GALLAGHER

GALLAGHER EVELIUS & JONES
ATTORNEYS AT LAW

March 22, 2023

VIA EMAIL & HAND DELIVERY

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

Re: Shore Health System, Inc. Responses to Second Set of Additional Information Questions dated March 8, 2023 for Replacement and Relocation of University of Maryland Shore Medical Center at Easton

Dear Ms. Potter:

On behalf of the applicant Shore Health System, Inc., we are submitting an electronic version of the Responses to the Second Set of Additional Information Questions dated March 8, 2023 and related exhibits. By separate email, we will provide a WORD version of the responses.

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

If you have questions about the information provided above, please contact us at your convenience.

Very truly yours,

Thomas C. Dame Mallory Regenbogen Alison Lutich

cc: Ben Steffen, Executive Director, MHCC
Paul Parker, Director, Center for Health Care Planning & Development, MHCC
Wynee Hawk, RN, JD, Chief, Certificate of Need, MHCC
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Emily Dickinson, HKS

SHORE HEALTH SYSTEM, INC.
RELOCATION OF UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT EASTON
Matter No. 23-20-2463

Responses to Completeness Questions Dated March 8, 2023

STATE HEALTH PLAN

COMAR 10.24.10.
Acute Hospital Services

Identification of Bed Need and Addition of Beds

1. **In the original application, the applicant stated the recent decrease in Shore's market share was attributed to increases in MIEMSS Red and Yellow alerts during the Covid pandemic. Applicant's completeness response, however, stated that all area hospitals experienced increased MIEMSS Red and Yellow alerts. If all area hospitals experienced the same increased MIEMSS Red and Yellow alerts, please provide a more detailed explanation of how the decrease in market share was unique to Shore?**

Applicant Response

As indicated in the Applicant's response to Question 6 of the MHCC's Additional Information Questions dated January 25, 2023, all Shore Health System facilities and UM SMC at Chestertown experienced significant increases in MIEMSS alerts. Since UM SMC at Easton serves as the Regional Medical Center "hub" within Shore Regional Health's hub and spoke model on the Eastern Shore, increased MIEMSS Alerts at all these facilities would be expected to decrease admissions at UM SMC at Easton.

Anne Arundel Medical Center also experienced a less significant increase in MIEMSS Alerts compared to Shore Regional Health facilities. Further, TidalHealth Peninsula Regional Medical Center does not use MIEMSS Alert statuses, so they were excluded from the Applicant's previous response.

Beyond increases in MIEMSS Alerts, the following three major factors have played a role in Shore Health System's decline in MSGA market share:

1. UM SMC at Dorchester's conversion from a hospital to the UM SMC at Cambridge FMF in FY 2022 resulted in a dispersal of UM SMC at Dorchester's MSGA volumes, which are now seen at other Shore / UMMS facilities or are treated as observation patients at UM SMC at Cambridge or other Shore Regional Health facilities.
2. UMMS has placed an increased emphasis on ensuring that patients are seen in the most appropriate facility. Specifically, COVID-19 patients were routed to specific UMMS hospitals over the last few years. Complex cases have also been shifted to UMMC when appropriate.
3. Shore Regional Health has been intentional in ensuring that patients receive the appropriate level of care once they arrive at the hospital, and as such has placed an increased emphasis on the use of observation status (as opposed to more expensive

inpatient status) when appropriate. From FY 2017 to FY 2022, Shore Health System observation cases have increased by 50.7%.

2. **The completeness response states that one RN and one technician will staff the pediatric unit (Question #9). How will applicant adjust staffing for the pediatric unit in periods of both high and low volume? See Table 108.**

Applicant Response

As indicated in the Applicant's response to Question 22 of the MHCC's Additional Information Questions dated January 25, 2023, UM SMC at Easton's obstetric nursing staff are cross-trained to care for pediatric patients and pediatric staff are cross-trained to care for OB patients, and techs are shared across Women's and Children's Services. During periods of high pediatric volumes at the replacement facility, nursing staff will float over from OB to serve the pediatric patients. During periods of low or no volume of pediatric patients, nursing staff will float to OB to serve those patients, or staff's shifts will be delayed or shortened until patient census increases.

COMAR 10.24.11.
General Surgical Services

3. **Please provide the surgical turn-around time currently experienced by other UMMS hospitals. If there are differences in TAT times between the institutions, please provide an explanation as to the causes for these varying TAT times.**

Applicant Response

TAT varies from facility to facility depending on the specific characteristics of that institution, including the mix of cases, equipment needs and processing, and numerous other factors. Comparing the TAT of UM SMC at Easton and the other UMMS affiliate hospitals does not provide any meaningful comparison since each institution's TAT is unique to its environment. Nonetheless, Table 131 below provides a report from UMMS' E.H.R. system on TAT in the ORs of various UMMS hospitals in CY 2022. UM SMC at Easton's average TAT in CY 2022 was below the UMMS hospitals' average TAT of 42 minutes. Notably, this report automatically excludes cases with invalid TAT in excess of 60 minutes, which results in artificially deflating the TAT at these facilities. This same artificial deflation issue was discussed in the Applicant's response to Question 27 of the MHCC's Additional Information Questions dated January 25, 2023.

Table 131
Average TAT at UMMS Hospitals
CY 2022

Facility Name	Turnaround Time
UM BWMC	44 mins.
UM SMC at Easton	37 mins.
UMMC Midtown	44 mins.
UM St. Joseph Medical Center	39 mins.
UM Capital Region Medical Center	57 mins.
UM Charles Regional Medical Center	24 mins.
UM Harford Memorial Hospital	33 mins.
UM Laurel Medical Center (FMF)	37 mins.
UMMC Downtown	58 mins.
UM Rehabilitation & Orthopaedic Institute	35 mins.
UM Upper Chesapeake Medical Center	40 mins.
Average	42 mins.

Source: UMMS Internal data.
Note: Includes average TAT in ORs at these facilities. Excludes cases performed in cardiac cath or IR labs, or non-OR procedures.

a) Will the seven ORs at UM SMC at Easton each be equipped to perform robotic surgery? Please identify the ORs that will be equipped for robotic surgery.

Applicant Response

As noted in the CON application, the use of robotics in various surgical specialties is expanding and surgical robots require significant space within the OR. As such, all seven ORs at the replacement facility will be sized to accommodate robotic surgery. This will ensure that each OR is versatile and capable of accommodating robotic cases, which is expected to minimize any scheduling and functional limitations as robotic surgery continues to expand.

b) Please explain the approximate 40 minute TAT times for ORs that utilize robotic surgery, as indicated on p. 39.

Applicant Response

As stated on page 39 of the Applicant's responses to MHCC's Additional Information Questions dated January 25, 2023, the average TATs for robotics general surgeries were 48 minutes and 47 minutes in FY 2021 and FY 2022, respectively. Robotic surgery requires additional turnaround time to drape the robot, and prepare the robotic equipment and protocols for the particular case. In addition, there is significant processing time between cases for cleaning of robotics instrumentation.

4. **On p. 40, applicant states that inpatient surgical cases average time of 123 minutes/case and outpatient cases at 86 minutes/case will remain constant from FY2023 through FY 2032. Please provide the assumptions used to support the surgical minutes per case remaining unchanged at these levels and not decreasing during this ten-year time period, particularly with surgical improvements, technology and the use of robotic surgery.**

Applicant Response

As shown in Table 132 below, from FY 2014 to FY 2022, surgical minutes per inpatient case have ranged between 115 and 130 minutes, while surgical minutes per outpatient case have ranged between 71 and 88 minutes. Surgical minutes per case depend on many different factors including, but not limited to, complexity, type of surgical case, level of experience of physicians, and patient complications. Given these historical ranges and absent the ability to predict how all these factors may interact, the Applicant believes that the most appropriate assumption regarding surgical minutes per case is that it will remain constant at FY 2023 levels through the projection period.

Table 132
Historical Surgical Minutes per Case
FY 2014 – FY 2022

	Surgical Minutes per Case										
	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	Minimum	Maximum
Inpatient	116	118	115	119	123	121	118	130	123	**115**	**130**
Outpatient	77	79	79	77	76	71	83	88	86	**71**	**88**

Source: FY2014-FY2022 HSCRC data tapes and HSCRC experience data

COMAR 10.24.21
Acute Psychiatric Services

5. **UM representatives stated that if a high acuity geriatric patient presents in the psychiatric unit at the replacement hospital with a neurocognitive diagnosis they will not be served on the unit. Please describe Shore's plans and procedures for managing these patients, including details about transfers for care and any corresponding transfer agreements.**

Applicant Response

The Applicant stated in its response to Question 44 of the MHCC's Additional Information Questions dated January 25, 2023 that geriatric patients with neurocognitive deficits are typically not considered for admission and are referred to an appropriate provider. These patients are not presenting in, nor admitted to, the inpatient behavioral health unit at UM SMC at Easton; rather, they are presenting in UM SRH's EDs. After being evaluated in the ED, these patients are held in the ED until an appropriate care facility, capable of meeting the patient's needs, accepts the patient. The patient is then transported to such provider.

Table of Tables

Table	Description

I hereby declare and affirm under the penalties of perjury that the facts stated in the Responses to this Second Set of Completeness Questions dated March 8, 2023 and its attachments are true and correct to the best of my knowledge, information, and belief.

March 22, 2023
Date

DocuSigned by:
JoAnne Hahey
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JoAnne Hahey, CPA
Senior Vice President and Chief Financial Officer
University of Maryland Shore Regional Health

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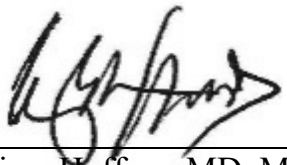
March 22, 2023
Date



William Huffner, MD, MBA, FACEP, FACHE, CMO and Senior Vice President of Medical Affairs
University of Maryland Shore Regional Health

I hereby declare and affirm under the penalties of perjury that the facts stated in the Responses to this Second Set of Completeness Questions dated March 8, 2023 and its attachments are true and correct to the best of my knowledge, information, and belief.

March 22, 2023
Date

Susan Walbridge MSN, RN, NEA-BC, CNOR
Perioperative Educator
University of Maryland Shore Regional Health

#825908

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March 22, 2023
Date

Jennifer Bowie, MBA, BSN, RN
Senior VP Patient Care Services and
Chief Nursing Officer
University of Maryland Shore
Regional Health