

Appointed Sharon Hospital Medical Staff
50 Hospital Hill Road
appointedSHstaff@gmail.com
Sharon, CT 06069

SENT BY FEDERAL EXPRESS

December 22, 2021

Ms. Kimberly Martone
Chief of Staff
Connecticut Office of Health Strategy
450 Capitol Avenue
Hartford, CT 06134

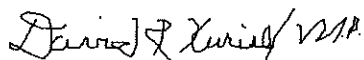
Re: Certificate of Need Docket No. 18-32238-CON
Response to October 29, 2021 Inquiry

Dear Ms. Martone,

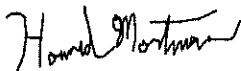
We are a committee of Sharon Hospital medical staff, appointed by the Sharon Hospital Chief of Staff and medical staff. In such capacity, we are writing to provide additional information regarding Nuvance's response, dated November 22, 2021, to your questions, dated October 29, 2021, about possible noncompliance with the CON of November 2, 2018. We believe that many of Nuvance's responses are misleading or inaccurate.

Below you will find our perspective on the misleading and inaccurate information they have provided.

Sincerely,



David Kursch, M.D.



Howard Mortman, M.D.



Jorge Otero, M.D.



Michael Parker, M.D.



Tracey Sheedy, P.A.

You can contact us at appointedSHstaff@gmail.com or 914-474-0840.

Question 1: Charity Care

Contrary to what Nuvance reported, charity or uninsured care decreased at Sharon Hospital by 60% from 2016 to 2020. We do not understand how Nuvance decides on “approved applicants.” Does this mean applications are restricted or screened in some way?

Question 2: Interruption, Closure or Reduction of Services

Understandably, COVID-19 broadly affected hospitals in 2020. In addition, Sharon Hospital had several other reductions in service as a result of Nuvance's management, including:

- The **Sharon Hospital lab has been gutted**. Lab tests, such as bloodwork and pathology reports, are being sent to sister hospitals. Previously, these had been done at Sharon Hospital. This has compromised the delivery of care, causing delays and confusion in obtaining results. We now need two different IT systems, instead of one, to retrieve results. Prior to Nuvance, our system was safe, effective and efficient for both patient and provider.
- Nuvance **changed our previous system of departmental scheduling** to a remote, central scheduling system. This change to central scheduling is counterproductive, inefficient and puts our patients at risk. It is difficult for both providers and patients to use. Simple tasks, like getting a blood test, can now be delayed by up to two weeks. There is a unanimous opinion among the medical staff at Sharon Hospital that a system that previously worked has been broken, and now patient care is compromised.
- Our **ICU has suffered** due to Nuvance's announcement that they are closing the ICU. The resignation of ICU nurses can be directly traced to an incident involving Dr. Mark Hirko, the President of Sharon Hospital, several months ago. As reported by nurses who were present at the time, Dr. Hirko—who is employed and guided by Nuvance—walked into the ICU and announced to the ICU nurses that Nuvance *will be* closing the ICU (not that Nuvance *may be* closing the ICU). This led to resignations of several ICU nurses, contributing to a staffing shortage which forced the ICU to close on several days. Subsequently, many patients could not remain in Sharon Hospital—where they and their families wanted to stay—and were transferred elsewhere.
- **Threats of closing the OB unit and manipulative behavior** by Nuvance has directly resulted in three labor and delivery (“L&D”) nurse resignations. Nuvance refuses to replace these nurses with full-time nurses. They will not post the job descriptions online because they have no intention of recruiting full-time nurses to replace the nurses who have left Sharon Hospital. This has also led to emotional distress amongst the remaining staff. Nuvance had planned to close the unit temporarily on December 13 and 14 due to L&D nurse shortages. At the last moment, nurses heroically took on extra shifts. This shortage was a direct result of Nuvance's own actions which caused the three nurses to leave. As a result, the remaining nurses at Sharon Hospital are working an unreasonable number of shifts to cover these dates so the OB unit remains open.

Question 3: Staffing, Retention and Recruitment of Staff

Although Nuvance highlights that it has continued to “aggressively recruit for all open positions,” we repeatedly hear otherwise.

One former employee resigned because they were severely overworked. An existing Sharon Hospital employee agreed to take over that job and resigned from the position within days because the workload was unbearable.

Several medical staff have informed us that personal friends applied for open positions and either did not hear back or waited months for a reply. In two instances, primary care providers contacted Nuvance to explain that they personally knew qualified people who had applied for open positions. These physicians put time aside to advocate for these applicants. Only then did Nuvance finally get back to them, and those two medical staff were ultimately hired. One nurse at Sharon Hospital shared with us that they told several people to apply for positions at Sharon Hospital and that once they applied, they never heard back from Nuvance. Another nurse described the lack of respect that the medical staff receives from the administration, which is demoralizing.

Question 4: Plans to Recruit and Retain Physicians

As physicians in Sharon Hospital, we found Nuvance's answer to Question 4 to be particularly misleading and inaccurate.

In the Sharon service area, we have experienced the loss of six primary care physicians at Sharon Hospital in the past few years, five of whom were employed by HealthQuest/Nuvance. Based on direct conversations with two of them, poor working conditions contributed to these resignations. If these physicians are open to being interviewed as to why they resigned, we can provide their information.

Nuvance claims to "strategically increase its primary care footprint." We believe that Nuvance's plan to "offer visa sponsorship options to support primary care" will not be successful and is inadequate.

We believe Nuvance's recruitment strategy to be ineffective and passive. We are not aware any "aggressive recruiting" outside of their residency programs. For example, to our knowledge, there has been no recruiting in medical journals.

One long-time, respected and local primary care/specialist physician who expressed strong interest in joining the Nuvance practice was ineffectively recruited. This physician had multiple meetings with Nuvance recruiters and was told repeatedly that Nuvance would initiate further contact. However, Nuvance did not follow up until the physician, after a six-month gap in contact, told Nuvance that they were no longer interested. It is incomprehensible that Nuvance made no genuine effort to recruit a highly qualified, local physician who practiced in the area and ready to work for them.

Recently, renewal contracts provided to primary care doctors at Sharon Hospital include a clause that incentivizes them to refer patients to Nuvance physicians at other hospitals, rather than non-Nuvance doctors at Sharon Hospital. This interferes with usual referral patterns and forces patients to travel considerable distances. This clause is to the detriment of local physicians, Sharon Hospital and its patients.

Nuvance's vague statement that they are "focused on ensuring access to specialty care" is unsupported. Specialists in urology, neurology, pain medicine, sleep medicine, hematology and oncology have not been replaced, including those who have retired. Without local specialists, it is more difficult to retain primary care doctors and nurse practitioners. It is also difficult for patients to travel an hour or more to get treatment in basic specialties.

Due to Nuvance's mismanagement of the Pediatric Department, including delayed contract negotiations with our pediatricians, the Obstetrical Unit almost closed for multiple days in September 2021. Nuvance's actions were particularly egregious with this matter. Dr. Hirko called one of the OBGYN's on Wednesday, August 25, and told them that there were 8 days in September that the hospital had been unable to find pediatric coverage, and that patients would have to be diverted during these days. Dr. Hirko gave the OBGYN unit a week's notice before patients would be diverted. He explained, during that phone call, that one of the pediatricians—

who the OBGYN suggested could take coverage—was unfit to practice and would put patients at risk. Following that phone call, this OBGYN spoke to local pediatricians to try to arrange the coverage that Nuvance had been unable to secure. This OBGYN learned that Nuvance was negligent in negotiating a new contract with the current pediatric practice that covered most of the call schedule in the past several years. For instance, Nuvance had not been replying to emails from this pediatric group to negotiate the contract.

Nuvance called a meeting, “OB Pediatric Coverage Planning” for 7:30 a.m. on Friday, August 27 to determine how to divert patients; several physicians (mostly from OB), Dr. Michael Parker, Dr. Hirko, Ms. Christine Mcculloch and Ms. Kerry Eaton were among those present at the meeting. One physician, an OBGYN, said that they did not need to divert patients, and instead could find pediatricians on short notice to cover these dates. This OBGYN said that they would be able to find someone because, “Doctors take care of doctors.” Nuvance said that they were unable to find pediatricians, having tried for a month and a half. They said the only solution was to divert patients elsewhere. Dr. Hirko said to everyone in the room, just as he said privately to the OBGYN on the phone the previous day, that the pediatrician who was unsafe to practice would be fired within the week. He slandered a well-respected and loved colleague to many in the room. As soon as the meeting ended, this same OBGYN who wanted to find pediatricians and spoke up during the meeting called a qualified pediatrician to ask for help. The pediatrician agreed to get emergency privileges and cover the eight days. After this OBGYN passed on this information to Nuvance, however, suddenly the pediatrician who was supposed to be imminently fired was now allowed to cover the dates. This suspicious behavior had led some staff to believe that Nuvance was intentionally trying to close the unit for those days. The OBGYN emailed Ms. Eaton to share the news, within an hour of the meeting on Friday, August 27:

“It took me one phone call to find a fantastic local pediatrician after our meeting for next week and likely the long haul. So no closure of the maternity unit. We no longer need to call all our patients to tell them to deliver elsewhere.”

Nuvance mentions that “in the Sharon hospital service area two new primary care nurse practitioners will be joining the Millerton and Sharon offices.” It must be known that Nuvance did not recruit these two nurse practitioners. It is only through the persistence of physicians in those offices that these people were hired. They were *not* recruited by Nuvance.

We believe that Appendix A, which Nuvance claims “represents the number of employed and community-based providers on staff at each hospital, excluding hospital-based physicians” is astoundingly misleading. Nuvance alleges Sharon Hospital has 244 physicians. In fact, there are only about 40 active full-time physicians on Sharon Hospital’s staff.

An example of misleading information is the number of physicians that Nuvance claims are in neurology: 24 physicians. In fact, there are no neurologists in the Sharon service area. We can only guess that this number represents physicians utilized in the tele-neurology service. However, this service only provides consultations for our emergency room physicians and hospitalists. But make no mistake, there are no neurologists who are physically present and providing services in the community. There are no outpatient neurology services. Instead, we send all our patients who need to see neurologists outside the service area.

Another example of a highly misleading statistic is the numbers provided for radiology. Nuvance lists 20 radiologists, "on staff" at Sharon Hospital. At any given time, there is at most one radiologist who practices at Sharon Hospital.

Nuvance also listed 14 psychiatrists at Sharon Hospital. In fact, there is one full-time psychiatrist for the in-patient psychiatry unit who takes insurance, and there are three out-patient psychiatrists in the community, none of whom take insurance. Therefore, for the overwhelming majority of patients in need of out-patient mental health care, there are no providers.

Nuvance also claims that there are six cardiologists at Sharon Hospital. There are two, not six. There is only one pulmonologist, not two as claimed by Nuvance. In addition to these examples, there are multiple other departments whose numbers are exaggerated and not representative of the number of providers available for in-patient and ambulatory patients.

Question 5: Professional Staffing Issues

Nuvance's response to Question 5 places specific emphasis on OBGYN and ignores many of the professional staffing issues we address in Question 4. Nuvance's alleged "multi-faceted recruitment approach" and "system-wide line approach" are clearly ineffective.

Addressing their example of the Sharon Hospital Labor and Delivery unit, the three open L&D nurse positions, "for which Nuvance health is actively recruiting" are a direct result of Nuvance's actions. Three nurses left Sharon Hospital specifically because they were told, incorrectly, by Dr. Hirko that Nuvance has filed a CON to close the maternity department. In addition, Dr. Hirko and the Chief Nursing Officer of Nuvance told the OBGYN physicians, in person and with four OBGYN physicians on the Zoom call, that Nuvance will not recruit any full-time nurses and that they have no intention to do so. It is blatantly untrue for Nuvance to state that they are recruiting for these three positions. There has been zero recruiting effort of any full-time nurses since the moment we lost our first of the three L&D nurses. With a staff of eight full-time nurses, the OB unit lost almost 40% of its full-time nurses. The nurses who left can confirm that their resignations are directly tied to Nuvance's representations and actions. There is a shortage of L&D nurses in the country, which makes these actions even more egregious.

Question 6: OBGYN Needs of the Community

We believe that Nuvance is not being transparent, or offering accurate information, regarding their answer to Question 6. Nuvance writes that its “continuous, dedicated efforts to develop a long-term, sustainable staffing plan has been unsuccessful to date.” It claims that this is “due in part to the combination of decreasing birth volume and the rural location [of Sharon Hospital].” In 2019, 185 babies were born in Sharon Hospital. In 2020, 212 babies were born in Sharon Hospital. In 2021, if you include the number of patients with due dates prior to January 1, 2022, 211 babies will have been born at Sharon Hospital. Therefore, there is no decreasing birth volume.

In terms of the “demanding call coverage schedule” that Nuvance describes, as of January 1, 2022, there will be five full-time gynecologists and one full-time physician’s assistant taking care of obstetrical patients, four of whom will participate in an equal rotation for weekend and weekday call. Sharon Hospital also has an academic obstetrician gynecologist from University of Connecticut to help with the weekend call schedule as needed. Almost all OBGYN units in the U.S. utilize locum tenens. Nuvance claims it is “not a sustainable long-term approach to maintaining consistent and integrated care for patients and their families.” However, Sharon Hospital is not unique in utilizing locum tenens; rather than it being a fault, it is a strength.

In the experience of our obstetrics providers and nurses, the toxic culture of communication from Nuvance has inhibited Nuvance’s own ability to maintain staffing. Over Thanksgiving 2020, Dr. Hirko visited the maternity unit and told one of the maternity nurses that Nuvance was closing labor and delivery at Sharon hospital in the near future. One nurse on the unit explained: “There’s a lack of respect and a demoralization of the efforts that people are putting in.”

In March 2021, Nuvance hired the American College of Obstetrics and Gynecology (“ACOG”) to thoroughly review the labor and delivery unit and program at Sharon Hospital. We believe that the purpose was to find fault in the program and to use ACOG’s findings to gain permission to close the unit down. However, ACOG found that the labor and delivery unit was highly qualified to provide obstetrical care. Sharon Hospital was the first hospital they ever reviewed with a perfect patient chart review. ACOG concluded that everything should be done to maintain, preserve and grow the program of delivering babies at Sharon Hospital. ACOG commented on how vital the nurse manager, in particular, was to the future of Sharon Hospital. Within a few short months of that ACOG review, Nuvance offered that same nurse manager a full-time job at Danbury Hospital. This felt like a deliberate attempt to compromise the labor and delivery unit. Fortunately, she declined the job offer and shared this information with other nurses.

In the same day that Nuvance announced the definite closure of labor and delivery to the nursing staff, the medical staff and the community, the doctors at Sharon Hospital immediately voted 25 to 1 in a secret vote against this closure. Nuvance’s decision has created a chaotic work environment for the nurses in maternity. Dr Hirko, representing Nuvance, continues to come to the unit to tell the nurses that the unit is closing. He misinformed them and repeated that Nuvance had already submitted an application to OHS to authorize the closure. As a direct result of these misrepresentations and actions, three full-time L&D nurses left Sharon Hospital during the past several months. The nurses can verify all of this.

Nuvance's actions have led to an untenable staffing shortage of nurses. Dr. Hirko and Christine Mcculloch have stated unequivocally that they will not recruit or hire any full-time labor and delivery nurses because they are closing the unit very soon—as soon as June 2021. They are consistently warning the physicians that, on any given day, patients may be sent elsewhere for medical care.

In planning the transition, Nuvance is already training ER physicians on how to deal with obstetrical and gynecological emergencies. They are learning how to deliver a baby on a simulator. This would create a dangerous experience to local patients who travel to Sharon Hospital for their care.

It is the unanimous opinions of our obstetricians, pediatricians and emergency room physicians that closing our labor and delivery unit would create an unsafe environment for mothers and their babies. In addition, this area of Connecticut has terrible winters with icy conditions and dangerous roads, and pregnant women will be forced to travel greater distances. Not having full-time labor and delivery services who offer surgical capabilities, full-time qualified OBGYN nurses, full-time pediatricians, anesthesia availability and a full-time operating room would be placing mothers and their unborn children in danger.

There will also be substantial ripple effects, that include but are not limited to: a deterrent for young families to move here, less access to primary care, and lower attendance of students in local schools. The whole community would suffer.

We are available to meet with you to discuss Ms. Sally Herlihy and Nuvance's errors and omissions if needed.