

**UM Upper Chesapeake Health System
Conversion of UM Harford Memorial Hospital
to a Freestanding Medical Facility**

**UM Upper Chesapeake Health Systems' Responses to Additional Information Questions
of January 4, 2019**

- 1. A freestanding medical facility created through conversion from a general hospital shall only retain patients overnight for observation stays.**

Applicants' Response

The proposed freestanding medical facility created through the conversion of UM Harford Memorial Hospital, ("UC FMF"), will not have the capability to admit or retain patients for overnight hospitalization and will only retain patients for overnight observation stays. See *also* page 40 of the November 21, 2018 Modified Request for Exemption from CON Review to Convert UM Harford Memorial Hospital to a Freestanding Medical Facility (the "Modified Request"), explaining that "[s]tarting in fiscal year 2022, patients that were previously admitted at HMH will be treated at UC FMF as outpatients and then transferred to other hospitals for inpatient admissions."

- 2. Each notice, documentation, or other information regarding a proposed conversion of a general hospital to a freestanding medical facility that is required by Section C of 10.24.19 28 this regulation or by COMAR 30.08.15.03 shall be provided simultaneously to the Commission and to the Maryland Institute for Emergency Medical Services Systems.**

Applicants' Response

The Applicants have and will continue to provide simultaneously to the Commission and the Maryland Institute for Emergency Medical Services Systems ("MIEMSS") all notices, documentation, or other information regarding the proposed conversion that are required by Section C of COMAR 10.24.19 or by COMAR 30.08.15.03. See Exhibit 6 (August 4, 2017 Letter Providing Notice of Intent to Convert to a Freestanding Medical Facility and Enclosing Request for Exemption from CON Review); Exhibit 7 (September 18, 2017 Cover Letter Responding to the Commission's Additional Information Requests); Exhibit 8 (September 22, 2017 Cover Letter Transmitting Response to MIEMSS' Additional Information Requests); Exhibit 9 (November 21, 2018 Cover Letter Transmitting Modified Request for Exemption from CON Review).

- 3. A notice of intent to seek an exemption from Certificate of Need review to convert a general hospital to an FMF shall:**
 - (a) Be filed in the form and manner specified by the Commission, which may require a pre-filing meeting with Commission staff to discuss the proposed project, publication requirements, and plans for a public informational hearing.**

Applicants' Response

The Applicants met with the Commission staff prior to filing its Notice of Intent to Seek Exemption from CON Review for the Conversion of UM Harford Memorial Hospital to a Freestanding Medical Facility ("Exemption Request") to discuss the proposed project, and filed the August 4, 2017 request ("Initial Request") and Modified Exemption Requests in the form and manner specified by the Commission staff.

- (b) Be filed with the converting hospital and its parent hospital as joint applicants.**

Applicants' Response

The Initial and Modified Requests were filed by UM Harford Memorial Hospital, the converting hospital, and UM Upper Chesapeake Medical Center, which will be the parent hospital of UC FMF, and as joint applicants. See page 1 of the Modified Request.

- (c) Only be accepted by the Commission for filing after:**

- (i) The converting hospital publishes on its website and otherwise makes available to the general public and community stakeholders, at least 14 days before holding a public informational hearing, the hospital's proposed transition plan that addresses, at a minimum, job retraining and placement for employees displaced by the hospital conversion, plans for transitioning acute care services previously provided on the hospital campus to residents of the hospital service area, and plans for the hospital's physical plant and site.**
- (ii) The converting hospital, in consultation with the Commission, and after providing at least 14 days' notice on the homepage of its website and in a newspaper of daily circulation in the jurisdiction where the hospital is located, holds a public informational hearing that addresses the reasons for the conversion, plans for transitioning acute care services previously provided by the hospital to residents of the hospital service area, plans for addressing the health care needs of residents of the hospital service area, plans of the hospital or the merged asset system that owns or controls the hospital for retraining and placement of displaced employees, plans for the hospital's physical plant and site, and the proposed timeline for the conversion.**
- (iii) Within ten working days after the public informational hearing, the converting hospital provides a written summary of the hearing and all written feedback provided by the general public and from community stakeholders to the Governor, Secretary of DHMH, the governing body of the jurisdiction in which the hospital is located, the local health department and local board of health for the jurisdiction in which the hospital is located, the Commission, and the Senate Finance Committee, House Health and Government**

Operations Committee, and members of the General Assembly who represent the district in which the hospital is located.

Applicants' Response

The Applicants filed the Initial Request for exemption CON review to convert UM Harford Memorial Hospital to a freestanding medical facility on August 4, 2017. In consultation with the Commission staff, UM UCH held a public informational hearing on August 30, 2017, beginning at 6:00 p.m. at the Level Volunteer Fire Company, 3633 Level Village Road, Havre de Grace, Maryland. The Commission's Executive Director and Director for Center for Health Care Facilities Planning and Development attended the hearing.

Before holding the public informational hearing, UM UCH exceeded its regulatory obligations to ensure that the hearing was well attended. UM UCH published notice of the hearing date and location on its website's homepage and in the Maryland Daily Record print and electronic versions for no fewer than seventeen days. An example of UM UCH's print notices published in the Maryland Daily Record is attached as Exhibit 10. UM UCH also purchased quarter page advertisements in the Harford County Aegis and Cecil County Whig announcing the date and location of the public hearing. Examples of the advertisements published in the Harford County Aegis and Cecil County Whig are attached as Exhibit 11. Notice of the hearing was also posted on the webpage for the City of Havre de Grace and at the Level Volunteer Fire Company venue. UM UCH also published its transition plan on its website beginning on August 11, 2017, which addressed job retraining and placement of employees displaced by the conversion, plans for transitioning acute care services previously provided at UM Harford Memorial Hospital to residents of the service area, and plans for the hospital's physical plant and site. A written summary of the public informational hearing was distributed on September 14, 2017, and was provided to several members of the Commission staff on that date. A cover letter transmitting a summary of the initial public informational hearing is attached as Exhibit 12. The Applicants understand that Commission maintains on file a complete copy of summary of the public informational hearing in the Commission's file, 17-12-EX004, item #7.

On November 21, 2018, UM UCH filed the Modified Request, which changed the location of the proposed freestanding medical facility from Bulle Rock to Aberdeen, Maryland. In consultation with the Commission staff, UM UCH elected to hold a second public informational hearing to address the transition of UM Harford Memorial Hospital to a freestanding medical facility. The second public informational hearing was held on December 13, 2018, at the Aberdeen Fire Hall beginning at 6:00 p.m. The Commission's Director for Center for Health Care Facilities Planning and Development attended the second public informational hearing.

Before holding the second public informational hearing, UM UCH published notice of the hearing date and location on its website's homepage and in the Maryland Daily Record print and electronic versions for no fewer than seventeen days. An example of UM UCH's print notices from in the Maryland Daily Record is attached as Exhibit 13. UM UCH also purchased advertisements in the Harford County Aegis and Cecil County Whig announcing the date and location of the second public hearing. An example of the advertisements published in the Harford County Aegis and Cecil County Whig is attached as Exhibit 14. UM UCH also published its transition plan on its website no fewer than fourteen days before the public informational hearing, which addressed job retraining and placement of employees displaced by the conversion, plans for transitioning acute care services previously provided at UM Harford

Memorial Hospital to residents of the service area, and plans for the hospital's physical plant and site. A written summary of the second public informational hearing was distributed on December 27, 2018, and was provided to several members of the Commission staff on that date. A cover letter transmitting a summary of the December 27, 2018 public informational hearing is attached as Exhibit 15. The Applicants understand that Commission maintains on file a complete copy of summary of second public informational hearing in the Commission's file, 17-12-EX004, item #17.

- (iv) The State Emergency Medical Services Board has determined that the proposed conversion of the general hospital to an FMF will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system.**

Applicants' Response

On October 10, 2017, the State Emergency Medical Services Board (the "EMS Board") reviewed and discussed the factors enumerated at COMAR 30.08.15.03 to determine whether the conversion of UM Harford Memorial Hospital to a freestanding medical facility would continue to maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system. On October 12, 2017, MIEMSS issued a cover letter, attached as Exhibit 16, explaining that the EMS Board unanimously voted that the conversion of UM Harford Memorial Hospital to a freestanding medical facility would continue to maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system. Also included with Exhibit 16 is a MIEMSS Report and Recommendation to the EMS Board.

On August 14, 2018, the EMS Board considered whether the relocation of the freestanding medical facility to be created through the conversion of UM Harford Memorial Hospital to another site within five miles would have an impact on its October 10, 2017 determination. The EMS Board determined that relocation of the freestanding medical facility to another site within five miles would not impact the factors that the EMS Board is required to consider under COMAR 30.08.15.03, and therefore, the Board would not need to revisit its October 10, 2017 decision that the conversion of UM Harford Memorial Hospital to a freestanding medical facility would continue to maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system. Attached as Exhibit 17 is a February 7, 2019 letter from Patricia Gainer, JD, MPA to Ben Steffen, explaining the EMS Board's August 14, 2018 decision.

- (v) The applicants receive a determination from HSCRC, issued pursuant to COMAR 10.37.10.07-2D, regarding each outpatient service to be provided at the proposed FMF for which the applicants seek rate regulation.**

Applicants' Response

The Applicants are engaged in ongoing discussions with the HSCRC to discuss each rate-regulated service to be provided at UC FMF and hope to have a determination and approved rates from HSCRC in the near term. Notably, the HSCRC is required by regulation to issue rates for each of the outpatient services to be provided at UC FMF pursuant to COMAR 10.37.10.07-2.

- (vi) **The applicants receive approved rates from HSCRC for each rate-regulated outpatient service at the proposed FMF.**

Applicants' Response

The Applicants are engaged in ongoing discussions with the HSCRC to discuss each rate-regulated service to be provided at UC FMF and hope to have a determination and approved rates from HSCRC in the near term. Notably, the HSCRC is required by regulation to issue rates for each of the outpatient services to be provided at UC FMF pursuant to COMAR 10.37.10.07-2.

- (vii) **The applicants provide any additional information determined by Commission staff as necessary for the notice of intent to seek an exemption to convert to an FMF to be complete.**

Applicants' Response

The Applicants have and will continue to provide all information requested by the Commission staff.

4. **A hospital with a level of charity care, defined as the percentage of total operating expenses that falls within the bottom quartile of all hospitals, as reported in the most recent Health Service Cost Review Commission Community Benefit Report, shall demonstrate that its level of charity care is appropriate to the needs of its service area population.**

Applicants' Response

As shown in Table 31 below, neither UM Harford Memorial Hospital nor UM Upper Chesapeake Medical Center are in the bottom quartile in terms of the percentage of charity care to total operating expenses for acute general hospitals in the State of Maryland. This standard is inapplicable.

Table 31
HSCRC Community Benefit Report, Data Excerpts
FY2017

Hospital Name	Total Hospital Operating Expense	CB Reported Charity Care	%	
Holy Cross Hospital	\$413,796,889	\$31,396,990	7.59%	1st Quartile
Garrett County Hospital	\$46,818,203	\$2,792,419	5.96%	
St. Agnes	\$433,986,000	\$21,573,282	4.97%	
Doctors Community	\$193,854,072	\$6,756,740	3.49%	
Adventist Washington Adventist*	\$219,120,045	\$7,442,497	3.40%	
Western Maryland Health System	\$322,835,314	\$10,385,555	3.22%	
UM Prince Georges Hospital Center	\$286,955,092	\$9,166,191	3.19%	
Mercy Medical Center	\$464,031,500	\$14,411,600	3.11%	
Holy Cross Germantown	\$97,124,985	\$2,819,650	2.90%	
Johns Hopkins Bayview Medical Center	\$613,834,000	\$16,951,000	2.76%	

UM Laurel Regional Hospital	\$93,884,647	\$2,521,365	2.69%	2nd Quartile
UM Midtown	\$204,226,000	\$5,174,000	2.53%	
Frederick Memorial	\$350,118,000	\$8,081,000	2.31%	
UM Harford Memorial	\$84,926,000	\$1,927,000	2.27%	
Atlantic General	\$117,342,233	\$2,569,517	2.19%	
Ft. Washington	\$42,883,433	\$928,769	2.17%	
UM Baltimore Washington	\$334,210,000	\$6,703,000	2.01%	
Calvert Hospital	\$135,047,535	\$2,694,783	2.00%	3rd Quartile
Peninsula Regional	\$432,141,737	\$8,301,400	1.92%	
McCready	\$16,564,839	\$307,205	1.85%	
UM St. Joseph	\$341,335,000	\$6,105,000	1.79%	
UM SMC at Dorchester	\$42,909,000	\$647,362	1.51%	
MedStar Harbor Hospital	\$187,002,302	\$2,816,043	1.51%	
Meritus Medical Center	\$309,163,913	\$4,596,841	1.49%	
UM SMC at Easton	\$190,646,000	\$2,786,102	1.46%	
MedStar St. Mary's Hospital	\$168,757,516	\$2,458,649	1.46%	
MedStar Good Samaritan	\$282,735,786	\$4,078,427	1.44%	
UMMC	\$1,470,095,000	\$20,308,000	1.38%	4th Quartile
Howard County Hospital	\$260,413,000	\$3,368,222	1.29%	
UM Charles Regional Medical Center	\$117,918,178	\$1,474,409	1.25%	
MedStar Southern Maryland	\$243,629,886	\$3,014,042	1.24%	
Lifebridge Northwest Hospital	\$240,547,439	\$2,734,207	1.14%	
Shady Grove*	\$323,661,835	\$3,646,551	1.13%	
Suburban Hospital	\$283,346,000	\$3,168,000	1.12%	
UM Upper Chesapeake	\$284,219,000	\$3,014,000	1.06%	
MedStar Franklin Square	\$508,539,888	\$5,147,814	1.01%	
MedStar Union Memorial	\$443,482,532	\$4,426,976	1.00%	
Johns Hopkins Hospital	\$2,307,202,000	\$21,697,000	0.94%	
Union Hospital of Cecil County	\$157,260,383	\$1,411,673	0.90%	
LifeBridge Sinai	\$727,868,000	\$6,526,756	0.90%	
MedStar Montgomery General	\$160,725,287	\$1,322,823	0.82%	
UM SMC at Chestertown	\$46,048,000	\$373,000	0.81%	
Anne Arundel Medical Center	\$561,392,000	\$4,450,854	0.79%	
Bon Secours	\$113,068,120	\$675,245	0.60%	
GBMC	\$419,396,862	\$2,085,315	0.50%	
Carroll Hospital Center	\$197,802,000	\$790,716	0.40%	
All Hospitals	\$15,292,865,451	\$276,027,989	1.80%	
Excluded:				
Levindale	\$73,760,005	\$1,341,932	1.82%	
UM Rehabilitation and Ortho Institute	\$107,006,000	\$2,271,000	2.12%	
Adventist Rehab of Maryland*	\$43,589,181	\$502,712	1.15%	
Sheppard Pratt	\$221,570,405	\$5,473,873	2.47%	
Adventist Behavioral Health Rockville*	\$40,204,927	\$1,451,432	3.61%	
Mt. Washington Pediatrics	\$55,412,291	\$382,465	0.69%	
* The Adventist Hospital System has requested and received permission to report their Community Benefit activities on a CY Basis. This allows them to more accurately reflect their true activities during the Community Benefit Cycle. The numbers listed in the FY 2017 Amount in Rates for Charity Care, DME, and NSPI Column as well as the Medicaid				

Deficit Assessments from the Inventory spreadsheets reflect the Commission's activities for FY17 and therefore will be different from the numbers reported by the Adventist Hospitals.

Source: http://www.hscrc.state.md.us/Documents/HSCRC_Initiatives/CommunityBenefits/CBR-FY17/FiscalYear17HCBFinancialReport20180501.xlsx

Accessed January 30, 2019.

Table of Exhibits

Exhibit / Description	
6.	August 4, 2017 Letter Providing Notice of Intent to Convert to a Freestanding Medical Facility and Enclosing Request for Exemption from CON Review;
7.	September 18, 2017 Cover Letter Responding to the Commission's Additional Information Requests;
8.	September 22, 2017 Cover Letter Response to MIEMSS Additional Information Requests;
9.	November 21, 2018 Cover Letter Transmitting Modified Request for Exemption from CON Review;
10.	Maryland Daily Record, Public Informational Hearing Notice
11.	Examples of Advertisements from Harford County Aegis and Cecil County Whig
12.	September 14, 2017 Cover Letter Transmitting Summary of Public Informational Hearing
13.	Maryland Daily Record, Public Informational Hearing Notice
14.	Examples of Advertisements from Harford County Aegis and Cecil County Whig
15.	December 27, 2018 Cover Letter Transmitting Summary of Public Informational Hearing
16.	October 12, 2017 Letter from Patricia S. Gainer, JD, MPA to Ben Steffen, Executive Director, Maryland Health Care Commission
17.	February 7, 2019 Letter from Patricia S. Gainer, JD, MPA to Ben Steffen, Executive Director, Maryland Health Care Commission

Table of Tables

Table	Description
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[Table 31 HSCRC Community Benefit Report, Data Excerpts FY2017](#)

I hereby declare and affirm under the penalties of perjury that the facts stated in this response to additional information request and its attachments are true and correct to the best of my knowledge, information, and belief.

February 15, 2019

Date



Robin Luxon
Senior Vice President, Corporate
Planning, Marketing & Business
Development
University of Maryland Upper
Chesapeake Health System

EXHIBIT 6



Lyle E. Sheldon, FACHE
President and Chief Executive Officer

520 Upper Chesapeake Drive, Suite 405
Bel Air, MD 21014
443-643-3302 | 443-643-3334 FAX
umuch.org

August 4, 2017

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: Notice of Intent to Convert University of Maryland Harford Memorial Hospital to a Freestanding Medical Facility and Request for Exemption from Certificate of Need Review

Dear Ms. Potter:

This letter serves as notice that University of Maryland Upper Chesapeake Medical Center and University of Maryland Harford Memorial Hospital, as joint applicants, intend to seek an exemption from Certificate of Need ("CON") review to convert HMH to a freestanding medical facility. Enclosed are six copies of the applicants' request for exemption from CON review, along with one set of full-size project drawings. Also enclosed is a CD containing electronic versions of the exemption application (WORD) and tables (EXCEL), and searchable PDF files of the application and exhibits.

If you have questions about the information provided above, please contact UM Upper Chesapeake Health System's legal counsel at your convenience:

James Buck
Gallagher, Evelius & Jones LLP
218 North Charles Street, Suite 400
Baltimore, Maryland 21201
410-347-1353
jbuck@gejlaw.com

UM Upper Chesapeake Health System looks forward to working with the Maryland Health Care Commission, the Maryland Institute for Emergency Medical Services Systems, the Health Services Resources Cost Review Commission, and other interested stakeholders to

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effectuate a new and innovative model of health care delivery for the residents of Harford and Cecil Counties.

Please sign and return to our waiting messenger the enclosed acknowledgment of receipt.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lyle E. Sheldon". The signature is fluid and cursive, with the first name "Lyle" being more prominent.

Lyle E. Sheldon, FACHE
President and Chief Executive Officer
UM Upper Chesapeake Health System, Inc.

Enclosures

CC:

Ben Steffen, Executive Director, Maryland Health Care Commission
Richard L. Alcorta, M.D., FACHE, MIEMSS Acting Co-Executive Director
Patricia S. Gainer, J.D., MIEMSS Acting Co-Executive Director
Paul Parker, Director, Center for Health Care Facilities Planning and Development
Kevin McDonald, Chief, Certificate of Need Program
Suellen Wideman, Esq., Assistant Attorney General
Joseph E. Hoffman III, Executive Vice President and Chief Financial Officer, UM UCHS
Robin Luxon, Vice President, Corporate Planning, Marketing and Business
Development, UM UCHS
Aaron Rabinowitz, Esq., Vice President and General Counsel, UM UCHS
Alison G. Brown, MPH, Senior Vice President and Chief Strategy Officer
University of Maryland Medical System
Andrew L. Solberg, A.L.S. Healthcare Consultant Services
James Buck, Gallagher, Evelius & Jones LLP

EXHIBIT 7

September 18, 2017

VIA EMAIL & FIRST CLASS MAIL

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

Re: Request for Exemption from Certificate of Need Review
for the Conversion of University of Maryland Harford Memorial Hospital to a
Freestanding Medical Facility
Matter No. 17-12-2403

Dear Ms. Potter:

On behalf of UM Harford Memorial Hospital and UM Upper Chesapeake Medical Center, we are submitting four copies of the Applicants' Responses to Additional Information Questions Dated September 1, 2017 in the above-referenced matter. A Word version will be forwarded in a separate email.

Also enclosed as a supplement to Exhibit 7 to the Request for Exemption from Certificate of Need Review to convert UM Harford Memorial Hospital to a freestanding medical facility, please find a letter in support of UM Upper Chesapeake Health's proposed project from the Honorable Wayne Norman dated August 2, 2017.

Sincerely,



Lyle E. Sheldon, FACHE
President and Chief Executive Officer
UM Upper Chesapeake Health System, Inc.

Enclosures

CC by email:

Ben Steffen, Executive Director, Maryland Health Care Commission

Ms. Ruby Potter
September 18, 2017
Page 2

Richard L. Alcorta, M.D., FACHE, MIEMSS Acting Co-Executive Director
Patricia S. Gainer, J.D., MIEMSS Acting Co-Executive Director
Paul Parker, Director, Center for Health Care Facilities Planning and Development
Kevin McDonald, Chief, Certificate of Need Program
Suellen Wideman, Esq., Assistant Attorney General
Joseph E. Hoffman III, Executive Vice President and Chief Financial Officer, UM UCHS
Robin Luxon, Vice President, Corporate Planning, Marketing and Business
Development, UM UCHS
Aaron Rabinowitz, Esq., Vice President and General Counsel, UM UCHS
Alison G. Brown, MPH, Senior Vice President and Chief Strategy Officer
University of Maryland Medical System
Russell Moy, M.D., Acting Health Officer, Harford County
Andrew L. Solberg, A.L.S. Healthcare Consultant Services
James Buck, Gallagher, Evelius & Jones LLP

EXHIBIT 8

September 22, 2017

VIA EMAIL

Patricia S. Gainer, JD, MPA
Maryland Institute for Emergency Medical Services Systems
Acting Co-Executive Director
653 West Pratt Street
Baltimore, MD 21201

Re: *Responses to September 12, 2017 Questions Regarding Request for Exemption from Certificate of Need Review for the Conversion of UM Harford Memorial Hospital to a Freestanding Medical Facility*

Dear Ms. Gainer:

This letter responds to questions raised and requests for additional information sought by the Maryland Institute for Emergency Medical Services Systems ("MIEMSS") dated September 12, 2017. Further, this letter provides additional information regarding UM Harford Memorial Hospital's adherence to MIEMSS regulations in connection with its proposed conversion to a freestanding medical facility.

Question 1: Please provide a description of the resources being contemplated for use in transferring patients from the planned FMF to Upper Chesapeake and from the FMF to other likely hospital destinations. Please also include any options being considered that would augment existing EMS resources that are available within the FMF's geographic coverage area.

As an initial matter, the conversion of UM Harford Memorial Hospital ("HMH") to a freestanding medical facility is one component of an overall strategy intended to transform the health delivery system for Harford and Cecil Counties, the primary service area of UM Upper Chesapeake Health System ("UM UCH"). Other components requiring regulatory approval include a three-level expansion at UM Upper Chesapeake Medical Center ("UCMC") and the development of a forty-bed (40) bed special psychiatric hospital to be connected with the proposed freestanding medical facility. Development of a medical office building and an ambulatory surgical facility are also contemplated. For those projects requiring regulatory approval, final approval of all project components is projected to be in or around the spring or summer of 2018. The ultimate conversion of HMH to a freestanding medical facility is not projected to occur until fiscal year 2022.

With that being said, UCH acknowledges the need to augment existing ambulance transport capabilities upon conversion of HMH to a freestanding medical facility. Recognizing that HMH will not

convert to a freestanding medical facility for approximately four years, UM UCH is currently in the early stages of evaluating an ambulance transport strategy. Possible strategies that are being considered include: (1) enhancing current commercial ambulance service contracts; (2) pursuing an ambulance service ownership model; and (3) a hybrid strategy with the overall focus on securing the appropriate number of ambulances to support the projected inter-facility transport needs. UM UCH will be exploring these three potential options taking in to account a number of factors such as optimal clinical care delivery and operational and financial parameters, and will have established a final plan for ensuring the ability to make timely ambulance transports in a safe and effective manner that will have minimal or no impact on the EMS system upon the conversion of HMH to a freestanding medical facility.

Question 2: Page 7 of the Request for Exemption provides information on expected physician staffing for the FMF, i.e., "...up to forty (40) hours of emergency physician and twelve (12) hours of emergency Advanced Practice Clinicians per day." Please provide information on expected nursing staffing.

HMH's current emergency department staffing, including nursing staff specializing in emergency medicine, were used to model the staffing at the proposed freestanding medical facility. HMH's current emergency department nurse and technician staffing matrix is provided below and broken down into four-hour time increments. This staffing matrix is expected to continue upon the conversion of HMH to a freestanding medical facility. The number of nurses and emergency department technicians currently serving HMH's emergency department are set forth below.

RN	Sat/Sun	Mon-Fri
Time	Number	Number
7 AM - 11 AM	6	6
11 AM - 3 PM	9	9
3 PM - 7 PM	10	11
7 PM - 11 PM	10	11
11 PM - 3 AM	7	7
3 AM - 7 AM	5	5
Total RN hours per day	188	196
ED Technicians	Sat/Sun	Mon-Fri
Time	Number	Number
7 AM - 11AM	1	1
11 AM - 3 PM	2	2
3 PM - 7 PM	2	2
7PM - 11PM	2	2
11 PM - 3 AM: Mon, Fri, Sat, Sun	2	2
11PM-3AM: Tues, Wed, Thu	1	1
3AM - 7AM	1	1
Total ED Technician hours per day	44	44

Question 3: Page 8 of the Request for Exemption states: "...It would be the goal for optimal patient management to achieve a two-hour transport expectation in order to support transitioning the patient to a higher level of care if needed. This optimal time will be supported by dedicated, onsite ambulance unit housed at UC FMF and helicopter ambulance via the on-site helipad if necessary." Please explain for both acute and observation patients, how the two-hour transport expectation would operate, what types of patient transfers would be subject to this or other time limitations, how the time limitations are defined (e.g., from onset of symptoms to arrival at receiving facility), and how the times will be monitored.

In response to additional information questions posed by the Maryland Health Care Commission dated September 1, 2017 and responded to on September 18, 2017, HMH and UCMC as joint applicants to convert HMH to a freestanding medical facility, provided the following additional clarification:

[T]he goal for optimal patient management is to achieve an average two-hour transport time for emergent, high acuity patients requiring a higher level of care. This two-hour window will start from the time a decision to admit a patient has been made and continue until the patient arrives at the receiving facility. The two-hour transport window will be accelerated for patients experiencing life-threatening conditions; for example, UC FMF will have accelerated transport protocols for stroke and cardiac patients.

For non-emergent transports, a three to four-hour transport window will start from the time the receiving facility confirms bed availability. This transport time is consistent with existing patient boarding times at HMH and UCMC and will include transit time in an ambulance. UC FMF will require time to coordinate placement of most patients in an MSGA unit [of] the receiving facility before transporting the patient.







UM UCH will monitor the transport times via a daily monitoring log in conjunction with ambulance transport services.

Question 4: Regarding the quality measures discussed in the Request for Exemption (pages 13-15), we are interested in understanding which specific measures comprise the Wait Time quality measures and would like to see the hospital's performance for those measurements over the past three (3) years. Additionally, we would appreciate if you would provide a copy of the hospital's Corrective Action Plan to address the below average rating for the Wait Time quality measures.

Following consultation with staff from the Maryland Health Care Commission, on pages 12 through 15 of the request for exemption from CON review to convert HMH to a freestanding medical facility (the "Exemption Application"), HMH and UCMC, as joint applicants, provided a response to "below average" quality metrics on behalf of UCMC because the proposed freestanding medical facility

will be a provider-based, administrative department of UCMC. With respect to UCMC's emergency department, it scored "better than average" on three of the six quality measures, including (1) how long patients spent in the emergency department before leaving for their hospital room; (2) how long patients spent in the emergency department after the doctor decided the patient would stay in the hospital room before leaving for their hospital room; and (3) how long patients who came to the emergency department with broken bones had to wait before receiving pain medication. UCMC's emergency department quality measures are set forth on the table below:

Emergency Department (ED) ?

<u>Wait Times</u> ?	Rating	Risk-Adjusted Rates
How long patients spent in the emergency department before leaving for their hospital room	 Better than average	343 minutes
How long patients spent in the emergency department after the doctor decided the patient would stay in the hospital before leaving for their hospital room	 Better than average	118 minutes
How long patients spent in the emergency department before being sent home	 Below average	207 minutes
How long patients spent in the emergency department before they were seen by a healthcare professional	 Below average	63 minutes
How long patients who came to the emergency department with broken bones had to wait before receiving pain medication.	 Better than average	59 minutes
Patients who left the emergency department without being seen	 Below average	3%

Source: Maryland Health Care Commission, Maryland Health Care Quality Reports, UM Upper Chesapeake Medical Center.

Related to patient wait time quality measures, UCMC's emergency department was "below average" for "how long patients spent in the emergency department before they were seen by a health care professional."

UCMC's data for the how long patients spent in the emergency department before they were seen by a health care professional for the past three years is provided below:

UM UCMC Time in Minutes Before ED Patients Seen by a Health Care Professional	
Fiscal Year	Time in Minutes
7/1/2014-6/30/2015	85.77
7/1/2015-6/30/2016	86.45
7/1/2016-6/30/2017	89.99

Source: UM UCMC Midas Software for Emergency Department

As set forth on page 14 of the Exemption Application, UM UCH, as part of its strategic objectives for efficient care in fiscal year 2018, has charged a process improvement team to review emergency department throughput and efficiency at both HMH and UCMC. The process improvement team will utilize UM UCH's IMPRV methodology to improve average length of stay and wait times from "door to doctor." Executive oversight for this initiative will be led by the Patient and Family Centered Care Oversight Committee and performance improvements will be monitored through monthly reports on emergency department operations. These monthly reports will be reviewed with at monthly emergency department operations meetings, thereby improving accountability. Emergency department directors have held one-on-one meetings with individual charge nurses to discuss quality and data metrics and variability in individual practices, with a focus towards achieving consistency and accountability. To this end, monthly triage time results will also be shared directly with individual nurses to improve accountability and measure progress at the provider level.

Specifically related to reducing the time before patients presenting in UCMC's emergency department are seen by a health care professional, UCMC has assigned a nurse to provide rapid triage assessments and to expedite triage for patients suffering from more acute conditions. UCMC has also implemented a "pull to full" operational expectation, pursuant to which patients bypass triage when an exam room available thereby reducing the amount of time it takes for patients to be seen by a provider. Finally, UCMC has installed an electronic communication board in the emergency department that displays real time results related to metrics and objectives, including time before a patient is seen by a health care professional.

With respect to HMH's emergency department, it scored "better than average" on four of the six quality measures, including: (1) how long patients spent in the emergency department before leaving for their hospital room; (2) how long patients spent in the emergency department after the doctor decided the patient would stay in the hospital room before leaving for their hospital room; (3) how long patients spent in the emergency department before being sent home; and (4) how long patients spent in the emergency department before they were seen by a healthcare professional. HMH's emergency department quality measures are set forth on the table below:

Emergency Department (ED) ?Wait Times ?

Rating

Risk-Adjusted Rates

How long patients spent in the emergency department before leaving for their hospital room



Better
than average

334 minutes

How long patients spent in the emergency department after the doctor decided the patient would stay in the hospital before leaving for their hospital room



Better
than average

111 minutes

How long patients spent in the emergency department before being sent home



Better
than average

168 minutes

How long patients spent in the emergency department before they were seen by a healthcare professional



Better
than average

34 minutes

How long patients who came to the emergency department with broken bones had to wait before receiving pain medication.



Below
average

74 minutes

Patients who left the emergency department without being seen



Below
average

3%

Source: Maryland Health Care Commission, Maryland Health Care Quality Reports, UM Harford Memorial Hospital.

HMH's data for the how long patients who came to the emergency department with broken bones had to wait before receiving pain medication for the past three is provided in the table below:

HMH Time in Minutes Patients with Broken Bones Had to Wait Before Administration of Pain Medication	
Fiscal Year	Time in Minutes
7/1/2014-6/30/2015	92.12
7/1/2015-6/30/2016	83.80
7/1/2016-6/30/2017	66.05

Source: UM HMH Midas Software for Emergency Department

The UM UCH emergency department throughput and efficiency initiatives described above will also be implemented at HMH. Ongoing efforts specific to reducing the time before patients with broken bones are administered analgesia have included adding staff to increase the intake/provider triage model. HMH has also augmented nurse standing order protocols to permit nurses to order radiologic tests to more rapidly determine fractures and to more rapidly notify providers that analgesia is warranted.

* * *

As a final matter, in accordance with the correspondence provided to MIEMSS at our meeting on September 11, 2017, and in correspondence of September 14, 2017, HMH hosted a public informational regarding its proposed conversion to a freestanding medical facility on August 30, 2017, beginning at 6:00 p.m., at the Level Volunteer Fire Company, 3633 Level Village Road, Havre de Grace, Harford County, Maryland. In accordance with COMAR 30.08.05.03(B)(2), at least fourteen days before holding the public informational hearing, UM UCH published on its website physical and email addresses for EMS providers in jurisdictions affected by the proposed conversion of HMH to provide questions or comments. As of the date of this letter, UM UCH has received no written comments or questions from EMS providers.

Again, UM UCH and its constituent hospitals look forward to working with MIEMSS regarding the proposed conversion of HMH to a freestanding medical facility as part of the transformation of health care delivery in UM UCH's service area. Please let us know if you have any additional questions or information requests.

In Good Health,



Lyle E. Sheldon, FACHE
President and Chief Executive Officer
UM Upper Chesapeake Health System, Inc.

CC by email:

Richard L. Alcorta, M.D., FACHE, MIEMSS Acting Co-Executive Director
Lisa Myers, RN, MS, Director, Cardiac and Special Programs
Sarah Sette, Esq., Assistant Attorney General
Ben Steffen, Executive Director, Maryland Health Care Commission
Paul Parker, Director, Center for Health Care Facilities Planning and Development
Kevin McDonald, Chief, Certificate of Need Program
Suellen Wideman, Esq., Assistant Attorney General
Joseph E. Hoffman III, Executive Vice President and Chief Financial Officer, UM UCHS
Robin Luxon, Vice President, Corporate Planning, Marketing and Business
Development, UM UCHS
Aaron Rabinowitz, Esq., Vice President and General Counsel, UM UCHS

Alison G. Brown, MPH, Senior Vice President and Chief Strategy Officer
University of Maryland Medical System
James Buck, Gallagher, Evelius & Jones LLP

EXHIBIT 9

November 21, 2018

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: Modified Request from Exemption from CON Review to Convert University of
Maryland Harford Memorial Hospital to a Freestanding Medical Facility*

Dear Ms. Potter:

This letter serves as notice that University of Maryland Upper Chesapeake Medical Center ("UCMC") and University of Maryland Harford Memorial Hospital ("HMH"), as joint applicants, are submitting a modified request for exemption from Certificate of Need ("CON") review to convert HMH to a freestanding medical facility. Six copies of the applicants' modified request for exemption from CON review, along with one set of full-size project drawings will be provided by courier. Also enclosed will be a CD containing electronic versions of the exemption application (WORD) and tables (EXCEL), and searchable PDF files of the application and exhibits.

If you have questions about the information provided above, please contact UM Upper Chesapeake Health System's legal counsel at your convenience:

James Buck
Gallagher, Evelius & Jones LLP
218 North Charles Street, Suite 400
Baltimore, Maryland 21201
410-347-1353
jbuck@gejlaw.com

Please also note that on December 13, 2018, UCMC and HMH have reserved space at the Aberdeen Fire Hall, located at 21 North Rogers Street, Aberdeen, MD 21001, MD 21078, for a public informational hearing, which will begin at 6 pm. At the public informational hearing, UCMC and HMH will address HMH's proposed transition plan, including: (1) job retraining and placement for employees displaced by HMH's conversion to a freestanding medical facility;

#600912
011888-0023

R. Potter
Page 2
November 21, 2018

(2) plans for transitioning acute care services previously provided on HMH's campus to residents of the service area; and (3) tentative plans for reuse of HMH's physical plant.

UM Upper Chesapeake Health System looks forward to working with the Maryland Health Care Commission, the Maryland Institute for Emergency Medical Services Systems, the Health Services Resources Cost Review Commission, and other interested stakeholders to effectuate a new and innovative model of health care delivery for the residents of Harford and Cecil Counties.

Please sign and return to our waiting messenger the enclosed acknowledgment of receipt.

Sincerely,



Lyle E. Sheldon FACHE,
President and Chief Executive Officer
UM Upper Chesapeake Health System, Inc.

Enclosures

CC by email without enclosures:

Ben Steffen, Executive Director, Maryland Health Care Commission
Richard L. Alcorta, M.D., FACHE, MIEMSS Acting Co-Executive Director
Patricia S. Gainer, J.D., MIEMSS Acting Co-Executive Director
Paul Parker, Director, Center for Health Care Facilities Planning and Development
Kevin McDonald, Chief, Certificate of Need Program
Suellen Wideman, Esq., Assistant Attorney General
Steve Witman, Senior Vice President and Chief Financial Officer, UM UCHS
Robin Luxon, Vice President, Corporate Planning, Marketing and Business
Development, UM UCHS
Aaron Rabinowitz, Esq., Vice President and General Counsel, UM UCHS
Alison G. Brown, MPH, Senior Vice President and Chief Strategy Officer
University of Maryland Medical System

R. Potter
Page 3
November 21, 2018

Andrew L. Solberg, A.L.S. Healthcare Consultant Services
James Buck, Gallagher, Evelius & Jones LLP

EXHIBIT 10

the NBS goal is 13%
The WBE goal is 4%

SANITARY CONTRACT NO. 967

APPROVED:
Bernice H. Taylor
Clerk, Board of Estimates
au18,21 11391296

**City of Baltimore
Department of Finance
Bureau of Purchases**

Sealed proposals addressed to the Board of Estimates of Baltimore will be received until, but not later than 11:00a.m. local time on the following date(s) for the stated requirements:

- September 13, 2017
• METHANOL FOR WASTEWATER TREATMENT PLANTS B50005116
 - September 20, 2017
• LIQUID SODIUM BISULFITE FOR WASTEWATER TREATMENT PLANTS B50005114
- THE ENTIRE SOLICITATION DOCUMENT CAN BE VIEWED AND DOWN LOADED BY VISITING THE CITY'S WEB SITE:
www.baltimorecitybuy.org
au18,25 11391335

**City of Baltimore
Department of Finance
Bureau of Purchases**

Sealed proposals addressed to the Board of Estimates of Baltimore will be received until, but not later than 11:00a.m. local time on the following date(s) for the stated requirements:

- September 20, 2017
• PSYCHOLOGICAL SERVICES B50005104
 - September 27, 2017
• INTEGRATED PEST CONTROL AND MANAGEMENT SERVICES B50005113
- THE ENTIRE SOLICITATION DOCUMENT CAN BE VIEWED AND DOWN LOADED BY VISITING THE CITY'S WEB SITE:
www.baltimorecitybuy.org
au11,18 11389090

SPECIAL MEETING NOTICE - KOPERNIK BANK

NOTICE IS HEREBY GIVEN, that a special meeting of the members of Kopernik Bank will be held at the main office of Kopernik Bank, located at 2101 Eastern Avenue, Baltimore, Maryland 21231, on August 29, 2017 at 1:00 p.m. (local time), to consider and vote upon St. Casimir's Savings Bank's merger with and into Kopernik Bank. You must have been a member of record as of the close of business on July 30, 2017, to vote at the special meeting.
au18,25 11391332

University of Maryland Upper Chesapeake Health will hold a Public Information Meeting to address the conversion of UM Harford Memorial Hospital to a freestanding medical facility on Wednesday, August 30, 2017, from 4-8 pm, at Level Fire Hall, 3633 Level Village Road, Havre de Grace, MD 21078. Additional information concerning the conversion of Harford Memorial Hospital and UM Upper Chesapeake Health's Vision 2020 can be found online at www.umuch.org/vision2020.
au11-30 11386853

THE CITY OF BALTIMORE'S CIVIL SERVICE

COMMISSION'S NOTICE OF PROPOSED RULES CHANGES
The Civil Service Commission has proposed amendments to Civil Service Rule 1 and Rules 10 through 39. The proposed amendments address rules that affect classes of positions, applying to work for the City, examinations, and employment lists.
The proposed Rules in their entirety are available for viewing at the Department of Human Resources, 201 E. Baltimore Street, Suite 300, Baltimore, MD, 21202. Interested persons are asked to consider the Commission's proposed Rules changes and forward any written comments to the Civil Service Commission, also located at the aforementioned address, by August 28, 2017.
au15-28 11369974

Baltimore City

CHERYL BRANCH, Personal Representative(s).
True Test-Copy: BELINDA K. CONAWAY,
Register of Wills for Baltimore City,
111 N. Calvert Street, Maryland 21202.
au18,25,s1 11391762

Baltimore City

Tiffany M Blackwell, Proper Person
703 Sudbrook Road,
Pikesville, Maryland 2108,
Small Estate Notice of Appointment Notice to Creditors
Notice to Unknown Heirs to all Persons Interested in the

Estate of (139750) Warren Shaw Leath III

Notice is given that TIFFANY M BLACKWELL, 703 Sudbrook Road, Pikesville, Maryland 2108, was on August 15, 2017, appointed personal representative(s) of the small estate of Warren Shaw Leath III who died on August 2, 2017, without a will.
Further information can be obtained by reviewing the estate file in the office of the Register of Wills or by contacting the personal representative(s) or the attorney.
All persons having any objection to the appointment shall file their objections with the Register of Wills within 30 days after the date of publication of this Notice. All persons having an objection to the probate of the will shall file their objections with the Register of Wills within six months after the date of publication of this Notice.
All persons having claims against the decedent must serve their claims on the undersigned personal representative(s) or file them with the Register of Wills with a copy to the undersigned on or before the earlier of the following dates:
(1) Six months from the date of the decedent's death, except if the decedent died before October 1, 1992, nine months from the date of the decedent's death; or
(2) Thirty days after the personal representative mails or otherwise delivers to the creditor a copy of this published notice or other written notice, notifying the creditor that the claims will be barred unless the creditor presents the claim within thirty days from the date of the mailing or other delivery of the notice. Any claim not served or filed within that time, or any extension provided by law, is unenforceable thereafter.

Baltimore City

Thomas J. Kokolis, Attorney
Parker, Simon, & Kokolis, LLC
110 North Washington Street, Suite 500,
Rockville, Maryland 20850
IN THE ORPHANS' COURT FOR BALTIMORE CITY, MARYLAND - IN THE ESTATE OF:

Artis Shine; Estate No. 139737

Notice of Judicial Probate

To all Persons Interested in the above estate:
You are hereby notified that a petition has been filed by THOMAS J. KOKOLIS, Esquire for judicial probate and for the appointment of a personal representative. A hearing will be held at Orphan's Court for Baltimore City, 111 North Calvert Street, Room 308, Baltimore, Maryland 21202 on September 28, 2017 at 10:00 AM.
This hearing may be transferred or postponed to a subsequent time. Further information may be obtained by reviewing the estate file in the office of the Register of Wills.
au18,25 11391736

Baltimore City

BEINDA K. CONAWAY, Register of Wills.

presented or filed on or before that date, or any extension provided by law, is unenforceable thereafter. Claim forms may be obtained from the Register of Wills.

Morris L. Garten, Attorney
Fedder and Garten Professional Association
36 South Charles Street, Suite 2300
Baltimore, Maryland 21201
Notice of Appointment Notice to Creditors
Notice to Unknown Heirs to all Persons Interested in the

Estate of (139889) Alan E. Behrend

Notice is given that JANET BEHREND LIVINGSTON, 8808 Joshua Court, Baltimore, Maryland 21208 and MORRIS L. GARTEN, 36 South Charles Street, Suite 2300, Baltimore, Maryland 21201 were on August 9, 2017 appointed personal representative(s) of the estate of Alan E. Behrend who died on July 28, 2017 with a will.
Further information can be obtained by reviewing the estate file in the office of the Register of Wills or by contacting the personal representative(s) or the attorney.
All persons having any objection to the appointment or to the probate of the decedent's will shall file their objections with the Register of Wills on or before the 9th day of February, 2018.
Any person having a claim against the decedent must present the claim to the undersigned personal representative(s) or file it with the Register of Wills with a copy to the undersigned on or before the earlier of the following dates:
(1) Six months from the date of the decedent's death, except if the decedent died before October 1, 1992, nine months from the date of the decedent's death; or
(2) Two months after the personal representative mails or otherwise delivers to the creditor a copy of this published notice or other written notice, notifying the creditor that the claim will be barred unless the creditor presents the claim within two months from the mailing or other delivery of the notice. A claim not presented or filed on or before that date, or any extension provided by law, is unenforceable thereafter. Claim forms may be obtained from the Register of Wills.

JANET BEHREND LIVINGSTON and MORRIS L. GARTEN,
Personal Representative(s).
True Test-Copy: BELINDA K. CONAWAY,
Register of Wills for Baltimore City,
111 N. Calvert Street, Maryland 21202.
au11,18,25 11387936

Baltimore City

Charles Hall, Proper Person
2005 Wilhelm Avenue,
Baltimore, Maryland 21237

Notice of Appointment Notice to Creditors
Notice to Unknown Heirs to all Persons Interested in the
Estate of (139691) Daryl Broome
aka: Daryl Bernard Broome

Notice is given that CHARLES HALL, 2005 Wilhelm Avenue, Baltimore, Maryland 21237 was on August 9, 2017 appointed personal representative(s) of the estate of Daryl Broome aka: Daryl Bernard Broome who died on July 28, 2017 without a will.

Further information can be obtained by reviewing the estate file in the office of the Register of Wills or by contacting the personal representative(s) or the attorney.

All persons having any objection to the appointment shall file their objections with the Register of Wills on or before the 9th day of February, 2018.
Any person having a claim against the decedent must present the claim to the undersigned personal representative(s) or file it with the Register of Wills with a copy to the undersigned on or before the earlier of the following dates:
(1) Six months from the date of the decedent's death, except if the decedent died before October 1, 1992, nine months from the date of the decedent's death; or
(2) Two months after the personal representative mails or otherwise delivers to the creditor a copy of this published notice or other written notice, notifying the creditor that the claim will be barred unless the creditor presents the claim within two months from the mailing or other delivery of the notice. A claim not presented or filed on or before that date, or any extension provided by law, is unenforceable thereafter. Claim forms may be obtained from the Register of Wills.

CHARLES HALL, Personal Representative(s).
True Test-Copy: BELINDA K. CONAWAY,
Register of Wills for Baltimore City,
111 N. Calvert Street, Maryland 21202.
au11,18,25 11387946

EXHIBIT 1 1

BUSINESS

Decor store opens near North East

Business Beat

Happening this week around the county...

Bee's Nest Prims is becoming a popular stop for folks shopping for their own decor or for a gift for someone else.

Located at 463 W. Old Philadelphia Road near North East, Jeannie Slayman said her shop was the next step in her business dream.

"I started a year ago doing craft shows," she said. "I sell everything from small little blocks to shower curtains."

She describes her merchandise as everything from country decor to man cave items. She looks for items that are unique, but also affordable.

"Twenty years ago, I sold Home Interiors," she said, referring to the home party company that was sold and merged with another company in 2008.

Slayman is all about decorating.

"I love doing this. I've always liked putting things together," she said as she arranged a custom piece featuring dried flora and primitive Americana elements. "I wanted to open a business to help people and do what I like, which is decorate."

Whether you are starting fresh or need a do-over, Bee's Nest Prims has popular themes including red-white-and-blue and star decor, beach, cowboy, first responder and more. There's even a corner for pet parents.

"I have Tail Banger dog treats," she said, adding that to the decor for people with fur babies.

After moving into her



Jeannie Slayman took her love of decorating and turned it into a business called Bee's Nest Prims, located at 463 W. Old Philadelphia Road near North East.

home two years ago and completing restoration, Slayman converted what had been a garage on the property into her store. Her goal is to have it be successful enough that she can spend more time with her grandchildren.

Bee's Nest Prims is open from 5:30 to 8 p.m. Thursdays and Fridays, 9 a.m. to 5 p.m. Saturdays and 11 a.m. to 5 p.m. Sundays. Find them on Facebook for more information or to see some of the wares. Slayman also offers fundraising packages and donates a portion of each month's proceeds to a designated charity.

You may have watched as it was being built, but now there's a ribbon cutting planned for the new Elkton Ford Quick Lane Tire and Auto Center in Elkton. Everyone is welcome to attend the event Thursday from 4:30 to 6 p.m. at the shop, located at 601 E. Pulaski Highway. The ribbon will officially be cut at 5 p.m.

After moving into her

Ground Federal Credit Union has named Christopher Mitchell, of Forest Hill, assistant vice president of branch operations. Mitchell was promoted from branch manager at the Edgewood office. A 2015 graduate of the Harford County Leadership Academy, Mitchell also earned his M.B.A. at Wilmington University.

Congratulations to Mount Harmon Plantation in Earleville for the huge turnout at its annual Lotus Blossom Art and Nature Festival. With acres of blooming flowers as well as numerous displays, demonstrations and performances plus great weather, more than 700 people visited the historic setting Aug. 5.

Kid City, a new child care center and preschool in Rising Sun, is holding an open house from 5 to 9 p.m. next Wednesday, Aug. 23, to welcome parents. A ministry of Way Of Life Community Church, Kid City is offering before and

after school day care and a pre school at the church located at 51 Colonial Way.

Sherilyn Grissom, director, said Kid City is licensed for 30 slots in its day care and 24 students each in classes for 3- and 4-year-olds. The facility will open the same day as Cecil County Public Schools on Tuesday, Sept. 5.

"We are taking registrations now," said Grissom, who has 10 years of experience teaching pre-school. "And I was director at a small private school for two years."

Grissom said Way Of Life, which has four locations, decided Rising Sun was the best for Kid City.

"We asked ourselves, 'Which area would be effective? Where was the greatest need?'" Grissom said of the discussion amongst church leadership. Serving the Rising Sun elementary and middle school population, the cost is \$90 per week, or \$50 if only before or after care is needed. Preschool for 3-year-olds is Tuesday



Look for the sign and the flags along Route 7 in between North East and Charlestown to get to Bee's Nest Prims.



Jude Grissom, 6, checks out the collection of toys awaiting children enrolled in Kid City, a child care center and pre-school operated by Way Of Life Community Church on Colonial Way in Rising Sun.

and Thursday from 9 a.m. until noon. Tuition is \$120 per month. For the 4-year-olds, class is held Monday, Wednesday and Friday also from 9 a.m. until noon. Tuition for that program is \$190 per month.

For more information contact Grissom at 443-371-3244 or go to kidcity.co.

With the pending retirement of Susan Bailey, the Cecil County Department of Social Services is in

search of a new director. Paula Tolson, spokeswoman for the Maryland Department of Human Resources, said applications are being accepted through the end of August. Bailey's retirement is effective Aug. 31.

Business Beat is a weekly column on business happenings in Cecil County. If interested in having your business featured in this column, contact Jane Bellmyer at jbellmyer@cecilwhig.com

Join Lyle Sheldon, President/CEO of University of Maryland Upper Chesapeake Health to hear details on our Vision 2020 plans to improve and expand health care in northeastern Maryland.

PUBLIC INFORMATION MEETING
WEDNESDAY, AUGUST 30, 2017, 6-8 PM
LEVEL FIRE HALL, 3633 LEVEL VILLAGE ROAD
HAVRE DE GRACE, MD 21078

THE MEETING WILL INCLUDE INFORMATION ABOUT:

- Our plans for transitioning acute medical care services, job retraining and placement of team members
- Plans for repurposing the UM Harford Memorial Hospital property
- The expansion plans at UM Upper Chesapeake Medical Center in Bel Air
- Overall timeline for the project

REGISTER BY CALLING 1-800-515-0044 OR EMAIL

MARKETING@UCHS.ORG

For more information visit UMUCH.ORG/VISION2020



UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

Cohen's Furniture opens at former Jodlbauer's location

By JESSICA IANNETTA
jiannetta@cecilwhig.com

ELKTON — Cohen's Furniture has set up shop in the former Jodlbauer's store on Route 40, marking the Delaware-based company's fourth location in the region.

The store, located at 901 E. Pulaski Highway, officially opened last month with a grand opening celebration planned for September, said Michael Hussein, the company's buying and marketing director. The store offers what Hussein refers to as "medium-priced" traditional, transitional furniture as well as a full line of bedding and mattresses, custom design options, a variety of financing options and speedy delivery.

The 75-year-old company, which also has two locations in New Castle, Del., and one in Wilmington, Del., already had many Elkton-area customers frequent its other stores, so opening a location in the county will allow Cohen's to better serve those customers as well as bring in new ones, he added.

"This building became available and we knew we



Cohen's Furniture has opened in the former Jodlbauer's location on U.S. Route 40.

had something to offer our customers as far as great service and good pricing," Hussein said.

Prior to Cohen's moving in, the building at the corner of Melbourne Boulevard and Route 40 had been unoccupied since Jodlbauer's quietly closed its flagship storefront in June 2015 after 69 years in business. In deciding to close, Jodlbauer's cited changing customer buying habits, increases in the state sales tax, increases in tolls into Cecil County and the near standstill

of new home construction — which would likely necessitate the buying of new furniture, among other reasons.

Hussein acknowledged these economic realities, but said what sets Cohen's apart is the store's friendly customer service and reasonable prices. With many people still recovering from the economic downturn, Hussein said Cohen's makes sure its prices are the lowest around. If a customer finds the same piece at another store for lower, Cohen's will refund the customer the difference plus 10 percent, he added.

"We promise our customers that we will beat anyone," he said.

Since moving into the building, Hussein said Cohen's has made a lot of improvements, including repainting, replacing the carpet and putting on a new roof. As the company gets to know the area, Hussein said they hope to get involved with the community and give back by partnering with local nonprofits.

The store is open from 10 a.m. to 8 p.m. Monday through Saturday and from 11 a.m. to 6 p.m. on Sunday.

A Child Shouldn't
Have to Fail to See.

Undiagnosed vision problems
can hold your child back.

SCHEDULE AN
EYE EXAM TODAY.

BACK 25%
TO SCHOOL OFF
SPECIAL
A COMPLETE PAIR
OF GLASSES

Expires August 31, 2017



SEIDENBERG
PROTZKO
EYE ASSOCIATES

Four Convenient Locations

Bel Air
443-643-4500

Chesapeake
410-778-1860

Elkton
410-620-3600

Havre de Grace
410-939-6477

VisionExperts.com

**Join Lyle Sheldon, President/CEO of University of Maryland Upper
Chesapeake Health to hear details on our Vision 2020 plans to improve and
expand health care in northeastern Maryland.**

**PUBLIC INFORMATION MEETING
WEDNESDAY, AUGUST 30, 2017, 6-8 PM
LEVEL FIRE HALL, 3633 LEVEL VILLAGE ROAD
HAVRE DE GRACE, MD 21078**

THE MEETING WILL INCLUDE INFORMATION ABOUT:

- Our plans for transitioning acute medical care services, job retraining and placement of team members
- Plans for repurposing the UM Harford Memorial Hospital property
- The expansion plans at UM Upper Chesapeake Medical Center in Bel Air
- Overall timeline for the project

REGISTER BY CALLING 1-800-515-0044 OR EMAIL MARKETING@UCHS.ORG



For more information visit **UMUCH.ORG/VISION2020**

EXHIBIT 12



UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

Lyle E. Sheldon, FACHE

President and Chief Executive Officer

520 Upper Chesapeake Drive, Suite 405
Bel Air, MD 21014
443-643-3302 | 443-643-3334 FAX
uchs.org

September 14, 2017

VIA EMAIL & FEDEX

The Honorable Lawrence J. Hogan, Jr.
100 State Circle
Annapolis, Maryland 21401
Governor.mail@maryland.gov

The Honorable Thomas McLain Middleton
Chair, Senate Finance Committee
Miller Senate Office Building
3 East Wing
11 Bladen Street,
Annapolis, Maryland 21401
Thomas.mclain.middleton@senate.state.md.us

The Honorable Shane E. Pendergrass
Chair, House Health and Government Operations Committee
House Office Building, Room 241
6 Bladen Street
Annapolis, Maryland 21401
Shane.pendergrass@house.state.md.us

The Honorable Robert G. Cassilly
James Senate Office Building, Room 321
11 Bladen Street
Annapolis, Maryland 21401
Robert.cassilly@senate.state.md.us

The Honorable Glen Glass
House Office Building, Room 325
6 Bladen Street
Annapolis, Maryland 21401
Glen.glass@house.state.md.us

The Honorable Mary Ann Lisanti
House Office Building, Room 415
6 Bladen Street
Annapolis, Maryland 21401
Maryann.lisanti@house.state.md.us

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011888-0023

Page 2
September 14, 2017

The Honorable Barry Glassman
Harford County Executive
Office of County Executive
County Office Building
220 South Main Street
Bel Air, Maryland 21014
countyexecutive@harfordcountymd.gov

The Honorable Richard C. Slutzky
President, Harford County Council
County Council
212 South Bond Street, 1st floor
Bel Air, MD 21014
rcslutzky@harfordcountymd.gov

The Honorable Dennis R. Schrader
Acting Secretary of Health
Office of Secretary
Maryland Department of Health
Herbert R. O'Connor State Office Building
201 West Preston Street
Baltimore, Maryland 21201
dennis.schrader@maryland.gov

Mr. Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
ben.steffen@maryland.gov

Russell W. Moy, M.D.
Acting Harford County Health Officer
P. O. Box 797
120 South Hays Street
Bel Air, Maryland 21014
russell.moy@maryland.gov

Page 3
September 14, 2017

Re: Summary of Public Informational Hearing Regarding Conversion of University of Maryland Harford Memorial Hospital to a Freestanding Medical Facility

Dear Governor Hogan, Senators Middleton and Cassilly, Delegates Pendergrass, Glass, and Lisanti, County Executive Glassman, Councilman Slutzky, Mssrs. Shrader and Steffen, and Dr. Moy:

Pursuant to MARYLAND CODE, HEALTH-GENERAL § 19-120(l)(6) and Code of Maryland Regulations § 10.24.17.04(C)(3)(c)(iii), this letter and the accompanying enclosures provide a summary of the public informational hearing held by the University of Maryland Harford Memorial Hospital in connection with its notice of intent filed with the Maryland Health Care Commission to convert UM Harford Memorial Hospital to a freestanding medical facility.

As background, UM Harford Memorial Hospital and UM Upper Chesapeake Medical Center, as joint applicants, filed a notice of intent and request for an exemption from certificate of need review to convert UM Harford Memorial Hospital to a freestanding medical facility with the Maryland Health Care Commission on August 4, 2017. These filings followed years of planning to develop a new and innovative model for efficient and effective health care delivery for the communities served by UM Upper Chesapeake Health System to address Harford Memorial Hospital's aging physical plant that has outlived its useful life, declining inpatient utilization, and recognized community health care needs.

MARYLAND CODE, HEALTH-GENERAL § 19-120(l)(2) and Code of Maryland Regulations § 10.24.17.04(C)(3)(c)(ii) require that a hospital, within thirty days of filing a notice of intent to convert to a freestanding medical facility, hold a public informational hearing in the jurisdiction where the hospital is located. The public informational hearing must address: (1) the reasons for the proposed conversion; (2) plans for transitioning acute care services previously provided by the hospital to residents of the the hospital's service area; (3) plans for addressing the health care needs of residents of the hospital's service area; (4) plans of the hospital or the merged asset system that owns or controls the hospital for retraining and placement of displaced employees; (5) plans for the hospital's physical plant and site; and (6) the proposed timeline for the conversion. UM Harford Memorial Hospital held its required public informational on August 30, 2017, beginning at 6:00 p.m., at the Level Volunteer Fire Company, 3633 Level Village Road, Havre de Grace, Harford County, Maryland. Within ten working days of holding the public informational hearing, UM Harford Memorial Hospital is required by statute and regulation to provide a summary of the hearing to each of you and those who are copied.

Before holding the hearing, UM Upper Chesapeake Health System, the parent of both UM Harford Memorial Hospital and UM Upper Chesapeake Medical Center, exceeded its

regulatory obligations to ensure that the hearing was well attended. UM Upper Chesapeake Health published notice of the hearing date and location on its website's homepage and in the Maryland Daily Record print and electronic versions for no fewer than seventeen days. UM Upper Chesapeake Health also purchased quarter page advertisements in the Harford County Aegis and Cecil County Whig announcing the date and location of the public hearing. Notice of the hearing was also posted on the webpage for the City of Havre de Grace and at the Level Volunteer Fire Company venue.

The public informational hearing lasted approximately two and one-half hours and no less than eighty-five members of the public attending in addition to the UM UCH Health Board members, executives, administrators, and staff of UM Upper Chesapeake Health System.

As President and Chief Executive Officer of UM Upper Chesapeake Health, I hosted the public informational hearing. With the assistance of Dr. Fermin Barrueto, UM Upper Chesapeake Health's Chief Medical Officer, and Sharon Lipford, Executive Director of Healthy Harford, I began the public informational hearing by reviewing an electronic slide presentation that addressed each of the issues required by Maryland Health Care Commission's regulations. Among other things, the slide presentation focused on UM Upper Chesapeake Health System's strategic plan to transform health care delivery in Harford and Cecil Counties, which it terms "Vision 2020." This plan includes conversion of UM Harford Memorial Hospital to a freestanding medical facility to be located on a ninety-seven acre parcel off of Interstate 95 in Havre de Grace, the development of a forty-bed special psychiatric hospital and medical office building on the same campus, and a three story addition to UM Upper Chesapeake Medical Center in Bel Air. A copy of the electronic slide presentation is enclosed with this letter as Enclosure A and a transcript of the public informational hearing prepared by a court reporter retained by UM Upper Chesapeake Health is provided as Enclosure B.

Each person attending the public informational hearing was given an index card and encouraged to submit questions and/or comments. The index cards containing questions and comments were collected at the mid-point of the public hearing. Kathy Kraft, University of Maryland Medical System Director, Organizational Development & Inclusion, then facilitated a panel of UM Upper Chesapeake Health System's team in responding to the public questions and comments. In addition to myself, Dr. Barrueto, and Ms. Lipford, the following persons participated on the panel responding to questions and comments at the public informational hearing:

1. Timothy Chizmar, M.D., Medical Director, UM Upper Chesapeake Health, EMS Base Station;

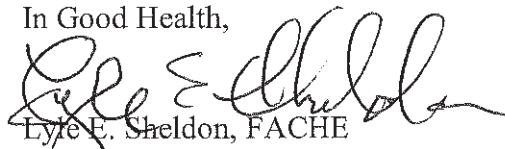
2. Richard Lewis, M.D., Chair, Department of Psychiatry, UM Upper Chesapeake Health;
3. Michael K. Abraham, M.D., Chair Department of Emergency Medicine, UM Upper Chesapeake Health;
4. Joseph E. Hoffman, III, Executive Vice President, Chief Financial Officer and Compliance Officer, UM Upper Chesapeake Health;
5. Robin Luxon, Vice President, Corporate Planning, Marketing & Business Development, UM Upper Chesapeake Health;
6. Angela Poppe Ries, M.D., President, Medical Staff, UM Upper Chesapeake Health; and
7. Jeff Matthai, Morris Ritchie & Associates (civil engineering and planning).

In total, twenty-seven written questions and/or comments were received and answered at the public informational hearing. Submitted as Enclosure C is a list of the written questions and/or comments along with the corresponding citation to those portions of the hearing transcript where the question/comment was considered and answered. As reflected in the enclosed transcript, follow-up questions from the audience were also addressed.

In addition to the above summary of the public informational hearing, UM Upper Chesapeake Health has not received any written feedback from the general public, EMS providers in Harford or Cecil County, or community stakeholders regarding the proposed conversion of UM Harford Memorial Hospital to a freestanding medical facility.

Please contact me if you have any questions regarding the public informational hearing, the enclosed materials, or UM Upper Chesapeake Health's Vision 2020.

In Good Health,



Lyte E. Sheldon, FACHE
President and Chief Executive Officer
UM Upper Chesapeake Health System, Inc.

Enclosures

CC via email:

Senate Finance Committee

The Honorable John C. Astle, Vice Chair,
The Honorable Joanne C. Benson
The Honorable Brian J. Feldman
The Honorable Stephen S. Hershey, Jr.
The Honorable J. B. Jennings
The Honorable Katherine A. Klausmeier
The Honorable James N. Mathias, Jr.
The Honorable Nathaniel T. Oaks
The Honorable Edward R. Reilly
The Honorable James C. Rosapepe
David A. Smulski, Staff

House Health and Government Operations Committee

The Honorable Eric M. Bromwell, Vice Chair,
The Honorable Angela M. Angel
The Honorable Erek L. Barron
The Honorable Bonnie L. Cullison
The Honorable Antonio L. Hayes
The Honorable Terri L. Hill,
The Honorable Ariana B. Kelly,
The Honorable Nicholas R. Kipke
The Honorable Susan W. Krebs
The Honorable Patrick L. McDonough
The Honorable Richard W. Metzgar
The Honorable Christian J. Miele
The Honorable Marice I. Morales
The Honorable Matt Morgan
The Honorable Joseline A. Pena-Melnyk
The Honorable Andrew Platt
The Honorable Samuel I. Rosenberg
The Honorable Sid A. Saab
The Honorable Sheree L. Sample-Hughes
The Honorable Kathy Szeliga
The Honorable Christopher R. West
The Honorable Karen Lewis Young
Erin R. Hopwood, Staff

Harford County Council

The Honorable Mike Perrone, Jr.
The Honorable Joseph M. Woods,
The Honorable James V. McMahan, Jr.
The Honorable Chad R. Shrodes
The Honorable Patrick S. Vincenti
The Honorable Curtis L. Beulah

Richard L. Alcorta, M.D., FACHE, MIEMSS Acting Co-Executive Director
Patricia S. Gainer, J.D., MIEMSS Acting Co-Executive Director
Paul Parker, Director, Center for Health Care Facilities Planning and Development
Kevin McDonald, Chief, Certificate of Need Program
Suellen Wideman, Esq., Assistant Attorney General
Joseph E. Hoffman III, Executive Vice President and Chief Financial Officer, UM UCHS
Robin Luxon, Vice President, Corporate Planning, Marketing and Business
Development, UM UCHS
Aaron Rabinowitz, Esq., Vice President and General Counsel, UM UCHS
Alison G. Brown, MPH, Senior Vice President and Chief Strategy Officer
University of Maryland Medical System
Andrew L. Solberg, A.L.S. Healthcare Consultant Services
James Buck, Gallagher, Evelius & Jones LLP

EXHIBIT 13

University of Maryland Upper Chesapeake Health will hold a Public Information Meeting to address the conversion of UM Harford Memorial Hospital to a freestanding medical facility on Thursday, December 13, 2018, from 6-8 pm, at Aberdeen Fire Hall, 21 North Rogers Street, Aberdeen, MD 21001.

Additional information concerning the conversion of Harford Memorial Hospital and UM Upper Chesapeake Health's Your Health. Our Mission. Can be found online at www.umuch.org/newcampus. n23-d13

EXHIBIT 14

PUBLIC INFORMATION MEETING

Hear details on our “Your Health. Our Mission” plans to improve and expand health care in northeastern Maryland.



UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

THURSDAY, DECEMBER 13, 2018 • FROM 6-8 PM

**@ Aberdeen Fire Hall,
21 North Rogers Street, Aberdeen, MD 21001**

THE MEETING WILL INCLUDE INFORMATION ABOUT:

- Our plans for transitioning acute medical care services, job retraining and placement of team members
- Plans for repurposing the UM Harford Memorial Hospital property
- The expansion plans at UM Upper Chesapeake Medical Center in Bel Air
- Overall time-line for the project

**REGISTER BY CALLING 1-800-515-0044
OR EMAIL MARKETING@UCHS.ORG**

For more information visit UMUCH.ORG/NewCampus



Rendering of the University of Maryland Upper Chesapeake Medical Campus - Aberdeen

EXHIBIT 15



UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

Executive Office

520 Upper Chesapeake Drive, Suite 405
Bel Air, MD 21014
443-643-3302 | 443-643-3334 FAX
uchhs.org

December 27, 2018

VIA EMAIL & FEDEX

The Honorable Lawrence J. Hogan, Jr.
100 State Circle
Annapolis, Maryland 21401
Governor.mail@maryland.gov

The Honorable Thomas McLain Middleton
Chair, Senate Finance Committee
Miller Senate Office Building
3 East Wing
11 Bladen Street,
Annapolis, Maryland 21401
Thomas.mclain.middleton@senate.state.md.us

The Honorable Shane E. Pendergrass
Chair, House Health and Government Operations Committee
House Office Building, Room 241
6 Bladen Street
Annapolis, Maryland 21401
Shane.pendergrass@house.state.md.us

The Honorable Robert G. Cassilly
James Senate Office Building, Room 321
11 Bladen Street
Annapolis, Maryland 21401
Bob.cassilly@senate.state.md.us

The Honorable Glen Glass
House Office Building, Room 325
6 Bladen Street
Annapolis, Maryland 21401
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The Honorable Mary Ann Lisanti
House Office Building, Room 415
6 Bladen Street
Annapolis, Maryland 21401
Maryann.lisanti@house.state.md.us

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December 27, 2018

The Honorable Barry Glassman
Harford County Executive
Office of County Executive
County Office Building
220 South Main Street
Bel Air, Maryland 21014
countyexecutive@harfordcountymd.gov

The Honorable Patrick S. Vincenti
President, Harford County Council
County Council
212 South Bond Street, 1st floor
Bel Air, MD 21014
pvincenti@harfordcountycouncil.com

The Honorable Robert R. Neall
Secretary of Health
Office of Secretary
Maryland Department of Health
Herbert R. O'Connor State Office Building
201 West Preston Street
Baltimore, Maryland 21201
Robert.neall@maryland.gov

Mr. Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
ben.steffen@maryland.gov

Russell W. Moy, M.D.
Acting Harford County Health Officer
P. O. Box 797
120 South Hays Street
Bel Air, Maryland 21014
russell.moy@maryland.gov

Page 3
December 27, 2018

*Re: Summary of Second Public Informational Hearing Regarding Conversion of
University of Maryland Harford Memorial Hospital to a Freestanding Medical
Facility*

Dear Governor Hogan, Senators Middleton and Cassilly, Delegates Pendergrass, Glass, and Lisanti, County Executive Glassman, Councilman Slutzky, Mssrs. Shrader and Steffen, and Dr. Moy:

Pursuant to MARYLAND CODE, HEALTH-GENERAL § 19-120(l)(6) and Code of Maryland Regulations § 10.24.17.04(C)(3)(c)(iii), this letter and the accompanying enclosures provide a summary of the public informational hearing held by the University of Maryland Harford Memorial Hospital in connection with its notice of intent filed with the Maryland Health Care Commission to convert UM Harford Memorial Hospital to a freestanding medical facility.

As background, UM Harford Memorial Hospital and UM Upper Chesapeake Medical Center, as joint applicants (together "UM UCH"), filed a notice of intent and request for an exemption from certificate of need review to convert UM Harford Memorial Hospital to a freestanding medical facility with the Maryland Health Care Commission on August 4, 2017. These filings followed years of planning to develop a new and innovative model for efficient and effective health care delivery for the communities served by UM Upper Chesapeake Health System to address Harford Memorial Hospital's aging physical plant that has outlived its useful life, declining inpatient utilization, and recognized community health care needs. On November 21, 2018, UM UCH filed a modified request for exemption from Certificate of Need review to change the location of the proposed freestanding medical facility from Bulle Rock to Aberdeen, Maryland.

MARYLAND CODE, HEALTH-GENERAL § 19-120(l)(2) and Code of Maryland Regulations § 10.24.17.04(C)(3)(c)(ii) require that a hospital, within thirty days of filing a notice of intent to convert to a freestanding medical facility, hold a public informational hearing in the jurisdiction where the hospital is located. The public informational hearing must address: (1) the reasons for the proposed conversion; (2) plans for transitioning acute care services previously provided by the hospital to residents of the the hospital's service area; (3) plans for addressing the health care needs of residents of the hospital's service area; (4) plans of the hospital or the merged asset system that owns or controls the hospital for retraining and placement of displaced employees; (5) plans for the hospital's physical plant and site; and (6) the proposed timeline for the conversion. UM Harford Memorial Hospital held an initial public informational on August 30, 2017, beginning at 6:00 p.m., at the Level Volunteer Fire Company, 3633 Level Village Road, Havre de Grace, Harford County, Maryland. Within ten working days of holding the public

informational hearing, UM Harford Memorial Hospital provided a summary of the public hearing as required by statute and regulation.

While not required to do so pursuant to statute or regulation, UM UCH held a second public informational hearing on December 13, 2018, at the Aberdeen Fire Hall beginning at 6:00 p.m. in order to educate and inform the public concerning the changes in its plan to convert UM Harford Memorial Hospital to a freestanding medical facility, including the relocation of the proposed freestanding medical facility to Aberdeen, Maryland. At the hearing, UM UCH addressed each of the factors set forth in HEALTH GENERAL § 19-120(l)(2) and COMAR § 10.24.17.04(C)(3)(c)(ii).

Before holding the second public informational hearing, UM UCH, exceeded its regulatory obligations to ensure that the hearing was well attended. UM UCH published notice of the hearing date and location on its website's homepage and in the Maryland Daily Record print and electronic versions for no fewer than seventeen days. UM Upper Chesapeake Health also purchased advertisements in the Harford County Aegis and Cecil County Whig announcing the date and location of the second public hearing.

The second public informational hearing lasted approximately two hours and was well attended. As President and Chief Executive Officer of UM UCH, I hosted the second public informational hearing. I began the public informational hearing by reviewing an electronic slide presentation that addressed each of the issues required by Maryland Health Care Commission's regulations. Among other things, the slide presentation focused on UM UCH's strategic plan to transform health care delivery in Harford and Cecil Counties. This plan includes conversion of UM Harford Memorial Hospital to a freestanding medical facility to be located on an approximate 35 acre parcel off of Maryland Route 22 in Aberdeen the development of a forty-bed special psychiatric hospital and medical office building on the same campus, and a three story addition to UM Upper Chesapeake Medical Center in Bel Air. A copy of the electronic slide presentation is enclosed with this letter as Enclosure A and a transcript of the public informational hearing prepared by a court reporter retained by UM UCH is provided as Enclosure B.

Each person attending the public informational hearing was given an index card and encouraged to submit questions and/or comments. The index cards containing questions and comments were collected at the mid-point of the public hearing. Martha Mallonee, UM UCH's Director of Marketing and Communications, then facilitated a panel of UM UCH's team in responding to the public questions and comments. In addition to myself and Ms. Mallonee, the following persons participated on the panel responding to questions and comments at the public informational hearing:

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1. Richard Lewis, M.D., Chair, Department of Psychiatry, UM Upper Chesapeake Health;
2. Robin Luxon, Senior Vice President, Corporate Planning, Marketing & Business Development, UM Upper Chesapeake Health;
3. Jason Brinbaum, M.D., Chair of the Department of Medicine, UM Upper Chesapeake Health; and
4. Lisa Thomas, M.D., an Emergency Department physician at UM Harford Memorial Hospital.

In total, sixteen written questions and/or comments were received and answered at the public informational hearing.

Please contact me if you have any questions regarding the public informational hearing, the enclosed materials, or UM UCH's intent to convert UM Harford Memorial Hospital to a freestanding medical facility.

In Good Health,



Lyle E. Sheldon FACHE,
President and Chief Executive Officer
UM Upper Chesapeake Health System, Inc.

Enclosures

cc via email: **Senate Finance Committee**
The Honorable John C. Astle, Vice Chair,
The Honorable Joanne C. Benson
The Honorable Brian J. Feldman
The Honorable Stephen S. Hershey, Jr.
The Honorable J. B. Jennings
The Honorable Katherine A. Klausmeier
The Honorable James N. Mathias, Jr.
The Honorable Edward R. Reilly
The Honorable James C. Rosapepe
David A. Smulski, Staff

House Health and Government Operations Committee

The Honorable Eric M. Bromwell, Vice Chair
The Honorable Angela M. Angel
The Honorable Erek L. Barron
The Honorable Bonnie L. Cullison
The Honorable Antonio L. Hayes
The Honorable Terri L. Hill
The Honorable Ariana B. Kelly
The Honorable Nicholas R. Kipke
The Honorable Susan W. Krebs
The Honorable Patrick L. McDonough
The Honorable Richard W. Metzgar
The Honorable Christian J. Miele
The Honorable Marice I. Morales
The Honorable Matt Morgan
The Honorable Joseline A. Pena-Melnyk
The Honorable Andrew Platt
The Honorable Samuel I. Rosenberg
The Honorable Sid A. Saab
The Honorable Sheree L. Sample-Hughes
The Honorable Kathy Szeliga
The Honorable Christopher R. West
The Honorable Karen Lewis Young
Erin R. Hopwood, Staff

Harford County Council

The Honorable Patrick S. Vincenti
The Honorable Joseph M. Woods,
The Honorable Andre V. Johnson
The Honorable Chad R. Shrodes
The Honorable Tony Giangiardano
The Honorable Curtis L. Beulah
The Honorable Robert S. Wagner

Richard L. Alcorta, M.D., FACHE, MIEMSS Acting Co-Executive Director
Patricia S. Gainer, J.D., MIEMSS Acting Co-Executive Director
Paul Parker, Director, Center for Health Care Facilities Planning and Development
Kevin McDonald, Chief, Certificate of Need Program

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December 27, 2018

Suellen Wideman, Esq., Assistant Attorney General
Joseph E. Hoffinan III, Executive Vice President and Chief Financial Officer, UM UCHS
Robin Luxon, Senior Vice President, Corporate Planning, Marketing and Business
Development, UM UCHS
Aaron Rabinowitz, Esq., Vice President and General Counsel, UM UCHS
Alison G. Brown, MPH, Senior Vice President and Chief Strategy Officer
University of Maryland Medical System
Andrew L. Solberg, A.L.S. Healthcare Consultant Services
James Buck, Gallagher, Evelius & Jones LLP

EXHIBIT 16



State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

*Larry Hogan
Governor*

*Donald L. DeVries, Jr., Esq.
Chairman
Emergency Medical
Services Board*

*410-706-5074
FAX: 410-706-4768*

October 12, 2017

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

Dear Mr. Steffen,

As you are aware, the University of Maryland Upper Chesapeake Medical Center, Inc. (UMMC) and University of Maryland Harford Memorial Hospital, Inc. (HMH) are seeking approval from the Maryland Health Care Commission to convert HMH to a freestanding medical facility, as well as for an exemption from Certificate 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 October 10, 2017, 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 HMH to a freestanding medical facility 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 let me know if you have any questions or if I may provide any further information.

Sincerely,

Patricia S. Gainer, JD, MPA
Acting Co-Executive Director

Enclosure

Cc: Donald L. DeVries, Jr., Esq.
Chairman, State EMS Board

Lyle Sheldon, FACHE
President and Chief Executive Officer
University of Maryland Upper Chesapeake Health



**MIEMSS Report and Recommendation to the State
Emergency Medical Services Board Regarding the Proposed
Conversion of Harford 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**

MIEMSS Report and Recommendation to the State Emergency Medical Services Board Regarding the Proposed Conversion of Harford 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

University of Maryland Upper Chesapeake Medical Center, Inc. (UMC) and University of Maryland Harford Memorial Hospital, Inc. (HMH) (jointly, the Applicants) are seeking approval from the Maryland Health Care Commission (MHCC) to convert HMH to a freestanding medical facility (FMF), as well as for an exemption from Certificate of Need 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 decision as to 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 HMH to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system.

Background

HMH is an acute care hospital in Havre de Grace. It is currently a MIEMSS-designated Base Station and Primary Stroke Center. As of June 1, 2017, HMH reported a total of 28 emergency department (ED) treatment spaces. UMC is an acute care hospital located in Bel Air, with 54 ED treatment spaces¹, and is a MIEMSS-designated as Base Station, Primary Stroke Center and Cardiac Interventional Center. HMH and

¹ Maryland Health Care Commission. Annual Report on Selected Maryland Acute Care and Special Hospital Services – FY2017. Page 23.

UCMC are the sole acute general hospitals in Harford County and are owned and operated by the University of Maryland Upper Chesapeake Health System which is part of the University of Maryland Medical System.

The Applicants are seeking to convert HMH to an FMF (the new entity to be created is referred to herein as ‘UC FMF’) to be developed at the Upper Chesapeake Medical Campus at Havre de Grace, at 210 Barker Lane, Havre de Grace, Maryland, which is located 3.75 miles from the current HMH campus. The plan calls for the current HMH campus to be redeveloped for a different use. Additionally, HMH and UCMC, as joint applicants, are also seeking to relocate beds from HMH to UCMC as part of a merger and consolidation of these two. The conversion of HMH to a freestanding medical facility is not anticipated to be completed until fiscal year 2022.

Process

Under COMAR 30.08.15.03 (B), the Applicants notified MIEMSS and the MHCC of their intent to convert HMH to a freestanding medical facility on August 4, 2017. The Applicants held the required public hearing on August 30, 2017, and provided specified information to MIEMSS within the required timeframe. They solicited input from the EMS community by publishing a physical address and email address on their website for receipt of comments. Additionally, MIEMSS has sought information from the EMS community by soliciting comments on its website “Opportunity for Comment for Harford Memorial Conversion to a Freestanding Medical Facility.” Prior to the August 4, 2017, notice of intent to convert, MIEMSS had also engaged in dialogue with EMS providers in the affected jurisdictions. Under COMAR 30.08.15.03 (B), 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 is October 16, 2017.

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.*

Harford County and Cecil County have been identified as the jurisdictions affected by the proposed conversion. Emergency medical services in Cecil County are primarily provided by the nine (9) volunteer

fire companies. Additionally, the Cecil County Department of Emergency Services operates four (4) advanced life support (ALS) rapid response non-transport units staffed by paramedics. The four paramedic units operate out of three (3) stations, located in the western (Colora), central (Elkton), and southern (Chesapeake City) areas of the county. These four units supplement the response of the volunteer fire departments.

Emergency medical services in Harford County are primarily provided by 11 volunteer fire and EMS companies² augmented by paid personnel provided by the Harford County Volunteer Fire and EMS Foundation. The Foundation has also operated three (3) ALS non-transport units. Based on the recommendations in the *Harford County Emergency Medical Services Policy Analysis and Evaluation, February 2017*³, Harford County has recently initiated a transition to recognize the county government as the Jurisdictional EMS Operational Program through the Department of Emergency Services (DES). This responsibility is being transferred from the Harford County Volunteer Fire and EMS Association, and is being governed by an EMS Standards Advisory Board appointed by the County Executive. In the short-term, Harford County government is planning to increase capability in the county through the addition of two ALS ambulances, staffed by 8 ALS providers.

Harford County EMS has formally expressed support for this conversion through letters submitted to the MHCC by the Harford County Volunteer Fire and EMS Association, Inc., and by Timothy Chizmar, M.D., who serves as the EMS Medical Director for the county and is an emergency physician at UCMC.

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

Patients who will be transported to the new freestanding medical facility and are determined to require hospitalization will require transfer from the freestanding to an acute care facility. Between fiscal years 2015 and 2017, the Applicants report that there was an average of 1.3 transfers per day from HMH's ED to other hospitals.⁴ Hart to Heart Transportation is the primary commercial ambulance service operating in the affected jurisdiction and serves as a contracted vendor providing interfacility transports for patients requiring a higher level of care, primarily from HMH to UCMC. Data available to MIEMSS indicates that over a two-

² One (1) fire company in Harford County, Susquehanna Hose, does not provide EMS.

³ University of Maryland Center for Health & Homeland Security: Harford county emergency Medical Services policy Analysis and Evaluation. February 2017.

⁴ *Responses to Additional Information Questions Dated September 1, 2017*, from UMUH, September 18, 2017, page 14.

year period, Heart to Hart transferred 87 patients by ground from HMH, 63 of which were transported to UCMC. Of the 87 patients, 56 were transported from the HMH emergency department. AMR also provides interfacility transport services which includes the capability of helicopter transport. Over a 13-month period, AMR transferred 160 patients from HMH to the University of Maryland Hospital, 35 of which were transported by air.

Additionally, the Applicants predict that 3,037 patients seen at UC FMF will require hospital admission. As a result, the Applicants project that the UC FMF would have to transport 8.3 patients per day from UC FMF to another facility.⁵

MIEMSS believes that use of public safety resources for this purpose would place an unreasonable burden on the EMS resources in the affected jurisdictions. Accordingly, the Applicants anticipate that there will be a need to augment existing interfacility transport capabilities as a result of the conversion. The conversion plan specifically provides for a dedicated on-site ambulance unit. UM UCH is considering several possible strategies to ensure adequate interfacility transport capabilities including: “(1) enhancing current commercial ambulance service contracts; (2) pursuing an ambulance service ownership model; and (3) a hybrid strategy with the overall focus on securing the appropriate number of ambulances to support the projected inter-facility transport needs.”⁶ Additionally, the new FMF facility will have a helipad on site. Currently any patient requiring emergent transport via air must be transported by ground ambulance to a landing pad off-site.

⁵ *Id.* At page 15

⁶ Letter to Patricia Gainer from Lyle Sheldon, dated September 22, 2017, Re: *Responses to September 12, 2017 Questions Regarding Request for Exemption from Certificate of Need Review for the Conversion of UM Harford Memorial Hospital to a Freestanding Medical Facility*, page 2.

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

Cecil County - Transport Count			
	CY2014	CY2015	CY2016
Priority 1 - Patient Critically Ill or Injured (Immediate / Unstable)	309	367	398
<i>Transport to Harford Memorial Hospital</i>	40	47	49
<i>Other Facility</i>	269	320	349
Priority 2 - Patient Less Serious (Urgent / Potentially Life Threatening)	3,365	3,590	3,865
<i>Transport to Harford Memorial Hospital</i>	643	660	687
<i>Other Facility</i>	2,722	2,930	3,178
Priority 3 - Patient Non-Urgent	4,070	4,112	4,062
<i>Transport to Harford Memorial Hospital</i>	896	952	962
<i>Other Facility</i>	3,174	3,160	3,100
Priority 4 - Patient does not require medical attention	8	10	6
<i>Transport to Harford Memorial Hospital</i>	-	4	1
<i>Other Facility</i>	8	6	5
Priority Unknown	521	487	506
<i>Transport to Harford Memorial Hospital</i>	42	67	75
<i>Other Facility</i>	479	420	431
Total	8,273	8,566	8,837

Harford County - Transport Count			
	CY2014	CY2015	CY2016
Priority 1 - Patient Critically Ill or Injured (Immediate / Unstable)	974	979	1,023
<i>Transport to Harford Memorial Hospital</i>	<i>170</i>	<i>188</i>	<i>180</i>
<i>Other Facility</i>	<i>804</i>	<i>791</i>	<i>943</i>
Priority 2 - Patient Less Serious (Urgent / Potentially Life Threatening)	6,378	6,503	6,506
<i>Transport to Harford Memorial Hospital</i>	<i>1,541</i>	<i>1,521</i>	<i>1,570</i>
<i>Other Facility</i>	<i>4,837</i>	<i>4,982</i>	<i>4,936</i>
Priority 3 - Patient Non-Urgent	11,300	11,262	11,958
<i>Transport to Harford Memorial Hospital</i>	<i>2,798</i>	<i>2,955</i>	<i>3,210</i>
<i>Other Facility</i>	<i>8,502</i>	<i>8,307</i>	<i>8,748</i>
Priority 4 - Patient does not require medical attention	17	26	40
<i>Transport to Harford Memorial Hospital</i>	<i>7</i>	<i>9</i>	<i>14</i>
<i>Other Facility</i>	<i>10</i>	<i>17</i>	<i>26</i>
Priority Unknown	98	46	49
<i>Transport to Harford Memorial Hospital</i>	<i>7</i>	<i>1</i>	<i>2</i>
<i>Other Facility</i>	<i>91</i>	<i>45</i>	<i>47</i>
Total	18,767	18,816	19,576

Source: eMEDS® data. Note that the use of the term “Priority Unknown” indicates that in the eMEDS® data, the county SUV/Chase unit is the record that contains the vast majority of the patient care information. The volunteer transport unit will advise that the County is on location first with all patient care. There is no mechanism in which to combine these two reports into a single patient care report.

As can be seen in the transport data, overall call volumes for Cecil County increased by 6.8% and for Harford County by 4.3% from 2014 – 2016. Regarding Priority 1 calls, Cecil County saw an increase of 89 patients (+2.8%), with Priority 1 transports to HMH increasing by about the same percentage (+2.2%). Harford County Priority 1 transports overall and Priority 1 transports to HMH remained relatively stable

during the period (+5%). Under MIEMSS protocols, Priority 1 patients cannot be transported to a free-standing medical facility unless the patient is in extremis.

Regarding Priority 2 patients, Cecil County saw an increase of 500 patients over the (2) year period (+14.8%), and an increase of 44 of such patient transports to HMH (+6.8%). Harford County also saw increases in Priority 2 patient transports (+2%); Priority 2 transports to HMH were relatively stable (+1.8%). MIEMSS protocols permit stable Priority 2 patients to be transported to a free-standing medical facility. It is unclear from the available data which of the Priority 2 patients were stable or unstable. Therefore, no conclusions could be drawn on the projected number of Priority 2 patients that could be transported to the UC FMF.

Priority 3 and 4 patients may be transported by ambulance to a freestanding medical facility under MIEMSS protocols. In 2016, Cecil County transported 4,068 Priority 3 or 4 patients, 963 of which were transported to HMH. During the same period, Harford Country transported 11,998 Priority 3 or 4 patients, of which 3,224 were transported to HMH.

(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.

As discussed above, according to eMEDS® data, in calendar year 2016, Cecil County EMS transported 49 Priority 1 patients to HMH. Harford County EMS transported 180 Priority 1 patients to HMH, for a total of 229 Priority 1 patients transported by the two jurisdictions to HMH in 2016. Under current EMS protocols, these 229 Priority 1 patients would no longer qualify for treatment at the FMF. Additionally, there were 2,245 Priority 2 patients transported to HMH by the two jurisdictions. While the current protocol allows EMS to transport stable Priority 2 patients to a freestanding emergency medical facility with a required medical consultation, unstable Priority 2 patients will require transport to a hospital.

(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.

Cecil County - Avg. Transport Time (Left Scene - Arrived Destination)			
	CY2014	CY2015	CY2016
Priority 1 - Patient Critically Ill or Injured (Immediate / Unstable)			
Transport to Harford Memorial Hospital	0:14:26	0:11:53	0:13:43
Other Facility	0:14:25	0:13:03	0:12:00
Priority 2 - Patient Less Serious (Urgent / Potentially Life Threatening)			
Transport to Harford Memorial Hospital	0:17:05	0:16:28	0:16:24
Other Facility	0:13:55	0:13:42	0:13:36
Priority 3 - Patient Non-Urgent			
Transport to Harford Memorial Hospital	0:16:22	0:15:40	0:16:05
Other Facility	0:12:12	0:12:47	0:12:02
Priority 4 - Patient does not require medical attention			
Transport to Harford Memorial Hospital	-	0:13:13	0:11:21
Other Facility	0:20:42	0:12:15	0:08:48
Priority Unknown			
Transport to Harford Memorial Hospital	0:20:19	0:20:50	0:22:58
Other Facility	0:12:12	0:14:05	0:15:42

Harford County - Avg. Transport Time (Left Scene - Arrived Destination)			
	CY2014	CY2015	CY2016
Priority 1 - Patient Critically Ill or Injured (Immediate / Unstable)			
Transport to Harford Memorial Hospital	0:08:27	0:08:17	0:08:39
Other Facility	0:11:45	0:11:08	0:11:27
Priority 2 - Patient Less Serious (Urgent / Potentially Life Threatening)			
Transport to Harford Memorial Hospital	0:10:19	0:10:42	0:10:57
Other Facility	0:13:39	0:13:48	0:14:46
Priority 3 - Patient Non-Urgent			
Transport to Harford Memorial Hospital	0:10:52	0:10:30	0:11:12
Other Facility	0:14:09	0:15:14	0:14:44
Priority 4 - Patient does not require medical attention			
Transport to Harford Memorial Hospital	0:09:11	0:09:28	0:12:11
Other Facility	0:16:25	0:13:01	0:11:01
Priority Unknown			
Transport to Harford Memorial Hospital	0:09:50	-	0:13:40
Other Facility	0:09:27	0:10:10	0:08:09

0:00:00 denotes hour(s):minutes:seconds

Source: eMEDS® Data

Cecil County EMS, primarily those companies located in the western portion of the county, initially raised concerns regarding the potential for extended transport times resulting from the conversion. Cecil County EMS transported 49 Priority 1 patients to HMH in 2016. By protocol most of the seriously injured or ill patients in the western third of Cecil County are currently transported by aviation to the University of Maryland Medical Center or Christiana or by ground units to UCMC.

In terms of additional travel time, however, MIEMSS estimates an additional 19-24 minutes in transport times for Cecil County EMS to transport a patient to Upper Chesapeake instead of to Harford Memorial and an additional 23-27 minutes travel time to get a Cecil County unit back in service, i.e., back to its home county.

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

Hart to Heart Transportation is the primary commercial ambulance service operating in the affected jurisdiction and serves as a contracted vendor providing interfacility transports from HMH to UCMC for patients requiring a higher level of care. From August 1, 2015 to August 31, 2017, Hart to Heart provided 87 interfacility transports from HMH to UCMC. The average time from the call for a transport to arrival at HMH was 1 hour for all patients. The average time from picking-up the patient to arriving at the destination was 52 minutes for all patients. For those patients requiring the most urgent care, including STEMI patients and Cardiac Arrest Patients, the times were significantly lower, with the average time from the call for a transport to arrival at HMH being under 30 minutes.

Additionally, ExpressCare/AMR maintains a unit at HMH for the sole purpose of transferring patients from either HMH or UCMC to UMMC. During a 13 month period, the average total time from dispatch to HMH to arrival at UMMC for patients transferred by helicopter was 177 minutes (2 hours and 57 minutes). The existing HMH helipad is not located on the facility campus and requires ambulance transport from the hospital to the landing zone. For ground-transported patients, the average total time from dispatch to HMH to arrival at UMMC was 147 minutes (2 hours and 27 minutes).

(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 other Maryland hospitals likely to be affected by the conversion are UCMC, Union Hospital of Cecil County, and Franklin Square Hospital. UCMC is approximately 14.5 miles from HMH. Union Hospital of Cecil County is approximately 24 miles, and Franklin Square Hospital is approximately 26 miles from HMH.

Christiana Hospital (Christiana Care Medical System) in Newark, Delaware, could also see increased patterns of usage depending on distance and existing road and highway conditions. MIEMSS has a Memorandum of Understanding with Christiana Hospital as an out-of-state trauma center and a Cardiac Interventional Center. Maryland ambulances may transport patients to that hospital. Christiana Hospital is a 913-bed teaching hospital and an American College of Surgeons verified Level I trauma center. Christiana Hospital is located 29.8 miles from Harford Memorial Hospital.

(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.

UM UCH provided a table of emergency department visits from 2013 to 2017 by residents of its service area, which it defines as thirteen (13) zip codes within Harford and Cecil Counties.

Hospital	Historical					2017	2013-2017
	2013	2014	2015	2016	2017 (1)	% of Total	% Change
Upper Chesapeake Medical Center	25,169	24,580	26,175	27,051	26,502	37.7%	5.3%
Harford Memorial Hospital	25,921	24,289	24,981	24,679	23,938	34.1%	-7.7%
Union Hospital of Cecil County	12,547	11,658	11,558	11,790	11,490	16.3%	-8.4%
Franklin Square Hospital	3,394	2,974	2,733	2,574	2,350	3.3%	-30.8%
Other hospitals with less than 1000 visits	6,389	6,270	6,135	6,328	6,000	8.5%	-6.1%
Total Service Area ED Visits	73,420	69,771	71,582	72,422	70,280	100.0%	-4.3%

Note (1): Reflects six months actual experience annualized

Source: St. Paul Computer Center statewide non-confidential utilization data tapes

ED use by residents of the service area has dropped by 4.3% in the past 4 years. However, HMH still provides approximately 34% of the total ED service within the service area (the 13 zip codes within Harford and Cecil counties defined by the Applicants). UCMC sees an even greater percentage, almost 38%, and its ED usage has increased by a little over 5%. The Maryland Health Care Commission calculated projections for HMH ED visits to continue to decline over the next ten years. Projections as to future ED usage and associated increases in admission and observation patient volumes for the general hospitals likely to be affected by the proposed hospital conversion were not available for this analysis.

(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 closest facilities that would routinely receive patients when Harford Memorial is on diversion are Upper Chesapeake Medical Center and Union of Hospital of Cecil County, but Franklin Square also may occasionally receive patients as well. This would not be expected to change after the new facility is constructed in Bulle Rock. In the table below, alerts hours are reported for CY 2014-CY 2016 and through quarter three, 2017.

Harford Memorial Hospital has utilized relatively small hours of any of the three categories of diversion, trending significantly lower from 2016 to 2017.

Upper Chesapeake showed increased yellow alert utilization each year and as of September 30, 2017 is close to surpassing the total hours for 2016. In addition EMS has placed Upper Chesapeake on ReRoute for a significant amount of hours each year as compared to the other three hospitals, and also continues to trend higher with the exception of one very slight decrease in CY 2015. Upper Chesapeake also utilized a moderate amount of red alert each year which also increased each year through 2016, however appears to be trending significantly lower for 2017.

Union Hospital of Cecil County utilizes minimal yellow alert hours which tend to fluctuate up and down from year to year and ReRoute is nearly never implemented by EMS. Red Alerts increased significantly in 2015 and then again slightly in 2016, but may be trending lower for 2017.

Franklin Square Medical Center in Baltimore County utilized extremely high yellow alert hours which increased each year from 2014-2016, however, utilization has dropped down very significantly in 2017. ReRoutes are implemented but fluctuate up and down from year to year. Red Alert is not utilized frequently and decreased each year from 2014-2016, however it is slightly increased in 2017.

Hospital	CY2014	CY2015	CY2016	2017*	CY2014	CY2015	CY2016	2017*	CY2014	CY2015	CY2016	2017*
	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	Red	ReRoute	ReRoute	ReRoute	ReRoute
MedStar Franklin Square	2248	3088	3945	285	22	18	16	34	31	51	83	38
Harford Memorial	61	68	128	29	92	26	49	0	19	13	28	14
Upper Chesapeake	351	432	515	500	223	269	346	94	85	78	129	97
Union Hospital of Cecil Co	12	45	25	33	58	344	366	200	0	1	2	1
* 1/1/17-9/30/17												

Data Source: MIEMSS County Hospital Alert Tracking System (CHATS)

Alert Definitions:

Yellow Alert

The emergency department temporarily requests that it receive absolutely no patients in need of urgent medical care. Yellow alert is initiated because the emergency department is experiencing a temporary overwhelming overload such that priority two and three patients may not be managed safely. Prior to diverting pediatric patient transports, medical consultation is advised for pediatric patient transports when emergency departments are on yellow alert.

Red Alert

The hospital has no ECG monitored beds available. These ECG monitored beds will include all in-patient critical care areas and telemetry beds.

ReRoute

An ALS/BLS unit is being held in the emergency department of a hospital due to lack of an available bed.

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

The proposed FMF will be a 50,800 departmental square feet emergency department, open 24/7 and include the following features:

1. A main public/ambulatory entry and waiting area with two (2) public toilets;
2. An emergency department (with six (6) triage rooms at 125 square feet each, 21 exam rooms at 138 square feet each, 6 patient toilets, and 2 staff toilets) as well as related staff and support spaces, including an ambulance entrance and decontamination facilities;
3. A behavioral health crisis center with four (4) exam rooms at 122 square feet each and 2 patient toilets and related staff and support spaces;

4. An observation suite with eleven (11) patient rooms at 183 square feet each having its own private toilet at 50 square feet, and related staff and support spaces;
5. A diagnostic imaging suite with x-ray, ultrasound, CT, MRI, and two (2) cardio-vascular ultrasound modalities at and related staff and support spaces;
6. A laboratory and pharmacy; and
7. Administration and staff support spaces.⁷

The FMF will be staffed by Board Certified Emergency Medicine physicians and nursing staff specializing in emergency medicine with up to forty (40) hours of emergency physician and twelve (12) hours of emergency Advanced Practice Clinicians per day, as well as 196 RN hours per day Monday through Friday and 188 RN hours per day on the weekend, and 44 ED technician hours per day. The FMF will obtain base station designation. Specialty services at UCMC would be accessible to FMF patients via telemedicine.

(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.

Effective July 1, 2017, the Maryland Medical Protocols for EMS Providers were revised to allow EMS providers to transport stable Priority 2 patients to an FMF with a required medical consultation via base station communication. Previously, EMS providers could only transport Priority 3 & 4 patients (or higher acuity patients in such extremis they required immediate life-saving interventions) to FMFs. Additionally, on January 4, 2017, the MIEMSS Protocol Review Committee approved a pilot protocol which will allow EMS providers to transport Priority 1 stroke patients to a facility which has been designated as an Acute Stroke Ready Hospital (ASRH) if a Primary Stroke or Comprehensive Stroke Center is greater than fifteen (15) additional minutes away. The UC FMF can potentially apply for the ASRH designation once the EMS Board has approved regulations for the designation of ASRHs. These protocol changes broadening the categories of patients that EMS can deliver to the FMF will decrease the numbers of patients EMS would have to divert from the FMF to another, potentially further, facility. MIEMSS does not anticipate that other changes will need to be made to the EMS system as a result of the conversion.

⁷ REQUEST FOR EXEMPTION FROM CERTIFICATE OF NEED REVIEW FOR THE CONVERSION OF UNIVERSITY OF MARYLAND HARFORD MEMORIAL HOSPITAL TO A FREESTANDING MEDICAL FACILITY, August 4, 2017 pages 6-7

Summary and Discussion

The EMS Board is charged with determining whether the proposed conversion on the statewide EMS System 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 affected jurisdictions are Cecil and Harford County. 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. As the project moves toward its anticipated completion date of 2022, however, the need for additional resources may become apparent. Harford County EMS formally supported the proposed conversion with a Letter of Support.

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

The Applicants recognize that timely transfer of patients from the FMF to UCMC or another acute care hospital without creating a burden for the affected EMS jurisdictions is a potential vulnerability. UM UCH has stated its intention to ensure the “ability to make timely ambulance transports in a safe and effective manner that will have minimal or no impact on the EMS system upon the conversion of HMH to a freestanding medical facility”.⁸ Additionally, the dedicated on-site ambulance should limit the number of transfers conducted by an EMS jurisdictional ambulance. However, this will need to be monitored during the transition and UM UCH will have to be prepared to commit additional resources.

⁸ Letter to Patricia Gainer from Lyle Sheldon, dated September 22, 2017, page 2

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

The EMS call volume for the affected jurisdictions has been relatively stable over the past three years. 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, or those that would require admission for inpatient care patients will require transport to an acute general hospital, rather than UC FMF. The number of Priority 1 and Priority 2 patients has remained relatively stable in the two affected jurisdictions from 2014 – 2016, experiencing only modest increases. EMS Priority 1 patients from both of the affected jurisdictions totaled 229 in 2016; none of these patients could be treated at UC FMF, unless the patient was in extremis. EMS Priority 2 patients from both of the jurisdictions totaled 2,245 during 2016; it is unclear how many of this patient were “stable,” and thus able to be transported to UC FMF.

(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 UC FMF will be located 3.8 miles from HMH, MIEMSS does not project a significant change in the transport times for ambulance-transported patients by either jurisdiction to the new facility instead of HMH. In terms of travel time to UCMC for those patients who cannot be transported to UC FMF, however, MIEMSS estimates an additional 19-24 minutes in transport times for Cecil County EMS to transport a patient to Upper Chesapeake instead of to Harford Memorial and an additional 23-27 minutes travel time to get a Cecil County unit back in service, i.e., back to its home county.

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

On its face, it appears that UC FMF should be able to secure adequate support from commercial ambulance services to complete necessary patient transfers in a timely manner. Securing such support is key to ensuring there is not a burden placed on the jurisdictional EMS Operational Programs for such interfacility transfers. Additionally, the UC FMF will need to ensure that patients, particularly those requiring time critical interventions are transferred in a timely manner. In support of the application, the applicants have stated:

[T]he goal for optimal patient management is to achieve an average two-hour transport time for emergent, high acuity patients requiring a higher level of care. This two-hour window will start from the time a decision to admit a patient has been made and continue until the patient arrives at the receiving facility. The two-hour transport window will be accelerated for patients experiencing life-threatening conditions; for example, UC FMF will have accelerated transport protocols for stroke and cardiac patients.

For non-emergent transports, a three to four-hour transport window will start from the time the receiving facility confirms bed availability. This transport time is consistent with existing patient boarding times at HMH and UCMC and will include transit time in an ambulance. UC FMF will require time to coordinate placement of most patients in an MSGA unit [of] the receiving facility before transporting the patient.⁹

The applicants have further stated that these times will be monitored via a daily monitoring log in conjunction with ambulance transport services. Monitoring these times to ensure that benchmarks are being met is critical both to ensuring appropriate and timely patient care and to maintaining compliance with the standards for designation of specialty programs.

(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.

There are four (4) hospitals likely to be affected by the conversion: three (3) in Maryland (UCMC, Union Hospital of Cecil County, and Franklin Square Hospital) and one (1) in Delaware (Christiana). UCMC is the closest hospital and likely to be receive most of the patients that need hospital admission.

⁹ Id at page 3

(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.

Information provided by Applicants indicates that ED usage dropped by 4% in the past 4 years. The Maryland Health Care Commission calculated projections for HMH ED visits to continue to decline over the next ten years. Projections as to future ED usage and associated increases in admission and observation patient volumes for the general hospitals likely to be affected by the proposed hospital conversion were not available for this analysis.

(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 the three Maryland hospitals to receive patients who would otherwise have been transported to HMH is critical. As many of these admissions would come into the hospital through the emergency departments, the use of alerts by the affected hospitals are noteworthy. UCMC has had increased yellow alert utilization each year and as of September 30, 2017 is close to surpassing the total hours for 2016 and EMS has placed UCMC on Re-Route for a significant amount of hours each year as compared to the other three hospitals. UCMC will need to ensure that it is able to accept additional admissions, as well as transfers from UC FMF in a timely manner. Also a designated specialty center, UCMC serves as a resource for the community for receiving and treating time-critical illness. Maintaining this ability to timely receive and treat patients is key to the hospital maintaining its specialty center designation status.

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

MIEMSS reviewed the size, scope, configuration, services and staffing planned for the UC FMF. The Applicants described how these components were 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.

- (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.*

Changes recently instituted by MIEMSS are applicable to the proposed project. First, EMS providers are now permitted to transport stable Priority 2 patients to a freestanding medical facility. Additionally, the MIEMSS Protocol Review Committee approved a pilot protocol which will allow EMS providers to transport Priority 1 stroke patients to a facility which has been designated as an Acute Stroke Ready Hospital (ASRH) if a Primary Stroke or Comprehensive Stroke Center is greater than fifteen (15) additional minutes away. These protocol changes broaden the categories of EMS patients that be transported to an FMF which, in turn, should decrease the numbers of patients EMS would have to divert to an acute care facility. MIEMSS does not anticipate that other 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 HMH to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system.

EXHIBIT 17



State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

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February 7, 2019

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

Dear Mr. Steffen,

On October 10, 2017, the Emergency Medical Services Board made a determination that the conversion of Harford Memorial Hospital to a freestanding medical facility will maintain adequate and appropriate delivery of emergency care within the statewide emergency medical services system as required by Health-General 19-120 (o)(3)(i) 5 C.

Subsequently, UM Harford Memorial Hospital and UM Upper Chesapeake Medical Center filed a modified request for exemption from CON review with the Maryland Health Care Commission after determining that the original site for the freestanding medical facility was no longer viable.

This letter is to confirm that the EMS Board discussed the new site at its meeting of August 14, 2018, and determined that the relocation to the new site five (5) miles from the original site was not a substantive change to the project and would not impact the factors that the Board is required to consider under COMAR 30.08.15.03. The Board, therefore, determined that there was no need to conduct another analysis of the project under COMAR 30.08.15.03.

Please let me know if you need additional information.

Sincerely,

Patricia Gainer, JD, MPA
Acting Executive Director