

For Immediate Release

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Joint Statement from Massachusetts College of Emergency Physicians (MACEP) and Massachusetts Emergency Nurses regarding the closures of Carney Hospital and Nashoba Valley Medical Center.

The announcement of the closure of Carney Hospital and Nashoba Valley Medical Center has continued the pattern of reducing the accessibility of emergency care in the state. The actions taken to date from the Steward healthcare system have already harmed our communities and these actions will undoubtedly cause more harm. While the maintenance of the entire hospital may not have a feasible business case, like in the past precedent of the Quincy hospital closure, a free standing or satellite emergency care center should be considered as an essential service and needed community public health need.

Access to emergency care is a vital link in the healthcare system. From the serious events of trauma, cardiac arrest, and stroke care to the needs of mental health and emotionally dysregulated patients our emergency departments must be an option for our communities. The demand for emergency care is driven by several reasons such as lack of access to primary care providers, the inability of patients to obtain follow-up care, and cultural changes demanding immediate resolutions to concerns. Regarding the cause, the number of emergency care visits has risen over 60% since 1997. Those additional visits have only added to the burden of boarding and crowding that is seen across the nation and here in Massachusetts. When emergency departments are overcrowded it is more than an inconvenience. Increased ED crowding is associated with negative patient outcomes including increased patient mortality and morbidity; delayed or missed care opportunities such as antibiotic and pain control as well as increased rates of patients leaving without being seen.

The high risk to patient safety associated with hospital crowding is recognized by the state with the continued classification of parts of the state at Tier 3 capacity alert. That level on the 0-4 scale expects significant delays in care. Recent articles have shown that Massachusetts has the 2nd highest average wait times for emergency care in the country. These delays in emergency care will only increase if there are service impacts with any further dysfunction of the Steward healthcare systems even without full closures.

The impacts are not only directly to our patients and communities but also indirect with EMS access. With each closure ambulances will now have increased transport times and longer times leaving communities without that EMS resource. According to court filings examples of these extended travel times from Ayer, where Nashoba is located could take up to an hour extra time during peak traffic hours. For Carney, the EMS choices are less about the travel time, and more associated with adding to saturated emergency departments and hospitals. South Shore Hospital published a report in early July "We physically have no more space," said South Shore Health's Chief Medical Officer Jason Tracy, M.D. "We're running 550 inpatients in a 374-bed

hospital.” These closures will impact public health and despite the state’s claims of being prepared for the closures it is not clear what actions or capability the state has to make change.

While the state must have a response, there is a disproportionate impact on the population of Norfolk County and the rest of Region 4 and 5 compared to the rest of the state. This region is still recovering from the losses of Quincy, Natick, Norwood, and New England Sinai, along with the temporary closure of Brockton Hospitals over the last 4 years. Any further loss of healthcare settings will only further the issues described above leading to increased boarding and crowding and an unfortunate reality of likely harm to our patients.

In closing it is our position that the closure of any emergency care centers will harm the overall health status of the state. There is a need for oversight, planning, and risk reduction on the local, state, and federal levels to ensure timely access to emergency care for all and to take steps to consider maintaining emergency care in these communities. We urge the courts and the state to reconsider the closure and to consider the option of satellite emergency care to ensure safety for our communities.

Daniel Nadworny RN, DNP, FAEN
President, Massachusetts Emergency Nurses Association

ma.president@state.ena.org

617-279-1979



Massachusetts
State Council

Michele Schroeder, MD, FACEP
President, Massachusetts College of Emergency Physicians

tpearson@macep.org

781-890-4407

