



Department of Health
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TTY: 711
www.health.ri.gov

March 28, 2016

Via Electronic Mail

Michael J. Dacey, MD
President
Memorial Hospital of Rhode Island
111 Brewster Street
Pawtucket, RI 02863

RE: Memorial Hospital Inpatient Obstetrical Service

Dear Dr. Dacey:

Thank you for your letter of March 14, 2016 in which you respond to the Department's March 9, 2016 request for additional information concerning Memorial Hospital's plan for closing the inpatient obstetrical service. Due to the fact that many of the responses are not as detailed or thorough as the Department contemplated, a request for additional information appears below.

Please be advised that Care New England's plan has not been deemed complete and has not been accepted for review.

Also, as your correspondence did not request that any of the responses be reviewed by the Rhode Island Office of the Attorney General for purposes of being deemed confidential, in accordance with the provisions of RIGL §23-17.14-32, note that all of your responses will become part of the public record.

Number	Question/ Comment
1.	For the 446 births at MHRI in fiscal year 2015, please provide a racial and ethnic breakdown of the mother. For the 214 pregnant patients contained in Attachment "C", please provide a racial and ethnic breakdown.
2.	Response #1: Please reconcile your comment that increases in patient volumes at Women & Infants and Kent Hospitals can be "supported by the current staffing.neither hospital anticipates changes to its existing staffing ratios" and your response in #6 that the 20.5 FTEs (including 17.5 registered nurses) will have opportunities to bid on similar obstetric positions throughout the CNE system.
3.	Response 2(c): Please explain why refresher training programs are currently required for the anesthesia staff.
4.	Please describe in detail how the obstetrical service inpatient space will be utilized upon closure, if the plan is approved by the Director of Health. Will the space be re-purposed? If so, please estimate the amount of capital expenditures in this repurposing.
5.	Please explain how the closure of the obstetrical inpatient service, if the plan is approved by the Director of Health, will affect Condition #4 of the Director of Health's <i>Decision with Conditions</i> dated June 26, 2013 at page 69 (i.e., maintenance of an Accreditation Council for Graduate Medical Education-approved family medicine residency program "that is substantially similar in nature, scope, and purpose to the family medicine residency program presently offered at Memorial Hospital, including all academic, medical, and research components.")
6.	Please explain in detail how physician backup and support for home births will be altered if the MHRI obstetrical inpatient services are relocated to Women & Infants and Kent Hospitals, if the plan is approved by the Director of Health.

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7.	Response #6: Please indicate the minimum number of days of notice that will be provided to those staff whose positions will be eliminated. Please confirm that the 20.5 FTEs referred to in this response constitute the entirety of the "reduction of force of some magnitude" described in your March 2, 2016 correspondence.
8.	Please provide information on the Alternative Birthing Center (ABC) at Women & Infants Hospital, including total number of deliveries in 2015, numbers of births utilizing midwives and/or doulas. Please also describe the criteria that would include and exclude a woman from delivering at the ABC. Please describe if other alternative birthing modalities are available.
9.	For MHRI, Kent, and Women & Infants Hospitals, please provide separately the most recent three years of data on Cesarean sections ("C" sections), Vaginal Birth After Cesarean ("VBACs") and "gentle C-sections."
10.	Response #13: Please clarify the response to question #13 where, on the one hand, it is stated that pre/post-natal care is provided at MHRI, yet, on the other hand, non-emergent pregnant patients will be transported from MHRI to Women & Infants and Kent Hospitals Monday – Friday 8:00 a.m. – 5:00 p.m., if transportation is a barrier to accessing care. Why would appointments be made at Women & Infants and Kent Hospitals when the services are provided at MHRI?
11.	Please elaborate on arrangements CNE might make to provide the transportation. For example, will bus vouchers be provided? Taxi service? Uber? Please indicate if any out-of-pocket costs are anticipated for patients.
12.	Response #15: For the past three years, please provide the number of patients utilizing pre/post-natal services at MHRI. Please provide projected numbers of patients who will utilize pre/post-natal services at MHRI for the three years following the elimination of the obstetrical service, if approved by the Director.
13.	Attachment "C" contained in your March 14, 2016 response identifies 214 women who are in their second or third trimesters. For each of these 214 individuals, please identify the number of these individuals who are commercially insured. For each individual, please analyze their insurance status and determine their out-of-pocket costs. Based upon this analysis, please provide an average and a range of out-of-pocket costs for women who will access obstetrical services at each of Women & Infants and Kent Hospitals, in lieu of MHRI.
14.	Please indicate if the Pediatric Primary Care Center and Pediatric Specialty Clinics are still operational. If not, please provide the date that these units were closed. Please also provide separately the most recent three years of utilization data prior to closure, if applicable.
15.	Please provide one copy of each communication (emails, flyers, letters and any other written communication) that was directed to health care providers, employees, patients, and other interested parties related to MHRI's restructuring (including, but not limited to, the closure of the inpatient obstetrical unit at MHRI). If communication was made verbally to said parties, please indicate the date(s) and the nature of this verbal communication.
16.	Please explain how the scope of practice and the day-to-day birthing activities of midwives differ separately at Women & Infants, Kent and MHRI. Please provide a copy of the midwifery practice protocols, including physician midwifery supervision protocols, in effect at MHRI, Women & Infants, and Kent Hospitals.
17.	Please provide the total net patient service revenues and total operating expenses for FY 2013, 2014 and 2015 for the inpatient obstetrics unit at MHRI. In this response, please provide the components that comprise the total operating expenses (e.g., salaries and benefits, supplies, other expenses, etc.) for each FY.

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Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Michael K. Dexter". The signature is written in a cursive style with a large, prominent initial "M".

Michael K. Dexter
Chief, Center for Health Systems Policy and Regulation

cc: Gerard Goulet, Esq., Care New England Health System