



March 14, 2016

Michael K. Dexter, Chief  
Center for Health Systems Policy and Regulation  
Rhode Island Department of Health  
Three Capitol Hill  
Providence, Rhode Island 02903

Re: Memorial Hospital Inpatient Obstetrical Service

Dear Mr. Dexter:

In response to your letter of March 9, 2016, the following information is provided:

**1. For the last three months, please provide occupancy rates, average daily census, and staffing ratios for the obstetrical units at Women & Infants and Kent Hospitals. Please describe the anticipated impact on these staffing ratios related to new patients accessing services at these alternate birthing sites.**

At Women & Infants, over the three month period from 11/29/15 through 2/20/16, the average daily census on the ante-partum unit was 17.64 and on the post-partum units was 72 with a patient to nurse ratio ranging from 3:1 to 4:1 on all units. The staffing ratio in our labor and delivery room is either 1:1 or 1:2 depending on the patient's stage of labor. The occupancy rate on the basis of licensed beds was 67% over the same period.

At Kent, the average daily census on the obstetrical unit over the last three months was 8. The nurse-patient ratio was 1:1 in labor and delivery and 3-4:1 for mother/baby couplets. The occupancy rate on the basis of licensed beds has ranged from 25 to 30%.

At Women & Infants, a potential 1-2 patient increase per day is anticipated. At Kent, a potential 1-2 patient increase per week is anticipated. These increases at both locations can be supported by the current staffing. Both hospitals have existing processes in place for right-sizing staff levels to meet patient volume and acuity, and neither hospital anticipates changes to its existing staffing ratios.

**2. Please provide a transition plan, including a time line, detailing all of the events that will transpire in advance of the unit's proposed closure, in the event that the plan is approved. Please include at a minimum:**

- a. Description of how patients will be triaged, discharged, and/or transferred to other birthing hospitals, in a safe, orderly manner;**

Providers have identified their pregnant patients and prioritized them by due date. The providers and their patients will continue to discuss the providers' plans for moving their inpatient obstetrics practices to Women & Infants or Kent Hospitals. As soon as a transition date becomes available, it will be shared with each patient and each patient will be provided with information about Women & Infants and/or Kent by her provider, in person, and via written communication. Contact information for both hospitals will be included in the communication to help patients navigate the new hospitals. Welcome information, tours and child birth education classes will be offered by each hospital to each expectant patient. Those patients already admitted to Memorial who are in labor or post-partum will continue to be cared for on the Memorial obstetrical unit through discharge. After the transition date, any pregnant patient who presents to Memorial for delivery will be evaluated and triaged according to hospital guidelines (and state and federal regulations and laws) and, if she requires hospitalization, will be stabilized and transferred to the nearest appropriate obstetrical hospital.

- b. Inclusion of a specific schedule for the conclusion of clinical activities, including the phase-out of planned Cesarean section births;**

Planned Cesarean deliveries will be scheduled at Memorial through the transition date. After the transition date, all deliveries (planned and spontaneous) will be scheduled to occur at Women & Infants or Kent, subject to the patient's choice. Care for post-partum women who are recovering from planned Cesarean deliveries following the transition date will not be interrupted; they will continue to recover at Memorial until they are ready for discharge.

- c. Description of how the unit will continue to operate in a safe manner until a date certain, given that clinical operations are proposed to cease;**

All staff are committed to the ongoing safe operation of the Memorial obstetrics unit. Nursing staff will continue to be scheduled at the current level until the transition is complete. To ensure the highest degree of safety for all pregnant patients, all patients in labor will be covered by an in-house obstetrician in addition to the patient's own provider (if not an obstetrician). The anesthesia staff will be participating in appropriate refresher training programs. For every patient who is in labor at Memorial, the operating room staff will be called in to stand by to assist in case a Cesarean delivery is necessary. The neonatal team will be called in when the patient is in active labor and delivery is imminent to stand by for potential resuscitation.

- d. Description of any provisions related to emergency credentialing at Women & Infants and Kent Hospitals;**

It is not anticipated that emergency credentialing will be necessary. Women & Infants and Kent Hospitals both worked to streamline the credentialing process so it could be expedited. Credentialing packages were delivered to each provider requesting privileges with the expectation of a quick return of the packages so they could be reviewed and processed in a timely manner. The first stages of this process are complete, and the expedited credentialing process will continue as planned with every expectation that it will be completed prior to the

transition date. The goal is to have each patient cared for by her own provider at the location of her choice after the transition date.

**e. Description of how patients will be provided with written notice and opportunity to obtain copies of their medical records or have such records transferred;**

The goal is to have each patient cared for by her own provider at the location of her choice, even if that means assisting patients with a transition to another provider in another health care system. Each patient will be counseled by her own provider and any patient wishing to transfer care will be provided with an authorization to release her records to the provider of her choice or to herself. Any patient wishing to be provided with a copy of her medical record will be accommodated at no cost to the patient. For any patient planning to transition with her provider to Women & Infants or Kent Hospital, her pre-natal record will be scanned into the electronic medical record (EMR) at the selected hospital. These records will be available to the patient's care team when she arrives at the hospital. This information will be included in letters sent to each patient's home address. This same letter will also be made available to each patient at the time she meets with her provider.

**f. Written procedures for the handling of all confidential documents, such as medical, pharmacy, employee records, x-rays and financial documents.**

All confidential documents will continue to be held in the strictest confidence and handled in accordance with applicable state and federal laws and regulations and all applicable CNE-level and hospital-level privacy and security policies.

**3. Please indicate if complete patients' electronic medical records from Memorial Hospital are integrated into the electronic systems at Women & Infants and Kent Hospitals. If so, please confirm that the electronic records are immediately accessible and available at Women & Infants and Kent Hospitals. If not, please describe how the medical record information will be transferred.**

Yes, the CNE installments of Cerner (Inpatient) Electronic Medical Record (EMR) and Epic (Ambulatory) EMR are integrated across the Kent, Women & Infants and Memorial Hospitals. The implementations were designed in a patient-centric fashion, such that the patient records are immediately accessible to authorized providers across the CNE system. The majority of CNE's Family Medicine practices are documenting in Epic EMR. There is a coordinated process between the Family Medicine practices and Health Information Management to scan any documents that are not automatically transmitted from Epic into Cerner, to ensure they are readily accessible at the point of care.

**4. Please provide a detailed patient-family communications plan that describes how patients and the community will be continually informed during the implementation of the Hospital's plan. Please identify key staff who are responsible for implementing the Hospital's communication plan.**

Until the Department decision on the Memorial Hospital plan and thereafter during implementation, patients and the community will be continually informed through a number of means, including the following:

- a. Memorial Hospital physicians/providers will outreach directly to their patients who had planned a Memorial delivery;

- b. Angelleen Peters-Lewis, PhD, CNE Chief Nursing Officer, will be responsible for direct mail correspondence to the patients and for inviting the Coalition and other advocates to engage with CNE on the subject of their needs, concerns and desires;
- c. The CNE Leadership Team, specifically, Dr. John Byrne, Memorial Hospital Chief Medical Officer and Chief Operating Officer; Angelleen Peters-Lewis, CNE Chief Nursing Officer; and Dr. Maureen Phipps, CNE Chief of Obstetrics and Gynecology, will be responsible for follow-up phone calls to the patients;
- d. May Kernan and Susan McDonald of the CNE Marketing and Communications department, will be responsible for providing updates to the CNE and Memorial Hospital website and Facebook pages and will also be responsible for providing updates to the community through the consumer media through news releases and interviews with CNE leadership.

**5. Please describe coordination with the Emergency Medical System (EMS) that includes timely updates on the closure process.**

Please see Attachment A.

**6. Please provide a workforce reduction plan that describes how categories of staffing will be phased down at Memorial Hospital as the proposed closure date approaches. Please identify by category the number of full-time equivalents who will be affected by the work force reduction at Memorial Hospital. Please provide a detailed plan to assist employees who may be laid off as part of the closure of the unit.**

The workforce reduction plan for the staff of the inpatient obstetrics unit, including any phasing with respect to categories of staffing, is still under review. The number of full-time equivalents expected to be affected is 20.5, of whom 3 are unit secretaries and the remainder registered nurses. Upon closure of the unit all of these positions will be eliminated. Staff who are affected by the reduction in force will be invited to a job fair at which all operating units of CNE will be represented as well as other employers. Representatives of the Department of Labor and Training will be on site as well as representatives of the CNE Employee Assistance Program. In addition, an outplacement firm has been engaged to provide assistance to interested staff. The majority of current job vacancies across the CNE system are being held open for internal transfers only, in order to be available to qualified applicants from among those anticipated to be displaced by the unit closure.

**7. Please provide a financial plan related to staffing and maintaining operations in the birthing center until such time as Memorial Hospital's proposed closure plan is reviewed by the Department and a final decision rendered by the Director of Health.**

Staffing and other resources necessary to maintain operation of the inpatient obstetrical unit at Memorial will remain unchanged from current levels until such time as a final decision is rendered by the Director of Health on the closure plan.

**8. Please identify each type of notification that is required to be made to all appropriate state and federal agencies that regulate the unit, such as the federal Centers for Medicare & Medicaid Services and confirm that these notifications will be timely.**

To the best of our knowledge, no additional notifications are required to be made to state or federal agencies that regulate the inpatient obstetrics unit.

**9. Please provide a list of all health care providers, by name, in the obstetrical unit of Memorial Hospital who presently deliver newborns and the hospital(s) where they currently have admitting privileges. Please confirm the date certain when all of these providers will be credentialed and receive admitting privileges at Women & Infants and Kent Hospitals. If all of these providers will not be credentialed and receive admitting privileges at Women & Infants and Kent Hospitals, please explain.**

Five of the existing providers privileged to deliver at Memorial currently have admitting privileges at Women & Infants as well. Only one provider is applying for admitting privileges at Kent at the present time. All of the providers who are currently privileged to deliver at Memorial who do not have admitting privileges at another hospital have applied to Women & Infants for admitting privileges. The detailed list appears at Attachment B.

**10. Please provide details, with particulars, related to a circumstance in which a patient is unable to locate a new provider who accepts her health insurance coverage and needs perinatal care, particularly with respect to Medicaid patients. Please identify the number of obstetric providers at each of Women & Infants and Kent Hospitals and, of those, please identify the number that are presently accepting new Medicaid patients.**

Of the 27 CNE-employed OBGYNs delivering at Kent and Women & Infants Hospitals, all are accepting new Medicaid patients. Should an event arise where a Medicaid beneficiary requires perinatal care and is unable to locate a new provider, she would be provided with contact information with respect to the CNE-employed OBGYNs.

**11. Please describe how the referral relationships between the community health centers and Memorial Hospital will be affected by the closing of the birthing center. Please describe the actions that will be taken in order to ensure continuity of care for the patients of these community health centers.**

It is not anticipated that referral relationships between the community health centers and Memorial Hospital will be affected by the closing of the Memorial inpatient obstetrics unit. The Family Care Center at Memorial will continue to function as an outpatient center taking care of families including pregnant and postpartum women. With regard to the deliveries, CNE/Memorial are working directly with providers at both the Tri-Town Health Community Action Agency and the East Bay Community Action Program to ensure that their patients are smoothly transitioned to delivery at Kent or Women & Infants Hospital. As patients identify their delivery destination of choice, prenatal charts will be scanned into the EMR at the hospital where the patient is expected to deliver.

**12. Please quantify the average increase in: (1) out-of-pocket costs for women who access obstetrical services at Women & Infants and Kent Hospitals, in lieu of Memorial Hospital; and (2) total cost of care for women who access obstetrical services at Women & Infants and Kent Hospitals, in lieu of Memorial Hospital.**

Out-of-pocket expenses are a function of insurance co-payments and deductibles which are defined by the benefit design of contracts between payers and employers. As such, we do not have a reliable way to estimate the impact a change in the site of care delivery will have on a commercially insured patient's out-of-pocket expense. However, there would not be an effect on out-of-pocket expenses for Medicaid patients.

With regard to the impact on total costs to the women, the answer is not different since, apart from the copays and deductibles, which vary by insurance carrier and plan and are difficult to estimate for this group, an impact, if any, on total costs would only be with regard to the amount paid by insurance and not by the women themselves. For the rare low income self-pay patient, no material impact on total costs would be expected since consistent charity care policies are applied at all CNE hospitals.

**13. Please provide a detailed transportation plan that describes how pregnant women may access services at Women & Infants and Kent Hospitals, if transportation is a barrier to accessing care.**

Prenatal and postnatal care will continue to be available at Memorial Hospital. Emergency patients will be transported to Women & Infants Hospital from the Memorial emergency department via on-site ambulance as needed. For non-emergent pregnant patients of the Memorial Hospital obstetrics service, if transportation is a barrier in accessing care at Women & Infants or Kent Hospital, CNE will provide or arrange for transportation between the Memorial Hospital campus and Women & Infants or Kent Hospital, as appropriate, Monday through Friday between the hours of 8 AM and 5 PM on a schedule sufficient to allow such patients to arrive at their medical appointments in an on-time fashion at either hospital.

**14. Please indicate how many patients are currently in their second and third trimesters, accessing services at Memorial Hospital, and have expectations of delivering in the birthing center. Please sort this list by zip code.**

We are aware of 214 current Memorial obstetrics patients, evenly divided between those in their second trimester and those in their third trimester. Of those, 33% reside in Pawtucket and 15.8% in Providence. For the full listing by zip code, please see Attachment C.

**15. Please describe the pre/post-natal services at Memorial Hospital and how these services will be affected by the planned closing of the birthing center. In the absence of a birthing center, please indicate if there are expectations that the utilization of pre/post-natal services will decline. If so, please estimate the projected decline over the three (3) years following the closure of the unit.**

The Family Care Center at Memorial offers the full scope of pre and post-natal services and will continue to function as an outpatient center taking care of families, including pregnant and post-partum women. It is not expected that the utilization of pre/post-natal services will decline.

If you have any questions, please feel free to contact me.

Sincerely,



Michael J. Dacey, MD  
President

## Attachement A

### Memorial Hospital OB Transition Plan

**Focus Area:** Emergency Medical System (EMS) Communication and Patient Transfers

**Contact persons:**

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**Overview:** The intent of this focus area is to optimize and ensure patient safety during the MHRI OB transition. We recognize that emergencies will occur and patients could still potentially present on their own or via EMS with an emergency OB related condition to MHRI following the closure. Our goal is to a) Decrease this occurrence through direct patient and EMS communication b) Mitigate patient risk via development of emergency protocols. There are several mechanisms in place via which important information is communicated to EMS across Rhode Island. These mechanisms vary based on the nature and urgency of the message that needs to be communicated. Below is a detailed plan for communication with Rhode Island EMS regarding the closure process.

**Communication Content:** An advisory bulletin will be put forth to EMS on behalf of CNE that clearly conveys a firm date for transition of OB services from MHRI. Initial communication should convey “closure of the MHRI OB services” and intent to divert all laboring patients to nearest OB facility. This communication will be made on behalf of the initiating facility (i.e. MHRI).

**Communication Methods:** Initial messaging will be communicated to EMS via the most direct process, the EMS Advisory Bulletin, 2-3 days prior to the transition date. Messages conveyed via this bulletin are fairly immediate; however, there is a 2-3 day lag for EMS personnel who aren't on active duty. Additionally, that advisory of the ePCR can also be posted for EMS. Urgent messages and updates (e.g. diversion) will be communicated via the Hospital Capacity System (HCS) which communicates directly ED to ED. Additional non-emergent but critical updates can be communicated via Southern and Metro call via a one-time radio announcement, via the advisory board for EMS chiefs. Lastly, 85% of EMS in Rhode Island utilizes common software, called Image Trend, which enables direct communication with Fire and EMS Chiefs.

**Management of active labor patients:** Per EMS regulations, active labor patients can be taken to any facility that has an Emergency Department. However, the vast majority of active labors in Northern Rhode Island and the greater Providence area are acutely managed by EMS personnel with preparation for possible delivery and expedited transfer to WIH. For “high risk” patients as determined by EMS, transfer would be considered “priority 1” with flashing lights and immediate transport to WIH. Active labor patients in Southern RI are preferentially taken to L&M and South County.

**Management of Ob/Gyn related emergencies at MHRI:** Per EMTALA regulations, MHRI will be expected to medically screen and stabilize all patients who present for care to the Emergency Department. All pregnant patients >20 weeks with pregnancy related issues will be transferred to WIH. Emergent situations will be managed via MHRI emergency protocols.

## Attachment B

### Memorial Providers with Obstetrics Privileges

Practitioner	Admitting Privileges other than Memorial	Hospital where admitting Privileges are requested	Anticipated Decision Date
AJAYI, Folasade O., MD		Women and Infants	3/24/16
CAMPBELL, Willa, CNM		Women and Infants	4/28/16
FILIP, Anna B., MD		Women and Infants	3/24/16
GOLDBURT, Alla, MD		Women and Infants	3/24/16
GOMES, Elizabeth, DO	Women and Infants		
HARRISON, Emily C., MD	Women and Infants		
LAKIN, Ashley M., DO		Women and Infants	3/24/16
MAGEE, Susanna R., MD		Women and Infants	3/24/16
MALEK, Matthew M., MD		Women and Infants	3/24/16
McCLEARY, Katherine D., MD		Women and Infants	3/24/16
MORTON, John R., MD	Women and Infants	Kent	4/28/16
MUMFORD-HALEY, Mary, CNM		Women and Infants	4/28/16
NELSON, Melissa, CNM		Women and Infants	3/24/16
NOTHNAGLE, Melissa, MD		Women and Infants	4/28/16
PALMER, Michelle G., CNM		Women and Infants	4/28/16
PEPI, Michael A., MD	Women and Infants		
SIEGERT, Nicole, MD		Women and Infants	3/24/16
SHEPHERD, Christina, CNM	Women and Infants		

**Attachment C**

**Memorial Hospital Pregnant Patients by Trimester and Zip Code**

Town	Zip Code	2nd Trimester	3rd Trimester	Total
Blackstone, MA	01504	1	0	1
Millville, MA	01529	0	1	1
Foxboro, MA	02035	1	0	1
Middleboro, MA	02346	1	0	1
Arlington, MA	02474	0	1	1
Attleboro, MA	02703	0	3	3
Fall River, MA	02723	1	0	1
Somerset, MA	02725	1	0	1
North Attleborough, MA	02760	1	2	3
Swansea, MA	02777	1	0	1
Barrington, RI	02806	4	1	5
Bristol, RI	02809	2	1	3
Chepachet, RI	02814	0	1	1
Coventry, RI	02816	1	0	1
East Greenwich, RI	02818	0	1	1
Pawtucket, RI	02860	23	24	47
	02861	12	12	24
Central Falls, RI	02863	3	9	12
Cumberland, RI	02864	4	5	9
Lincoln, RI	02865	1	2	3
Narragansett, RI	02882	1	0	1
Warren, RI	02885	1	0	1
Warwick, RI	02888	1	1	2
	02889	1	2	3
West Warwick, RI	02893	2	3	5
Providence, RI	02903	2	1	3
	02904	1	2	3
	02905	1	0	1
	02906	3	4	7
	02907	2	1	3
	02908	3	2	5
	02909	6	5	11
	02912	0	1	1
North Providence, RI	02911	6	2	8
East Providence, RI	02914	5	2	7
Riverside, RI	02915	7	2	9
Rumford, RI	02916	1	2	3
Johnston, RI	02919	4	9	13
Cranston, RI	02910	1	1	2
	02920	0	4	4
	02921	2	0	2
Grand Total		107	107	214