity by region, county and hospital.

Table 21. Obstetric Service Capacity, Maryland Hospitals, June 1, 2017

Jurisdiction/ Region	Hospital	Labor Beds	Delivery Beds	Recovery Beds	Ante Partum	Post Partum Beds	Labor-Delivery Beds	Labor-Delivery-Recovery (LDR) Beds	Delivery-Recovery-PostPartum (LDRP) Beds	Cesarean Section ORs
Allegany County	Western Maryland Regional Medical Center	0	0	2	2	14	0	4	0	2
Frederick County	Frederick Memorial Hospital	0	0	0	0	27	0	9	0	2
Garrett County	Garrett County Memorial Hospital	1	0	0	2	2	0	1	3	0
Washington County	Meritus Medical Center	0	0	0	6	6	0	0	18	2
WESTERN MARYLAND TOTAL		**1**	**0**	**2**	**10**	**49**	**0**	**14**	**21**	**6**
Montgomery County	Adventist HealthCare Shady Grove Medical Center	0	0	6	8	48	0	16	0	3
	Adventist HealthCare Washington Adventist Hospital	0	0	0	0	20	0	9	0	2
	Holy Cross Germantown Hospital	0	0	2	4	12	0	5	0	2
	Holy Cross Hospital	0	0	0	16	68	0	24	0	4
	MedStar Montgomery General Hospital	2	0	2	2	11	0	5	0	2
MONTGOMERY COUNTY TOTAL		**2**	**0**	**10**	**30**	**159**	**0**	**59**	**0**	**13**
Calvert County	Calvert Health Medical Center	0	0	0	1	12	0	5	0	1
Charles County	Univ. of MD Charles Regional Medical Center	0	0	0	2	12	0	4	0	1
Prince George's County	MedStar Southern Maryland Hospital Center	0	0	4	0	30	0	8	0	2
	University of Maryland Prince George's Hospital Center	0	0	0	0	38	0	11	2	2
	Total: Prince George's County	*0*	*0*	*4*	*0*	*68*	*0*	*19*	*2*	*4*
St. Mary's County	MedStar St. Mary's Hospital	0	0	0	1	12	0	5	0	1
SOUTHERN MARYLAND TOTAL		**0**	**0**	**4**	**4**	**104**	**0**	**33**	**2**	**7**
Anne Arundel County	Anne Arundel Medical Center	0	0	5	4	36	0	24	0	3
	Univ. of MD Baltimore Washington Medical Ctr.	0	0	4	0	15	0	4	0	2
	Total: Anne Arundel County	*0*	*0*	*9*	*4*	*51*	*0*	*28*	*0*	*5*
Baltimore City	Johns Hopkins Bayview Medical Center	0	0	2	0	22	0	6	0	2
	MedStar Harbor Hospital	0	0	0	0	8	0	0	16	1
	Mercy Medical Center	0	0	3	3	29	0	13	0	2
	Sinai Hospital of Baltimore	0	0	3	4	23	0	8	0	2
	St. Agnes Hospital	0	0	0	0	0	0	12	0	2
	The Johns Hopkins Hospital	0	0	3	0	35	0	10	0	3
	University of Maryland Medical Center	5	0	3	8	14	0	7	0	3
	Total: Baltimore City	*5*	*0*	*14*	*15*	*131*	*0*	*56*	*16*	*15*
Baltimore County	Greater Baltimore Medical Center	0	0	0	12	48	0	17	0	3
	MedStar Franklin Square Hospital	0	0	5	0	17	0	0	20	3
	University of Maryland St. Joseph Medical Center	0	0	0	9	20	0	9	0	2
	Total: Baltimore County	*0*	*0*	*5*	*21*	*85*	*0*	*26*	*20*	*8*
Carroll County	Carroll Hospital Center	0	0	2	0	5	0	0	15	2
Harford County	University of MD Upper Chesapeake Medical Center	0	0	2	0	0	0	0	14	2
Howard County	Howard County General Hospital	0	0	3	3	34	0	14	0	2
CENTRAL MARYLAND TOTAL		**5**	**0**	**35**	**43**	**306**	**0**	**124**	**65**	**34**
Cecil County	Union Hospital of Cecil County	0	0	0	0	3	0	0	8	1
Talbot County	Univ. of MD Shore Medical Center at Easton	0	0	1	3	0	0	0	10	1
Wicomico County	Peninsula Regional Medical Center	0	0	0	0	20	0	13	0	2
EASTERN SHORE TOTAL		**0**	**0**	**1**	**3**	**23**	**0**	**13**	**18**	**4**
MARYLAND TOTAL		**8**	**0**	**52**	**90**	**641**	**0**	**243**	**106**	**64**

Source: Maryla+A12:L48nd Health Care Commission, ACHI, Supplemental Survey, Obstetric Service Capacity, June 1, 2017

Newborn nursery bassinets at the 32 hospitals providing perinatal service are shown below in Table 22.

Table 22. Newborn Nursery Bassinets: Maryland Hospitals, FY 2018

Jurisdiction/ Region	Hospital	Newborn Nursery	Premature Nursery	Neonatal Intensive Care	Total Bassinets
Allegany County	Western Maryland Regional Medical Center	20	0	0	20
Frederick County	Frederick Memorial Hospital	30	0	15	45
Garrett County	Garrett County Memorial Hospital	12	0	0	12
Washington County	Meritus Medical Center	41	0	0	41
WESTERN MARYLAND TOTAL		**103**	**0**	**15**	**118**
Montgomery County	Adventist HealthCare Shady Grove Medical Center	48	0	31	79
	Adventist HealthCare Washington Adventist Hospital	36	0	0	36
	Holy Cross Germantown Hospital	17	8	0	25
	Holy Cross Hospital	113	0	46	159
	MedStar Montgomery General Hospital	14	0	0	14
MONTGOMERY COUNTY TOTAL		**228**	**8**	**77**	**313**
Calvert County	CalvertHealth Medical Center	12	0	0	12
Charles County	Univ. of MD Charles Regional Medical Center	15	0	0	15
Prince George's County	MedStar Southern Maryland Hospital Center	16	8	0	24
	University of Maryland Prince George's Hospital Center	40	0	13	53
	Total: Prince George's County	*56*	*8*	*13*	*77*
St. Mary's County	MedStar St. Mary's Hospital	16	0	0	16
SOUTHERN MARYLAND TOTAL		**99**	**8**	**13**	**120**
Anne Arundel County	Anne Arundel Medical Center	40	0	30	70
	Univ. of MD Baltimore Washington Medical Center	15	0	0	15
	Total Anne Arundel County	*55*	*0*	*30*	*85*
Baltimore City	Johns Hopkins Bayview Medical Center	20	0	25	45
	MedStar Harbor Hospital	44	0	0	44
	Mercy Medical Center, Inc.	40	0	26	66
	Sinai Hospital of Baltimore	35	0	21	56
	St. Agnes Healthcare	36	0	24	60
	The Johns Hopkins Hospital	25	0	45	70
	University of Maryland Medical Center	24	0	52	76
	Total: Baltimore City	*224*	*0*	*193*	*417*
Baltimore County	Greater Baltimore Medical Center, Inc.	60	0	30	90
	MedStar Franklin Square Hospital Center	35	0	21	56
	University of Maryland St. Joseph Medical Center	20	0	20	40
	Total: Baltimore County	*115*	*0*	*71*	*186*
Carroll County	Carroll Hospital Center	25	0	0	25
Harford County	University of MD Upper Chesapeake Medical Center	10	0	0	10
Howard County	Howard County General Hospital	30	0	18	48
CENTRAL MARYLAND TOTAL		**459**	**0**	**312**	**771**
Cecil County	Union Hospital of Cecil County	12	0	0	12
Talbot County	Univ. of MD Shore Medical Center at Easton	18	0	0	18
Wicomico County	Peninsula Regional Medical Center	18	0	10	28
EASTERN SHORE TOTAL		**48**	**0**	**10**	**58**
	MARYLAND TOTAL	**937**	**16**	**427**	**1,380**

Source: Maryland Health Care Commission, ACHI, FY2018

Special Hospital Services, Comprehensive Care Facilities in the Hospital Setting, and Hospital-Based Psychiatric Inpatient Care

Special hospitals are facilities that have an organized medical staff of physicians and that include inpatient beds with medical services. The medical services include physician services and continuous registered professional nursing services, for not less than 24 hours every day, to provide diagnosis and treatment for patients who have specific medical conditions. In Maryland, special hospitals provide specialized rehabilitation, chronic care, pediatric and psychiatric services. Special hospital services may be provided on the campus of a general hospital. With the exception of acute care psychiatric beds located within general hospitals, which are included as part of the general hospital's licensed acute care bed capacity, special hospital beds are separately licensed from general hospital beds. Special hospital beds are not included in the formula-driven annual re-licensure process for acute care beds located in general hospitals. Thus, there should be consistency between licensed bed inventory and physical bed capacity reported for a specialty hospital.

Special Hospital Medical Rehabilitation Services

Acute inpatient rehabilitation is defined, at COMAR 10.24.09, as interdisciplinary care provided to persons with disabilities who are at high risk of potential medical instability, have a potential for needing skilled nursing care of a high medical acuity, and require a mix of services, service intensity levels, and settings of the following type:

1. Regular, direct individual contact by a physiatrist or physician of equivalent training and/or experience in rehabilitation who serves as their lead provider;
2. Daily rehabilitation nursing for multiple and/or complex needs;
3. A minimum of three hours of physical or occupational therapy per day, at least five days per week, in addition to therapies or services from a psychologist, a social worker, a speech-language pathologist, and a therapeutic recreation specialist, as determined by the individual's needs; or
4. Based on their individual needs, other services provided in a health care facility that is licensed as a hospital.

There are five (5) licensed special hospitals that provide medical rehabilitation services in Maryland and ten (10) Maryland acute care hospitals have special hospital units that provide medical rehabilitation services. Table 23 profiles the types of rehabilitation programs offered at these facilities, the number of licensed beds, and the number of licensed beds that are regularly staffed. Staffed beds are defined as the number of beds regularly maintained (set up and staffed for use) for inpatients. In this table, adult patients are defined as 18 years of age and older and pediatric patients are patients under the age of 18. The program listings are medical rehabilitation services that are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF is an independent nonprofit accrediting body of human service providers in the areas of aging services, behavioral health, child and youth services, durable medical equipment, prosthetics, orthotics and orthotic supplies, employment and community services, medical rehabilitation, and opioid treatment programs. CARF accreditation is required by the State of Maryland for licensure of rehabilitation facilities.

Table 23. Inpatient Medical Rehabilitation Services by Region and Jurisdiction, June 1, 2017

Jurisdiction/ Region	Hospital	CARF Accredited Inpatient Medical Rehabilitation Programs Offered										Licensed Beds	Staffed Beds
		Comprehensive		Brain Injury		Spinal Cord		Stroke		Amputation			
		Adult	Pediatric	Adult	Pediatric	Adult	Pediatric	Adult	Pediatric	Adult	Pediatric		
Allegany County	Western Maryland Regional Medical Center	√						√				13	13
Washington County	Meritus Medical Center	√		√								20	20
											Western Maryland Total	*33*	*33*
Montgomery County	Adventist Rehabilitation Hospital of Maryland	√		√		√		√		√		87	87
											Montgomery County Total	*87*	*87*
Prince George's County	University of Maryland Laurel Regional Hospital	√						√				28	10
											Southern Maryland Total	*28*	*10*
Baltimore City	Univ. of MD Rehabilitation & Orthopaedic Institute	√	√	√	√	√	√	√				82	129*
	Johns Hopkins Bayview Medical Center	√						√				12	12
	Kennedy Krieger Children's Hospital		√		√		√					31	31
	Levindale Hebrew Geriatric Center & Hospital	√		√				√				20	20
	MedStar Good Samaritan Hospital	√						√				69	69
	MedStar Union Memorial Hospital											–	–
	Mount Washington Pediatric Hospital		√									46	26
	Sinai Hospital of Baltimore	√		√				√				57	43
	The Johns Hopkins Hospital	√										18	18
											Central Maryland Total	*335*	*219*
Talbot County	Univ. of MD Shore Medical Center at Easton	√						√				20	18
Wicomico County	HealthSouth Chesapeake Rehabilitation Center	√										59	59
											Eastern Shore Total	*79*	*77*
											MARYLAND TOTAL	**562**	**426**

Source: Maryland Health Care Commission and Commission on Accreditation of Rehabilitation Facilities (CARF) 11/9/2017.
Notes: 1. Licensed Beds for Adventist Rehabilitation Hospital of Maryland at Takoma Park are included in Adventist Rehabilitation of Maryland. 2. University of Maryland Rehabilitation & Orthopaedic Institute (formerly James Lawrence Kernan Hospital) staffed beds include36 chronic beds/16 dually licensed rehabilitation/chronic beds, Chronic and Rehabilitation beds are not separated by service area . 3. Effective 2/22/2016 18 licensed rehabilitation beds were transferred from MedStar Union Memorial Hospital to MedStar Good Samaritan Hospital.

Other Special Hospital Services (non-psychiatric)

Pediatric

Facilities with beds licensed as Special Hospital – Pediatric are used to provide specialized inpatient services to patients less than 18 years of age. There are two special hospitals in Maryland dedicated to providing specialized pediatric services. Both hospitals provide rehabilitation and other special hospital services. Mount Washington Pediatric Hospital has been allowed to operate, under a single license, its main hospital facility in Baltimore City and a 15-bed hospital in Prince George's County, which operates in leased space at Prince George's Hospital Center, a general hospital. (See Table 24).

Chronic Care

Facilities with beds licensed as Special Hospital-Chronic provide continuous and intensive medical, nursing, and ancillary services to medically-complex patients with severe illness who require close professional monitoring and observation and frequent medical interventions, either after an acute hospital phase of care or as a result of acute exacerbations of illness while residing in other settings, such as the patient's home or a nursing home (comprehensive care facility).

There are three special hospitals–chronic operating in Maryland that do not share a campus with a general hospital. (See Table 24.) They range in size from 60 to 100 beds, and are currently licensed to operate 226 beds but only 128 are reported to be regularly staffed. One of these chronic hospitals is private, and two are state-operated. The private chronic special hospital, Levindale Hebrew & Geriatric Center & Hospital, is located in the Central Maryland region and combines special chronic hospital beds with special rehabilitation hospital beds and comprehensive care (nursing home beds). It is located adjacent to a sister general hospital, Sinai Hospital of Baltimore. The two state operated chronic hospitals are each located in the less densely populated Health Planning Regions of Western Maryland and the Eastern Shore. Five acute care general hospitals, three located in Baltimore City and one each in Prince George's County (the Southern Maryland region) and Montgomery County share a campus with chronic special hospital services.[2] The three Central Maryland Hospitals have a total of 238 licensed chronic care beds located on their campuses, with 128 reported to be staffed. The Mount Washington Pediatric Hospital at Prince George's Hospital Center (see preceding section of this report concerning pediatric special hospitals) has 15 licensed pediatric specialty beds with 12 reported to be staffed.

[2] Adventist HealthCare Washington Adventist Hospital is the Montgomery County hospital. It shares a campus with a especial rehabilitation hospital that is a portion of a single licensed rehabilitation hospital with beds operating on separate premises, contrary to hospital licensure regulations.

Chronic beds and pediatric special hospital beds, operated on an acute care hospital campus, are licensed separately and are not part of the annual acute care bed licensure process.

Table 24. Licensed Special Hospitals and their Special Hospital (Non-Psychiatric and Non-Rehabilitation) Beds
Maryland, June 1, 2017

		Pediatric		Chronic	
Jurisdiction/ Region	Specialty Hospitals	Licensed	Staffed	Licensed	Staffed
Washington County	Western Maryland Center	-	-	60	19
	Western Maryland Total	***-***	***-***	***60***	***19***
Prince George's County	Mt. Washington Pediatric Hospital at University of MD Prince Georges Hospital Ctr.	15	12	-	-
	Southern Maryland Total	***15***	***12***	-	-
Baltimore City	Kennedy Krieger Children's Hospital	39	39	-	-
	Levindale Hebrew Geriatric Center & Hospital	-	-	100	100
	Mount Washington Pediatric Hospital	41	38	-	-
	Central Maryland Total	***80***	***77***	***100***	***100***
Wicomico County	Deer's Head Center*	-	-	66	9
	Eastern Shore Total	-	-	***66***	***9***
	Maryland Total	***95***	***89***	***226***	***128***

Source: Maryland Health Care Commission, Office of Health Care Quality, DHMH, Hospital Management System, 2017
Deer's Head Center has 3 staffed communicable disease (isolated beds).

Table 25. Licensed Special Hospital (Non-Psychiatric and Non-Rehabilitation) Beds:
Located on Acute Care Hospital Campuses, Maryland, June 1, 2017

		Chronic		Dual Rehabilitation/ Chronic		Pediatric Specialty	
Jurisdiction/ Region	Acute Care Hospitals	Licensed	Staffed	Licensed	Staffed	Licensed	Staffed
Baltimore City/Central Maryland	Univ. of MD Rehabilitation & Orthopaedic Institute*	36	36	16	16	-	-
Baltimore City/Central Maryland	Johns Hopkins Bayview Medical Center	76	47	-	-	-	-
Baltimore City/Central Maryland	Univ. of MD Medical Center Midtown Campus	80	25	-	-	-	-
Prince George's/Southern Maryland	Mt. Washington Pediatric Hosp. at Prince George's Hosp.	-	-	-	-	15	12
Prince George's/Southern Maryland	Univ. of MD Laurel Regional Hospital	46	20	-	-	-	-
	Maryland State Total	***238***	***128***	***16***	***16***	***15***	***12***

Source: Maryland Health Care Commission; Office of Health Care Quality, June 1, 2017. *Univ. of MD Rehabilitation & Orthopaedic Institute (formerly James Lawrence Kernan Hospital) staffed chronic beds may exceed licensed beds through use of dually licensed Rehabilitation/Chronic Care beds.

Comprehensive Care Facility (Nursing Home) Beds in the Hospital Setting

Comprehensive Care Facilities ("CCFs"), commonly known as "nursing homes," are licensed in accordance with COMAR 10.07.02. These facilities admit patients suffering from disease or disabilities, or advanced age, requiring medical service and nursing service rendered by or under the supervision of a registered nurse. The vast bulk of CCF services are provided in Maryland through freestanding (non-hospital) CCFs, commonly known as nursing homes. Only 1 . 9 % of the state's total CCF beds are located in general or special hospital settings. However, this type of inpatient facility service is also offered by five (5)) acute care general hospitals (Table 26) and by three (3) facilities that combine comprehensive care facility services (Table 27) with chronic care services (Table 24). CCF beds in general hospitals are primarily used to provide short-term rehabilitative services to Medicare patients. In contrast, most of the state's CCF beds are used to provide longer-term chronic and custodial care.

Table 26. Licensed Comprehensive Care Facility Beds at Acute Care Hospitals, Maryland, June 1. 2017

Jurisdiction/ Region	Hospital	Licensed Comprehensive Care Facility Beds	Staffed Beds
Garrett County	Garrett County Memorial Hospital	10	10
Western Maryland Total		***10***	***10***
Calvert County	CalvertHealth Medical Center*	18	14
Southern Maryland Total		***18***	***14***
Baltimore City	Mercy Medical Center*	29	29
Baltimore County	Greater Baltimore Medical Center	27	27
	Northwest Hospital Center	39	39
Central Maryland Total		***95***	***95***
Maryland Total - Acute Care Hospitals		***123***	***119***

Source: Maryland Health Care Commission, Office of Health Care Quality

Note: MedStar Good Samaritan Hospital closed the Comprehensive Care Unit (SubAcute) effective 9/19/2017. * CalvertHealth Medical Center Comprehensive Care Facility Beds closed on 12/31/2017, and Mercy Medical Center Comprehensive Care Beds closed on 1/11/2017.

Table 27. Licensed Comprehensive Care Facility Beds at Special Hospitals June 1, 2017

Jurisdiction/ Region	Hospital	Licensed Comprehensive Care Facility Beds	Staffed Beds
Wicomico County/ Eastern Shore	Deer's Head Center	80	42
Baltimore City/ Central Maryland	Levindale Hebrew Geriatric Center & Hospital	210	210
Washington County/ Western Maryland	Western Maryland Center	63	46
	Maryland State Total	***353***	***298***

Source: Maryland Health Care Commission, Office of Health Care Quality, DHMH, Hospital Management System

Psychiatric Hospital Facilities and Services

In Maryland, two types of hospital-level inpatient psychiatric services are provided; acute psychiatric services and longer-term, continuing care. Most acute inpatient psychiatric care is provided within the general hospital setting at 29 hospitals. These psychiatric beds are included in the annual "dynamic" licensure process for all acute care beds located in acute care general hospitals in which the licensed acute care bed inventory is based on recorded average daily census. Hospital-level psychiatric inpatient care outside of the acute care general hospital setting can be found in freestanding private hospitals or in state hospitals. The psychiatric beds in these two facility types are licensed as a category of "special hospital" beds under the State's licensing statute. Freestanding private psychiatric hospitals primarily provide acute psychiatric inpatient services. State psychiatric hospitals primarily provide long-term, psychiatric inpatient services.

Table 28 provides an overview of the acute psychiatric inpatient service bed capacity and program characteristics of general hospitals. In general, services for children are provided to a patient population under the age of 13 years, adolescent services are provided to patients aged 13 to 17, and adult services are provided to patients aged 18 years and older.

Table 28. Inpatient Acute Psychiatric Services Available at General Acute Care Hospitals: Maryland, FY 2018

Jurisdiction/ Region		Designated FY 2018 Licensed Beds	Acute Adult	Acute Child	Acute Adolescent	Acute Geriatric	Accept Involuntary Patients
Allegany County	Western Maryland Regional Medical Center	19	√			√	√
Frederick County	Frederick Memorial Hospital	21	√			√	√
	Meritus Medical Center	18	√			√	√
	Western Maryland Total	***58***					
Montgomery County	Adventist HealthCare Washington Adventist Hospital	39	√			√	√
	Holy Cross Germantown Hospital	6	√				No
	MedStar Montgomery General Hospital	19	√		√	√	No
	Suburban Hospital	24	√		√	√	No
	Montgomery County Total	***88***					
Calvert County	CalvertHealth MedicaL Center	8	√		√		√
Prince George's County	MedStar Southern Maryland Hospital Center	25	√			√	√
	University of MD Laurel Regional Hospital	16	√				No
	University of Maryland Prince George's Hospital Center	28	√				√
St. Mary's County	MedStar St. Mary's Hospital	12	√				√
	Southern Maryland Total	***89***					
Anne Arundel County	Univ. of MD Baltimore Washington Medical Center	14	√			√	√
Baltimore City	Bon Secours Hospital	24	√				√
	Johns Hopkins Bayview Medical Center	20	√				No
	MedStar Harbor Hospital	26	√			√	√
	Sinai Hospital of Baltimore	24	√			√	√
	The Johns Hopkins Hospital	108	√	√		√	√
	University of Maryland Medical Center	56	√	√		√	√
	Univ. of MD Medical Center Midtown Campus	28	√			√	√
Baltimore County	MedStar Franklin Square Hospital	40	√		√		√
	Northwest Hospital	37	√			√	√
	University of Maryland St. Joseph Hospital	18	√			√	No
Carroll County	Carroll Hospital Center	20	√		√		√
Harford County	University of Maryland Harford Memorial Hospital	29	√				√
Howard County	Howard County General Hospital	20	√			√	√
	Central Maryland Total	***464***					
Cecil County	Union Hospital of Cecil County	11	√			√	√
Dorchester County	University of MD Shore Medical Center at Dorchester	24	√				√
Wicomico County	Peninsula Regional Medical Center	13	√				√
	Eastern Shore Total	***48***					
	Maryland State Total	***747***					

Source: Maryland Health Care Commission survey of psychiatric services capacity, June, 2017.

Note: Western Maryland Regional Medical Center, Washington County Hospital, and Howard County General report that adolescents (defined as 16+) may be provided services in the same section as adults. Suburban combines adolescents (13+), adults and geriatric in a combined unit. Adult and Geriatric units are combined at Frederick Memorial, MedStar Montgomery General Hospital, Laurel Regional, Prince George's Hospital, Sinai, Northwest, and University of Maryland St. Joseph's Hospital.

Tables 29 and 30 profile psychiatric inpatient service capacity and inpatient program characteristics at Special Hospitals – Psychiatric. Table 29 identifies the licensed bed capacity and the number of beds reported to be regularly staffed at Maryland's four freestanding private psychiatric hospitals. Table 30 identifies the number of licensed beds and "budgeted" beds, at Maryland's four state-operated psychiatric hospitals. The number of "budgeted" beds provides a more accurate reflection of the bed capacity that is typically set up and staffed at these facilities than the number of licensed beds.

Table 29. Inpatient Services Available at Private Special Hospitals - Psychiatric: Maryland, June 1, 2017

Jurisdiction/ Region	Special Hospital Name	Licensed Capacity	Staffed Beds	Acute Adult	Acute Child	Acute Adolescent	Acute Geriatric	Accept Involuntary Patients
Washington County	Brook Lane Health Services	65	57	√	√	√		√
	Western Maryland Total	***65***	***57***					
Montgomery County	Adventist Behavioral Health Rockville	117	118	√	√	√	√	√
	Montgomery County Total	***117***	***118***					
Baltimore County	Sheppard and Enoch Pratt Hospital	322	258	√	√	√	√	√
Howard County	Sheppard Pratt at Ellicott City	92	78	√		√		√
	Central Maryland Total	***414***	***336***					
	Maryland State Total	***596***	***511***					

Source: Maryland Health Care Commission Survey: Special Hospitals - Psychiatric, June 1, 2017

Adventist Behavioral Health Eastern Shore closed and temporarily delicensed 15 beds 11/20/2016

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Table 30. Inpatient Psychiatric Services Provided at State Special Hospitals - Psychiatric Maryland, June 1, 2017

Jurisdiction/ Region	Special Hospital Name	Licensed Psychiatric Beds	Budgeted Psychiatric Beds	Acute Adult	Acute Child	Acute Adolescent	Acute Geriatric	Acute Forensic	Accept Involuntary Patients
Allegany County	Thomas B. Finan Center	88	66	√			√	√	√
	Western Maryland Total	***88***	***66***						
Baltimore County	Spring Grove Hospital Center	639	355	√		√	√	√	√
Carroll County	Springfield Hospital Center	522	220	√			√	√	√
Howard County	Clifton T. Perkins Hospital Center	298	258					√	√
	Central Maryland Total	***1,459***	***833***						
Dorchester County	Eastern Shore Hospital Center	80	60	√			√	√	√
	Eastern Shore Total	***80***	***60***						
	Maryland State Total	***1,627***	***959***						

Source: Maryland Health Care Commission Survey: Special Hospitals - Psychiatric, June 1, 2017. DHMH, Hospital Management Information System. Licensed and budgeted bed totals include both acute and continuing care psychiatric beds.

Partial hospitalization programs (PHP) and intensive outpatient programs (IOP) for psychiatric patients are also provided in the acute care general hospital setting and the special hospital psychiatric setting. PHPs and IOPs are organized day or night programs providing assessment, treatment, habilitation, or rehabilitation services for persons who do not require psychiatric inpatient care on a 24-hour basis. This may be a structured, ongoing program that the patient typically attends two to five times a week for two to five hours per day providing clinical behavioral health services. The plan of care is prescribed by and overseen by a psychiatrist. PHPs may be used as a "step-down" from inpatient care or a "step-up" from less intensive outpatient programming and are sometimes called "day hospital" programs. Services are usually provided in a group setting for at least four hours of direct clinical care per day, with additional individual and/or family therapy and medication management as needed. IOPs are a subset of PHPs and would typically involve fewer sessions per week and/or fewer hours per daily session. IOPs may be used as a "step-down" from PHPs or a "step-up" from less intensive outpatient care outside of the institutional setting.

MHCC surveyed the availability of PHPs and IOPs at hospitals, requesting information on the maximum number of treatment "slots" available and the daily program census on four specific dates between September, 2016 and June, 2017. Tables 31 and 32 profile these programs as offered in 22 acute care general hospitals and four freestanding private psychiatric hospitals, respectively.

State-operated psychiatric hospitals do not provide PHP or IOP services. [NOTE: Average daily census is the average number of patients based on patient census for four specific dates between September, 2014 and June, 2015, as reported by each hospital.]

Table 31. Partial Hospitalization and/or Intensive Outpatient Psychiatric Services at Acute Care Hospitals: Maryland, June 1, 2017

Jurisdiction/ Region	Acute Care General Hospital Name	Partial Hospitalization/ Intensive Outpatient Programs	Maximum Number of Slots Available	Average Patient Census: Partial Hospitalization/ Intensive Outpatient Programs
Allegany County	Western Maryland Regional Medical Center	√	20	16
Frederick County	Frederick Memorial Hospital	√	15	10
	Meritus Medical Center	√	14	3
		Western Maryland Total	***49***	
	Adventist HealthCare Washington Adventist Hospital	√	24	27
	MedStar Montgomery General Hospital	√	60	41
	Holy Cross Germantown	–	–	–
	Suburban Hospital	√	20	14
		Montgomery County Total	***104***	
Calvert County	CalvertHealth Medical Center	√	15	9
Prince George's County	University of Maryland Laurel Regional Hospital	√	14	9
	University of Maryland Prince George's Hospital Center	√	14	6
	MedStar Southern Maryland Hospital Center	√	20	8
St. Mary's County	MedStar St. Mary's Hospital	√	10	4
		Southern Maryland Total	***73***	
Anne Arundel County	Univ. of MD Baltimore Washington Medical Ctr.	√	16	6
Baltimore City	Bon Secours Hospital	√	12	9
	Johns Hopkins Bayview Medical Center	√	100	51
	MedStar Harbor Hospital	–	–	–
	Sinai Hospital of Baltimore	√	12	6
	University of MD Medical Ctr. Midtown Campus	–	–	–
	The Johns Hopkins Hospital	√	32	17
	University of Maryland Medical Center	√	20	6
Baltimore County	MedStar Franklin Square Hospital	–	–	–
	Northwest Hospital	–	–	–
	University of Maryland St. Joseph Hospital	√	25	9
Carroll County	Carroll Hospital Center	√	35	14
Harford County	University of Maryland Harford Memorial Hospital	√	20	5
Howard County	Howard County General Hospital	–	–	–
		Central Maryland Total	***272***	
Cecil County	Union Hospital of Cecil County	–	–	–
Dorchester County	Univ. of MD Shore Medical Center at Dorchester	√	16	9
Wicomico County	Peninsula Regional Medical Center	√	6	4
		Eastern Shore Total	***22***	
		Maryland State Total	***520***	

Source: Maryland Health Care Commission survey of psychiatric services capacity, June, 2017.

Note: Sinai Hospital of Baltimore's Partial Hospitalization/ Intensive Outpatient Program is undergoing renovations and reported no patients for the fourth quarter of FY2017.

Table 32. Partial Hospitalization and/or Intensive Outpatient Services at Private Special Hospitals - Psychiatric: Maryland, June 1, 2017

Jurisdiction/Region	Special Hospital - Psychiatric	Partial Hospitalization/ Intensive Outpatient Programs	Maximum Slots Available: Partial Hospitalization/ Intensive Outpatient Programs	Average Daily Census
Washington County	Brook Lane Health Services	√	40	30
	Western Maryland Total		***40***	
Montgomery County	Adventist Behavioral Health - Rockville	√	33	18
	Montgomery County Total		***33***	
Baltimore County	Sheppard Pratt Hospital	√	125	106
Howard County	Sheppard Pratt at Ellicott City	√	20	15
	Central Maryland Total		***145***	
	Maryland State Total		***218***	

Source: Maryland Health Care Commission survey of psychiatric services capacity, June, 2017

The following Tables (Tables 33, 34 & 35) profile psychiatric hospital bed capacity for the three types of hospital settings, across several bed capacity dimensions, including licensed beds, physical bed capacity, and staffed beds. They also provide recent patient day and bed occupancy rate information for CY2016 or in the case of State Psychiatric Hospital bed occupancy rate information for FY2016.

Table 33. Inventory and Utilization of Psychiatric Beds at General Acute Care Hospitals
Maryland, FY2018

Jurisdiction/Region	Acute Care General Hospitals	Licensed Beds Designated Psychiatric FY 2018	Beds, June1, 2017		Patient Days CY 2016	Staffed Bed Occupancy CY2016
			Physical Bed Capacity	Staffed Beds		
Allegany County	Western Maryland Regional Medical Center	19	19	17	4,866	78%
Frederick County	Frederick Memorial Hospital	21	21	21	6,890	90%
	Meritus Medical Center	18	18	18	4,944	75%
	Western Maryland Total	***58***	***58***	***56***	***16,700***	***82%***
Montgomery County	Adventist HealthCare Washington Adventist Hospital	39	40	40	8,359	57%
	Holy Cross Germantown Hospital	6	6	6	1,497	68%
	MedStar Montgomery General Hospital	19	21	20	4,067	56%
	Suburban Hospital	24	24	24	7,054	81%
	Montgomery County Total	***88***	***91***	***90***	***20,977***	***64%***
Calvert County	CalvertHealth Medical Center	8	15	9	3,073	94%
Prince George's County	MedStar Southern Maryland Hospital Center	25	28	25	6,357	70%
	University of Maryland Laurel Regional Hospital	16	10	8	4,881	167%
	University of Maryland Prince George's Hospital Center	28	30	28	7,947	78%
St. Mary's County	MedStar St. Mary's Hospital	12	12	12	2,974	68%
	Southern Maryland Total	***89***	***95***	***82***	***25,232***	***84%***
	University of Maryland Baltimore Washington Medical Center	14	14	14	4,431	87%
Anne Arundel County	Bon Secours Hospital	24	29	29	6,000	57%
Baltimore City	Johns Hopkins Bayview Medical Center	20	20	20	9,238	127%
	MedStar Harbor*	26	26	26	888	9%
	MedStar Union Memorial*	–	26	26	7,620	80%
	Sinai Hospital of Baltimore	24	24	24	7,946	91%
	The Johns Hopkins Hospital	108	108	95	31,118	90%
	University of Maryland Medical Center	56	54	46	12,110	72%
	University of Maryland Medical Center Midtown Campus	28	28	28	7,789	76%
	MedStar Franklin Square Hospital	40	40	40	11,728	80%
Baltimore County	Northwest Hospital	37	37	32	10,518	90%
	University of Maryland St. Joseph Medical Center	18	19	19	6,108	88%
	Carroll Hospital Center	20	19	19	3,966	57%
Carroll County	University of Maryland Harford Memorial Hospital	29	27	20	7,380	101%
Harford County	Howard County General Hospital	20	20	20	5,377	74%
Howard County	***Central Maryland Total***	***464***	***491***	***458***	***132,217***	***79%***
	Union Hospital of Cecil County	11	15	8	2,581	88%
Cecil County	University of Maryland Shore Medical Center at Dorchester	24	24	15	4,253	78%
Dorchester County	Peninsula Regional Medical Center	13	13	13	3,740	79%
Wicomico County	***Eastern Shore Total***	***48***	***52***	***36***	***10,574***	***80%***
	Maryland State Total	***747***	***787***	***722***	***205,700***	***78%***

*Sources: Licensed beds designated as psychiatric, Maryland Health Care Commission and Office of Health Care Quality, Acute General Hospital Licensed Bed Designation, FY 2018. Physical capacity and staffed beds, MHCC Supplemental Survey: Psychiatric Services Capacity, June 1, 2017. Patient Days, Health Services Cost Review Commission, Discharge Abstract, CY 2016. Staffed Occupancy is calculated as (patient days)/(staffed beds*365)

*MedStar Union Memorial transferred 26 Designated Psychiatric Beds to MedStar Harbor effective October 1, 2017

Table 34. Inventory and Utilization of Acute Psychiatric Beds at Private Psychiatric Hospitals: Maryland

Jurisdiction/Region	Private Special Hospital - Psychiatric	Beds, June 1, 2017			Patient Days CY2016	Staffed Bed Occupancy CY2016
		Licensed Beds	Physical Bed Capacity	Staffed Beds		
Washington County/ Western Maryland	Brook Lane Health Services	65	57	57	10,786	52%
Montgomery County/ Montgomery	Adventist Behavioral Health - Rockville	117	136	118	28,923	67%
Dorchester County/ Eastern Shore	Adventist Behavioral Health - Eastern Shore*	15	15	15	2,894	53%
Baltimore County/ Central Maryland	Sheppard Pratt Hospital	322	322	258	80,898	86%
Howard County/ Central Maryland	Sheppard Pratt at Ellicott City	92	92	78	22,333	78%

Sources: Licensed Beds, Office of Health Care Quality; Physical Capacity and Staffed Beds, Maryland Health Care Commission June, 2017 Survey: Psychiatric Service Capacity; Patient Days, Health Services Cost Review Commission, Discharge Database, CY2016.

Staffed Occupancy is calculated using the formula, (patient days)/(staffed beds*365).

*Adventist Behavioral Health - Eastern Shore temporary delicensed, 11/2016

Note: Staffed beds may fluctuate/change during the course of the surveyed year

Table 35. Inventory and Utilization of Psychiatric Beds at State Psychiatric Hospitals: Maryland, June 1, 2017

Jurisdiction/Region	State Psychiatric Special Hospitals	Beds, June 1, 2017						Patient Days FY2016	Staffed Bed Occupancy FY2016
		Licensed Beds	State Budgeted Beds	Physical Bed Capacity		Staffed Beds			
				Acute Care	Continuing Care	Acute Care	Continuing Care		
Allegany County	Thomas B. Finan Center	88	88	66	22	44	22	25,327	105%
	Western Maryland Total	***88***	***88***	***66***	***22***	***44***	***22***	**25,327**	**105%**
Baltimore County	Spring Grove Hospital Center	639	355	148	335	109	266	131,971	96%
Carroll County	Springfield Hospital Center*	522	228	100	130	91	129	84,600	62%
Howard County	Clifton T. Perkins Hospital Cente	298	258	20	278	19	239	91,161	67%
	Central Maryland Total	***1459***	***841***	***268***	***743***	***219***	***634***	**307,732**	**99%**
Dorchester County	Eastern Shore Hospital Center	80	80	80	0	80	0	21,434	73%
	Eastern Shore Total	***80***	***80***	***80***	***0***	***80***	***0***	**21,434**	**73%**
	Maryland State Total	**1627**	**1,009**	**414**	**765**	**343**	**656**	**354,493**	**105%**

Source: Staffed beds and physical bed capacity: Maryland Health Care Commission Survey: Special Hospitals - Psychiatric, June 1, 2017; Licensed bed inventory, Office of Health Care Quality, DHMH; budgeted beds, patient days, Hospital Management Information System.

Staffed Occupancy is calculated using the formula, (patient days)/(staffed beds*365).

Note: Eastern Shore Hospital Center, effective 1/23/2018, is licensed for 84 beds

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