

STATE OF MARYLAND

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MARYLAND HEALTH CARE COMMISSION

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December 14, 2020

Via E-mail and USPS

Dana Farrakhan
Senior Vice President
Strategy, Community and Business Development
University of Maryland Medical Center
22 S. Greene Street
Baltimore, MD 21201

**Re: University of Maryland Medical Center
Relocate Two Mixed-Use General Purpose
Operating Rooms and Construction of a Second
Pediatric Hybrid Operating Room
Matter # 20-24-2445**

Dear Ms. Farrakhan:

Staff of the Maryland Health Care Commission (MHCC) has reviewed the University of Maryland Medical Center's Certificate of Need application for the relocation of two mixed-use general purpose operating rooms and the construction of a second pediatric hybrid operating room located on the University of Maryland Medical Center. Staff has a number of questions that need to be answered in order to find the application complete. Please respond to the following request for additional information.

Part I – Project Identification and General Information

1. Please state the number of mixed-use general purpose operating rooms and mixed-use special purpose operating rooms at UMMC upon project completion.
2. Confirm whether this CON project includes the costs for the upgrade/replacement of equipment for the existing hybrid OR. Provide the timeline when the renovations for the existing hybrid OR will occur.

3. Please respond to the following:
 - a. The current age and dimensions for the existing hybrid OR and the two mixed-use general purpose ORs that will be renovated as a result of this project;
 - b. The historical and projected breakdown on the number and percentage of pediatric versus adult cardiac cases performed in the existing hybrid OR;
 - c. The current and projected hours of operation for the pediatric hybrid ORs; and
 - d. The average wait time for patient/physician to schedule procedures in the hybrid OR.
4. Please provide the current conditions/problems with the two adjacent mixed-use general purpose ORs that will be relocated. Besides providing space for the second hybrid OR, state whether there is a need for the relocation and renovation of these two ORs?

Project Budget

5. Provide the basis of or assumptions used to calculate the following:
 - a. \$220,000 identified as Other Costs (overhead and PM cost); and
 - b. \$223,626 in Inflation Allowance.
6. Cite the line item in your audited financial statements from which the \$6,555,000 in cash will be drawn.
7. Do you have the \$3 million in philanthropic gifts in hand? If so, cite the sources for the philanthropic gift. If not, when do you expect to collect the gift? If you are unable to collect the entire gift in time, what is your contingency plan?

CONSISTENCY WITH GENERAL REVIEW CRITERIA (COMAR 10.24.01.08G(3)) (A) THE STATE HEALTH PLAN

COMAR 10.24.10 - ACUTE CARE HOSPITAL SERVICES standards

Charity Care Policy

8. The Financial Assistance policy (with an effective date of 7/1/2020) on the UMMC website is different from the Financial Assistance policy (with a Revision Date of 10/19/2020) in Exhibit 4 of your CON application. Please ensure we have the most up to date version of your financial policy and that it is available on your website.

Quality of Care

9. Please provide a response as to how UMMC will address the following two quality measures reported as “below average” on the most recent Maryland Hospital Performance Evaluation Guide:
 - a. How often were the patients' rooms and bathrooms always kept clean?
 - b. How often was the area around patients' rooms always kept quiet at night?

Efficiency

10. The applicant states on p. 29 that “the configuration of the new pediatric cardiac hybrid OR will enhance cross utilization and more efficient utilization of staff, supplies and equipment, and will provide for more timely communication and responses by physicians and staff serving this patient population.” As the guidance that MHCC staff has provided to help applicants interpret the Acute Care standards indicates, an applicant would *ideally* compare productivity and staffing metrics to illustrate improvements resulting from the proposed project in response to subsection .04B(11)(a) and (b). Accordingly, please provide either quantitative measures or other tangible improvements that will demonstrate these claims of operational efficiency.
11. Please provide more details and/or documentation regarding your statement on p. 29 as to how the renovation to the pediatric prep and recovery areas “will also result in operational efficiencies, including reduced patient and staff travel time.”

Patient Safety

12. Please provide evidence that supports the statement on p. 29 regarding the “essential, industry wide standard configuration” for the pediatric hybrid OR.
13. Provide details that illustrate how the new hybrid OR’s space allocation and placement of other support functions will resolve shortcomings with the existing hybrid OR. The applicant needs to support these statements with details or descriptions related to the patient safety design and improvements for the new hybrid OR.

COMAR 10.24.11 – GENERAL SURGICAL SERVICES standards

Need – Minimum Utilization for Expansion of an Existing Facility

14. The MHCC’s Annual Report on Selected Maryland General and Special Hospital Services for FY 2018 reports on p. 28 that UMMC has 22 mixed use general purpose and 13 mixed use special purpose ORs. In the application it was reported that UMMC has 23 mixed use general purpose and 12 special purpose ORs for FY 2020. What is the correct number of mixed use general purpose and special purpose ORs?
15. The State Health Plan standard assumes a 25-minute turnaround time (TAT) between operating room procedures. In response to the standard at Paragraph 7A(2)(c), please provide a justification for the use of 57-minute and 61-minute turnaround times for both the 23 mixed-use general purpose and 12 special purpose ORs in your OR need methodology.
16. Provide details and evidence to support the anecdotal statement from p. 48 that “UMMC’s general purpose ORs are not as well equipped....due to staffing, equipment, and distance from the pediatric unit.”

17. The applicant states on p. 49 “(W)hen the existing hybrid OR is unavailable for a pediatric cardiac surgery, the case must either be delayed or moved to the general purpose ORs in the main hospital building.” Please explain why these pediatric cardiac cases are not performed in the two adjacent mixed-use general purpose ORs located on the seventh floor, eliminating the need for relocating staff and equipment to the main hospital.
18. Please document the number of times within the last year that staff has had to cancel and reschedule procedures for the pediatric hybrid OR.
19. For the operating rooms located in UMMC’s seventh floor Pediatric Cardiac Program please provide:
 - a. The surgical case volume for the last two complete years in the two -mixed-use general purpose and the one hybrid OR.
 - b. The projected surgical case volume for the two mixed use general purpose and two hybrid ORs after completion of construction and initiation of these surgical services.

Availability of More Cost-Effective Alternatives

20. Please discuss why the existing surgical resources at Johns Hopkins Children’s Center Pediatric and Congenital Heart Program are not considered a cost-effective alternative to handle projected future need for such surgical services.
21. Please discuss the alternative of constructing the second hybrid OR in the support service areas where the two existing mixed-use general purpose ORs are planned to be relocated. This would leave the two existing mixed-use general purpose ORs where they are. Why did the applicant not consider this option, as it seems to be a less costly alternative, take less time for completion of construction, and cause less disturbance to the Pediatric Cardiac program?

Tables

22. Regarding Table C, please provide the square footage and the perimeter in linear feet for Phase 1 (moving two mixed-use general purpose ORs) and Phase 2 (creating one hybrid OR) of the project.
23. Regarding Table D, please disaggregate and show the construction costs for Phase 1 and Phase 2 individually. Also, please clarify whether these construction costs are for new construction (as indicated in your table) or for renovations (as stated in your narrative).
24. Regarding Tables G and H, please clarify whether these tables are in millions (000s) and for CY or FY.

25. Regarding Table L, please provide the current number of FTEs that staff UMMC's Pediatric Cardiac Program.

Please submit four copies of the responses to completeness questions and the additional information requested in this letter within ten working days of receipt. Also submit the response electronically, in both Word and PDF format, to Ruby Potter (ruby.potter@maryland.gov).

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

Should you have any questions regarding this matter, feel free to contact me at (410) 764-3774.

Sincerely,

William D. Chan
Program Manager

cc: Scott Tinsley-Hall, University of Maryland Medical Center
Thomas C. Dame, Esq., Gallagher, Evelius & Jones, LLP
Mallory M. Regenbogen, Esq., Gallagher, Evelius & Jones, LLP
Letitia Dzirasa, MD, Health Officer, Baltimore City Health Department
Paul Parker
Kevin McDonald
Laura Hare