



July 7, 2021

Ben Steffen  
Executive Director  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

Re.: Transfer of Behavioral Health Beds from Grace Medical Center ("Grace")

Dear Mr. Steffen:

By order dated November 21, 2019, the Maryland Health Care Commission ("MHCC") granted a request by LifeBridge Health, Inc. ("LifeBridge"), Sinai Hospital of Baltimore, Inc. ("Sinai"), and Northwest Hospital Center, Inc. ("Northwest") for an exemption from Certificate of Need review to relocate 36 adult psychiatric beds from Grace to Sinai and Northwest, and then close the inpatient psychiatric service at Grace. By letter dated December 23, 2020, we informed MHCC that the relocation of 24 beds to Sinai had been completed, but the build out and transfer of 12 beds to Northwest had been temporarily put on hold due to Northwest needing the beds to treat COVID patients. Given the recent reduction in COVID cases and Governor Hogan's announcement that the State of Emergency will soon be lifted, Northwest is now able to move forward with the build out and transfer of the 12 beds. However, as further detailed below, we also wanted to inform MHCC of a minor change to Northwest's project plan.

The project plan set out in our letter to MHCC dated August 30, 2019, contemplated Northwest converting the fourth floor, wing D ("4D") at Northwest from a 20-bed medical/surgical overflow unit into a 12-bed behavioral health unit to accommodate the patients from Grace. However, throughout the COVID pandemic, the unit on 4D was converted into a negative pressure, telemetry unit capable of handling intensive care patients. Due to the fact we do not know what to expect this Fall and Winter and in order to be prepared for another COVID-related surge, Northwest intends to maintain 4D as a negative pressure, telemetry overflow unit and instead convert a 12 bed unit on the fourth floor, wing A ("4A") to accommodate the Grace behavioral health patients. Attached for your information is the proposed floorplan for 4A. Unit 4A contains virtually the exact same square footage as 4D and, we believe, transferring the 12 beds to 4A will allow Northwest to better serve its patients in the event of a resurgence of COVID. The only additional cost for this change will be for new construction documents which we estimate will cost between \$100,000 and \$150,000. While the cost for materials and labor has also increased due to the passage of time, this increased cost would be recognized no matter where the buildout occurs. Lastly, we would like to point out that the change from 4D to 4A will not result in any increase to the physical bed capacity at Northwest. For your convenience we have attached a revised Table A, Physical Bed Capacity Before and After Project.

**CARE BRAVELY**

2401 W. Belvedere Ave., Baltimore, MD 21215-5216 • [lifebridgehealth.org](http://lifebridgehealth.org)

We anticipate the completion of the 12 behavioral health beds on 4A to be no later than June 2022, and we will inform you once the project is complete.

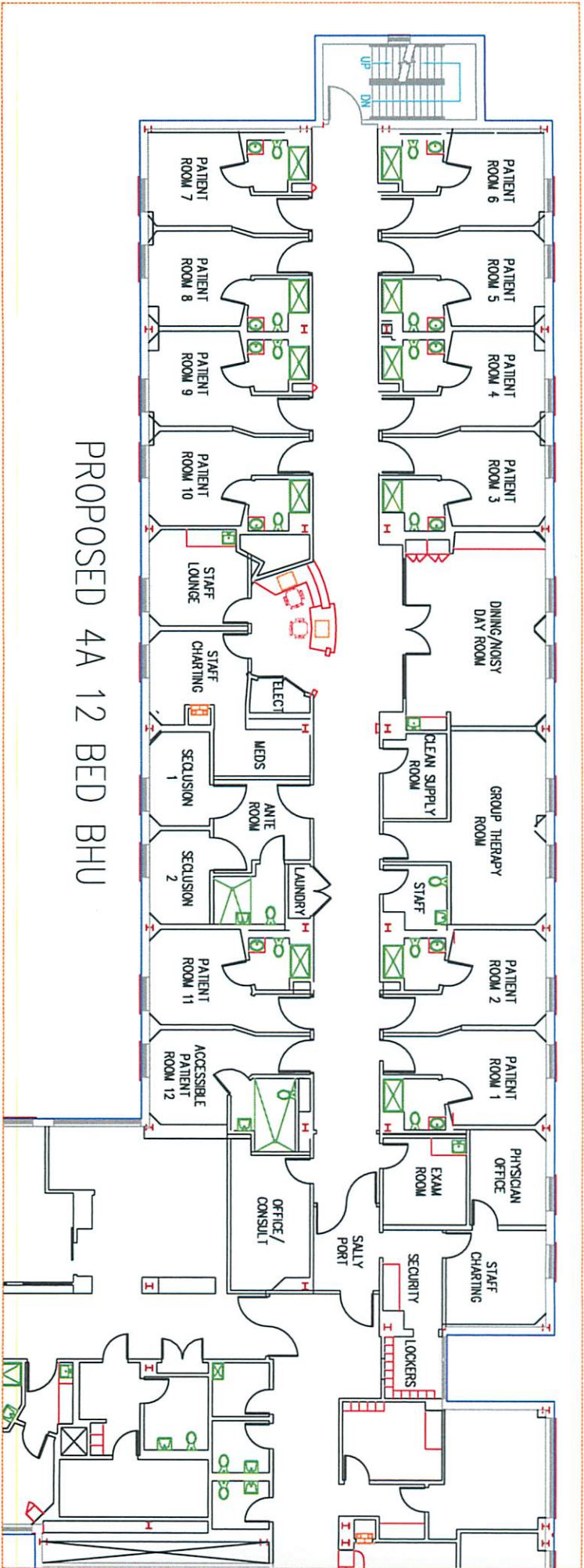
Thank you for your continued support and patience throughout this project. It has certainly been a challenging year but with the support of agencies such as the MHCC, we have been able to serve our patients and staff and stand ready to accommodate any future surges should they arise. Please do not hesitate to contact me or anyone on my team with any questions or concerns.

Sincerely yours,



Neil M. Meltzer  
President and Chief Operating Officer

cc: Gregory Branch, M.D., Health Officer, Baltimore County Health Department  
Patricia Nay, M.D., Office of Health Care Quality  
Ruby Potter, Maryland Health Care Commission  
Renee Webster, Office of Health Care Quality  
Katie Wunderlich, Executive Director, Health Services Cost Review Commission  
Suellen Wideman, Esquire



PROPOSED 4A 12 BED BHU

**TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT**

*INSTRUCTIONS: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.*

Before the Project							After Project Completion						
Hospital Service	Location (Floor/Wing)*	Licensed Beds: 7/1/2021	Based on Physical Capacity				Hospital Service	Location (Floor/Wing)*	Based on Physical Capacity				
			Room Count			Bed Count			Room Count			Bed Count	
			Private	Semi-Private	Total Rooms				Private	Semi-Private	Total Rooms		Physical Capacity
<b>ACUTE CARE</b>							<b>ACUTE CARE</b>						
General Medical/ Surgical*							General Medical/ Surgical*						
	2A	19	20	0	20	20		2A	20	0	20	20	
	3A	20	20	0	20	20		3A	20	0	20	20	
	3B	20	20	0	20	20		3B	20	0	20	20	
	3C	20	20	0	20	20		3C	20	0	20	20	
	3D	20	20	0	20	20		3D	20	0	20	20	
Med/Surg Overflow	4A / 4D	0	32	0	32	32	Med/Surg Overflow	4D	20	0	20	20	
<b>SUBTOTAL Gen. Med/Surg*</b>		<b>99</b>	<b>132</b>	<b>0</b>	<b>132</b>	<b>132</b>	<b>SUBTOTAL Gen. Med/Surg*</b>		<b>120</b>	<b>0</b>	<b>120</b>	<b>120</b>	
ICU/CCU	2E	16	16	0	16	16	ICU/CCU	2E	16	0	16	16	
PCU / Step down units	2B/2C/2D	51	51		51	51	PCU / Step down units	2B/2C/2D	51	0	51	51	
<b>TOTAL MSGA</b>		<b>166</b>	<b>199</b>	<b>0</b>	<b>199</b>	<b>199</b>	<b>TOTAL MSGA</b>		<b>187</b>	<b>0</b>	<b>187</b>	<b>187</b>	
Obstetrics		0	0	0	0	0	Obstetrics		0	0	0	0	
Pediatrics		0	0	0	0	0	Pediatrics		0	0	0	0	
Psychiatric	4C & 4E	37	31	3	34	37	Psychiatric	4A, 4C & 4E	43	3	46	49	
<b>TOTAL ACUTE</b>		<b>203</b>	<b>230</b>	<b>3</b>	<b>233</b>	<b>236</b>	<b>TOTAL ACUTE</b>		<b>230</b>	<b>3</b>	<b>233</b>	<b>236</b>	
<b>NON-ACUTE CARE</b>							<b>NON-ACUTE CARE</b>						
Dedicated Observation**		0	0	0	0	0	Dedicated Observation**		0	0	0	0	
Rehabilitation		0	0	0	0	0	Rehabilitation		0	0	0	0	
Comprehensive Care	4B	17	17	0	17	17	Comprehensive Care	4B	17	0	17	17	
Other (Specify/add rows as needed)					0	0	Other (Specify/add rows as needed)				0	0	
<b>TOTAL NON-ACUTE</b>		<b>17</b>	<b>17</b>	<b>0</b>	<b>17</b>	<b>17</b>	<b>TOTAL NON-ACUTE</b>		<b>17</b>	<b>0</b>	<b>17</b>	<b>17</b>	
<b>HOSPITAL TOTAL</b>		<b>220</b>	<b>247</b>	<b>3</b>	<b>250</b>	<b>253</b>	<b>HOSPITAL TOTAL</b>		<b>247</b>	<b>3</b>	<b>250</b>	<b>253</b>	

\* Include beds dedicated to gynecology and addictions, if unit(s) is separate for acute psychiatric unit

\*\* Include services included in the reporting of the "Observation Center". Service furnished by the hospital on the hospital's promise, 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; Must be ordered and documented in writing, given by a medical practitioner.