Boothbay Region
Health & Wellness Foundation

REORGANIZATION OF LINCOLN COUNTY HEALTHCARE

Comments on the LCH Certificate of Need Preliminary Analysis:
The Critical Issue of Lack of Hospital and Nursing Facility Beds

We believe that the conclusions reached by the Certificate of Need Unit of the Department of Health and Human Services in the Preliminary Analysis were arbitrary and capricious. They did not take into consideration, nor recognize, testimony—either presented in person or in writing—of those most directly affected parties, i.e. the citizens of the Boothbay Peninsula. There is, in fact, not a single reference to the data and information provided by the people of the region. Many are highly credentialed individuals in the field of healthcare. As an example, the Analysis states: “This project has no impact on other provider’s quality of care.” And yet, testimony from other healthcare providers though presented to the CONU, was not even referenced.

We are also dismayed by the CON Unit’s conduct of the hearing. The Public Hearing on December 19th was abruptly terminated two hours before the published time. When those who could not come earlier in the day, due to work constraints, arrived to testify, the sole DHHS representative had already left, even though the meeting was scheduled for two more hours.

INSUFFICIENT HOSPITAL BEDS

It is our opinion that the most egregious error in the Analysis is the failure of the CONU to equate the reduction in the number of hospital and nursing home beds in the county to Lincoln County Healthcare’s inability to provide for the needs of the communities it serves. Through the merger in 2007, and reorganization in 2013, necessary services have been reduced and eliminated on the Boothbay Peninsula. LCH presents, and the Preliminary Analysis reiterates, statistics and charts to show that 25 beds are sufficient to serve the needs of the region. This is where we disagree.

In October of 2013, Lincoln County Health estimated a need for 23 beds to meet hospital inpatient needs. However, **that analysis focused only on acute care beds data. The average bed capacity for the two hospitals, when combined, exceeded 25 beds. It ranged from 20~37 over two years.**

Nor, does the Analysis take into account the hundreds of patients who are not able to be served in our local hospital, and have to be transported to other hospitals. The data cited reveals that from 2009-2011, there were 43 to 55 local residents per month from the Boothbay peninsula who were admitted for in-patient care at four different hospitals off-peninsula. Why? Because there were no adequate in-patient beds and services at St. Andrews Hospital to treat them locally. On page 39, the Analysis states: “CONU believes that any termination of services which would necessitate persons receive services outside Boothbay/Damariscotta area are not within the scope of review of CON.” We beg to differ. It is precisely because Lincoln County Healthcare systematically reduced the services and beds provided on the Boothbay Peninsula that patients have had to travel longer distances to receive needed care. In 2006, before the merger, 42% of local area patients were able to be admitted to St. Andrews Hospital. By 2011, the numbers dropped to 2.7%, because in-patient acute care had been discontinued; **not because patients chose to go elsewhere.**

INSUFFICIENT SKILLED NURSING BEDS

The Preliminary Analysis regarding the need for skilled nursing beds is also incorrect. The data in the CON Analysis states that Lincoln County has 18 nursing beds per thousand persons aged 65 and above. The Analysis mentions that the state average is 33 beds per thousand with the demand continuing to grow. The Boothbay Region Health and Wellness Foundation and LincolnHealth both recognize that Lincoln County is tremendously underserved. In fact, on March 7, 2013, Lincoln County Health submitted a letter of intent to increase the St. Andrews Village Nursing Facility license from 30 to 48 beds.

And yet, with all these facts presented, the Analysis simply points out that "LCH has requested to dually license all 30 nursing facility home beds at the Gregory Wing of St. Andrews Village for SNF and NF levels of care." Currently, only 6 of the Gregory Wing beds are licensed for "SNF care." Dually licensing the Gregory Wing beds is really irrelevant, because all of the beds at the Gregory Wing are fully utilized (97%), occupied by nursing facility residents who may be there for another decade. Thus, 18 additional skilled nursing beds are urgently needed for rehab and palliative care on the Boothbay peninsula. **The majority of patients needing beds for recuperation or end of life care have not been able to be accommodated on the Boothbay peninsula since the closure of St.Andrews Hospital on October 1, 2013.**

Finally, the Foundation urges consideration of the most important personal side of this issue. We are where we are today because of the lack of regulatory oversight. The people living in the Boothbay region will suffer the consequences of the DHHS inaction for the rest of their lives, their children's lives, and their grandchildren's lives. We were denied the opportunity to make our wishes known in 2007 or thereafter. We no longer have local emergency care, and 25 necessary skilled nursing beds have been removed by the reorganization of Lincoln County Healthcare and the closure of St. Andrews Hospital . We ask you: is it unreasonable for the people in our community to expect, in return for our substantially increased taxes, lower property values, and the increased risk to our lives, the reinstatement of 18 of those beds so that those who need a bed to recover or to live their last days will be able to do so close to home with their loved ones at their side?

LOSS OF 24 X 7 EMERGENCY DEPARTMENT

Once St. Andrews Hospital Emergency Department was closed on October 1, 2013 due to the reorganization , the residents on the Boothbay peninsula lost their health safety net. The Preliminary Analysis does not take into account the important role of quick diagnosis and stabilization, which has been the primary role of St. Andrews Hospital's Emergency Department for its 107-year history.

In testimony presented to the CONU, Dr. Racicot stated:

"Emergency care was available in a timely fashion to all residents of the peninsula and Southport Island. . .until October 1st. Now, without an emergency room on the peninsula, the time from a 911 call to arrival in an emergency room could be tripled for some residents! Is that better care? I know from my experience that access to timely care is critical for major bleeds, respiratory failure and myocardial infarction. Initial treatment of these and many other urgent conditions are straightforward for an emergency room physician and a small support staff and basic lab, X-ray and resuscitative equipment—but very difficult for a single person in the back of an ambulance who is trying to hold on, assess and treat the patient while communicating with

emergency room staff. . . ***I know—I have done both****. Patients requiring transport to higher level care can be transferred more safely after stabilization as/if necessary.*
~Dr. David F. Racicot, MD retired Medical Officer for Surface Forces, Atlantic Fleet, US Navy"

The Preliminary Analysis ignores the life-saving role that St. Andrews Hospital ED has played by providing first line of emergency care 24 hours per day. The question is: Is this providing better care?

ADDITIONAL COSTS OF SERVICE

LincolnHealth pleads for a Certificate of Need based, in part, upon the premise that healthcare costs will be significantly reduced for the citizens of Lincoln County due to their reorganization. We do not agree. It may be that LCH will be saving themselves money - in part, by shifting the costs to the people of the Boothbay region. The additional money for the ambulance service is the only cost that can readily be quantified. How about the cost of gas for people driving to Miles to visit their hospitalized family and friends? It can not be quantified. How about the cost of taxis to bring patients back from the Miles ED? It can not be quantified. The incremental cost to insurance, Medicare, MaineCare and patients for an ambulance trip to Miles instead of St. Andrews? It can not be quantified. The taxpayers know, and resent, that they will bear the brunt of the increased yearly operating costs of the ambulance service. In their testimony, Lincoln County Healthcare states that they gave unrestricted gifts to Southport, Boothbay, and Boothbay Harbor in 2013. The total of the gifts, $250,000 did not cover the increased burden of $400,000. Because the Safe Harbor laws did not allow them to pay the ambulance service directly, the money was presented to the towns as unrestricted funds. On April 2, 2014, in a Boothbay Register article entitled ***Towns Will Bear Ambulance Costs Without Help From LincolnHealth*** the community learned that these gifts would not be repeated.

CONDITIONS

Until such time as the Attorney General or the Court determines if the Commissioner of DHHS has the legal authority to issue retroactive Certificates of Need, the Wellness Foundation requests that additional conditions be placed upon LincolnHealth.

1. DHHS should strongly encourage LincolnHealth to apply for licensing for an additional 18 skilled nursing beds on the Boothbay peninsula, and expedite establishment of these beds. **They are needed now.**
2. DHHS should require reporting from LincolnHealth showing the number of patients seen in the Miles ED and admitted to Miles Hospital as well as the number of patients seen in the Miles ED who were transferred to other hospitals, and the reasons for the transfers. Data needs to be broken down by zip code.
3. DHHS should require reporting on the number of patients requesting transfer to LCH facilities for skilled care, number accepted and where accepted, and number declined and reason. Data needs to be broken down by zip code.
4. LincolnHealth should be required to provide systematic health outcome reporting on patients who originate at the Urgent Care Center on the St. Andrews Campus and are transferred out to the ER or to area hospitals by ambulance. Data needs to be broken down by zip code.