Meeting with Residents of Medford, including neighbors of Lawrence Memorial Hospital  
Tuesday, Sept. 18, 2018  
5:30 to 7:40 p.m  
Lawrence Memorial Hospital  

Seven Medford residents, four Medford City Council members (for the first hour and 15 minutes), plus the Medford Mayor and a member of her staff, had the opportunity to meet with MelroseWakefield Healthcare (MWHC) CEO and three members of her staff to discuss the planned Ambulatory Surgery Center (ASC) at the Lawrence Memorial Hospital (LMH) campus.

During introductions, residents and City Council members stated their goals of the meeting were for MWHC to provide an overall plan for the entire campus, for MWHC to provide transparency into their process, research and applications related to the building of the ASC, the need for open dialogue and the need for input from the community not just for the use of the hospital but for construction and placement of any potential ASC. Hospital representatives agreed these ongoing discussions were important.

MWHC began by talking about how changes in healthcare coverage have changed how healthcare is delivered. With changes in reimbursement for hospitalization many procedures that were once performed in a hospital are now performed in outpatient settings. For example, what used to be a 10-day hospitalization for something like appendix removal is now normally an outpatient procedure. This is because ambulatory surgery centers are designed for greater efficiency and resources for physicians and patients with the same quality care, as compared to higher cost hospital-based outpatient surgery services. This information was shared to help the group understand the journey that brought the organization to its plans to build an ambulatory surgery center at the Lawrence Memorial Hospital campus.

The residents in attendance said they understood that healthcare is changing, but strongly expressed their concerns for full transparency and input into any new construction on the campus especially that which increases the current building footprint.

The residents further stated that this should be the last small group meeting as they are not elected representatives of the community and there were over 400 people who signed the petition and who are not participating in the discussion. MWHC stated its preference to also speak to small groups to engage in dialogue like was happening at this meeting and states that larger groups are more difficult to engage, but that there will be larger group discussions. The residents reiterated that if MWHC is committed to transparency, the only way to achieve that is if there is timely engagement of all stakeholders via larger community meetings where all were invited as well as meeting notes are released. MWHC reiterated there will be larger group meetings.

Residents questioned why MWHC recommended the ASC be built on the LMH campus and if other sites were considered. MWHC explained that they did explore and evaluate other possible locations in Medford. Residents asked for a list of sites and what criteria was used for choosing the location. MWHC was not able to provide a list of sites or specific criteria metrics at the meeting, but did offer to provide more information, and stated that there had been a process for review and evaluation. MWHC stated the decision was that the LMH campus provided the best option for the same reasons that the hospital
is there now; it provides close alignment and convenience to other services, physicians and resources and was the only one currently zoned for medical use. City council remarked that land can be rezoned.

MWHC further stated that there has been a large investment in the campus already and there is a commitment not to have an empty campus.

The residents asked for clarity on why not renovate the existing space in LMH instead of building new. MWHC explained that by today’s standards of state-of-the-art ORs, there is not enough space [see slides 4, 5 and 6 below]. MWHC shared that the current ORs at LMH built in the 1970s have an average square footage of 440 feet and 11-foot ceilings, which is a particular problem because they are in the basement. Today’s standards require 525 sq. ft. and 14 feet, 6-inch ceilings. The LMH procedure and endoscopy rooms (for things such as colonoscopies) are 145 sq. ft. Today’s standards require they be 300 to 400 sq. ft. There is also the added cost of all the surrounding services including recovery space.

MWHC stated that renovating existing OR space is estimated to cost at least $3M more than a new building. MWHC expressed concern for both the additional cost and possible cost overruns associated with retrofitting. The residents requested that all current hospital space be considered for the new ASC and not just the space currently occupied by the operating rooms.

The residents stated that the added cost of retrofiting should not be prioritized above the impact on residents and the overall needs and concerns of the neighborhood.

MWHC shared with the group an additional possible location (option 3, slide 11) for the ambulatory surgery center on the LMH campus [see slides 9, 10 and 11 below]. MWHC emphasized no decisions have been made. Hearing the feedback of the group regarding locations, a city council member questioned if cost would be the determining factor of location. MWHC explained that there is a budget that they must be mindful of but as it has been explained, understanding parking, traffic, flow of services for patient and physicians, and the aesthetic of the neighborhood all will be considered in informing location.

Residents expressed that the “option one” location, which is the location in the middle of the parking lot, was not at all a favorable option and further stated the need for more information related to parking and zoning on all options.

It was made clear by MWHC that the corner of Governors Ave. and Lawrence Road is not being considered for location of the new ASC.

MWHC then shared a draft timeline with target dates [see slide 12 below]. This slide illustrated the work to be done in the process to get answers to the questions by the community. It also showed that there will be more city-wide community meetings tied to when the information is available and MWHC would bring along the experts who will be doing the work, such as with parking and traffic. The residents asked for additional detail and clarity on the timeline MWHC agreed would be provided as it becomes available.

MWHC stated that the detail information be requested will be developed as outlined in the timeline and no documents of such information have been submitted to the City of Medford; but that they will as part of the process for evaluation by the City, and confirmed that paperwork is in progress to be
submitted to the city by November 15th for all matters where city of Medford needs to opine- traffic and parking.
Residents remarked that the timeline is extremely aggressive. Mayor Burke agreed and remarked that some of the timeline may have to be changed.

MWHC also reiterated that traffic and parking studies will be conducted. Mayor stated that there is a third-party review that includes the City’s engineer reviewing such plans before approval. Also, the Mayor explained that there is a specific and separate process by which the neighborhood is engaged at the time the zoning request in submitted and brought to the City Council. No zoning or permit request has been submitted at this time.

The residents asked about what other services would be located at the hospital. MWHC explained that plans need to be developed and would consider what kind of services the community would like to see. Initial thoughts include more primary care and specialty care physicians. These services, together with the ambulatory surgery center, could make it easy for patients, community, and physicians to have all services in one location.

Residents asked if there were plans to close the nursing school in near future. MWHC stated there are no plans to close the nursing school. The building is old and other locations were evaluated, but the decision was made to keep it at its location for the foreseeable future.

The residents asked about plans regarding behavioral health. The residents stated they have heard information that renovations already occurred to expand services. MWHC stated this is not true and some modifications were made to the existing facilities to meet new regulations and standards. MWHC stated that they heard clearly from the community that the community does not want expanded behavioral health at LMH. Plans are, instead to focus on the ambulatory surgery center, and if approved, bringing more physician and outpatient services to the hospital building. With more physician and outpatient services in the hospital building, they MWHC will not be able to expand inpatient behavioral care as a result. There are no plans to build a new behavioral health facility.

The current inpatient geriatric behavioral care services that are there now however will stay and will not be expanded. Residents asked if the physicians coming to the hospital would be caring for behavioral health patients on an outpatient basis. MWHC clarified that those physician support services for behavioral health needs, such as depression and anxiety, are provided now.

There was a rumor that a methadone clinic was being considered. MWHC stated that no methadone clinic or other addiction clinic will be part of the hospital.

Also, MWHC elaborated that it has made no requests for new MBTA bus routes/ stops.

Residents asked about the future of emergency department. MWHC explained that they are evaluating the future of the ED. It is one of the lowest utilized EDs in the state. There are seven other EDs within the greater vicinity. MWHC citing the low usage and availability of other ER services in the area, stated it was unlikely to remain open.

With today’s sophisticated emergency response system, patients begin receiving treatment by emergency response personnel on location. Also, most of the patients that are seen at the LMH ED for
things like stitches can be treated in urgent care by emergency medicine providers who staff urgent care; but patients do not have to pay the high emergency room copays.

The Mayor stated her interest in MWHC providing greater access to urgent care services locally.

MWHC stated they have heard concerns about having an ED nearby in case of a heart attack. MWHC explained that if a patient arrives at LMH or even Winchester hospital with an actual heart attack those patients are transferred to Melrose Wakefield Hospital as the closest hospital with a cath lab to open arteries (or MGH). It is better to go directly to the place that can provide the right level of care.

As plans and proposals are considered, the residents insisted on participation in the discussions and full transparency regarding proposals and any work associated during the process.

MWHC stated that the specifics of the information that is being requested as it relates to ASC are simply not available yet. MWHC agreed that there will be more and better engagement. MWHC said again they are committed to scheduling more large community events this fall where they will bring to the community the experts on key areas of concern such as parking and traffic.

The residents asked for a commitment to for the hospital to vet all proposal and plans with the Mayor’s office and City Council. MWHC agreed to work closely with the City.

For future large community meetings, the residents suggested using them as a sounding board for the development of information, which the group agreed.
Agenda

• Introductions
• Ambulatory Surgery Center
  – Why build new
• Borings and further evaluation of location options
• ASC Process and Community Engagement
  – Timeline
  – Planning community meetings: Parking, Traffic, Visual Drawings
• Follow-up
Why Build New:
Benefits and patient safety standards
## Why build new

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<tr>
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<th>Existing Rooms 1970’s construction</th>
<th>Current standards outpatient surgery</th>
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<tr>
<td>Operating room square footage</td>
<td>Average LMH 440</td>
<td>525</td>
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<tr>
<td>Procedure/Endoscopy room square footage</td>
<td>145</td>
<td>300-400</td>
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<tr>
<td>Ceiling height</td>
<td>11 feet</td>
<td>14 feet &amp; higher</td>
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<td>Ratio: Pre/Post operative beds to Operating room/procedure rooms</td>
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<td>3.5-4</td>
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Renovating Existing Operating Rooms

Current LMH OR (built in 1970s) – average is 440 sq. ft.

Current Standards in 2018 – average is 525 sq. ft.
New Operating Room Benefits:
Minimally invasive surgeries with faster recovery time

Picture of new ASC in Shrewsbury, MA
Determination Process for Potential ASC Sites
Boring process and results
Site Determination Process

- Borings started today
  - Results in 1-2 weeks

- Location options
Option 1
Option 3  
A third, additional option
## Community engagement and project timeline

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<td>Sept ’18</td>
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<td>June ’19 - May ’20</td>
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<td>September Bldg. Loc. Determined</td>
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**September**
- Bldg. Loc. Determined

**Sept 15th - Nov 15th**
- Documents Prepared for Zoning/Special Permit
- Traffic & Parking Study Conducted

**Nov 16th - March 31st**
- City’s Public Hearing Process

- Nov 14th
- DoN Hearing

**Apr 1st - May 31st**
- Submit for Building Permit

**Jun 1st**
- Break Ground
- ~12 months construction

**Open**
- October Community Event
- November Community Event
- December Community Event

**Impact Advisory Group Meetings - ongoing**

**Small Community Meetings - ongoing**

*Shared as target dates. Residents group asked for clarity and additional information on specifics to these steps, which will be provided as they become available.*
Thank you!

Questions or Comments? Please email Community@MelroseWakefield.org