STATE OF MARYLAND

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January 8, 2019

VIA E-MAIL AND REGULAR MAIL

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

Re: Establish 16-Bed Inpatient Acute Psychiatric Services for Adolescents at UMMC
Matter No. 18-24-2429

Dear Ms. Farrakhan:

Commission staff has reviewed the above-referenced application for the Certificate of Need ("CON"). Prior to docketing this application, the Maryland Health Care Commission ("MHCC") is requesting that University of Maryland Medical Center ("UMMC") provide responses to the following questions and requests for additional information or clarification.

PART I – PROJECT IDENTIFICATION AND GENERAL INFORMATION

1. Please provide the following additional information and clarifications of the comprehensive project description:

   a. It is stated on page 17 of the application that the design will include barriers to keep the patient populations separate, and it's mentioned that the unit will be designed for up to eight children and eight adolescents. The floor plan shows seven beds (numbered 4-10) on one side of two sets of double doors. There are 9 beds (numbered 11-16, 1-3) on the other side of the two sets of double doors. Please explain in more detail of how is it possible to keep these distinct patient populations physically separate and safe as shown in the floor plan provided?

b. The gym and a group therapy room is planned on the 12th floor, which will house the remaining 15 beds of the adult psychiatry unit. Define how the required separation of the patient populations will be maintained and provided when the children or adolescents access these proposed locations near the adult patients for necessary multidisciplinary care.

c. In question 8.A2 on page 4 of the application, it's mentioned that ***"As a safety precaution, UMMC often must assign one or more hospital security officers as "sitters" for disruptive and often violent adolescent patients…"*** How will UMMC be able to "flexibly address" the different age groups in the overlapping areas of the floor plan and maintain patient safety for each psychiatric age group, child versus adolescent?

PART IV - CONSISTENCY WITH GENERAL REVIEW CRITERIA

a) The State Health Plan

COMAR 10.24.07, State Health Plan for Facilities and Services: Psychiatric Services

Standard AP 4b

2. Specifically describe the measures to be used that will provide separation of the child, adolescent and adult sections of the psychiatric units on floors eleven (N11W) and twelve (N12W). In your response please address the clinical and programmatic distinctions made for scheduling of services with regard to the floor plan design limitations, as it shows only one location for a gym, school services, group activity, OT/dining space and lounge areas.

   In addition, elementary schools have child sized desks and equipment compared to high schools. Please explain how one space as designed for these multidisciplinary care activities is able to meet the health care needs of these two distinct patient populations with unique physical requirements, and yet keep separate for the safety of all patients?

Standard AP 6

3. Please provide copies of the written treatment protocols for child and adolescent psychiatric services, if any exist.

Standard AP 12b

4. How many qualified private therapists are available at UMMC? Do these therapists accept and treat Medicaid patients, and if so, what percentage? Will they accept patients for further outpatient treatment?

Standard AP 13

5. Describe the key facilities, programs, and organizations ("inpatient, outpatient, long-term care, aftercare treatment programs, and alternative treatment programs") in the service area that will comprise the referral network for discharged child and adolescent psychiatric patients.

COMAR 10.24.10, State Health Plan for Facilities and Services: Acute Care Hospital Services

Standard .04B(4) Adverse Impact

6. The proposed project appears to be reducing both inpatient adult and latency child psychiatric services in order to create adolescent psychiatric services. Please provide the following additional information and clarifications of the potential adverse impact of the project regarding volume, access and cost:

   a. Adult beds at UMMC are reduced by nearly 52% (from 31 beds down to 15, Table A). Please provide an explanation, including supporting data on demographics, volume, competitor expansion of service, etc. indicating that this reduction will not have an adverse impact on adult psychiatric care in the UMMC primary service area.

   b. Latency aged children psychiatric beds are reduced from 12 beds to eight, a reduction of 1/3rd of the total capacity for this age group. Please provide an explanation, including supporting data on demographics, volume, competitor expansion of service, etc. indicating that this reduction will not have an adverse impact on child psychiatric care in the UMMC primary service area.

Standard .04B(5) Cost Effectiveness

7. Given your responses to a. and b. in question six above, why is it most cost effective to develop a new psychiatric hospital program that appears to be predicated on reducing availability of services for two of the three age categories?

Project Review Standard (11), Efficiency

8. The application mentions reduced security costs and better patient care in moving adolescents to an inpatient room more quickly as a result of this application.

   a. Will adult psychiatric patients be expected to wait longer in the ED for a psychiatric bed due to the reduction in their bed count by over 50%? If not, explain the capacity that exists so this will be possible.

b. Will latency children have to wait longer in the PED, as their bed count is reduced from 12 to eight? Does the existing experience at UMMC indicate that there is capacity so this is not a potential problem?

9. Why is putting the children and adolescent population on the same floor the most efficient? Does the efficiency as designed compromise other considerations in the certificate of need requirements?

Project Review Standard (12), Safety

10. The application states the design is based on FGI Guidelines. Explain how the child, adolescent and adult psychiatric populations will be kept safe with services for all populations overlapping on either floors N11W or N12W.

11. On page 32 of the application, it states that UMMC seeks to renovate existing facilities on the 11th floor, and that existing psychiatric patients do not have rooms meeting modern codes, such as private bedrooms and bathrooms. However, this appears to be a move backwards from the existing facilities on P4G rather than a modernization, as the floor plan provided shows only two toilets and one shower for the six patients in beds numbered 11-16.This potentially has different sexes sharing the shower at different times. All other rooms are private bed/private bath in design, which the application defines as the modernization standard. How does this better meet the needs for young psychiatric patients? Please provide a copy of the existing child psychiatric floor plan on P4G for comparison.

Also, please have your architect provide a letter supporting the FGI/JCAHO quality and safety standards that allow only two toilets and one shower for the six psychiatric patients in beds numbered 11-16.

12. Please verify staffs understanding of the following design items:

a. The design indicates there are only two seclusion rooms on the 11th floor, and two on the 12th floor. Is this sufficient for sixteen patients? As submitted, access to one seclusion room appears it is through another, and access to a toilet is only available from one. Is this correct (rooms N11W117 and 117A)?

b. There appear to be two seclusion rooms isolated on the 12th floor, (rooms N12W47 and 47A) and a patient sensory room (N12W49). Will there be adequate supervision for these rooms? Will it be a safe environment for children on the adult floor? How will this be provided?

c. The application states there are a variety of respite rooms, sensory rooms, seclusion rooms, and group areas. The group rooms are all on one side of the floor design. How is this design compatible with the safety needs of the child patient from the adolescent patient, and the ability to segregate patients by age?

COMAR 10.24.01.08G(3), State Health Plan

Project Review Standard (b), Need

13. The resulting change in bed distribution in each age category demands a need analysis for child and adult psychiatric hospital services, in addition to the adolescent information provided. What is the actual experience of UMMC in providing acute hospital services for children and adults with psychiatric disorders, and what are the projections? Provide a brief service-area level analysis of the demand for psychiatric services experienced by UMMC, for the two existing age categories, which identifies the primary service area market share and the proportion of demand coming from beyond the service area.

14. Please answer the following:

a. Whether preventive and outpatient services for behavioral health issues in the adolescent population are optimized in the UMMC service area. If not, how will the project assist UMMC in improving these services?

b. How do hospitalization rates in the UMMC service area compare with use seen in other regions of Maryland and what does this comparison indicate about the relative need for investment in additional hospital facilities versus alternative, non-inpatient programming to address the needs of persons in the 12 to 17 age range?

c. Was the option of renovating the existing child space to more modern standards, and have the adolescent unit be all 16 beds in the proposed space considered? The updated use rate in Table 4 of your need analysis increased substantially and discharges nearly doubled when all facility information was received, yet your volume projections did not change. Why wouldn't your discharge numbers increase with the increased adolescent psychiatric market volumes provided?

Project Review Standard (d), Viability

15. Please clarify the projections for total psychiatric services by providing a breakdown by the three categories, child, adolescent and adult for days, discharges and ALOS. Describe why the ALOS is shown as constant at 11.5 in Table F, with the changes being made in this proposal, which include an additional age group as one factor.

16. Please explain the difference in discharges, days and ALOS in Table 7 on page 48 for adolescents versus the volumes reported for the new service on page 15 of Table I, Exhibit 1.

17. Total volume for adult and geriatric psychiatric patients in projection years (FY21-FY23), calculated by removing new service volumes, equal just over 500 discharges, 11,300 days and an ALOS of over 21. Please explain this variance, especially compared to FY2017, when total discharges were 1,129 and patient days 12,950 for an ALOS of 11.5 (Table F, pgs. 8-9).

18. Are there any physician staffing expenses for this project? (There do not appear to by any shown in the work force table). Explain the plan for providing medical direction for this program. How many child psychiatrists are on the staff of UMMC?

Project Review Standard (f), Impact on Existing Providers and the Health Care Delivery System

19. The market data provided indicate the impact on other providers to the adolescent population does appear minimal. However, please identify the hospitals that will experience a projected impact as a result of implementing this proposed project and quantify that impact by projecting the shift in admissions that will occur with regard to the reduction in beds for adults and latency age children.

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

All information supplementing the application 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 either me at (410)764-8782 or Kevin McDonald at (410)764-5982.

Sincerely,

Eric N. Baker
Program Manager
Certificate of Need

cc: Mary Beth Haller, Esq., Interim Health Officer, City of Baltimore
Thomas C. Dame, Esq., Gallagher, Evelius and Jones
Ella R. Aiken, Esq., Gallagher, Evelius and Jones
Suellen Wideman, Assistant Attorney General
Kevin McDonald, Chief, Certificate of Need, MHCC