



November 15, 2019

State of Maryland
**Maryland
Institute for
Emergency Medical
Services Systems**

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Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
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Dear Mr. Steffen,

As you know, McCready Foundation, Inc., d/b/a Edward W. McCready Memorial Hospital (“McCready Hospital”) and Peninsula Regional Medical Center, Inc. (PRMC) (jointly, “the Applicants”) are seeking approval from the Maryland Health Care Commission to convert the McCready Hospital to a freestanding medical facility, as well as for an exemption from Certification of Need (CON) review for the proposed conversion.

The Maryland Health Care Commission will determine whether to approve the request for exemption from the CON requirement based on a number of factors, including whether the conversion “will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system as determined by the State Emergency Medical Services (EMS) Board.” Health General 19-120 (o)(3)(i)5C. In making this determination, the State EMS Board is required to consider eleven (11) factors specified in regulation. COMAR 30.08.15.03.

Please be advised that at its meeting on November 12, 2019, the State EMS Board reviewed and discussed an analysis of the COMAR-enumerated factors. After consideration of these factors, the State EMS Board unanimously determined that the proposed conversion of McCready Hospital to a freestanding medical facility as currently configured in the Applicants’ proposal will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system. Attached is a copy of the analysis that provided the basis for the Board’s determination.

Please also be advised that it is the Board’s position that the alternative of an urgent care center, instead of the planned freestanding medical facility, would not serve the needs of the community and would not maintain adequate and appropriate delivery of emergency care within the EMS system.

Please let me know if you have any questions or if I may provide any further information.

Sincerely,

Theodore Delbridge, MD, MPH
Executive Director

Enclosure

Cc: Clay B. Stamp, Chairman, State Emergency Medical Services Board



**MIEMSS Report and Recommendation to the State
Emergency Medical Services Board Regarding the Proposed
Conversion of McCready Memorial Hospital to a
Freestanding Medical Facility without a Certificate of Need
(CON):**

**Whether the Proposed Conversion Will Maintain Adequate
and Appropriate Delivery of Emergency Care within the
Statewide Emergency Medical Services System**

November 12, 2019

MIEMSS Report and Recommendation to the State Emergency Medical Services Board Regarding the Proposed Conversion of McCready Memorial Hospital to a Freestanding Medical Facility without a Certificate of Need (CON):

Whether the Proposed Conversion will Maintain Adequate and Appropriate Delivery of Emergency Care Within The Statewide Emergency Medical Services System

Executive Summary

McCready Foundation, Inc. d/b/a Edward W. McCready Memorial Hospital (“McCready Hospital”) and Peninsula Regional Medical Center, Inc. (“PRMC”) (jointly, “the Applicants”) are seeking approval from the Maryland Health Care Commission (MHCC) to convert McCready Hospital to a freestanding medical facility (FMF), as well as for an exemption from a Certificate of Need (CON) review for the proposed conversion. Under Health-General 19-120, the MHCC determines whether to approve the request for exemption from the CON requirement based on a number of factors, including whether the conversion “will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system as determined by the State Emergency Medical Services Board.” Health-General 19-120 (o)(3)(i) 5 C. By regulation, the EMS Board is required to consider eleven (11) factors in making its determination whether the proposed conversion will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system (COMAR 30.08.15.03).

MIEMSS has completed an analysis of each of the required factors. Based on its review, MIEMSS recommends that the EMS Board make a determination that the conversion of McCready Hospital to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system.

Background

McCready Hospital is an acute care hospital with three licensed MSGA (medical/surgical/gynecological/addictions) beds in Crisfield Maryland, with an average daily census of two inpatients. In addition to McCready Hospital, McCready Foundation, Inc. owns and operates an outpatient rehabilitation clinic, the Alice B. Tawes Nursing and Rehabilitation Center, and Chesapeake Cove Assisted Living, each of which is located adjacent to McCready Hospital. It is not currently a MIEMSS-designated

Base Station. The Applicants are seeking to convert McCready Hospital to an FMF (the new entity to be created is referred to herein as the “McCready Health Pavilion”) in two phases. Initially, the McCready Health Pavilion will be in the space currently occupied by McCready Hospital; and in Phase 2, a new building will be constructed 3.2 miles away to house the new McCready Health Pavilion.

Process

Under COMAR 30.08.15.03 (B), the Applicants notified MIEMSS and the MHCC on July 30, 2019 of their intent to convert McCready Hospital to a freestanding medical facility. The Applicants held the required public hearing on August 20, 2019, and provided the required information to MIEMSS within the required timeframe. The Applicants solicited input from the EMS community by publishing a physical address and email address on their website for receipt of comments. Additionally, MIEMSS sought information from the EMS community by requesting information from the highest jurisdictional official for Somerset County EMS and attending a meeting with McCready and the local EMS community on September 16, 2019. Neither McCready Hospital, nor MIEMSS, received any comments. Under COMAR 30.08.15.03 (D), the EMS Board is required to issue the determination concerning the proposed hospital conversion under §A of this regulation within 45 days of the required public informational hearing held by the hospital proposing the conversion, in consultation with the MHCC. Accordingly, the deadline for EMS Board to make its determination and to notify the MHCC of its determination was October 4, 2019. By agreement between MIEMSS and the Applicants, however, the 45 day requirement was waived to give the Applicants more time to address certain issues, and the date for consideration by the EMS Board was then determined to be October 8, 2019. The applicants were later required to submit additional information to MHCC and MIEMSS and therefore, the EMS Board was unable to make a determination at the October 8, 2019 meeting but will consider at the November meeting of the EMS Board on November 12, 2019.

Required Factors for EMS Board Consideration under COMAR 30.08.15.03(A)

Each of the eleven (11) factors specified for consideration by the EMS Board is discussed below.

- (1) The EMS resources in the jurisdictions affected by the proposed hospital conversion, including staffing, equipment, and units.*

The primary jurisdiction that will be affected by the conversion is Somerset County. Wicomico County and Worcester County would be expected to be impacted to a lesser extent because transports to McCready Hospital from these jurisdictions are typically only a small portion (almost nil) of their total transports (see

infra). Transport services are very limited within Somerset County and volunteer resources are heavily relied upon.

Somerset County provides emergency services through eight departments within the county's response area. Three departments provide emergency medical services and patient transport. The departments that provide emergency medical services and transport in Somerset County are Ewell Volunteer Fire Company, Princess Anne Volunteer Fire Company, and Lower Somerset Rescue Squad.

Ewell Volunteer Fire Company provides one BLS-equipped ambulance for Smith Island. Due to the geographical location of Smith Island, any patients needing emergency care are flown to the hospital via medevac or carried by boat from the island to Crisfield for transport. The company consists of approximately 25 volunteer members and no career staffing. There are four Maryland certified Emergency Medical Technicians available to provide basic life support.

Princess Anne Volunteer Fire Company is a combination volunteer/career department. There are approximately 35 volunteers and 28 career personnel. There are three ALS-equipped units with two of those units staffed 24/7 with career staffing. The crews generally consist of a Paramedic and an EMT based on severity of the call.

Lower Somerset Rescue Squad located in Crisfield, is a combination volunteer/career department. The department is totally separate from the fire department and provides three ALS equipped units. There are approximately 20 volunteers and ten career paramedics. The career paramedics staff the station 24/7 and rely on volunteer staff to complete the crew.

There are five BLS-equipped non-transport medical assist units utilized as first response vehicles located at Tylerton Volunteer Fire Company, Marion Volunteer Fire Company, Deal Island Chance Volunteer Fire Company, Fairmount Volunteer Fire Company, and Mt. Vernon Volunteer Fire Company.

(2) Any additional resources which will be provided by the hospital seeking to convert to augment the resources available in the affected jurisdiction.

Patients transported to the new freestanding medical facility who require hospitalization will have to be transferred from the FMF to an acute care facility. The applicants reported that there were 5,345 ED visits in FY2019. 2.6% or 141 of these resulted in an inpatient admission. An additional 99 or 1.9% of the patients were placed in observation. McCready had 172 admissions in FY2019; 82% of these were admitted through

the ED. The remaining 18% would have been direct admissions. Historically, LifeStar and East Coast have been the primary commercial services providing transports from McCready to other facilities, primarily Peninsula Regional Medical Center. In 2018, 257 patients were transferred from McCready Hospital. The average time from dispatch to arrival at McCready was 59 minutes.

As a result of the conversion, the Applicants project the need to transfer approximately 1.25 patients per day to a hospital. Annualizing the Applicants’ projections indicates that the number of interfacility transfers would be approximately 456 a year.

Use of public safety resources for these transfers would place an unreasonable burden on the EMS resources in the affected jurisdiction. The Applicants intend to use a commercial ambulance service for interfacility transport of patients, consistent with current practice. Peninsula Regional Medical Center has amended the existing contract with LifeStar to include a 30 minute response time for emergent patients and a 60 minute response time for non-emergent patients requiring transfer.

(3) The EMS call volume of affected jurisdictions by priority.

EMS Transports from Somerset, Wicomico, and Worcester					
EMSOPS by Patient Priority and Destination Category					
Calendar Years 2016, 2017, and 2018					
Source: eMEDS®					
	CY 2016	CY 2017	CY 2018	Grand Total	EMSOP Priority Percent
Maryland EMSOP					
Somerset County					
Priority 1 - Patient Critically Ill or Injured (Immediate / Unstable)	171	164	194	529	6.9%
McCready Memorial Hospital - 332	27	31	18	76	
Peninsula Regional Medical Center - 408	142	133	174	449	
Other Facility	2		2	4	
Priority 2 - Patient Less Serious (Urgent / Potentially Life Threatening)	804	821	763	2,388	31.4%
McCready Memorial Hospital - 332	151	145	133	429	
Peninsula Regional Medical Center - 408	650	674	628	1,952	
Other Facility	3	2	2	7	
Priority 3 - Patient Non-Urgent	1,686	1,513	1,479	4,678	61.4%
McCready Memorial Hospital - 332	370	348	351	1,069	

Peninsula Regional Medical Center - 408	1,312	1,163	1,124	3,599	
Other Facility	4	2	4	10	
Priority 4 - Patient does not require medical attention	13	5	2	20	0.3%
McCreedy Memorial Hospital - 332	3	3		6	
Peninsula Regional Medical Center - 408	10	2	2	14	
Somerset County Total	2,674	2,503	2,438	7,615	100%
Wicomico County					
Priority 1 - Patient Critically Ill or Injured (Immediate / Unstable)	631	610	685	1,926	5.7%
Peninsula Regional Medical Center - 408	625	602	676	1,903	
Other Facility	6	8	9	23	
Priority 2 - Patient Less Serious (Urgent / Potentially Life Threatening)	3,836	3,939	3,705	11,480	33.8%
Peninsula Regional Medical Center - 408	3,751	3,840	3,598	11,189	
Other Facility	85	99	107	291	
Priority 3 - Patient Non-Urgent	6,544	6,855	6,861	20,260	59.7%
McCreedy Memorial Hospital - 332			1	1	
Peninsula Regional Medical Center - 408	6,467	6,753	6,755	19,975	
Other Facility	77	102	105	284	
Priority 4 - Patient does not require medical attention	90	87	84	261	0.8%
Peninsula Regional Medical Center - 408	89	86	84	259	
Other Facility	1	1		2	
Wicomico County Total	11,101	11,491	11,335	33,927	100%
Maryland EMSOP	CY 2016	CY 2017	CY 2018	Grand Total	EMSOP Priority Percent
Worcester County					
Priority 1 - Patient Critically Ill or Injured (Immediate / Unstable)	377	358	452	1,187	5.5%
Peninsula Regional Medical Center - 408	152	140	196	488	
Other Facility	225	218	256	699	
Priority 2 - Patient Less Serious (Urgent / Potentially Life Threatening)	3,414	3,400	3,236	10,050	46.5%
McCreedy Memorial Hospital - 332	3	1	1	5	
Peninsula Regional Medical Center - 408	1,100	1,024	961	3,085	
Other Facility	2,311	2,375	2,274	6,960	
Priority 3 - Patient Non-Urgent	3,483	3,514	3,358	10,355	47.9%
McCreedy Memorial Hospital - 332	18	20	13	51	
Peninsula Regional Medical Center - 408	958	948	937	2,843	
Other Facility	2,507	2,546	2,408	7,461	
Priority 4 - Patient does not require medical attention	10	18	8	36	0.2%
Peninsula Regional Medical Center - 408	2	7	3	12	
Other Facility	8	11	5	24	

Worcester County Total	7,284	7,290	7,054	21,628	100%
Grand Total	21,059	21,284	20,827	63,170	

As would be expected, Somerset County EMS transports the greatest number of priority 1 and 2 patients to McCready Hospital, totaling just 505 during the three-year period from CY16-CY18, with an additional approximate 1,075 priority 3 and 4 patient transports to McCready Hospital during the period. However, a much larger number of patients were transported directly to Peninsula Regional Medical Center by Somerset County during the same time period with a total of 2,401 priority 1 and 2 patients and 3,613 priority 3 and 4 patients. Wicomico and Worcester County transports to McCready Hospital were negligible during the same period.

(4) The projected number of patients who could require transport to a general acute hospital rather than the proposed freestanding medical facility for appropriate medical care.

After the conversion, all EMS Priority 1 patients and unstable Priority 2 patients will require transport to an acute general hospital, rather than the McCready Health Pavilion, unless the patient requires immediate intervention which McCready Health Pavilion would provide. As noted above, recent historic data indicates that Somerset County EMS transported approximately 168 patients per year to McCready Hospital who were priority 1 and 2; data was not available to indicate which of the transported priority 2 patients were unstable. The Applicants project interfacility transfers will be required 1.25 patients a day, which annualizes to approximately 456 patients a year.

(5) EMS transport times in the jurisdictions affected by the proposed hospital conversion and the potential for extended transport and out-of-service times resulting from the proposed conversion to a freestanding medical facility, relative to the current pattern of transport times.

EMS Average Transport *Times from Somerset, Wicomico, and Worcester
EMSOPS by Destination Category

Calendar Years 2016, 2017, and 2018			
Source: eMEDS®			
Maryland EMSOP			
	CY 2016	CY 2017	CY 2018
Somerset County	0:14:33	0:14:15	0:14:13
McCready Memorial Hospital - 332	0:06:30	0:06:25	0:06:38
Peninsula Regional Medical Center - 408	0:16:38	0:16:19	0:16:10
Other Facility	0:11:50	0:15:21	0:15:33
Wicomico County	0:08:22	0:08:33	0:08:36
McCready Memorial Hospital - 332			0:34:00
Peninsula Regional Medical Center - 408	0:08:15	0:08:26	0:08:27
Other Facility	0:15:53	0:15:07	0:16:06
Worcester County	0:17:04	0:16:57	0:16:59
McCready Memorial Hospital - 332	0:25:14	0:23:23	0:23:43
Peninsula Regional Medical Center - 408	0:26:50	0:26:39	0:26:55
Other Facility	0:12:42	0:12:51	0:12:35

* Average of Time Difference : Left Scene - Arrived at Destination (h:mm:ss)

(6) Commercial ambulance services availability and response times in the jurisdictions affected by the proposed hospital conversion.

Historically, LifeStar and East Coast have been the primary commercial services providing transports from McCready to other facilities, primarily Peninsula Regional Medical Center. In 2018, 257 patients were transferred from McCready Hospital. The average time from dispatch to arrival at McCready was 59 minutes. Peninsula Regional Medical Center has amended the contract with LifeStar to require a 30 minute response time for emergent patients and a 60 minute response time for non-emergent patients.

(7) The number of general hospitals likely to be affected by the proposed hospital conversion and the distance to the closest general hospital ED for appropriate patients if the hospital converts to a freestanding medical facility relative to current patterns of hospital use.

The Applicants provided the following list of the hospitals that may be affected by the conversion of McCready Hospital and the distance from McCready Health Pavilion to these hospitals:

- Peninsula Regional Medical Center-30 miles
- Atlantic General Hospital-40 miles

It should be noted, however, that the Centers for Medicare & Medicaid Services require freestanding medical facilities to transfer patients to the “parent hospital” in order to maintain provider based status and receive reimbursement, in this case the Peninsula Regional Medical Center.

As a result, the hospital that will be most affected by the conversion will be Peninsula Regional Medical Center.

(8) The expected additional ED visit volume and associated increases in admission and observation patient volumes for the general hospitals likely to be affected by the proposed hospital conversion.

The applicants reported that 141 (2.6%) ED patients at McCready Hospital were admitted to that facility in FY 2019. The Maryland Health Care Commission reported that 180 (8%) ED patients at McCready Hospital were admitted to that facility in CY2018, a decline from 291 in CY2012. In the future, these patients will be required to be transferred for admission primarily to the parent hospital, Peninsula Regional Medical Center. In FY2019, PRMC had 90,032 ED visits, 13% of which (11,578) resulted in inpatient admissions.

The Applicants provided the following information in support of their application.

“...in fiscal year 2018, 85% of McCready Hospital’s emergency department visits came from residents of 4 zip codes in Somerset County (Crisfield, Marion Station, Princess Anne, Westover/Kingston). Within this service area, there are no other acute general hospitals. The nearest acute general hospitals are Peninsula Regional Medical Center, which is approximately 30 miles from McCready Hospital, and Atlantic General Hospital approximately 40 miles from McCready Hospital. In fiscal year 2018 McCready Hospital had 5,245 emergency department visits. Peninsula Regional Medical Center and McCready Hospital project 4,709 emergency department visits in each year at McCready Health Pavilion.” Additionally, the applicants reported that the emergency department use rate by population at McCready Hospital declined slightly from 220 per 1,000 in FY 2017 to 205 per 1,000 in FY2018.

Recent diversion utilization at the converting hospital and other general hospitals likely to be affected by the proposed hospital conversion and the potential impact of the proposed conversion on diversion utilization.

Hospital	CY17	CY18	CY19*	CY2017	CY2018	2019*	CY2017	CY2018	2019*	CY17	CY18	CY19*
	Yellow	Yellow	Yellow	Red	Red	Red	ReRoute	ReRoute	ReRoute	Bypass	Bypass	Bypass
AGH	0	0	0	0	0	0	0	0	36.3	N/A	N/A	N/A
McCready	15	0	0	0	0	0	0	0	0	N/A	N/A	N/A
PRMC	0	0	0	0	0	0	0	0	0	0	1.74	0.56

***1/1/19-9/25/19** Data Source: MIEMSS County Hospital Alert Tracking System (CHATS)

Neither McCready Hospital nor Peninsula Regional Medical Center utilize yellow or red alert often, in fact since 2017 McCready only utilized 15 hours of yellow alert. Additionally, Peninsula Regional Medical Center which is a trauma center seldom utilizes trauma bypass.

(10) The size, scope, configuration, services, and staffing of the proposed project.

The project will be developed in two phases. In Phase One, McCready Health Pavilion will be operated in the existing hospital building, in which existing outpatient services will be consolidated on the first floor to ensure efficient FMF operations. Much of the existing hospital space will be vacated as acute inpatient and surgical services will be transferred to PRMC or other facilities as required for each patient’s health care needs.

On the first floor, McCready Hospital’s emergency department and behavioral health clinic will remain in their current locations. Clinic services, including physical therapy, speech therapy, and family medicine primary care will also be consolidated and also housed on the first floor. The existing surgical suite on the first floor will be closed and surgical services will be transitioned to PRMC. PRMC will incur \$215,000 in capital costs to: (1) develop an airborne infection isolation room at a cost of \$70,000; (2) modify toilet facilities to remove barriers and ensure compliance with ADA standards at a cost of \$100,000; and (3) replace the nurse call system at a cost of \$45,000.

In sum, in Phase One, McCready Health Pavilion will consist of:

1. An emergency department for up to six patients, including an airborne infection isolation room, resuscitation room, and a human decontamination room;
2. Two observation beds adjacent to the emergency department;
3. An outpatient behavioral health facility with a group room, three consultation rooms, and three private offices;

4. A diagnostic imaging suite with radiography, computed tomography or CT, ultrasound, and a PACS reading room;
5. A laboratory with specimen collection areas for blood and urine as well as space for selected analyzers;
6. Outpatient Rehabilitation Medicine with gym space and two exam/private treatment rooms;
7. A regulated clinic with exam rooms and support spaces to accommodate up to four providers simultaneously; and
8. Administration, staff, and support spaces.

The second floor of the existing hospital building, which presently comprises McCready Hospital's inpatient unit and pharmacy, will be closed. Services currently provided at McCready Hospital that would not be available at McCready Health Pavilion include inpatient services, surgical services, electrocardiography, occupational therapy, and magnetic resonance imaging.

In Phase 2, the McCready Health Pavilion will relocate to a new building. The new facility will include the following features: Phase Two of McCready Health Pavilion will follow construction of a new FMF facility. Peninsula Regional Medical Center intends to complete the construction of McCready Health Pavilion within approximately 33 months following MHCC approval of the request for exemption from CON review. Once the new FMF facility is built, it will continue to maintain an array of rate regulated outpatient services, including emergency and observation services, associated ancillary services including imaging and laboratory services, a family medicine primary care clinic, and a behavioral health clinic. Speech and physical therapy, infusion, and laboratory blood draw services will also be provided at the FMF. The facility will include the following features:

1. An emergency department with one triage room at 140 square feet, three treatment rooms, each at 140 square feet, one resuscitation room at 250 square feet, two secure holding rooms, each being 80 square feet, two patient toilets, one staff toilet, as well as related staff and support spaces; including an ambulance entrance and decontamination facilities;
2. A two bed observation unit with each patient room being approximately 120 square feet each;
3. A regulated clinic with eight exam rooms at 120 square feet each, and related staff and support spaces;
4. A diagnostic imaging suite with x-ray, CT, and related staff and support spaces;

5. Space for outpatient behavioral health services with two consultation rooms at 100 square feet each, one group therapy room at 200 square feet, and related staff and support spaces;
6. A rehabilitation space for physical therapy with an open gym at 1,418 square feet, two private therapy rooms at 110 square feet each, and related staff and support spaces;
7. A laboratory and automated medication dispensing system; and
8. Administration and staff support spaces.

In order to ensure the ability to treat emergency illnesses or injury 24/7 during both Phase One and Phase Two, McCready Health Pavilion's emergency department will be staffed in accordance with regulations issued by the Department of Health Office of Health Care Quality for FMFs and consistent with applicable guidance included in the most current edition of the *Emergency Department Design: A Practical Guide to Planning for the Future*, published by the American College of Emergency Physicians, and be staffed at all times with one physician trained in emergency medicine, a sufficient number of registered nurses and other professionals to provide advanced life support, a radiology technologist, and a laboratory technician. It will also have a full time Administrative Director, who will act as a liaison with Peninsula Regional Medical Center, and a Medical Director, who will provide clinical oversight of McCready Health Pavilion.

- (11) *Reasonable changes in the EMS system that are planned or can be made to maintain adequate and appropriate delivery of emergency care within the Statewide emergency medical services system if the hospital converts to a freestanding medical facility.*

No changes the EMS system are planned as a result of the conversion.

Summary and Discussion

The EMS Board is charged with determining whether the proposed conversion will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system. This determination is to be made on 11 specified factors. Each factor and MIEMSS findings are briefly summarized below:

- (1) *The EMS resources in the jurisdictions affected by the proposed hospital conversion, including staffing, equipment, and units.*

The primarily affected EMS jurisdiction is Somerset County. Wicomico and Worcester Counties will be minimally impacted. MIEMSS received no information that would indicate the need for additional EMS resources in these jurisdictions (staffing, equipment, and units) because of the proposed conversion.

(2) Any additional resources which will be provided by the hospital seeking to convert to augment the resources available in the affected jurisdiction.

Timely transfer of patients from the McCready FMF to an acute care hospital without creating a burden for the affected EMS jurisdiction is critical to ensure that conversion does not negatively impact the adequate and appropriate delivery of emergency care. Consistent current practice, the Applicants intend to use a commercial ambulance service for interfacility transport of patients. To that end, Peninsula Regional Medical Center has amended its contract with LifeStar to require a 30 minute response time for patients with emergency conditions and a 60 minute response time for nonemergency patients.

(3) The EMS call volume of affected jurisdictions by priority.

There is no evidence to suggest that the EMS call volume, per se, will be affected by the proposed conversion in the affected jurisdictions.

(4) The projected number of patients who could require transport to a general acute hospital rather than the proposed freestanding medical facility for appropriate medical care.

EMS Priority 1 patients and unstable Priority 2 patients, or those that would require admission for inpatient care, will require transport to an acute general hospital, rather than the McCready Pavilion FMF. The Applicants project approximately 1.25 patients per day or about 456 patients annually will require transfer to an acute care hospital, namely the parent hospital, Peninsula Regional Medical Center.

(5) EMS transport times in the jurisdictions affected by the proposed hospital conversion and the potential for extended transport and out-of-service times resulting from the proposed conversion to a freestanding medical facility, relative to the current pattern of transport times

As the McCready Health Pavilion will be remain at McCready Hospital's current location in Phase I and within five miles in Phase II, MIEMSS does not project a significant change in the transport times for ambulance-transported patients.

(6) Commercial ambulance services availability and response times in the jurisdictions affected by the proposed hospital conversion.

Securing timely transfer of patients from the McCready Health Pavilion to other facilities (namely Peninsula Regional Medical Center) is key to ensuring high quality patient care; however, such transfers must not place a burden on the jurisdictional EMS Operational Programs for such interfacility transfers. The Applicants have amended a contract with a commercial ambulance company that includes a response time of 30 minutes for emergency patients and 60 minutes for nonemergency patients.

(7) The number of general hospitals likely to be affected by the proposed hospital conversion and the distance to the closest general hospital ED for appropriate patients if the hospital converts to a freestanding medical facility relative to current patterns of hospital use.

Although there are two (2) hospitals that could potentially be somewhat affected by the conversion, because of CMS payment constraints, in reality, the primary hospital to be affected is Peninsula Regional Medical Center which currently is 30 miles away.

(8) The expected additional ED visit volume and associated increases in admission and observation patient volumes for the general hospitals likely to be affected by the proposed hospital conversion.

Based on information provided by MHCC, an additional ED volume of patients requiring admission will be approximately 180 per year.

(9) Recent diversion utilization at the converting hospital and other general hospitals likely to be affected by the proposed hospital conversion and the potential impact of the proposed conversion on diversion utilization.

The ability of receiving hospitals to accept and timely treat transferred patients from McCready Hospital is critical. Peninsula Regional Medical Center will receive most of the transferred patients. Peninsula Regional Medical Center seldom if ever utilizes diversion.

(10) The size, scope, configuration, services and staffing of the proposed project.

The size, scope, configuration, services and staffing planned for the McCready FMF are consistent with applicable guidance included in the most current edition of the *Emergency Department Design: A Practical Guide to Planning for the Future*, published by the American College of Emergency Physicians.

McCready Health Pavilion will be designed in accordance with the Facilities Guidelines Institute, Guidelines for Design and Construction of Hospitals 2018 Edition (“FGI Guidelines”), the 2015 National Fire and Protection Association 101 Life Safety Code, and the 2018 International Building Code. More specifically, McCready Health Pavilion will be designed considering the FGI Guidelines Part 2 – Hospitals, Section 2.2-3 Diagnostic and Treatment Facilities, and Section 2.3 – Specific Requirements for Freestanding Care Facilities.

(11) Reasonable changes in the EMS system that are planned or can be made to maintain adequate and appropriate delivery of emergency care within the Statewide emergency medical services system if the hospital converts to a freestanding medical facility.

MIEMSS does not anticipate that changes will need to be made to the EMS system as a result of the conversion.

Recommendation

MIEMSS recommends that the EMS Board make a determination that the conversion of McCready Hospital to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system.