

August 26, 2025

**VIA EMAIL**

Ms. Deanna Dunn  
[Deanna.dunn4@maryland.gov](mailto:Deanna.dunn4@maryland.gov)  
Program Manager  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

Re: Shore Health System, Inc. Responses to Additional Information Questions dated August 15, 2025 for Post-Approval Project Change

Dear Ms. Dunn:

On behalf of the applicant Shore Health System, Inc., we are submitting an electronic version of the Responses to Additional Information Questions dated August 15, 2025 and related exhibits. By separate email, we will provide a WORD version of this request.

We hereby certify that a copy of this report will be forwarded to the appropriate local health planning agencies as noted below.

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

Sincerely yours,



Mallory Regenbogen



Alison B. Lutich

Ms. Deanna Dunn  
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Enclosure

cc: Douglas Jacobs, M.D., Executive Director, MHCC  
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Alexa Bertinelli, Esq., Assistant Attorney General, MHCC  
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Fahmi Fahmi, MD, Health Officer, Talbot County  
Kenneth Kozel, MBA, FACHE, President and CEO, UM SRH  
LuAnn Brady, Sr. VP, Chief Operating Officer, UM SRH  
Richie Stever, VP, Real Estate and Construction, UMMS  
Rebecca Daley, Esq., Chief Transactions & Regulatory Counsel, Office of the General  
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Casey E. Haines, M.S., PMP, LSSGB, EDAC, DML, Senior Program Manager, Covalus

**SHORE HEALTH SYSTEM, INC.**  
**RELOCATION OF UNIVERSITY OF MARYLAND SHORE MEDICAL CENTER AT EASTON**  
**Matter No. 23-20-2463**  
**CON Granted: January 4, 2024**

**Post-Approval Project Change**  
**Responses to Completeness Questions Dated August 15, 2025**

- 1. In the original CON request, SHS stated that there were six operating rooms (ORs) in the existing hospital which were insufficient to handle increasing demand. The current change request states that the hospital now only uses five of the six ORs at any time. Describe the changes in efficiency that the hospital has made to meet the needs of the service population with the use of only five ORs at any time?**

[Applicant Response](#)

To meet the needs of the service population with use of five ORs, SHS has implemented a number of initiatives designed to maximize efficiency. As discussed in the post-approval project change request, SHS is focused on promoting first case on-time starts and actively evaluates its performance under this efficiency metric. SHS's perioperative team monitors the percentage of first surgeries of the day that begin on time and as previously discussed, SHS has made significant progress improving its performance in this area. In addition, SHS closely monitors block time usage to ensure that surgical cases are scheduled in a way that maximizes capacity of available ORs. SHS is focused on achieving an average number of completed surgical cases per OR per day that reflects efficient throughput and effective scheduling.

In addition to the efficiency initiatives described above, SHS also extends OR hours into the evenings and weekends to accommodate high volumes when necessary. Regular OR hours are Monday through Friday from 7:45 a.m. to 3:30 p.m. During these normal hours, elective, urgent, semi-urgent, and emergent add-on cases can be performed. SHS offers extended operating hours from 3:30 p.m. to 7:00 p.m. in a reduced number of ORs. During these extended hours, elective, urgent, semi-urgent, and emergent add-on cases can be performed. These extended operating hours are also used by surgeons whose cases did not finish by 3:30 p.m. as predicted. Finally, SHS offers on-call hours from 7:00 p.m. to 7:45 a.m. on weekdays and 24 hour on-call coverage on weekends and holidays for emergent cases.

SHS believes it can continue to meet the needs of its service population using five ORs in the current facility and six ORs when the replacement hospital opens. As indicated in the post-approval project change request, the reduced number of ORs is intended to be a short-term cost-saving measure to allow SHS to save upfront capital costs. SHS intends to continue monitoring utilization while striving to operate as efficiently as possible. As it continues to evaluate its needs, SHS will reapply for a CON to add a seventh OR if and when it determines it can no longer serve its service area population needs with existing capacity.

- 2. Provide existing and proposed utilization calculations (including expected TATs) for the current hospital (showing only 5 operating rooms in use at any one time) and the replacement hospital with 6 ORs after completion of the project.**

Applicant Response

Table 3 below presents the historical and proposed utilization calculations submitted in the CON review with four additional rows added that demonstrate how the current and proposed OR utilization in available ORs compares to optimal and full capacity.

**Table 3  
Historical and Projected Operating Room Need  
FY 2019 through FY 2032**

	Historical				Projected									
	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
Population Growth					0.9%	0.9%	0.9%	0.9%	0.9%	0.9%	1.0%	1.0%	1.0%	1.0%
<b>A OR Cases</b>														
Easton + Dorchester														
Inpatient	1,494	1,204	1,085	957	965	974	982	991	1,000	1,010	1,019	1,029	1,039	1,050
Outpatient	4,580	3,879	4,523	4,411	4,448	4,487	4,527	4,568	4,610	4,653	4,697	4,743	4,790	4,838
Total	6,074	5,083	5,608	5,368	5,414	5,461	5,509	5,559	5,610	5,663	5,717	5,772	5,829	5,888
<b>B OR Minutes per Case</b>														
Easton + Dorchester														
Inpatient	121	118	130	123	123	123	123	123	123	123	123	123	123	123
Outpatient	71	83	88	86	86	86	86	86	86	86	86	86	86	86
Total	83	92	96	93	93	93	93	93	93	93	93	93	93	93
<b>C = A * B OR Minutes</b>														
Easton + Dorchester														
Inpatient	181,443	142,570	141,490	117,238	118,239	119,268	120,326	121,412	122,529	123,676	124,856	126,069	127,316	128,599
Outpatient	325,573	323,177	399,488	380,379	383,606	386,945	390,375	393,900	397,523	401,246	405,074	409,009	413,055	417,216
Total	507,016	465,747	540,978	497,617	501,844	506,213	510,701	515,312	520,052	524,923	529,930	535,078	540,371	545,815
<b>D Turnaround Time (TAT) per Case (minutes)</b>	39	38	36	37	37	37	37	37	37	37	37	37	37	37
<b>E = A * D Total TAT Minutes</b>	236,886	193,154	201,888	198,616	200,303	202,046	203,838	205,678	207,570	209,514	211,512	213,567	215,680	217,853
<b>F = C + E Total OR &amp; TAT Minutes</b>	743,902	658,901	742,866	696,233	702,147	708,259	714,538	720,991	727,621	734,436	741,442	748,645	756,051	763,668
<b>G Optimal Minutes per OR (1900 hours)</b>	114,000	114,000	114,000	114,000	114,000	114,000	114,000	114,000	114,000	114,000	114,000	114,000	114,000	114,000
<b>H = F / G Operating Room Need</b>	6.5	5.8	6.5	6.1	6.2	6.2	6.3	6.3	6.4	6.4	6.5	6.6	6.6	6.7
<b>I Full Capacity Minutes per OR (2375 hours)</b>	142,500	142,500	142,500	142,500	142,500	142,500	142,500	142,500	142,500	142,500	142,500	142,500	142,500	142,500
<b>J Number of ORs in Operation</b>					5	5	5	5	5	5	6	6	6	6
<b>K = F / J Total OR &amp; TAT Minutes Per OR in Operation</b>					141,652	142,908	144,198	145,524	146,887	148,274	149,693	151,145	152,631	154,151
<b>L = F / (G * J) Utilization as a Percentage of Full Capacity</b>					99	100	101	102	103	103	87	88	88	89

Source: hMetrix non-confidential statewide data & HSCRC Experience Data; Turnaround time based on Shore internal data

As demonstrated in Table 3, SHS is currently operating at 99% of full capacity in its five available ORs. While SHS projects that it will reach 103% of full capacity in fiscal year 2028 (the last year before the replacement hospital opens), this utilization only slightly exceeds the full capacity standard and will reduce to 87% of full capacity in fiscal year 2029 when the replacement hospital opens. Due to the initiatives SHS has implemented to maximize efficiency discussed in response to Question #1, SHS believes it can continue to meet patient needs and provide appropriate access to surgical services with the capacity illustrated in Table 3, but will continue to monitor utilization and evaluate capacity needs recognizing that additional OR capacity may become necessary in the future.

- While SHS will no longer be purchasing the moveable equipment for one OR and one cardiac cath lab for the replacement hospital at this time, will all the fittings, plumbing, and gas lines be part of the construction of these rooms which SHS plans to use for these purposes at a later date?

Applicant Response

The fittings, plumbing, and gas lines will not be installed within the rooms at this time. However, they will be located nearby so that the infrastructure is available for future connection when these spaces are fitted out for their intended purposes.

- 4. Indicate on the floor plans which OR and which cardiac cath lab will no longer be included in the project.**

Applicant Response

Cath lab 1 and OR 5 as identified in the attached updated floor plan will be repurposed as a shared workroom and staff respite space, respectively. See **Exhibit 1**.

Respectfully submitted,



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*Attorney for Shore Health System, Inc.*

Date: August 25, 2025

## INDEX OF EXHIBITS

<u>Exhibit</u>	<u>Description</u>
Exhibit 1	Updated Floor Plan

## INDEX OF TABLES

<u>Tables</u>	<u>Description</u>
Table 3	Historical and Projected Operating Room Need FY 2019 through FY 2032

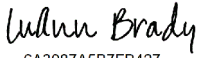
# **EXHIBIT 1**



# **AFFIRMATIONS**

I hereby declare and affirm under penalties of perjury that the facts stated in this Responses to Additional Information Questions dated August 15, 2025 and its attachments are true and correct to the best of my knowledge, information, and belief.

Dated: 8/21/2025

Signed by:  
  
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\_\_\_\_\_  
LuAnn Brady  
Senior Vice President  
Chief Operating Officer  
University of Maryland Shore Regional Health

I hereby declare and affirm under penalties of perjury that the facts stated in this Responses to Additional Information Questions dated August 15, 2025 and its attachments are true and correct to the best of my knowledge, information, and belief.

Dated: 8/21/2025

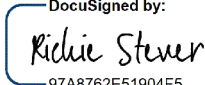
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*paul nicholson*  
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Paul Nicholson, MBA, FHFMA  
Senior Vice President for Finance  
University of Maryland Shore Regional Health

I hereby declare and affirm under penalties of perjury that the facts stated in this Responses to Additional Information Questions dated August 15, 2025 and its attachments are true and correct to the best of my knowledge, information, and belief.

Dated: 8/21/2025

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\_\_\_\_\_  
Richie Stever, MHA, SASHE  
Vice President of Real Estate and Construction  
University of Maryland Medical System