



Office of the General Counsel
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Via Email & U.S. Mail

July 26, 2021

Ms. Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State Street
Montpelier, VT 05620-3601

***Re: Request for Non-Material Change to CON for Inpatient Bed Replacement Project,
Docket No. GMCB-021-14con***

Dear Donna:

In follow up to our most recent implementation report in the above-captioned matter, I write pursuant to 18 V.S.A. § 9432 and Board Rule 4.600 to request that the Green Mountain Care Board (“GMCB” or “Board”) approve a non-material change to the Miller Building project at the UVM Medical Center. We are requesting permission to quickly open 15 additional medical beds within existing hospital space to accommodate an unprecedented surge of medical inpatients who are currently being cared for in suboptimal and often more expensive settings. This interim solution to our census challenges can be carried out for approximately \$370,000 and without the necessity of a separate CON. It does, however, require some minor changes to the conditions of the existing Miller Building CON.

The UVM Medical Center Has Taken Steps to Increase Its Capacity and Treat More Patients More Efficiently

As the Board is aware, immediately prior to the COVID-19 pandemic, the UVM Medical Center sought and received approval from the GMCB to open one medical unit while closing another in order to properly care for an increased number of inpatients and deliver that care in a more efficient manner. Those changes were enormously beneficial to our patients and our providers. First, they allowed us to significantly reduce the geographic distribution of patients being treated by a single specialty, enabling better team-based care. Second, those changes resulted in a

modest increase of 17 additional inpatient beds.¹ This combination of increased efficiency and increased bed capacity allowed us to reduce the percentage of days each month that we categorized as Surge 2 or Surge 3 — the highest two levels of *over-capacity* — from 69% of each month to a much more manageable 30%. It also allowed us to utilize our existing beds in a more flexible manner to properly isolate and treat COVID-positive patients.

The UVM Medical Center Continues to Have Fewer Medical Inpatient Beds than Patients Needing Those Beds

As the worst of the pandemic has receded in Vermont, the UVM Medical Center has seen a new and unprecedented surge of patients seeking inpatient care for their physical and mental health needs. Those patients are, on balance, sicker than our inpatients before the pandemic and therefore require longer inpatient stays, likely due in part to patients' decisions to defer needed care for much of the last 16 months. The result is predictable: Despite the efficiency and capacity improvements we made prior to the pandemic, we usually have fewer inpatient beds than we have patients needing those beds. This lack of adequate inpatient capacity at Vermont's only academic medical center has many negative consequences for patients, providers, and Vermont's non-profit hospital system.

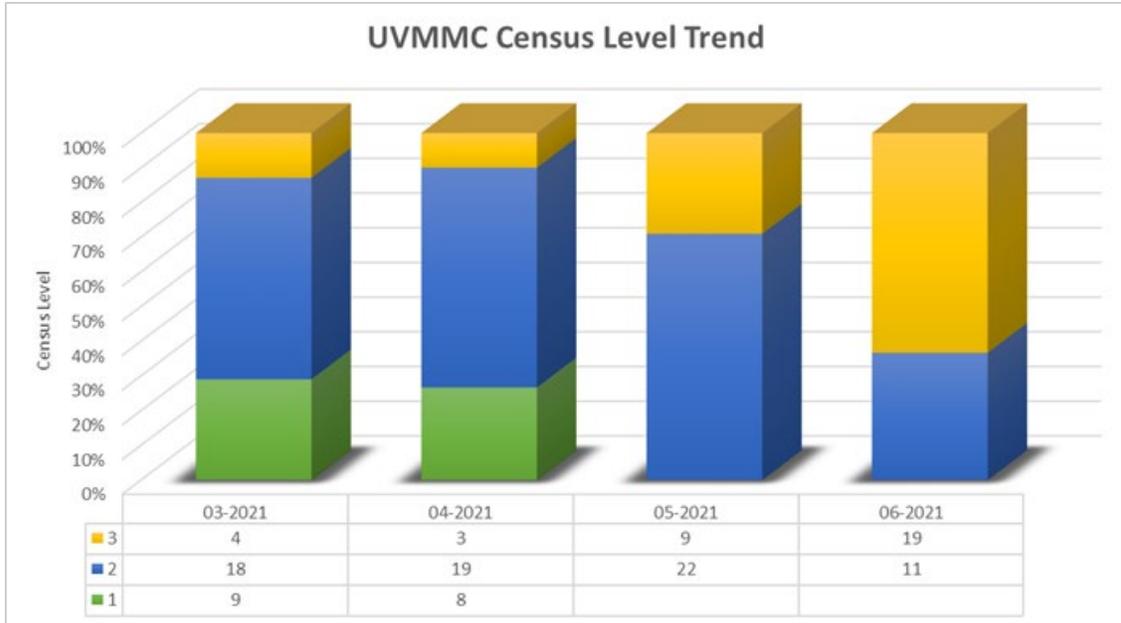
First, many more patients are waiting longer in the UVM Medical Center Emergency Department ("ED") for admission to inpatient beds, making those ED resources less immediately available to provide emergency care to those who need it. Other patients simply choose to leave the ED without being seen. As this Board is aware from the data submitted in connection with our February 2020 request for non-material change, it costs almost twice as much to care for a patient in the ED than it does to provide that same care in an inpatient setting.

Second, we have been forced to artificially limit the amount of services we provide, thereby exacerbating pre-existing access problems. These measures include capping the number of non-urgent, elective surgeries and procedures.

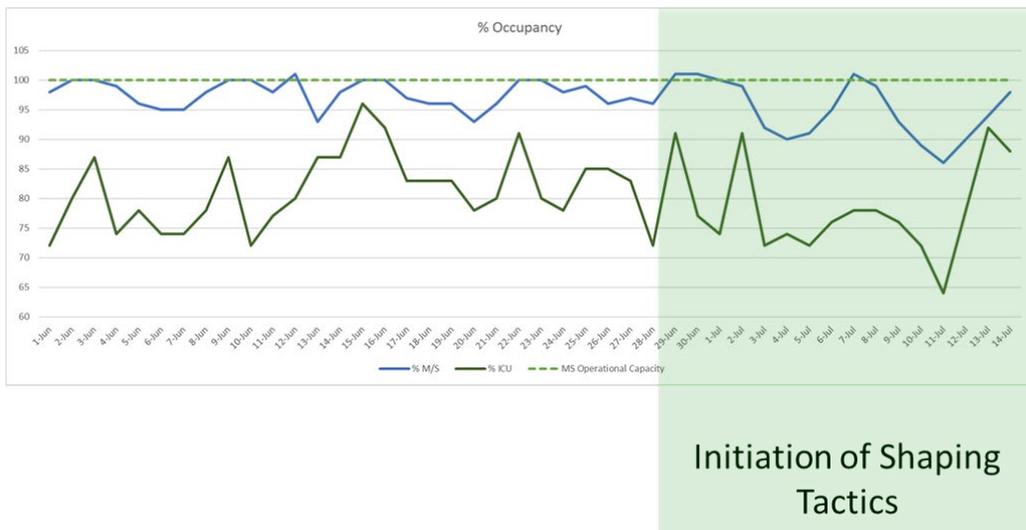
Third, we are not always able to immediately accept patient transfers from Vermont's community hospitals and critical access hospitals. This too results in delaying or deferring non-emergent requests for higher levels of care coming from our regional transfer center, leaving patients to either wait longer for tertiary care or be transferred out of state and farther from home.

The severity of our current capacity constraints is vividly illustrated by the number of days each month we are in Surge 2 or Surge 3 status. As noted above, in February 2020, we were in Surge 2 or Surge 3 approximately 69% of the time. Those levels were unsustainable, prompting the Board to allow the UVM Medical Center to implement efficiency and capacity measures. But in March, April, May, and June of 2021, our surge levels easily eclipsed our pre-pandemic highs, reaching Surge 2 or Surge 3 on 100% of the days in May and June.

¹ As the Board is aware from our CON implementation reports, we are also temporarily using beds in Shepardson 3 North for inpatient rehabilitation while we work to either reopen or replace our Fanny Allen inpatient rehabilitation unit after suspected air quality issues closed it late last year.



Even with our efforts to shape patient capacity, our core medical/surgical beds have consistently been over 95% capacity during that same period.



The attached slide deck contains additional data demonstrating the current lack of inpatient bed capacity at the hospital.

The UVM Medical Center Has Taken Steps, Apart from Adding Inpatient Beds, to Address Its Census Challenges

The UVM Medical Center has already taken creative steps to address this crisis without creating more inpatient beds at the hospital:

- As noted above, we are shaping access to services for non-emergent needs.
- We have created temporary ED beds in hallway areas, allowing us to utilize and staff our ED space to care for patients while they wait for inpatient beds to become available.
- We have changed our practices to allow for safe same-day discharge after some surgeries and procedures that have traditionally been followed by overnight stays.
- We have reduced the number of available COVID beds, retaining the ability to flex them upward again if needed.
- We have utilized more double rooms for cohorting patients safely.
- We are currently working with public and private partners to attempt to staff more of the existing, but currently unstaffed, psychiatric beds at other psychiatric inpatient facilities across the State.
- We continue to optimize transfer back agreements through our regional transport center with other local facilities, so that when patients no longer need a higher level of care they can be appropriately moved.
- We have partnered with a local nursing home to reopen 16 of its post-acute beds that were closed for lack of available staffing. Those beds will allow us to discharge patients from our medical hospital beds in a more timely fashion, creating better flow and effectively increasing inpatient capacity.

The UVM Medical Center Needs to Quickly and Inexpensively Open 15 More Medical Beds

Despite all of these measures, we continue to experience the high census problems outlined above. As a result, we have concluded that the UVM Medical Center needs more medical beds to properly care for the communities we serve while maintaining the resiliency necessary to deal with the sort of unexpected events that have recently become the rule, rather than the exception.

Specifically, the UVM Medical Center Census Management Incident Command convened a workgroup to review our potential to increase inpatient bed capacity within the UVM Medical Center's current physical facility. The workgroup has recommended that we quickly and inexpensively add 15 new staffed beds within our existing inpatient units, as follows:

First priority: McClure 6 - increase by 3 beds by opening up a previous 'step down' open bay area

- No physical or IT resources required
- Staffing considerations: 1-2 FTEs
- Timeline: Immediately upon GMCB approval

Second priority: McClure 5 - increase by 6 beds by opening up 6 current private rooms for potential double occupancy

- Requires Epic build, IT and Facilities resources. Estimate \$205,000
- Staffing considerations: Additional 14 RN FTEs and 5.3 LNA FTEs
- Timeline: 8 weeks from time of purchase order, which must be preceded by GMCB approval

Third priority: Baird 6 - increase by 6 beds by opening up 6 current private rooms for potential double occupancy

- Requires Epic build, IT and Facilities resources. Estimate \$165,000
- Staffing considerations: Additional 6.5 RN FTEs and 2.9 LNA FTEs
- Timeline: 8 weeks from time of purchase order, which must be preceded by GMCB approval

The operating costs of these 15 new beds are difficult to calculate with precision, but we estimate that it will cost approximately \$500,000 per month to operate them all, and the majority of those costs will consist of labor.

We will not use these beds unless we need to on any given day, and we can easily suspend use if and when we are confident that they are no longer necessary. Conversely, if our inpatient volumes do remain high enough for long enough to justify this increased number of beds on a permanent basis, we will promptly return to the Board with a proposed long-term solution that does not rely on simply adding beds to space that is outdated or by converting single-occupancy rooms to double occupancy — neither of which is ideal. The UVM Medical Center’s Hospital Operations Committee and the UVMHN Planning Department are currently working to better forecast our long-term medical and surgical bed needs, and we are happy to report back to the Board with the results of that work once it is complete.

The Addition of These Beds Requires Non-Material Changes to the Miller Building CON

The addition of the 15 beds described above does not require the UVM Medical Center to seek, or the Board to grant, a separate CON. As noted above, the total capital cost of adding the beds is estimated to be approximately \$370,000, far short of the \$3 million CON threshold. Nor does this proposal require a CON due to the number of beds it will add: The hospital currently has approximately 516 physical inpatient beds, and adding 15 beds will still keep the total number well below the 562 beds for which the UVM Medical Center is licensed. That said, this proposal may require the Board to recognize three non-material changes to the Miller Building project, when compared to the requirements of the CON.

First, the Miller Building CON was premised on the idea that we would be replacing and reducing, rather than adding to, our number of inpatient beds. This proposal will add 15 inpatient beds, at least for the time being. For the reasons cited above, we believe this number of beds is necessary for us to meet our obligations to our patients at this time, but it is nonetheless a non-material departure from the strict language of the amended CON.

Second, the CON as amended on March 20, 2020, anticipates that the UVM Medical Center will have a plan to relocate the beds on McClure 5 by March of 2022, in order to accommodate the “domino effect” of replacing our outdated NICU. We remain committed to replacing our NICU, but planning for that project was appropriately put on hold during the pandemic. In his letter to the Board of July 16, 2021, Dr. Brumsted reconfirmed our intention to file a CON for our NICU expansion within the next 18 months. But we will almost certainly not have finalized those plans by March of next year, as currently contemplated by the Miller Building CON conditions.

Finally, whether or not this patient surge continues, we will likely need to continue to use Shepardson 3 North for inpatient rehabilitation patients as we work to resume our use of the Fanny Allen inpatient rehabilitation unit or find an alternative location for that essential service. If we are able to return inpatient rehabilitation to the Fanny Allen campus later this year, we will return to the Board to discuss how Shepardson 3 North should best be used, in light of the patient volumes and needs at that time.

Conclusion

For all these reasons, we believe these proposed non-material changes to the Miller Building CON will allow the UVM Medical Center to meet an identifiable need at the lowest feasible cost. *See* 18 V.S.A. § 9437(2), (3). We therefore request that the Board approve these changes as quickly as possible and without the need for a hearing or further review.

Very truly yours,



Eric S. Miller, Esq.
Sr. Vice President & General Counsel

Enclosure

cc: Disability Rights Vermont
Office of Health Care Advocate
VFNHP

UVMHC - GMCB

Census & Surge Management

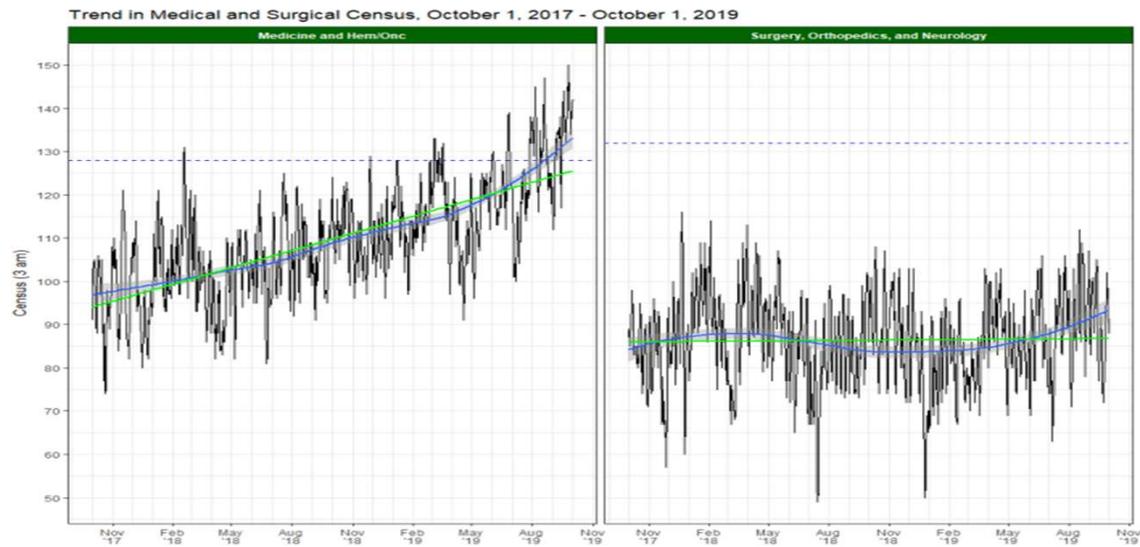
July 2021

Pre-Pandemic

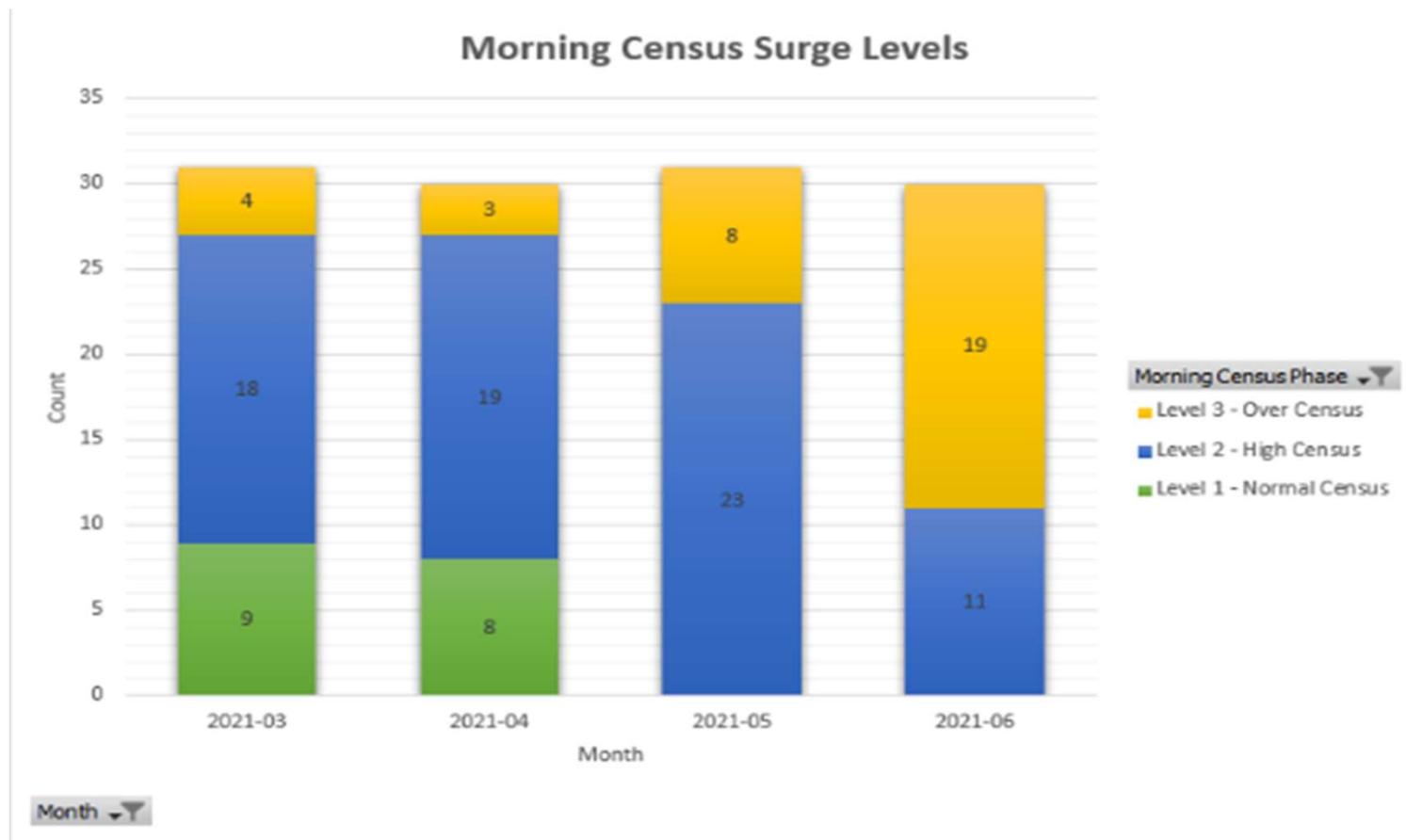
UVMMC Hospital Operations Committee Executive Summary

Appendix B

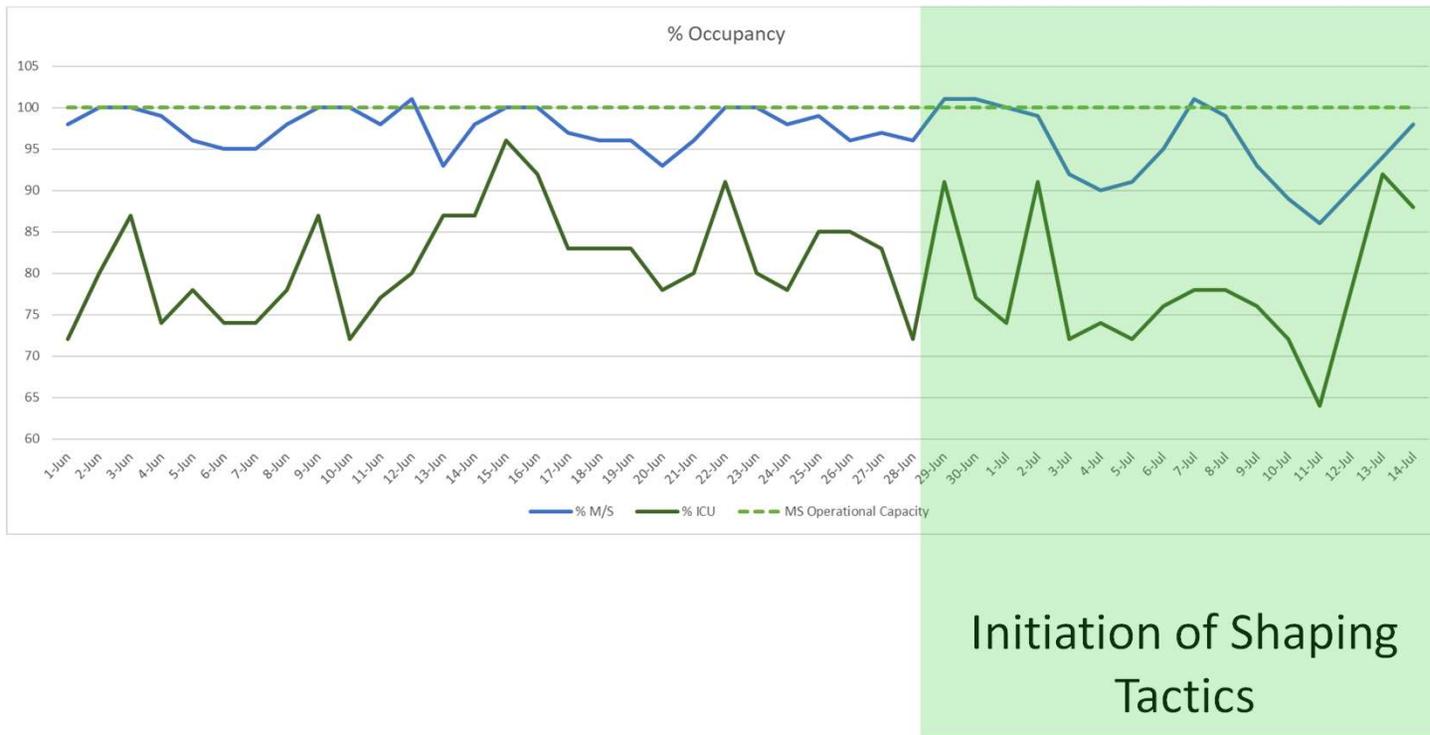
- The below graphs provide a trended visual representation of surgical and medicine patient volumes.



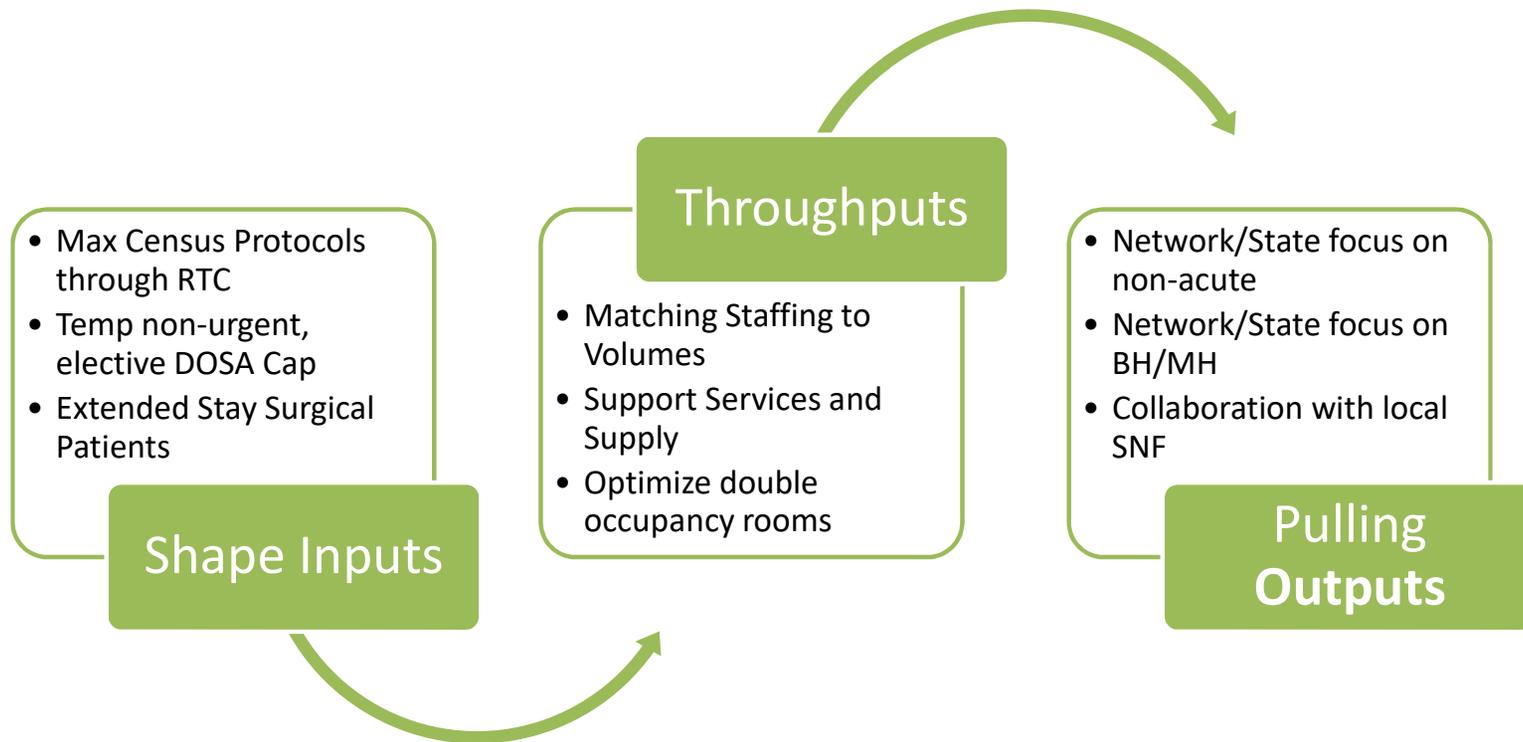
Current State



Census Management Goals – How We Are Tracking



Risk Mitigation Tactics



STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: Inpatient Bed Replacement Project
Docket No. GMCB-021-14con

Verification

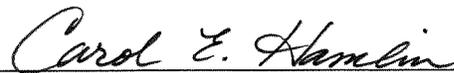
STEPHEN M. LEFFLER, M.D., being duly sworn, states on oath as follows:

- (1) My name is Stephen M. Leffler, M.D. I am the President and COO of The University of Vermont Medical Center Inc. ("UVM Medical Center"). In that capacity I have reviewed the foregoing submission dated July 26, 2021.
- (2) Based on my personal knowledge, after diligent inquiry, the information contained in the report is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact necessary to make the statement made therein not misleading, except as specifically noted herein.
- (3) My personal knowledge of the truth, accuracy and completeness of the information contained in the report is based upon information reasonably believed by me to be reliable and provided to me by the individuals identified below who have certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact necessary to make the statement made therein not misleading.
- (4) I have evaluated, within the twelve months preceding the date of this affidavit, the policies and procedures by which information has been provided by the certifying individuals identified below, and I have determined that such policies and procedures are effective in ensuring that all information submitted or used by UVM Medical Center in connection with the Certificate of Need program is true, accurate, and complete. I have disclosed to the Board of Trustees all significant deficiencies of which I have personal knowledge after diligent inquiry in such policies and procedures, and I have disclosed to the Board of Trustees any misrepresentation of facts, whether or not material, that involves management or any other employee participating in providing information submitted or used by UVM Medical Center in connection with the Certificate of Need program.
- (5) The following certifying individual has provided information or documents to me in connection with the report, and each such individual has certified, based on his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the certifying individual to be reliable, that the information and documents that have been provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact necessary to make the statement made therein not misleading:
 - (a) Daniel Hudson, Inpatient Nursing Director at the University of Vermont Medical Center

(6) In the event that the information contained in the report becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to promptly notify the Green Mountain Care Board, and to supplement the report as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.


STEPHEN M. LEFFLER, M.D.

On July 26, 2021, STEPHEN M. LEFFLER, M.D., appeared before me and swore to the truth, accuracy and completeness of the foregoing.


Notary Public

My commission expires 1/31/2023

