



Michael Fine, MD, Director

Department of Health
Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

VIA ELECTRONIC MAIL

16 April 2013

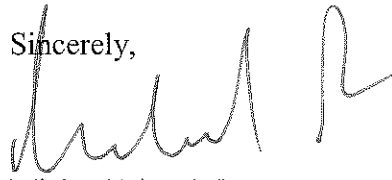
W. Mark Russo, Esq.
Ferrucci Russo, P.C.
55 Pine Street, 4th Floor
Providence, RI 02903

Dear Mr. Russo:

This is in response to The Westerly Hospital's plan to eliminate obstetric labor and delivery services at The Westerly Hospital (hereinafter also known as "the Plan") submitted by The Westerly Hospital.

Pursuant to Section 10.0 of the *Rules and Regulations Pertaining to Hospital Conversions* (R23-17.14-HCA), the Department has reviewed the Plan and hereby approves the Plan with conditions. Please find attached the amended decision¹.

Please contact Valentina Adamova at (401) 222-2788, if you have any questions.

Sincerely,


Michael Fine, MD
Director of Health

cc: Patricia K. Rocha, Esq.

¹ This amended decision replaces in total the initial decision dated April 15, 2013, which herein is amended by removing from said decision one of the conditions of approval and making several ministerial changes. No other substantive changes are included in this amended decision.

**AMENDED DECISION OF THE DIRECTOR OF HEALTH REGARDING THE
WESTERLY HOSPITAL'S PLAN TO ELIMINATE OBSTETRIC LABOR AND
DELIVERY SERVICES AT THE WESTERLY HOSPITAL**

BACKGROUND

The Westerly Hospital, Inc., whose parent entity is Westerly Hospital Healthcare, Inc., is a not-for-profit hospital located at 25 Wells Street in Westerly, Rhode Island. The Westerly Hospital has a licensed capacity of 125 beds. In 2011 The Westerly Hospital sought protection and the Court appointed a Special Master to manage The Westerly Hospital. The Westerly Hospital is currently undergoing regulatory reviews² in order to be acquired by Lawrence + Memorial Corporation of New London, Connecticut.

The instant proposal is for The Westerly Hospital to eliminate obstetric labor and delivery services on and after June 1, 2013. Only labor and deliveries are proposed to be eliminated; all prenatal/perinatal programs at The Westerly Hospital will remain in place. The Westerly Hospital has offered labor and delivery services since 1925. The Westerly Hospital's primary service area includes Westerly, Rhode Island; Hopkinton, Rhode Island; and Stonington, Connecticut.

The Westerly Hospital represented that it is unable to continue to offer obstetric labor and delivery services past June 1, 2013 because it will lack coverage by physicians privileged and credentialed to provide obstetric labor and delivery services after this date. The Special Master represented that he explored different options with regard to maintaining this service at The Westerly Hospital but the existing providers were not able or willing to maintain call coverage beyond June 1, 2013. The Westerly Hospital also represented that it would not have sufficient pediatric physician coverage necessary to serve these newborns. In October 2012, the pediatricians providing call coverage for The Westerly Hospital obstetricians notified the Special Master that a plan had to be in place by December 31, 2012 to address their issues; otherwise, these pediatricians would discontinue call coverage on December 31, 2012. Because such a plan was developed, pediatric coverage is in place until June 1, 2013.

REVIEW PROCESS

Pursuant to Section 10.1 [Elimination or Reduction in Emergency Department and Primary Care Services] of the *Rules and Regulations Pertaining to Hospital Conversions (R23-17.14-HCA)*³ ("Hospital Conversions Regulations"), "*No hospital emergency department or primary care services which existed for at least one (1) year and which significantly serve uninsured or underinsured individuals shall be eliminated or significantly reduced without the prior approval of the Director in accordance with section 23-17.14-18 of the Rhode Island General Laws, as amended.*"

² Hospital Conversion (R23-17.14-HCA) and Change in Effective Control (R23-17-HOSP) reviews

³ See: *Rules and Regulations Pertaining to Hospital Conversions* promulgated by the Department of Health. Last amended January 2007. Available online at:
<http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/4378.pdf>

In accordance with Section 10.1.2 of the Hospital Conversions Regulations, the following information must be submitted:

- a) a description of the services to be reduced or eliminated;
- b) the proposed change in hours of operation, if any;
- c) the proposed changes in staffing, if any;
- d) the documented length of time the services to be reduced or eliminated have been available at the facility;
- e) the number of patients utilizing those services that are to be reduced or eliminated annually during the most recent three (3) years;
- f) aggregate data delineating the insurance status of the individuals served by the facility during the most recent three (3) years;
- g) data describing the insurance status of those individuals utilizing those services that are to be reduced or eliminated annually during the most recent three (3) years;
- h) the geographical area for which the facility provides services;
- i) identification and description, including supporting data and statistical analyses, of the impact of the proposed elimination or reduction on:
 - 1) access to health care services for traditionally underserved populations, including but not limited to, Medicaid, uninsured and underinsured patients, and racial and ethnic minority populations;
 - 2) the delivery of such services on the affected community: emergency and/or primary care in the cities and towns whose residents are regularly served by the hospital (the "affected" cities and towns);
 - 3) other licensed hospitals or health care providers in the affected community or cities and towns; and,
 - 4) other licensed hospitals or health care providers in the state; and,
- j) such other information as the Director deems necessary.

Based upon the information contained in the Plan, in accordance with Section 10.1.3 of the Hospital Conversions Regulations, the Director shall determine based upon the public interest in light of attend circumstances whether the services affected by the proposed elimination significantly serve uninsured and/or underinsured individuals.

On January 24, 2013, the Plan was submitted to the Department of Health. The Plan was reviewed and, after corrections of deficiencies, found it to be acceptable in form. On March 6, 2013, in accordance with Section 10.1.4 of the Hospital Conversions Regulations, the Department of Health ("Department") notified The Westerly Hospital and the public that the

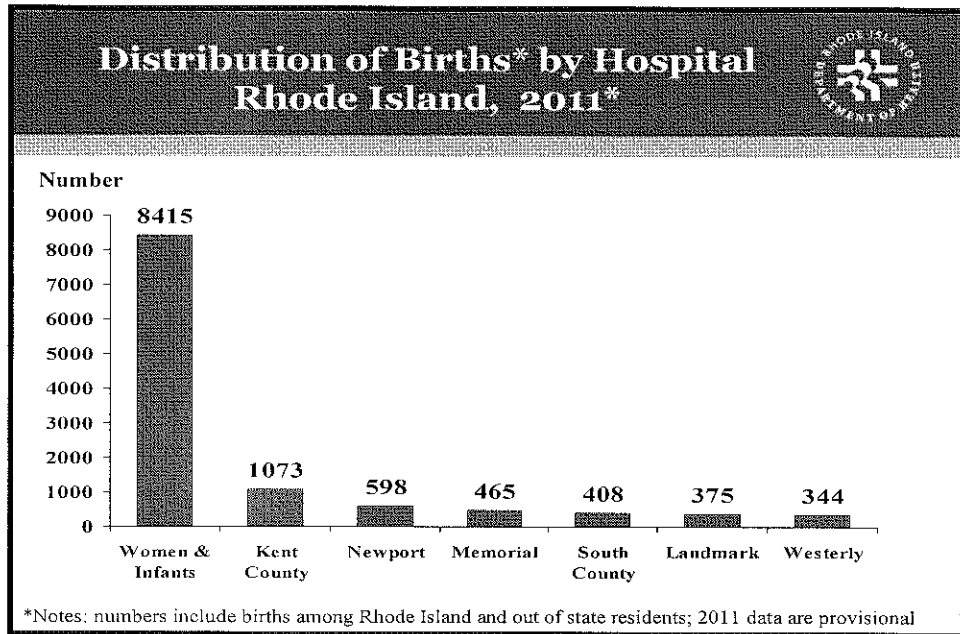
Plan was accepted for review. Section 10.1.4 of the Hospital Conversions Regulations further provides that “.....the Director shall have the sole authority to review all plans submitted under this section...” The decision of the Director of Health shall be issued within 90 days of the receipt of a completed Plan and a comment period may be provided.

Opportunity to provide comments was offered in the form of two public meetings⁴ and submission of written comments by March 20, 2013. At the public meeting on March 19, 2013, a total of three persons spoke in opposition to the Plan. At the public meeting on March 20, 2013, there were no public comments offered. The written comment period was subsequently extended to March 27, 2013. One-hundred and twelve (112) written comments were submitted to the Department. The written comments were in opposition to the Plan.

CONSIDERATION

Volume and Outcomes

According to information provided in the Plan, the number of patients who have utilized the labor and delivery services at The Westerly Hospital has been consistent over the past three years: 2010 - 324 patients, 2011 – 339 patients, and 2012 – 334 patients. Other Rhode Island community hospitals, such as Landmark Medical Center, and South County Hospital, as shown below based on 2011 data, offer labor and deliver services at comparable birthing levels to that of The Westerly Hospital [source: Center for Health Data and Analysis, Rhode Island Department of Health].




As shown below based on 2011 data, 79% of Westerly residents who gave birth did so at The Westerly Hospital [source: Center for Health Data and Analysis, Rhode Island Department of Health]

⁴ March 19, 2013 at The Westerly Hospital and March 20, 2013 at Rhode Island Department of Health

Health]. The low volume at The Westerly Hospital may be more of a reflection of the declining birth rates in general rather than birthing location preferences of the surrounding communities.

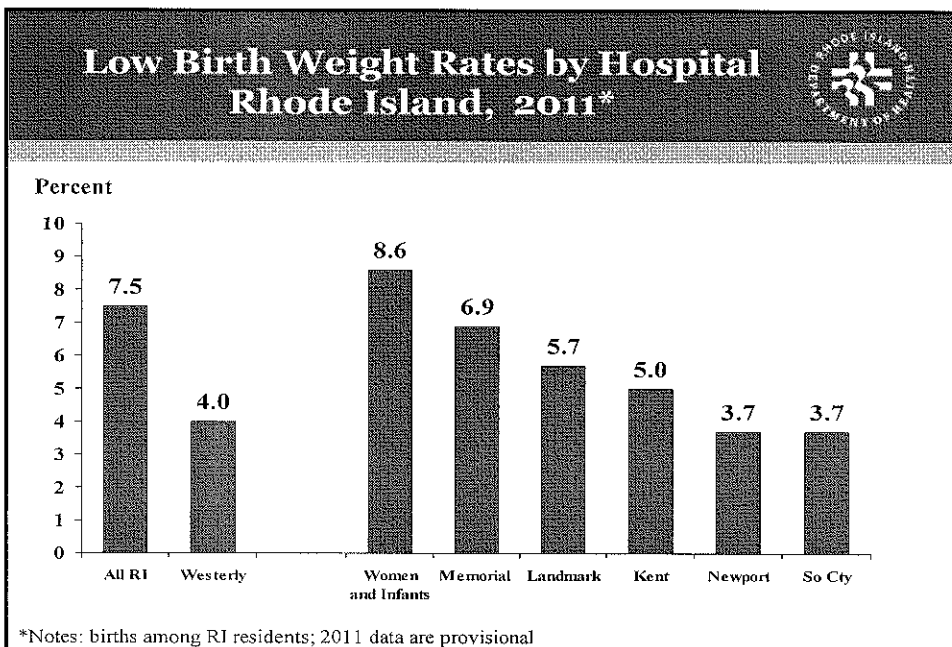
Distribution of Births Among Westerly Residents Rhode Island, 2011*



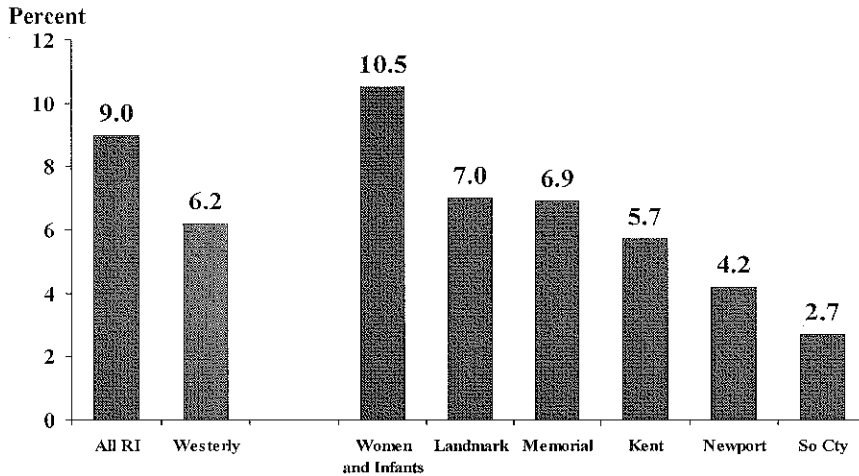
Hospital	Number	Percent
Westerly	156	78.8
WIH	17	8.6
South County	16	8.1
Kent	1	0.5
Memorial	1	0.5
Out of State	7	3.5
Total	198	100.0

*Note: 2011 data are provisional

In fact, The Westerly Hospital compares favorably to other hospitals in Rhode Island with regards to birth outcomes for low birth weight and preterm. As shown below for 2011, it was below the state average for both of those metrics. Data also reveals that the labor and delivery unit at the Westerly Hospital has the third lowest Caesarian section rate of the seven birthing hospitals in Rhode Island [source: Center for Health Data and Analysis, Rhode Island Department of Health]. There has been no information submitted in the Plan to indicate that the lower volume of births at The Westerly Hospital has any impact on the quality of its services.

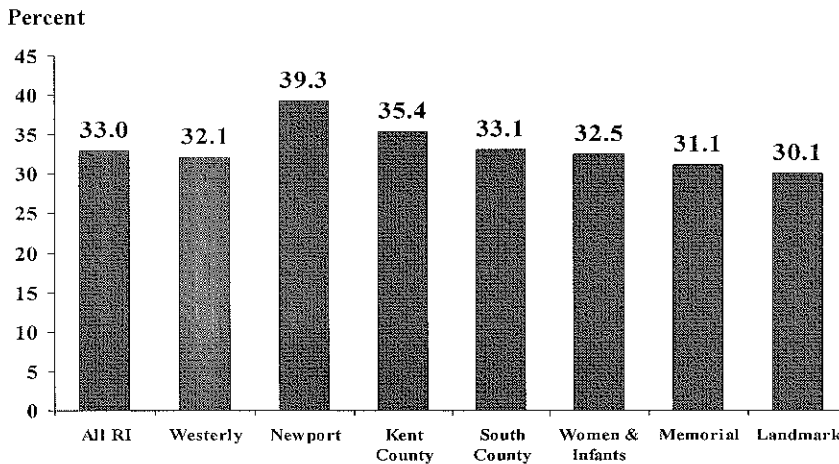


Preterm* Rates by Hospital Rhode Island, 2011*



*Notes: births among RI residents with gestational ages <37 weeks; gestational age based on physician's estimate; 2011 data are provisional

C-Section Rates among Rhode Island Residents by Hospital Rhode Island, 2011*



*Note: 2011 data are provisional

Traditionally Underserved

As it relates to access to health care for the traditionally underserved patients, the Department reviewed both insurance status and racial/ethnic population data provided by The Westerly Hospital.

In calendar years 2010-2012, of a total of 1,004 births at The Westerly Hospital, 93% were among Caucasian women, while 2% of deliveries were to Asian women and only 1% of births were among African-American women. In the same time period, 95% of births were identified as being "not Hispanic or Latino" and only 2% were of Hispanic or Latino origin. The births by Rhode Island residents at The Westerly Hospital are not reflective of a diverse racial/ethnic population.

The Department also reviewed patient insurance status for the calendar years 2010, 2011, and 2012. In the aggregate, approximately 26 percent of The Westerly Hospital's obstetric labor and delivery patients were either enrolled in RI Medicaid, CT Medicaid or Medicaid HMO (including RIte Care). Accordingly, these services at The Westerly Hospital are significantly utilized by the traditionally underserved population based on insurance status.

Access

The two neighboring hospitals, South County Hospital (19 miles away) and Lawrence + Memorial Hospital (20 miles away) have overlapping services areas with those of The Westerly Hospital. Additionally, 98% of The Westerly Hospital's patients reside within 25 miles of each of these hospitals (remaining 2% were visitors to the area). Further, South County Hospital and Lawrence + Memorial Hospital provided letters of support and assurances that additional volume from The Westerly Hospital could be accommodated at their facilities (attached).

Specifically, South County Hospital stated that with approximately 300 to 325 births and deliveries projected for 2013 and 2014 for The Westerly Hospital it would have sufficient providers and call coverage to deliver proper care. Further, Lawrence + Memorial Hospital represented that up to 85% (256) of The Westerly Hospital patients could be accommodated at its hospital and further estimated that it is more likely that only 25%-50% (88-175) of The Westerly Hospital patients would be served there.

Labor and delivery services are also provided at six other hospitals in Rhode Island. They are Kent Hospital, Landmark Medical Center, Memorial Hospital, Newport Hospital, South County Hospital and Women & Infants Hospital. Based upon the support and assurances as shown in the letters submitted by South County Hospital and Lawrence + Memorial Hospital, it is unlikely that other Rhode Island hospitals should experience an influx of patients that could not be accommodated.

Provision for Emergency Transfer

As part of the Plan, The Westerly Hospital has developed draft protocols and transfer agreements, for the stabilization and expeditious transfer of obstetric patients to both hospitals (i.e., South County Hospital and Lawrence + Memorial Hospitals). This transfer plan will be tested by The Westerly Hospital in a mock drill on or about April 15, 2013. For those women who arrive at The Westerly Hospital and must deliver emergently and are not high-risk, equipment and supplies will be in place for The Westerly Hospital emergency department staff to deliver such newborns.

Additionally, The Westerly Hospital has developed an “EMS Communication Plan for Discontinuation of Labor and Delivery Services at Westerly Hospital” for notifying the first responder community.

The Women’s Health Center

It should further be noted that The Westerly Hospital will continue to provide an array of many other women’s health services, including: lactation consulting, prenatal stress testing, child birth education, gynecological surgery, prenatal and perinatal care, imaging, general gynecology, and women’s gastroenterology services.

The Westerly Hospital reports that there are no immediate changes planned in the staffing patterns at its Women Health Services after June 1, 2013, which are shown below:

	Day Shift	Evening Shift
Registered Nurse	4.6	4.7
Unit Coordinator	1.8	0.7
Nurse Manager	1.1	
Total	7.5	5.4

POLICY AND POWERS

In order to fully inform the Department’s decision-making under the authority granted under R.I.G.L. 23-17.14-18 and 23-1-1 and as delineated in Section 10.1.2 of the Hospital Conversions Regulations, the Director relies on the authority provided in section 23-1-1, including:

“take cognizance of the interests of life and health among the peoples of the state....[to] make investigations into the causes of disease,....the sources of mortality, the effect of localities, employments and all other conditions and circumstances on the public health, and do all in its power to ascertain the causes and the best means for the prevention and control of diseases or conditions detrimental to the public health, and adopt proper and expedient measures to prevent and control diseases and conditions detrimental to the public health in the state.”⁵

The Department received over 100 comments in opposition to the Plan to terminate labor and delivery services at The Westerly Hospital on or about June 1, 2013. For the Department, these statements triggered two broad policy questions:

- What childbirth settings produce the best labor and delivery outcomes?; and
- What labor and delivery services are optimally provided in the town of Westerly?

The medical literature does not effectively answer the question about the most optimal location for maternity care⁶. While some medical interventions have been shown to have the best

⁵ See RIGL section 23-1-1. Available online: <http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-1/23-1-1.HTM>

⁶ Snowden, J. M, PhD; Cheng, Y. W., MD, PhD; Kontgis, C. P., MS; Caughey, A. B., MS, PhD. (2012) The association between hospital obstetric volume and perinatal outcomes in California. American Journal of Obstetrics & Gynecology, December 2012;207:478.e1-7

outcomes in high volume settings, maternity care has not been clearly shown to demonstrate such a relationship. There is consensus that high risk pregnancies, those in which the mother has underlying medical illness or a history of premature labor, for example, should be delivered in high volume institutions, with quick access to on-site anesthesiology, pediatric support, and a neonatal intensive care unit⁷;

There is not consensus, however, about the best way to manage low-risk or normal deliveries. Some providers would argue that all deliveries are best managed at high volume institutions, since no pregnancy is truly low risk. Other providers believe that normal deliveries are best managed in community hospitals, with the laboring mother surrounded by family and community in a setting that supports her, without or at least with less intrusive technology⁸.

A single recent study compared the risk of asphyxia between high volume and lower volume and rural maternity hospitals in California, in a population that is greater than 40 percent Hispanic, and thus possibly different from the population of Westerly. While this study found the risk of asphyxia to be greater in low volume than higher volume hospitals, it found the risk of neonatal death to be the same, and it did not evaluate caesarian section rate, premature delivery rate, maternal morbidity or maternal mortality, and the study authors did not recommend closing low volume maternity units those than those in urban high obstetric density areas; instead the authors recommended that lower volume rural units *“focus on equipping these hospitals with the staff, training, and other resources needed to provide high-quality obstetric care in the absence of high patient volume”*⁹.

Data reveal that the labor and delivery unit at The Westerly Hospital has the third lowest Caesarian section rate of the seven birthing hospitals in Rhode Island at 32.1% of all deliveries, behind Landmark Medical Center (30.1%) and Memorial Hospital of Rhode Island (31.1%). Using metrics that are typically applied to maternity care labor and delivery services at The Westerly Hospital are not so much better than similar units elsewhere in the state that the unit needs to be preserved because of the unusually positive character of its outcomes, unavailable to women from Westerly elsewhere in Rhode Island. On the other hand, there has been no medical or public health evidence presented to suggest there is additional risk to the women and children of Westerly, should the labor and delivery unit be closed.

The issue of what services should be available at The Westerly Hospital (or at any Rhode Island community hospital) is thus difficult to decide based on public health science. With few exceptions, decisions about hospital services are usually economic decisions made by communities, and not public health decisions. As noted above, there is no medical or public health evidence showing either risk to the public's health should the labor and delivery unit at The Westerly Hospital be closed, or risk to the public's health should the unit remain open. But the absence of evidence showing risk can never be taken to mean that risk is absent, and the Department acknowledges that while there may be an unmeasurable risk to closing the unit, that risk is likely smaller than the risk to the community of closing The Westerly Hospital altogether.

⁷ Illuzzi J. L., Lundsberg, L. S., Bracken M. B. (2012) Hospital volume, provider volume, and complications after childbirth in U.S. hospitals. *American Journal of Obstetrics & Gynecology*, February 2012;119(2 Pt 1):379

⁸ Deutchman, Mark, MD (2001) Cesarean Delivery and Hospitals: Size Matters. *The Journal of Family Practice*, Vol. 50, No. 3

⁹ LeFevre, M., Sanner, L., Anderson, S., Tsutakawa, R. (1992) The Relationship Between Neonatal Mortality and Hospital Level. *The Journal of Family Practice*

On one hand, Rhode Island communities have chosen their hospital services for decades, even centuries. The Westerly Hospital, and a number of other Rhode Island hospitals, were started by public subscription so that the Westerly community could take care of its own citizens. The public testimony in this matter makes it clear that the labor and delivery unit at The Westerly Hospital is a source of great community pride. An emerging body of knowledge suggests that there is an association between social capital, or the extent to which people in communities are interconnected and trust each another, and classic public health outcomes, such as longevity and infant mortality¹⁰.

One the other hand, the comment from the Westerly Hospital Area Residents Committee contains much wisdom. The Westerly Hospital Area Residents Committee reflected their disappointment regarding the Plan but nevertheless supported the acquisition by Lawrence + Memorial Corporation of The Westerly Hospital without these services. Such comment is informed, as maternity care is expensive, and difficult to maintain in a small hospital, with a small medical staff. The better staffing, better training and more resources than may well be necessary to further improve birth outcomes will be more expensive yet. Over the years, more resources have been dedicated and will have to be dedicated to routine maternity care, in response to the rising expectations of all Rhode Islanders, and because of the cost of new technologies. Some communities deeply committed to being places in which people take care of one another, will choose to bear that cost. Other communities may make a different, but also reasonable choice.

The health care system in Rhode Island is transitioning from one in which there are excess hospital beds, to a system with more robust community health services and facilities. Some change is inevitable, and is the healthy evolution of a health care system that is putting science, technology, prevention, and primary care to best use. Westerly is wise to understand these changes, to anticipate them, and make best use of these new opportunities.

The evidence in this matter suggests that labor and delivery services are now provided safely at The Westerly Hospital, but also can be provided safely elsewhere in the region to women in The Westerly Hospital service area. It may not be the same for Westerly woman to deliver elsewhere. The Westerly Hospital will not be the same without its treasured obstetric unit. But, with the support of a competent and committed purchaser, The Westerly Hospital will continue to exist, and will continue to serve, and ennoble, its community.

AMENDED DECISION WITH CONDITIONS

The Department has examined the Plan and provided due consideration of the record and the public interest in light of attendant circumstances. Accordingly, the Director of Health hereby approves the plan of The Westerly Hospital to eliminate obstetric labor and delivery services at The Westerly Hospital on or about June 1, 2013, subject to the conditions noted below.


¹⁰ Yang, T., Teng, H., Haran, M. (2009) The Impact of Social Capital on Infant Mortality in the U.S.: A Spatial Investigation.. Springer Science + Business Media, 24 June 2009

1. The Westerly Hospital shall implement the provisions of its "Application for Approval from the Director of the Rhode Island Department of Health for the Elimination of Obstetric Labor and Delivery Services at The Westerly Hospital" as detailed in such application and as approved by the Director of Health.
2. Any material amendments (as determined by the Director of Health) to the "Application for Approval from the Director of the Rhode Island Department of Health for the Elimination of Obstetric Labor and Delivery Services at The Westerly Hospital" shall be submitted to and approved by the Director of Health prior to implementation.
3. The Westerly Hospital shall maintain a robust prenatal / perinatal program with all of the women's health services that were in place on June 1, 2013, including but not limited to: lactation consulting, prenatal stress testing, child birth education, gynecological surgery, imaging, general gynecology, and women's gastroenterology services for a period of at least two (2) years from the date of this amended decision.
4. Prior to June 1, 2013, The Westerly Hospital shall execute written protocols and transfer agreements for the stabilization and expeditious transfer of obstetric patients to South County Hospital and Lawrence + Memorial Hospitals and these protocols and agreements shall be submitted to the Department.

The conditions set forth above shall be enforceable and have the same force and effect as if imposed as a condition of licensure, in accordance with RIGL 23-17 RIGL. Additionally, in accordance with RIGL 23-17.14-30, the Director of the Department of Health may take appropriate action to enforce compliance with these conditions.

This amended Decision with conditions shall be applicable to all successor(s) of The Westerly Hospital.

RHODE ISLAND DEPARTMENT OF HEALTH



Michael Fine, MD
Director of Health

4/16/2013
Date



SOUTH COUNTY HOSPITAL
H E A L T H C A R E S Y S T E M

South County Hospital ■ VNS Home Health Services ■ South County Quality Care ■ South County Surgical Supply

February 26, 2013

Ms. Valentina D. Adamova
Acting Chief Health Program Evaluator
Rhode Island Department of Health
Office of Health Systems Development
3 Capitol Hill, Room 410
Providence, RI 02908

Mr. Michael Dexter, Chief
Health Systems Development
Rhode Island Department of Health
3 Capitol Hill, Room 410
Providence, RI 02908

Re: Westerly Hospital Obstetric Labor and Delivery Reverse CON

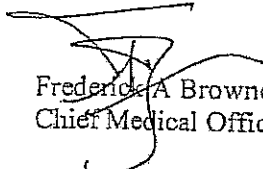
To Whom It May Concern:

South County Hospital received notice that The Westerly Hospital intends to cease labor and delivery services as of June 1, 2013. South County Hospital and its affiliates are in support of this request.

Further, we have been in contact with the Special Master for The Westerly Hospital with regard to our ability to absorb the obstetric labor and delivery patients who previously would have sought care at The Westerly Hospital should the hospital close its obstetric labor and delivery service. We have been advised that the projected annual birth at The Westerly Hospital for the next two calendar years (2013 and 2014) is approximately 300 to 325 birth and deliveries for each year. South County Hospital and its affiliates have sufficient providers and call coverage, such that if all of these projected births were to come to South County Hospital, we would be able to provide the requisite and proper care to these patients.

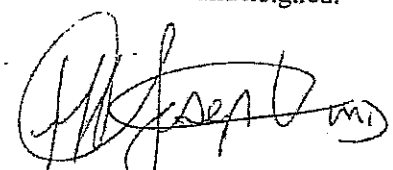
Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,



Frederick A. Browne MD
Chief Medical Officer, VP Medical Affairs

/sm



Jeffrey Joseph, MD
Chief, Obstetrics & Gynecology



Bruce D. Cummings
 President &
 Chief Executive Officer

February 22, 2012

Ms. Valentina D. Adamova
 Acting Chief Health Program Evaluator
 Rhode Island Department of Health
 Office of Health Systems Development
 3 Capitol Hill, Room 410
 Providence, RI 02908

Mr. Michael Dexter, Chief
 Health Systems Development
 Rhode Island Department of Health
 3 Capitol Hill, Room 410
 Providence, RI 02908

RE: Discontinuation of Obstetrical Deliveries at The Westerly Hospital

Dear Ms. Adamova, Mr. Dexter, and members of the Health Services Council,

I am pleased to confirm that Lawrence + Memorial Hospital has sufficient available capacity in its maternity unit (a/k/a "LDRP") with which to accommodate Westerly area women. As the accompanying data show, even if one were to assume that as many as 85% (256 of ~ 350 deliveries/year) of pregnant women who previously delivered at The Westerly Hospital were to now come to L+M, our existing 24 bed unit would be able to handle the volume. We are not expecting that to be the case – indeed, with Dr. Andrew Neuhauser's announcement that he will remain in Westerly but bring his births to South County Hospital as of June 1 – a more likely scenario is that somewhere between 25% (88) and no more than 50% (175) of the deliveries would gravitate to L+M.

L+M has the requisite capacity, expertise, and resources as evidenced by in its 24-bed maternity unit, full-time level II NICU, 24/7 in-house anesthesia coverage, lactation consultation and other patient education and support services with which to provide a safe, high quality, and comfortable birthing experience for Westerly area women who choose to come to L+M. Therefore, we support the recommendation of the Special Master to file a reverse CON for the purpose of terminating obstetrical services at The Westerly Hospital as of June 1, 2013.

If you have further questions or need additional information, please feel free to contact me.

Sincerely,

Bruce D. Cummings, FACHE
 President and CEO

C: W. Mark Russo, Special Master
 Lauren Williams, RN, Chief Nursing Officer
 Maureen Anderson, General Counsel
 Dan Rissi, MD, Chief Medical Officer

Bed Need at L+M with Volume Shift from WH

	FY 2012 L+M Discharges	FY 2011 WH Discharges	Volume Shift from WH to L+M (1)	Projected L+M Discharges	ALOS (2)	Patient Days	Average Daily Census	Bed Need (3)	Current Beds	Surplus/ Deficit
OB Delivery	1,489	347								
OB Non-Delivery	130	16								
<u>Total</u>	<u>1,619</u>	<u>363</u>	256	1,875	2.8	5,250	14.4	24	24	(0)

Note: L+M = Lawrence + Memorial Hospital, WH = Wesley Hospital

(1) Assumes WH OB Delivery discharges originating from towns in L+M's primary or secondary service areas will/can shift to L+M.

(2) Assumes L+M's current average length of stay (ALOS) in days

(3) Assumes 50% utilization target

Source data provided by, CHA and RI DDHL