

**Northwestern Medical Center Submission  
in Response to March 23, 2020 Hearing Officer Request and  
in Support of Certificate of Need Application for Emergency Department Modernization Project  
Docket No. GMCB-003-19con**

The following is Northwestern Medical Center's (NMC's) submission in response to the requests of the Green Mountain Care Board (GMCB) Hearing Officer, dated March 23, 2020, regarding NMC's Certificate of Need application relating to its Emergency Department (ED) Modernization Project—GMCB-003-19con and to be submitted by April 13, 2020 in support of the approval of that application.

**1. NMC's financial condition and ability to sustain the financial burden likely to result from the completion of the project;**

This project is a top priority and mission critical for NMC, and NMC is committed to funding the project in a responsible manner while preserving necessary days of cash on hand to ensure the financial viability of the hospital for the foreseeable, yet unpredictable, future. If necessary, NMC plans to defer other capital expenses in order to maintain the funds required to proceed with this project. For reasons explained elsewhere in these responses, the project must be completed. This impacted area of NMC's plant is 30 years old, and does not provide the basic infrastructure needed to optimally deliver emergent care, particularly in the circumstances presented by our response to COVID-19. Besides a lack of dedicated negative pressure rooms, we lack the necessary space to properly and safely separate patients. At times, we recently have had occasions where we have asked patients to wait in our ambulance bay to maintain needed separation.

NMC's commitment to funding this project is detailed in the original application documents as well as in the answer to Question #2 from our August 23, 2019 response to GMCB questions sent to NMC on August 7, 2019. In this current extraordinary time, NMC is simply unable to predict to what extent project expenses, as detailed in our application submitted in June of 2019, have changed or will change. Our expectation, however, is that the delta of change will not exceed the rate of inflation.

As we have described, the project will be funded through cash reserves. The covenant to NMC's current outstanding bond financing requires NMC to have no less than 100 days of cash on hand. NMC's application, at page 10, estimates the use of cash reserves to represent approximately 23 days of cash on hand.

As of this date, it is not possible for NMC to know what level of revenue or financial resources we will have available in the months ahead. Prior to our Governor's declaration of a public health emergency, NMC had requested a mid-year rate increase from the Green Mountain Care Board and had embarked on a comprehensive service line analysis and an 18-month financial improvement plan under its new Chief Financial Officer, Robyn Alvis, to return NMC to profitability by the end of fiscal year 2021. This analysis and plan were reviewed and approved by the NMC Board Finance Committee, the Board Executive Committee and the full Board of Directors in March 2020.

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Given the current circumstances, the ED Modernization project will not commence until the NMC leadership and Board of Directors have confidence that NMC has and will have sufficient cash reserves, certainly no less than 130 days of cash on hand, to commence the project.

**1A. Further elaboration also requested: Realizing the uncertainty associated with the COVID-19 pandemic, to the extent you can, please also address how this public health emergency might affect the project and NMC's ability to sustain the financial burden likely to result from completion of the project.**

With regard to how the COVID-19 pandemic affects the project, NMC's experience in caring for suspected COVID-19 patients has only highlighted the urgent need for NMC to modernize its ED to have individual private rooms. The planned expansion of negative pressure rooms along with private rooms that could be converted to negative pressure would greatly improve our ability to decrease the potential for cross contamination. It also would significantly increase patient security and comfort and materially decrease NMC's burn rate of critical personal protective equipment (PPE) which is at a premium nationwide. NMC believes that the staffing and PPE expenses associated with caring for suspected COVID-19 patients have been significantly higher than what we expect would have been the case if NMC could have been providing services in a modernized ED.

NMC does not know the full extent of federal or state aid which may become available to NMC as a result of its increased COVID-19 related expenses, including establishing an alternative care site, and its decreasing revenue due to the elimination of nonessential and elective services. The impact of COVID-19 has and will have a negative impact on NMC, but some portion of lost revenue is expected to be recovered. As NMC exits the pandemic and is able to understand the full financial ramifications, we will adjust our financial funding strategy accordingly. The guiding principle of good stewardship of current resources along with continued focus on improving our financial stability will remain and will dictate when we begin actual construction and renovation of the ED.

**2. The need for the project and, in particular, the need for a lockable space containing two dedicated safe holding rooms and two flexible safe holding rooms;**

The need to modernize the Northwestern Medical Center (NMC) Emergency Department (ED), designed thirty years ago, is clear, clinically-driven, and pressing. Emergency Medicine is a fundamental service of a rural community hospital in Vermont. The NMC ED is a critical community resource, without which many of the outlying portions of our service area would face more than an hour's drive (in good weather) for emergency medical care. The 30-year-old design of the ED does not provide adequate space to best provide for the treatment, safety, and privacy of our patients. To address these issues, this modernization project was designed in collaboration with NMC's ED physicians and nurses; shaped in response to patient feedback; aligned with applicable regulations and standards; and refined in consultation with Northwestern Counseling & Support

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Services, including input and review by a group which included members with lived-experience relating to mental health concerns.

Here is a summary of the four crucial factors necessitating this modernization project, which are discussed extensively in our Certificate of Need application and responses to the questions which followed. The need for safe holding rooms with the option to be locked is addressed in the fourth section below.

- **Right-Sizing Capacity:** Despite significant volume growth over the years, the NMC ED’s capacity has stood at 14 beds for 20 years (up from its design for 9 beds after the absorption of an adjacent 5-bed endoscopy unit). Despite NMC’s documented results in reducing avoidable ED visits through its expansion of Primary Care and Pediatric access, investment in Urgent Care, embedded care management, and public “right care, right place” campaigns, the demands of NMC’s ED volumes continue to exceed the 14-bed capacity. National benchmarks and similar Vermont hospital comparisons were used to determine the proper targeted number of beds to meet current and projected volumes and this has been discussed in detail in NMC’s CON application and responses to GMCB’s question sets during this process. As we have shared in our prior submissions, for the national benchmark, we used Strauss and Mayer’s “Emergency Department Management” publication. The modernized NMC ED will have 20 total patient care rooms, which aligns with the visit-per-room national standard and puts NMC projected visits-per-room in the middle of the comparison hospitals: Brattleboro, Rutland, Southwestern, and North Country (see chart on page 5 of NMC’s CON Application).
- **Overall Safety Concerns:** The outdated design of NMC’s ED lacks at least two modern design fundamentals relating to staff and patient safety.
  - **Lack of Negative Pressure Rooms for Airborne Infection Concerns:** The NMC ED lacks dedicated, private airborne infectious isolation rooms, putting staff and patients at greater risk for possible transmission. This type of specialized care environment is necessary for the safe treatment of patients with diseases such as Tuberculosis, Measles, Chicken Pox or the concern of rarer conditions such as SARS or Ebola. The critical need for this has been made dramatically clear in our current challenge with COVID-19. Temporary portable measures to approximate a true airborne infectious isolation room within the Emergency Department have been used, but even with the best of intentions and execution, these approaches carry a level of set-up delay and operational risk that will be avoided through properly designed, permanently constructed, dedicated spaces.
  - **Exclusion of Registration Personnel from the ED Secure Perimeter:** The Registration area is outside the secure perimeter of the ED patient care area, putting front-line staff at risk. In the event of the need to “lock down” ED doors seal for protection during an ‘active shooter’ incident or other violent crises, our registration staff are currently left outside the ED’s protective boundaries in an open desk area

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directly next to the public entrance. This puts our staff at a higher level of risk than in facilities with more modern, safety-oriented designs.

- **Patient Privacy:** The NMC ED lacks basic privacy measures which the public expects and full regulatory compliance requires. Our core treatment areas are separated only by curtains, allowing patients and visitors to overhear clinical and personal conversations in the neighboring bays, which is simply no longer acceptable in healthcare as standard practice. The lack of true private treatment rooms risks infringement upon important candor in medical discussions and often results in unavoidable impairment of privacy. It also causes disruptions in patient and visitor attentiveness during instruction; negatively impacts restfulness during patients' stays in the ED; and creates safety concerns for patients, visitors, and staff as physical disruptions can easily move from one curtained treatment bay to another.
  
- **Patient and Staff Safety Relating to Patients with Severe Mental Health Concerns:** NMC, like nearly all Vermont hospitals, continues to experience tremendous challenges in our ED from having to hold patients who are experiencing suicidal ideation or who, for a variety of reasons, pose a danger to themselves and/or others. The ED currently does not provide a proper physical environment to adequately treat and care for patients with these needs.

In the Fall of 2018, the outdated ED design contributed to NMC being deemed out of compliance with CMS (Centers for Medicare & Medicaid) standards and ultimately put NMC on a path toward possible decertification. Our Emergency Department design and physical environment were of significant concern to the surveyors. At the time, NMC did not have any true Safe Holding Rooms. As part of our aggressive plan of correction, NMC made immediate improvements within a single existing patient care space to try and create an acceptable temporary solution. Subsequently a single secure holding room was constructed within the existing Emergency Department footprint.

While this temporary solution created a safer environment to manage a single patient who presents a risk to self or others, it does not meet the full volume of need, as, at various times, the NMC ED may have 2 to 4 or more patients who would be best cared for in this type of room.

Therefore, the proposed project carries a flexible design focused on providing the necessary resources, without over-building. Our project contains two dedicated safe patient holding rooms which are 'ligature-free' and which are lockable, but will not be locked unless appropriately ordered under NMC's restraint policy and protocol. The project design also contains two convertible patient rooms which can be comfortably used for emergency care and treatment and quickly transformed into safe patient holding rooms which are 'ligature resistant' and lockable. These four rooms are contiguous and can be separated from the main ED for patient safety and privacy in a set of two or a set of four, depending on the

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clinical circumstances. As we have discussed, the final design was reached in consultation with Northwestern Counseling & Support Services, including review by a group which included members with lived-experience relating to mental health issues.

During the CON process, NMC has received public comment from and been in discussion with advocates who have provided input on NMC's proposed safe patient holding rooms and have raised concerns about the situations in which any of those rooms or the hallway doors would be locked. We had hoped to host an in-person meeting with these individuals to discuss their concerns, however, the COVID-19 pandemic has made that impossible, given restrictions on travel and the new pressing priority for our ED leaders. Nonetheless, NMC has given careful consideration to this input, and we have worked with our ED staff and others to review NMC's restraint and seclusion procedures. Consequently, we wish to clarify that safe patient holding rooms and the hallway will only be locked as ordered by a physician under NMC's restraint protocol when medically necessary with proper process and supervision. The default setting on these doors is to be unlocked. They will be used in locked format only when clinically indicated and ordered by a physician. This is in keeping with NMC's existing patient restraint policy, which has been submitted to the GMCB as part of our responses to the January 3, 2020 question set from GMCB.

Please see NMC's CON application and responses to GMCB's question sets for the significant detail provided relating to the need for this project and the alignment of the project to meet those specific needs. The four driving factors discussed above: treatment capacity; general patient and staff safety; patient privacy; and safety relating to those who are a risk to themselves or others, motivated NMC's Leadership, Medical Staff leaders, and community Board of Directors to prioritize the modernization of the Emergency Department and approve this project as presented as the right step forward for this vital community resource.

**3. How the project will support equal access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care, as appropriate, and how the absence of a lounge or other specialized space for patients in psychiatric crisis relates to this statutory criterion.**

The modernization of Northwestern Medical Center's (NMC's) Emergency Department (ED) supports equal access to appropriate mental health care by ensuring that those who have emergent medical conditions with, or relating to, mental health issues are able to receive that care in a more appropriate emergent clinical environment that better meets the capacity demands being experienced, while being designed to provide better treatment space, a more calming environment, and improved safety and patient privacy. Assuring those aspects – which are not currently in place within NMC's ED – will enable this critical community resource to be an even more effective gateway component of an integrated, holistic system of care. As patients' emergent needs are treated and addressed, embedded mental health crisis workers and embedded care managers work diligently to wrap around those with emergent mental health needs and get them into the

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appropriate care setting for their individual needs. The private rooms, which will be created by the modernized ED project with the accompanying safety features and flexibility, will support that work, making all patients' stays in the ED safer, more comfortable, and more private – regardless of the nature of their primary or contributing conditions. As we have discussed, the final design was reached in consultation with Northwestern Counseling & Support Services, including review by a group which included members with lived-experience relating to mental health issues.

NMC's Emergency Department is exactly that: an Emergency Department, both in its current outdated and inadequate form and in its proposed modernized form. The express purpose of this vital resource is to provide for safe provision of care for the emergent medical needs of our patients and a safe work environment for our staff. This is not an inpatient psychiatric facility and is not intended to function as such nor is it reasonable to expect it to substitute for such. NMC does not have the capacity to provide inpatient psychiatric care and is not designated to do so. The specific regulations and standards for inpatient psychiatric facilities fundamentally and legally do not apply to the NMC project.

NMC is working to best address the needs of all our patients. We strive to meet them in the best manner possible and have created the design of our project with that in mind. The ED modernization meets all standards known to us for ED design. The modernization of the NMC Emergency Department does not include certain aspects that may be required of a full inpatient psychiatric facility, such as an activity room or dedicated socialization space. The modernized Emergency Department project is designed to be a more private and calming area for the treatment of all patients, including those with significant mental health issues. The proposed design represents a significant step forward in the care of all patients, including those with mental health issues.

Private rooms with windows are a meaningful enhancement over our curtained treatment areas and rooms without windows. The private rooms will improve the environment for patients' private interactions with their loved ones and other visitors as appropriate. Safe patient holding rooms will help better ensure patients who are at risk for harming themselves or others have a safer stay with us. We recognize the input from advocates who have called upon NMC to ensure that access to activities are available for emergent patients for whom such access does not pose a risk. Rather than bringing emergent-need patients to a lounge space for activity, the Emergency Department has, and will have, access to a supply of activity materials that can be brought into the private patient rooms when safety and clinical conditions allow. We believe the ED modernization design provides needed flexibility to create the proper environment for all patients. We also believe in the clinical judgement of our staff and providers, whose compassion and expertise will guide the individual care plans to most appropriately and safely incorporate socialization and activity into our patients' stays within the Emergency Department.