

Elizabeth Sellman

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Douglas Fish, MD Acting Commissioner of Primary Care and Health Systems Management NYS Department of Health Albany, NY 12237

Dear Deputy Commissioner Fish:

I am writing to submit Mount Sinai Beth Israel's updated closure plan for the 16th Street Campus, which we hope fully responds to the questions raised in the Department's letter dated April 2, 2024, and which also further updates the plan in light of the passage of time and events.

As we have explained, Mount Sinai Beth Israel must close its 16th Street Campus due to insurmountable financial losses at the facility that the Mount Sinai Health System cannot continue to offset without jeopardizing the operational sustainability of the entire health system. Additionally, since January, hundreds of staff have resigned from the 16th Street Campus, making providing patient care at the facility increasingly challenging. Most recently, given the uncertainty around the closure plan, and despite best efforts by MSBI and MSHS, additional staff have resigned, increasing concern about MSBI's ability to provide safe and appropriate patient care at its 16th Street Campus.

MSBI first notified the Department of its intent to close its 16th Street Campus in September 2023. On October 25, 2023, MSBI submitted its 141-page closure plan, outlining its urgent need to close the 16th Street Campus and providing for a responsible step-down of services at the facility ahead of the planned July 12, 2024 closure date. On November 17, 2023, following discussions with DOH and at the Department's request, MSBI submitted a closure plan addendum updating its planned step-down of services at the 16th Street Campus in light of a significant number of staff resignations to enable a controlled and safe closure of the facility by the planned July 12 closure date. Following the submission of the closure plan addendum, DOH responded on November 30, 2023, when it asked whether the "public signage of closure would be posted in English, Spanish, and Chinese."

DOH directly responded to the submitted closure plan on April 2, 2024, when it returned the plan to MSBI as "incomplete". In its two page letter, DOH made five specific requests: (1) for details related to the notification of elected officials and employee organizations, and written notification of any public meeting(s), (2) for more detailed information regarding MSBI's discussions with other hospitals in the surrounding area, (3) for the last three years of audited financials for MSBI and MSHS, (4) to clarify the number of patient visits, and (5) to provide additional information on how declining patient volume at MSBI was impacting revenue and negatively affecting investments in facilities, clinical programs, and technology.

MSBI's updated closure plan, submitted with this letter, answers the questions raised in the Department's April 2 letter, updates the plan in light of the significant passage of time and events, and further explains the importance of closing by the planned July 12, 2024 closure date. A July 12, 2024 closure date is even more imperative now than it was when the closure plan and closure plan addendum were originally submitted. Due to recent resignations of high-level medical staff and administrators, staffing and other conditions at the 16th Street Campus will become increasingly challenging after July.

A closure in July is also entirely consistent with applicable regulations and DOH guidance. Under 10 NYCRR 401.3(g), "[n]o medical facility shall discontinue operation or surrender its operating certificate unless *90 days' notice of its intention to do so* is given to the commissioner and his written approval obtained." Similarly, under DOH's Facility Closure Plan Guidelines (DHDTC DAL#: 23-06), "*90 days prior notice of the intent to close* must be provided to the Department." Thus, the 90-day requirement runs from September 15, 2023, when MSBI provided DOH with written notice of its intent to close its 16th Street Campus, and was satisfied as of December 14, 2023, over five months ago.

Given the impending July 12 closure date, MSBI requests that DOH respond to its updated closure plan as promptly as possible, and hopefully no later than 30 days from today. As DOH has previously acknowledged, there are significant constitutional concerns with forcing a private hospital to continue operating at a huge financial loss. And, as DOH is also aware, the patient safety concerns associated with forcing MSBI to continue providing patient care at its 16th Street Campus past July, when its staffing situation will become critical despite its best efforts, cannot be overstated. Thus, MSBI's 16th Street Campus must close as of July 12, 2024.ⁱ

As noted above, we have supplemented MSBI's closure plan to respond comprehensively to the questions posed in DOH's April 2 letter. To that end, the updated closure plan provides detailed financial information, emergency department absorption analysis, and documentation of MSBI's robust engagement efforts with elected officials and employee representative groups, among other items. For example, the updated closure plan provides the following additional information:

- Additional detailed information about notification of elected officials and employee organizations, and written notification of public meetings (See Attachments 2,3,4,6,6,7,8,9)
- Detailed information about MSBI's discussions with other nearby hospitals (See Attachments 19 and 20)
- Three years of audited financials for MSBI, the other MSHS hospitals,¹ and the Icahn School of Medicine at Mount Sinai (See Attachment 12)
- Additional information about patient visits (See Page 8) and
- Additional information about the impact of declining patient volume on revenue and investments (See Page 10).

The updated plan shows, among other things, the following information regarding the need to close the facility, the impact of the planned closure, and MSBI's extensive outreach to the community, community representatives, nearby hospitals, and others:

¹ There are no consolidated audited financial statements for the Mount Sinai Health System because each of the hospitals and ISMMS are separate 501(c)(3) corporations.

- Upon closure of the 16th Street Campus, the four non-MSHS Emergency Departments are each projected to see an average daily impact of 2 to 19 additional "walk-in" patients and 1 to 15 patients arriving by ambulance, both well within the capacity of those existing emergency departments to absorb. (See Attachment 21)
- MSBI has only \$29 million in cash reserves remaining, substantially due to losses at the 16th Street Campus, and its independent auditor will issue a "going concern" opinion, indicating substantial doubt as to MSBI's ability to continue operations for the next twelve months (See Attachment 11)
- Since the announcement of the proposed closure in September, MSBI has had more than 150 meetings and communications with elected officials, community boards, union and clinical leaders, medical boards, staff and others (See Attachments 2,3,4,6)
- MSBI held a public forum on Nov 28 attended by nearly 150 people including staff from DOH (See Attachments 7,8,9) and
- MSBI has met with senior leaders of Bellevue, NYU, Northwell (Lenox Hill) and New York Presbyterian to discuss the closure and find ways to best address patient needs (See Attachments 19 and 20)

The updated plan also details MSHS's planned efforts to ensure continuity of care for downtown residents post-closure. For example, post-closure, MSHS plans to provide funding to Bellevue to help renovate its emergency department, assist with purchasing an additional CT scanner, and create and maintain additional respite care services. MSHS also plans to open an expanded urgent care center on the current New York Eye and Ear campus after the closure, which will be able to care for the majority of patients who are currently using the 16th Street facility's emergency department for non-acute care. This urgent care center will have expanded hours and will accept Medicaid and Medicare. In order to encourage use of these outpatient facilities, MSHS will initiate a campaign to educate the public about outpatient care and encourage patients to utilize urgent care centers, where they can be treated more efficiently and at a lower cost, for their non-emergent care needs.

We look forward to DOH's prompt response to the updated closure plan. MSBI remains committed to ensuring that the closure of the 16th Street Campus proceeds in a safe and responsible manner, and to working with DOH, area health care providers, elected officials, and employee and community groups to ensure that community needs are addressed post-closure.

Sincerely,

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Elizabeth Sellman, MPA President and Chief Operating Officer Mount Sinai Beth Israel and Mount Sinai Downtown

ⁱ In the unlikely event that DOH, contrary to the plain text of its regulations and guidelines, does not believe that the 90 day requirement applies to a hospital's notice of its intent to close (which MSBI provided in September 2023), and instead counts from the date of the submission of this revised closure plan, then MSBI will close its 16th Street Campus by no later than May 23, 2023 (90 days from the submission of this updated closure plan). To be clear, there would be no regulatory or other basis for such an interpretation by DOH.

Facility/Provider	Mount Sinai Beth Israel
Facility ID (PFI)	1439
Facility Address	First Avenue at 16 th Street
	New York, New York 10003
Facility Telephone	(212) 420-2873
Operating Certificate #	7002002Н
Name and Email of Facility Contact	Brad Beckstrom/brad.beckstrom@mssm.edu
Person	
Date	October 25, 2023 – May 23, 2024 (updated based on the April 2, 2024
	letter from the NYS Department of Health and newly available
	information).

On September 13, 2023, 303 days before the expected closure date, MSBI provided verbal notification to DOH of its intention to close. On October 25, 2023, 261 days before the expected closure date, MSBI submitted its written closure plan to the DOH. The closure plan addressed each item identified in DOH's August 2023 non-binding guidance (DHDTC DAL 23-06). Following the closure announcement, MSBI received a number of staff resignations, and, after consultation with DOH, MSBI submitted an addendum on November 17, 2023, 228 days before the expected closure, explaining some clinically necessary changes to MSBI's program. On April 2, 2024, 160 days after the submission of the closure plan, DOH sent a two-page letter asking for some additional information about the expected closure. In order to facilitate DOH's review, MSBI has readdressed the issues identified in DOH's non-binding guidance and responded to the information requests.

DOH Question	MSBI Response
Date of verbal notification to the	On September 13, 2023, 303 days before the expected closure date, verbal notification was provided to
Regional Office Hospital Program	DOH.
Director	
Date of written notification to	On September 15, 2023, 301 days before the expected closure date, written notification was provided to
Regional Office	DOH. See Attachment 1 for written notification to Kathleen Gaine.
Date(s) of notification to elected	On September 13, 2023, verbal notification was provided to the following elected officials: Senators
officials and Community Board(s)	Schumer and Gillibrand, Congressmen Nadler, Jefferies, Goldman, State Senators Kavanagh, Gonzalez,
	Krueger, and Rivera, State Assembly Members Paulin, Epstein, Glick, and City Council Members
	Rivera, Powers, Marte, Schulman, and Narcisse. See Attachment 2. On September 29, 2023, written
	notification was provided to the elected officials. <i>See</i> Attachment 3. Additional communications with
	elected officials regarding the closure occurred on October 26, 2023, October 30, 2023, November 10,
	2023, November 22, 2023, March 15, 2024, April 19, 2024, April 29, 2024, April 30, 2024, and May
	17, 2024. See Attachment 2. MSBI representatives will continue to meet with elected officials to
	discuss the closure of the Hospital. A copy of the PowerPoint presentation that was used at the October
	30, 2023 meeting is available at Attachment 5.
	On September 13, 2023, verbal notification was provided to the following Community Boards:
	Manhattan Community Board No. 6, Manhattan Community Board No. 3, Stuyvesant Town – Peter

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	Cooper Village Tenants Association. <i>See</i> Attachment 6. On September 29, 2023, written notification was provided. <i>See</i> Attachment 3. MSBI had additional conversations with Community Boards on October 26, 2023, October 30, 2023, November 10, 2023, November 22, 2023, December 5, 2023, and January 4, 2024. Attachment 6.
Date(s) of public meetings	 Following discussions with DOH, the Office of Mental Health, the Office of Addiction Services and Supports, and several elected officials, a public meeting was held on November 28, 2023 at Baruch College. The public forum was advertised on MSBI's website and in local newspapers, and MSBI notified Manhattan Community Boards and elected officials of the upcoming public forum. <i>See</i> Attachment 2, Attachment 6, Attachment 7. Baruch College was selected as the location because it was larger than any location available at the 16th Street Campus or other room at MSBI. Elizabeth Sellman, President and Chief Operating Officer of MSBI attended the November 28, 2023 public forum with other representatives from the Mount Sinai Health System to answer questions on the planned closure. 148 people attended the meeting, including Oluwatoyin Akindele and Fianna Biddle from DOH. A sign-in sheet of the attendees is provided under Attachment 8. A copy of the comprehensive PowerPoint presentation titled "Mount Sinai Beth Israel Update" presented by Elizabeth Sellman at the November 28, 2023 public forum is provided under Attachment 9.
Date(s) of notification to organization(s) that represent employees	 On September 13, 2023, MSBI notified Union 1199, which represents the nurses and most of our staff at the Hospital. MSBI meets regularly with the leadership and delegates of 1199, and the anticipated closure has been a frequent topic of discussion. On September 14, 2023, 302 days before the anticipated closure, MSBI notified Special and Superior Officers Benevolent Association, ("SSOBA"), which represents healthcare security officers union.

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	On September 14, 2023, MSBI notified Physical Therapy Collective Negotiations Committee ("PTCNC"), which represents physical therapists. MSBI maintains ongoing communications with its employees and unions. Attachment 10 contains a list of discussions where closure was a part, sometimes significant part, of the discussion.
For closures related to psychiatric beds or services, date of notification to the New York State Office of Mental Health	On September 13, 2023, verbal notification was provided to Bob Moon of the New York City Field Office regarding the closure of the Comprehensive Psychiatric Emergency Program (CPEP) on the 16 th Street Campus. MSBI has had further communications with the OMH NYC Field Office and NYS Central Office leadership about the plans for CPEP closure and will continue to meet with OMH regularly. <i>See</i> Attachment 13. No inpatient psychiatric beds will be closed, as the psychiatric inpatient beds moved to the state-of-the-art Mount Sinai Behavioral Health Center located at 45 Rivington Street.
For closures related to substance use disorder beds or services, date of notification to the New York State Office of Addiction Services and Supports	MSBI was not required to provide this notification because the closure is not related to substance use disorder beds or services. Nevertheless, on September 13, 2023, Mount Sinai provided verbal notification to Zoraida Diaz of the New York City Field Office.

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DOH Question	MSBI Response
1. Target Closure Date	The targeted closure date is July 12, 2024. Verbal notice of the closure date was provided 303 days in advance
	of the closure date, written notice was provided 301 days in advance of the expected closure date, and the
Indicate if the entire	October 25, 2023 closure plan was submitted 261 days before the expected closure date.
facility is closing or, if	
the entire facility is not	Mount Sinai Beth Israel (MSBI) will close its entire facility at the 16 th Street Campus of MSBI (PFI 1439)
closing, what service(s)	(the "Hospital"), consisting of the following certified inpatient beds:
will be closing and what	
service(s) will be	Coronary Care Beds 8
remaining at the facility.	Intensive Care Beds 36
	Medical/Surgical Beds 499
	Total Beds <u>543*</u>
	and the following services:
	• Ambulatory Surgery – Multi Specialty
	• Cardiac Catheterization – Adult Diagnostic
	• Cardiac Catheterization – Electrophysiology
	Cardiac Catheterization – Percutaneous Coronary Intervention
	Clinic Part Time Services
	Comprehensive Psychiatric Emergency Program
	• Dental O/P
	Emergency Department
	• Lithotripsy
	Magnetic Resonance Imaging

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DOH Question	MSBI Response
	Medical Services – Other Medical Specialties
	Medical Services – Primary Care
	Radiology Therapeutic
	• Renal Dialysis – Acute
	* The Hospital has seen a declining number of patients over the past 10 years (described further in Item No. 6), and prior to October 2023, the inpatient census at MSBI's 16 th Street Campus was, on average, only 28% of patient capacity, and periodically as low as 20% of capacity.
	This planned closure affects only the MSBI's facility at its Campus at 16 th Street (PFI 1439) and <u>does not</u> affect the following MSBI facilities:
	Mount Sinai Brooklyn (PFI 1324)
	3201 Kings Highway Brooklyn, New York 11234
	Mount Sinai Behavioral Health Center (PFI 15437) 45 Rivington Street
	New York, New York 10002
	Peter Krueger Clinic (PFI 9277) 275 Eighth Avenue
	New York, New York 10011
	Beth Israel Med Center #2 (PFI 2676) 103 East 125 th Street

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	New York, New York 10035
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	Beth Israel Med Center 8 & 8D (PFI 2686) 140 West 125 th Street
	New York, New York 10027
	New Tork, New Tork 10027
	Beth Israel Medical Center Cooper Square (PFI 2691)
	26 Avenue A
	New York, New York 10003
	Blavatnik Family–Chelsea Medical Center at Mount Sinai (PFI 9275)
	325 West 15 th Street
	New York, New York 10011
	Gouverneur Clinic (PFI 0644)
	109 Delancey Street
	New York, New York 10002
	Harlem Clinics #1, #3, #6, #7 (PFI 2681)
	103 East 125 th Street
	New York, New York 10035
	Mount Sinai Brooklyn Ambulatory Infusion Center (PFI 10076)
	3131 Kings Highway
	Brooklyn, New York 11234

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DOH Question	MSBI Response
	Mount Sinai Downtown Union Square (PFI 5936)
	10 Union Square East
	New York, New York 10003
	Vincent P. Dole Clinic (PFI 2673)
	25 12th Street
	Brooklyn, New York 11215
	Further, this planned closure does not impact other Mount Sinai facilities, including but not limited to:
	New York Eye and Ear Infirmary of Mount Sinai (PFI 1460)
	310 East 14th Street
	New York, NY 10003
2. Closure	MSBI must close the MSBI 16 th Street Campus due to unsustainable financial losses at the facility and, as a
Justification/Reason(s)	result, at MSBI as a whole. MSHS cannot continue to offset those losses without threatening the
Provide detailed information, data, financials, etc. relevant to the reason(s) for closure.	operational sustainability of the entire MSHS system. The MSBI 16 th Street Campus has suffered significant operating cash flow deficits for each year of the last decade, with deficits escalating in recent years. Largely as a result of losses incurred at the MSBI 16th Street Campus, MSBI had only \$29 million in cash reserves at the beginning of 2024, which have since been exhausted. The Hospital is not financially sustainable and must rely on the financial support of MSHS. MSBI will receive a "going concern" opinion from its independent auditor, indicating substantial doubt about MSBI's ability to continue operations for the next twelve months.
	On April 5, 2024, MSHS engaged Alvarez & Marsal North America, LLC (A&M), a prominent financial and restructuring advisor, to perform an independent financial assessment of MSBI's 16 th Street

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DOH Question	MSBI Response
	Campus. A&M concluded that the MSBI 16 th Street Campus is not financially sustainable and must rely on the financial support of MSHS, and that MSHS cannot continue to support the losses at the 16 th Street Campus and finance its other critical operational, capital investment, and debt service requirements without jeopardizing the operational sustainability of the entire MSHS system. A&M found that for the three (3) years ending December 31, 2023, MSHS contributed \$219 million to offset the \$302 million in operating cash flow deficits at MSBI's 16 th Street Campus. The remaining \$83 million deficit was funded using MSBI's existing cash reserves, reducing MSBI's remaining cash reserves to only \$29 million as of Dec. 31, 2023. A copy of A&M's full report can be found in Attachment 11 .
	The MSBI 16 th Street Campus has experienced decreasing patient volumes and lower patient acuity over the last decade. In response to DOH's request that MSBI <u>"provide additional information on how any</u> <u>declining patient volume at [the Hospital] is impacting revenue</u> ," MSBI notes that both changes have resulted in significantly decreased revenues. In 2023, prior to the announcement of the Hospital's planned closure, inpatient census at MSBI's 16 th Street Campus was, on average, only 28% of patient capacity, and periodically as low as 20% of capacity. These figures reflect long-term declines in patient volumes, as reflected in the data shown in response to Item No. 6 below.
	Moreover, since 2012, emergency department visits at MSBI's 16 th Street Campus have decreased by 47% from 122,000 visits in 2012 to 65,175 visits in 2023. Acute care discharges also decreased by almost 73% over the same period, from 36,665 acute care discharges in 2012 to 9,696 acute care discharges in 2023. The yearly changes in Emergency Department visits and discharges are included in Item No. 6 below. Declining inpatient census and emergency department usage is consistent with nationwide shifts away from large inpatient facilities towards more flexible community-based ambulatory care settings. Compounding the impact of declining revenues, there have been significant increases in labor and supply costs in the post-COVID environment.

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DOH Question	MSBI Response
	The impact of these changes is significant. Between 2014 and 2023, MSBI's total revenue decreased
	approximately \$270 million, without adjusting for inflation. The reduction in revenue is largely due to the
	decreased number of patients at the 16 th Street Campus. As noted above, while the revenue and patient
	volume have been decreasing, the costs associated with operating the Hospital have only increased.
	The Hospital's payor mix, which skews heavily towards the publicly insured, has also contributed to its losses. Approximately 83% of inpatients at MSBI's 16 th Street Campus are insured by Medicare or Medicaid. Reimbursement from public insurers is well below the Hospital's patient care costs. Commercial insurance reimbursements represent only 17% of the total payor mix and are insufficient to offset the Hospital's losses from its publicly insured patient population.
	These numbers, already unsustainable, understate the severity of the financial challenges faced by MSBI's 16 th Street Campus. Due to its limited capital resources, the MSBI 16 th Street Campus has been forced to defer necessary capital expenditures, thereby reducing reported losses over the aforementioned period, although those capital expenses would have to be incurred in future years.
	The financial outlook for the 16 th Street Campus has further deteriorated in 2024. Preliminary results indicate that the MSBI 16 th Street Campus incurred an operating loss of \$44 million over the three-(3)-months ending March 31, 2024. On February 9, 2024, the New York State Supreme Court entered an order
	requiring the Hospital to maintain beds and services, and on March 27, 2024, the Court expanded the order,
	requiring MSBI to use its best efforts to restore services back to levels as of December 21, 2023. MSBI's
	estimated \$44 million loss for the first three months of 2024, does not reflect the total costs—which are
	significant—of complying with the orders. MSBI estimates that complying with the orders through
	December 31, 2024 will be approximately \$141 million in incremental costs, which include additional losses between Echrylery and June 2024 of approximately \$23 million and an average of \$18 million in
	losses between February and June 2024 of approximately \$33 million and an average of \$18 million in additional loss per month for every month beyond the planned July 12, 2024 closure date.
	additional loss per month for every month beyond the planned July 12, 2024 closure date.

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DOH Question	MSBI Response
	DOH asked for additional information about how the support of the Hospital is " <u>negatively affecting</u> <u>necessary investments in facilities, clinical programs, and technology for the Mount Sinai Health</u> <u>System</u> ." MSHS's support of the continuing losses from MSBI's 16 th Street Campus is impeding the system's ability to make capital investments in facilities, clinical programs, and technology that are necessary for the system to remain competitive and is negatively impacting MSHS's ability to finance other critical MSHS operational, capital investment and debt service requirements. Specifically, the 2024 capital budget for all MSHS facilities defers all major strategic facilities investments not yet started unless fully funded by grants and/or philanthropy. Major capital projects that have been deferred include:
	 Expansion of ICU beds at Mount Sinai Queens Renovation and expansion of the emergency department at Mount Sinai Brooklyn Expansion of the Comprehensive Psychiatric Emergency Program at Mount Sinai West Creation of an outpatient ambulatory care center at 324 West 58th Street for Mount Sinai West to enhance healthcare access in the community
	Due to its financial condition, MSHS has also been forced to defer over \$1 billion in capital investments for infrastructure maintenance at a range of other facilities in the system. This includes, for example, projects to ensure The Joint Commission compliance. MSHS has also deferred infrastructure maintenance projects such as roof replacements, new air handling units, electrical infrastructure, and elevator upgrades across the system. MSHS has also been forced to significantly curtail its capital spending on information technology (IT). The 2024 capital spend on IT is 30% below 2023 levels. The delay of capital spending on IT will impact the ability of the system to increase patient access and integrate care, among other critical priorities. Due to its cash flow constraints, MSHS is unable to meet the capital benchmarks for these needs.

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DOH Question	MSBI Response
	A&M concluded that MSHS cannot continue to support the losses at the 16 th Street Campus and finance its other critical operational, capital investment, and debt service requirements without jeopardizing the operational sustainability of the entire MSBI system, including the facilities impacted above, and ultimately jeopardizing the MSHS system. A&M's assessment found that MSHS's liquidity and operational stability will be further impaired if, in addition to continued funding of operational subsidies at the 16 th Street Campus, MSHS also must fund the 16 th Street Campus' deferred maintenance and critical capital investment. The estimated capital investment required to continue operating the 16 th Street Campus, a 100-year-old facility, is \$416 million over the next seven (7) years (including infrastructure renewal costs). Attachment 11.
	Maintaining the MSBI's 16 th Street Campus is no longer a viable option and MSBI and MSHS must take steps to preserve its ability to continue to provide healthcare services to the greater New York City community through their other facilities. MSHS has discussed with DOH on several occasions, including most recently on April 24, 2024, that it must close MSBI's 16 th Street Campus due to financial losses at the Hospital, the resulting impacts on MSHS's financial stability, and the inability of MSHS to continue offsetting losses at MSBI's 16 th Street Campus.
	If the 16th Street Campus is unable to close in a timely manner, whether due to the New York State Supreme Court Orders or otherwise, MSBI will sustain very substantial losses. The impact will be material and MSBI may be compelled to take other actions, including eliminating the actions designed to alleviate the potential impact of the closure of the 16 th Street Campus.
	In its April 2, 2024 letter, DOH requested "the last three years of audited financials for Mount Sinai Beth Israel and the Mount Sinai Health System." Audited financial statements for Beth Israel Medical Center d/b/a Mount Sinai Beth Israel for 2021 and 2022, and draft 2023 financial statements for MSBI, the

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	New York, New York 10003
Facility Telephone	(212) 420-2873
Operating Certificate #	7002002Н
Name and Email of Facility Contact	Brad Beckstrom/brad.beckstrom@mssm.edu
Person	
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DOH Question	MSBI Response
	other MSHS hospitals and the Icahn School of Medicine at Mount Sinai (ISMMS) are provided in
	Attachment 12A-12F. There are no consolidated audited financial statements for the Mount Sinai Health
	System (MSHS) because each of the hospitals and ISMMS are separate 501(c)(3) corporations.
3. Facility Contact for	As noted in the October 25, 2023 closure plan, the appropriate contact is:
Closure	
Name	Brad Beckstrom, Vice President, Gov't & Community Affairs
Telephone	(646) 605-7200
Email	brad.beckstrom@mssm.edu
Mailing Address	Mount Sinai Health System
	150 East 42nd Street
	New York, New York 10017
4. Name, title, telephone	As noted in the October 25, 2023 closure plan, the appropriate contacts for the respective closure
number and email address of	responsibilities are:
the individual responsible to	
coordinating closure, if	1. Overall Coordination
different from the individual	Name: Elizabeth Sellman, MPA, President & Chief Operating Officer
identified in number 3 above.	Phone: (212) 420-3454
If more than one individual has	Email: Elizabeth.Sellman@mountsinai.org
been assigned to separate	
closure duties (e.g., discharge	2. Media Contacts
coordination, directing care,	Name: Lucia Lee, Vice President of Media & Public Affairs
media contacts, equipment	Phone: (917) 837-8914
disposal, record disposition,	Email: Lucia.Lee@mountsinai.org
etc.), all names and contact	
information must be included.	

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DOH Question			MSBI Respon	nse
5. Plan to establish and	MSBI has consistently demonstrated its commitment to engaging with DOH and communicating about the			
maintain ongoing	challenges facing the 16 th Street Campus. MSBI representatives have met or communicated with DOH on			
communication with the	September 13	3, 2023, September	15, 2023, October 25, 2023	3, November 9, 2023, November 10, 2023,
Department throughout each	December 27	, 2023, February 15	5, 2024, February 16, 2024,	February 22, 2024, March 1, 2024, March 6,
milestone of the closure	2024, April 1	9, 2024, and April 1	25, 2024. See Attachment	13.
process.				
	Mr. Beckstro	m, Ms. Sellman, an	d other MSBI representativ	ves will maintain ongoing communication on a
				or her designee, from the Metropolitan Area
	Regional Off	ice. MSBI is also w	villing to set up weekly or l	pi-weekly calls with DOH, if DOH would find it
	helpful.			
6. Number of patient visits to	As explained in the October 25, 2023 closure plan, the number of patients utilizing the Hospital has steadily			
the facility for the previous		1 1	1	dmissions over the past 10 years are listed below.
three years (or for the		-		vioral health diagnoses because behavioral health
timeframe that the facility	patients will be treated at the Mount Sinai Behavioral Health Center, which will be unimpacted by the closure			
operated if open less than three	of the Hospital.			
years).				
	<u>Year</u>	<u>Discharges</u>	Observation Stays	Combined Total
	2012	36,665	N/A	36,665
	2013	34,211	N/A	34,211
	2014	29,508	1,388	25,244
	2015	25,220	4,425	29,645
	2016	22,531	4,098	26,629
	2017	14,441	4,218	18,659
	2018	11,243	4,299	15,542
	2019	9,541	4,726	14,267
	2020	8,516	1,937	10,453

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DOH Question	MSBI Response			
	2021	8,996	2,059	11,055
	2022	9,986	1,346	11,332
	2023	9,696	846	10,542
	2012. Most admitted to t	patients that visit the he Hospital. The stat	Emergency Depart tistics on the declin	er of total visits to the Emergency Department since tment are "treat and release," meaning that they are not ing volume of visits to the Emergency Department ated and released and patients that were admitted.
	Year		Visits	
	2012		122,000	
	2013		116,003	
	2014		108,003	
	2015		102,249	
	2016		97,600	
	2017		89,559	
	2018		87,880	
	2019		81,869	
	2020		62,533	
	2021		79,933	
	2022		70,252	
	2023		65,175	
	were never a	dmitted to the Hospit	tal. The data on the	d some individuals in an outpatient setting, so they e 3 years of patients that were treated, but not admitted als who received a COVID-19 vaccine at the Hospital.

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DOH Question	MSBI Response			
	Other Mount Sinai facilities have the capacity to absorb, and have already started to absorb, these outpatient			
	treatments.			
	Voor	Cardiaa Cath	Ambulatowy Sungawy	All Other
	<u>Year</u> 2021	Cardiac Cath	Ambulatory Surgery	<u>All Other</u> 44,826 (36,701 COVID vaccines)
	2021	1,763 1,864	3,827 4,179	10,898 (3,107 COVID vaccines)
	2022		2	5,646
	2025	1,439	3,636	3,040
	In DOH'	s Anril 2. 2024 letter, i	t asked for "clariflicationl"	on the Hospital's patient volumes.
	In DOH's April 2, 2024 letter, it asked for "clarif[ication]" on the Hospital's patient volumes, claiming that the number of patients shows "increasing visits."			
	<u>channing</u>			<u></u>
	Between	Between 2012 and 2023, the number of patients discharged from the Hospital has decreased from 36,665 to		
		lecrease of 73.6%.	1 8	1
	, , ,			
	Due to bu	dgetary constraints we	opted to reduce the capacity of	f the observation unit which resulted in an
	increase of	of inpatient discharges a	nd a corresponding decrease in	n observation stays. Thus a better indication
	of change	in volume is the combi	ned discharge and observatior	volume. In 2020, the Hospital saw a
	significan	t decrease in the numbe	r of inpatients and observation	n visits at the Hospital due to the COVID-19
	pandemic because potential patients were foregoing medical care in order to avoid hospitalizations in the			
	pandemic	pandemic. In 2021 and 2022, the number of inpatients and observation visits increased slightly from the		
	numbers impacted in 2020 by the pandemic. The number of inpatient and observation visits in 2021 and 2022 is relatively flat. Consistent with the trends observed prior to the pandemic, the number of inpatients			
				or to the pandemic, the number of inpatients
	and obser	vation visits in 2022 dec	creased 20.5% from 2019. Th	e number of inpatients and observation visits
	declined a	again in 2023 by a furth	er 7.0%. Thus, aside from the	modest increase in 2021 and 2022
	compared	to 2020 as the COVID-	-19 pandemic receded, the Ho	spital has steadily seen a steady, long-term
	decline in	the number of patients.		

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DOH Question	MSBI Response		
	Similarly with Emergency Department visits, the number of Hospital visits has steadily decreased since 2012. While there was an increase in 2021 relative to 2020, that is due to unique circumstances from the pandemic. The number of visits in 2021, 2022, and 2023 are all lower than 2019 and represent a continued decline in ED visits.		
7. Number of staff affected by the closure.	Currently, there are 1,345 staff members at the Hospital. On October 25, 2023, there were 1,829 staff members. A significant number of staff chose, and are continuing to choose, to resign from the Mount Sinai system. Additionally, some staff members were transferred to other Mount Sinai facilities in fall 2023.		
	In order to alleviate the impact of the planned closure on employees, Human Resources has held, and will continue to hold multiple job fairs and will provide assistance in resume writing and career counseling to all employees who request assistance. Any impacted unionized staff have been offered a position at the same pay elsewhere within the Mount Sinai Health System, although, as noted below, they have not necessarily been transferred to the new position. Mount Sinai will make best efforts to work with impacted non-unionized staff to find placement in a position elsewhere in the health system. These efforts are consistent with DOH's August 2023 guidance, which calls for a closing plan "to ensure that staff have information regarding other employment opportunities."		
	In order to comply with a February 2024 New York State Supreme Court order, MSBI has delayed the transfer of certain staff to other Mount Sinai locations. The staff members have been informed that they need to remain at MSBI as long as necessary. MSBI has received reports that the inability to transfer staff is leading to issues with morale among the staff, and increased levels of burnout at other Mount Sinai facilities that are having to contend with longer than expected vacancies.		

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DOH Question	MSBI Response
	In order to comply with a March 27, 2024 New York State Supreme Court order, MSBI has also had to hire
	certain additional staff members to restore or maintain services. Many of these staff members are on
	temporary contracts, which may be renewed by mutual agreement of the parties. In addition, some staff
	members are returning to the Hospital from other Mount Sinai locations.
8. Evidence of verbal and	Verbal notification was made on September 13, 2023 to the Regional Office Hospital Program Director.
written notification to the	
Regional Office Hospital	Written notification was sent to the Regional Office Program Director on September 15, 2023. Please refer
Program Director at the time	to Attachment 1 for documentation of the written notification.
closure was contemplated	
(include date(s) of	MSBI had additional contact with the Regional Office Hospital Program director approximately bi-weekly.
notifications).	See Attachment 13 for additional interactions with DOH.
9. Narrative description of the	Patient Notification:
plan to notify patients, staff,	MSBI plans to notify all patients who have received inpatient and/or outpatient services at the MSBI 16 th
physicians and other staff of the	Street Campus within one (1) year prior to the closure. The draft patient notification letter is available at
closure plan. This must include	Attachment 14. The letter allows for patients to continue to be treated within the Mount Sinai network,
written notification and	and it also identifies alternative providers, including Bellevue Hospital Center, NYP/Lower Manhattan
meetings including those with	Hospital, and NYU Langone. The letter also provides information on how to obtain medical records, and a
elected officials and the	contact number for additional questions. The language of the letter is reflective of the patient population
community. Include dates and	and will be provided in English, Spanish, Chinese and Russian to meet the communication needs of the
times of meetings, if available	patient population. Ms. Elizabeth Sellman, President and Chief Operating Officer, will be signing the
at the time of submission of the	patient notification letter.
proposed plan, so that	
Department staff may attend if	In addition to personal notification to patients, MSBI has posted information on the Hospital website
desired. A copy of the written	regarding the planned closure and the closure plan documents submitted to the Department since

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DOH Question	MSBI Response
communication must be	notification of the intent to close was made by Mount Sinai to the Department in September 2023, over nine
provided with the closure plan.	months before the expected closing. A copy of the information posted on the website is provided under
The letter must include a	Attachment 15.
contact name and phone	
numbers in the event questions	Staff/Physician Notification:
should arise. Please indicate who will be signing these	On September 14, 2023, a broadcast email announcement was made to all Mount Sinai Health System employees and medical staff, provided under Attachment 16.
letters.	
	Staff and physicians are being provided updates on the planned closure throughout the closure process via broadcast email announcements, town hall meetings, staff meetings and Medical Board meetings.
	The Hospital continues to meet with organizations that represent individuals who work at MSBI.
	Please refer to Attachment 10 for a list of interactions with unions and employees.
	Elected Official Notification:
	Mount Sinai has maintained an ongoing dialogue with elected officials regarding MSBI. MSBI has provided updates to elected officials on September 13, 2023, September 29, 2023, October 26, 2023, October 30, 2023, November 10, 2023, March 15, 2024, and May 17, 2024. <i>See</i> Attachment 2.
	In particular, on October 30, 2023, Elizabeth Sellman, President and Chief Operating Officer of MSBI, held a meeting with multiple elected officials to discuss the closure. A copy of the PowerPoint presentation that was used at the October 30, 2023 meeting is available at Attachment 5 . On March 15, 2024, Brendan Carr, MD, MA, MS, Chief Executive Officer of the Mount Sinai Health System held a meeting with elected
	officials. A list of the elected official attendees for the October 30, 2023 meeting and the March 15, 2024 meeting are provided under Attachment 2 .

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DOH Question	MSBI Response
	<u>Community Board Notifications:</u> On September 13, 2023, verbal notification was provided to the following Community Boards: Manhattan Community Board No. 6, Manhattan Community Board No. 3, and Stuyvesant Town – Peter Cooper Village Tenants Association. Additional updates on the closure were provided on September 29, 2023, October 30, 2023, November 10, 2023, November 22, 2023, December 5, 2023, and January 4, 2023. <i>See</i> Attachment 6 .
	<u>Public Meetings:</u> A public forum to discuss the closure of the MSBI 16 th Street Campus was held on Tuesday, November 28, 2023 at Baruch College. Approximately 150 members of the community, elected officials, union members and Hospital staff attended, asked questions and provided public comments. The public forum was attended by nearly 150 individuals. <i>See</i> Attachment 8 for a list of attendees. The PowerPoint presentation of the information shared during the public forum is provided under Attachment 9 .
	Advance notice was provided to stakeholders and the community generally. A flyer announcing the forum was placed on the MSBI website and advertisements were included in local publications (including Our Town Downtown and the Village Sun. <i>See</i> Attachment 7 .
	Manhattan Community Boards No. 3, 5 and 6, Stuyvesant Town – Peter Cooper Village Tenants Association, Union Square Partnership, Congressmen Nadler and Goldman, Senators Gonzalez, Kavanagh, Krueger, Hoylman-Sigal, Assembly Members Epstein, Lee, and Glick, Council Members Rivera, Marte, and Powers, Manhattan Borough President Mark Levine, and the Mount Sinai Beth Israel Community Advisory Board were notified of the public forum held on November 28, 2023 so that they could attend and inform their constituents.

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DOH Question	MSBI Response
DOH Question	Many community members expressed concerns over the planned closure and leaving their neighborhoods without a nearby emergency department. MSBI appreciates the feedback, and it has investigated the concern by performing an analysis of the ability of other hospitals to absorb the Hospital's patients and absorb emergency department visits. MSBI has seen a decreasing number of Emergency Department visits, a decline of 47% since 2012. Thus, while the concerns of the community are noted, the actual use of the ED reflects a decreasing importance of the Hospital's ED. This is also consistent with the trend, both nationally and in New York, where patient care is moving away from large, inpatient facilities to more flexible community-based ambulatory care settings and urgent care centers. MSBI analysis indicates that all emergency department volume can be absorbed through a combination of the alternative providers, existing MSHS urgent care and outpatient capacity, and new MSHS community investments. See Item No. 15 for further details. Moreover, many of the cases currently treated by EDs can be appropriately treated by urgent care facilities, of which over 30 are located in Manhattan below 42 nd Street. MSBI is also exploring ways to assist in alleviating any increased burden of treating emergency cases. Upon the timely closure of the 16 th Street Campus, Mount Sinai is prepared to open a new urgent care center using available space on the NYEE campus after the closure of the 16th Street Campus of MSBI. This urgent care center would have enhanced hours, be open 7-days a week, have imaging capabilities, and take Medicaid, Medicare, and commercial payors. In looking at the current patients using the MSBI Emergency Room, this urgent care will address many patient concerns and needs. <i>See</i> Attachment 4.
	Upon the timely closure of the 16 th Street Campus, MSBI plans to help Bellevue renovate its emergency department, acquire an additional CT scanner, and create and maintain additional respite care services to offset any potential impact of the closure of MSBI's 16 th Street Campus.
10. All required reports e.g., financial reports and census	Consistent with its status in the October 25, 2023 closure plan, MSBI is in compliance with submitting all required reports (financial and census reports) to the Department and all required HCS information is up to

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DOH Question	MSBI Response
reports, have been submitted to	date. MSBI will remain in compliance with the filing of all required reports and having all HCS
the Department. All required	information up to date throughout the closure process.
Health Commerce System	
(HCS) information must be up	
to date.	
11. A description of the plan to	As identified in the October 25, 2023 closure plan, Lucia Lee, Vice President of Media & Public Affairs,
manage media contacts initially	whose contact information is available in response to question #4, will be managing all media contacts
and throughout the process. Media releases must be	throughout the process.
coordinated with the	MSBI operates a robust communications apparatus, including teams that manage external media relations,
Department prior to release.	internal communications to staff and students, and patient communications. This comprehensive team will
	oversee all communications regarding the closure of the 16th Street Campus of MSBI. The team regularly
	interacts with members of the media and have longstanding relationships with reporters at local, regional,
	and national outlets. In addition, the team is supported by an outside strategic communications firm, which
	assists MSBI with drafting communications and coordinating media engagement.
	MSBI has proactively communicated about the closure of MSBI's 16th Street Campus, leveraging
	engagement with broadcast and print media outlets to ensure the community understands how this process
	will roll out. MSBI will continue to proactively communicate with the community. However, following
	the approval of the closure plan, the communications team will consult with the relevant parties at the
	Department before distributing any press releases to members of the media. Once this coordination with
	the Department is complete, MSBI's media releases on this topic will be distributed to all relevant members
	of the New York State, local New York City and national media and posted on the appropriate page on
	MSBI's website. Any member of the media can reach out to the press office at any time via email
	to newsmedia@mssm.edu. All inquiries sent to that address will go to MSBI's full communications team,

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DOH Question	MSBI Response
	who will work diligently to answer questions, in coordination with information the Department has approved for release.
12. Plan to discontinue admissions, including the date for new admissions will stop.	MSBI's plan would be to discontinue admissions sufficiently in advance of the closure date to ensure patient safety.
Include a plan to notify all referring institutions/providers.	However, given the February 2024 and March 27, 2024 orders entered by the New York State Supreme Court requiring the Hospital to maintain operations, MSBI has no plans to discontinue admissions while the order remains in effect.
	All referring institutions/providers will be notified of the closure and the date that MSBI will discontinue admissions upon approval of the Closure Plan by the Department and once the date of closure is determined. MSBI has been in discussion with other providers about the closure generally, and upon approval of the closure plan, MSBI will send a letter to referring institutions/providers. The MSHS network will be able to accommodate any referrals.
13. Summary of the facility's current financial condition and description of the assets available to the operator to	As mentioned above in Item No. 2, Closure Justification/Reason(s) MSBI 16 th Street Campus had only \$29 million in cash reserves at the beginning of 2024, is not financially sustainable, and must rely on the financial support of MSHS.
maintain appropriate services during the closure period.	Preliminary analysis indicates that the MSBI 16 th Street Campus incurred an operating loss of \$44 million over the three-(3)-months ending March 31, 2024. On February 9, 2024, the New York State Supreme Court entered an order requiring the Hospital to maintain beds and services, and on March 27, 2024, the Court expanded the order, requiring MSBI to use its best efforts to restore services back to levels as of December 21, 2023. MSBI's estimated \$44 million loss for the first three months of 2024, does not reflect the total costs—which are significant—of complying with the orders. MSBI estimates that complying with the orders through December 31, 2024 will be approximately \$141 million in incremental costs, which

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DOH Question	MSBI Response
	include additional losses between February and June 2024 of approximately \$33 million and an average of
	\$18 million in additional loss per month for every month beyond the planned July 12, 2024 closure date.
	MSHS cannot support the Hospital indefinitely without jeopardizing the MSHS system as a whole. As noted in Item No. 2, the support of the Hospital has resulted in the deferral of critical projects in the MSHS system, including the expansion of ICU beds at Mount Sinai Queens, improving the Emergency Department at Mount Sinai Brooklyn, and expanding the Comprehensive Psychiatric Emergency Program at Mount Sinai West. MSHS can, however, support operations at the Hospital through the expected closure date of July 12, 2024.
14. Description of the	The Primary Service Area (PSA) of the 16 th Street Campus is comprised of 53 ZIP Codes and evidences
population served by the facility	that the patient population of MSBI's 16th Street Campus is well-dispersed throughout New York City, with
and how current patients will	over 50% of its patient population coming from outside the downtown area. MSBI 16 th Street Campus
continue to obtain access to	patients come from the following neighborhoods throughout Manhattan, Brooklyn, Bronx and
care. Number of patients	Queens: Lower East Side, Lower Manhattan, Union Square, Greenwich Village, Soho, Chelsea, Clinton
affected by the closure.	(Hell's Kitchen), Gramercy Park, Murray Hill, Upper West Side, Central Harlem, Morningside Heights,
Identify the ZIP codes where at	East Harlem, Washington Heights, Inwood, Brooklyn Heights, Fort Greene, East Flatbush, Bedford-
least 80% of patients originate.	Stuyvesant, East New York, Starrett City, Greenpoint, Williamsburg, Brownsville, Crown Heights,
The process must include	Prospect Heights, Bensonhurst, Midwood, Sheepshead Bay, Bushwick, Canarsie, Flatlands, Morris Heights,
accessing the needs of the	Morrisania, East Tremont, West Farms, Williamsbridge, Elmhurst, Woodside, and Ridgewood. The List of
patients.	PSA Zip Codes is found in Attachment 17.
	The population in the PSA is demographically similar to New York City overall. In 2021, 65% of PSA residents were working age adults between the ages of 18 and 64, approximately 21% were aged 18 and under, and 14% were aged 65 or older. 26% of PSA residents were Black, 28% Hispanic, 11% Asian, and 4% other, including more than one race. Demographic information on the PSA ZIP Codes from the 2021 American Community Survey ACS 5-Year Estimates is provided under Attachment 18 .

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DOH Question	MSBI Response
	In total, the PSA contained 3.66 million residents in 2021. There were 49,538 unique patients who visited the Hospital in 2023, or approximately 1.4% of the PSA population that may be impacted by the closure. All eight of the hospitals identified in Item No. 15 are located in zip codes within the PSA. Notably, fewer patients received care at MSBI's 16 th Street Campus in 2023 and 2024, so this likely overestimates the actual number of patients affected. Additionally, the State's most current All Payer Potentially Preventable Emergency Visit (PPV) Rates by Patient ZIP Code show that many emergency department visits in the PSA were non-emergent and could be appropriately absorbed by ambulatory care providers (<i>e.g.</i> , outpatient provider with walk-in and/or urgent care services), which also suggests that the number of patients impacted may be overestimated. A Review of the 2020 PPV Rates by Patient ZIP Code is provided under Attachment 28 .
	After closure, patients currently served by MSBI's 16 th Street Campus will be absorbed not just by downtown hospitals (Mount Sinai West, Bellevue Hospital Center, NYU Langone and NYP/Lower Manhattan Hospital) but by hospitals in the uptown, Brooklyn, Bronx and Queens neighborhoods where these patients live. Moreover, Mount Sinai will leverage its extensive network of outpatient centers—including MSHS's world-class urgent care center downtown at Union Square—to facilitate continuity of care and access to outpatient services for patients in the PSA of the 16 th Street Campus, if the patients wish to remain in the Mount Sinai network. Additional details about the plan for the absorption, including the ability of other Emergency Departments and Hospitals to treat patients is discussed in Item No. 15. We will also assist patients in continuing their care through discussions with patients and the patient notification process discussed in Item No. 9.
15. List of appropriate alternate providers. The list should show name, addresses, services	Upon the closure of the Hospital, there will still be three full service hospitals within 2.3 miles of the Hospital's current location, and there are four Mount Sinai-affiliated hospitals within twelve miles of the Hospital's current location.

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Facility Telephone	(212) 420-2873
Operating Certificate #	7002002Н
Name and Email of Facility Contact	Brad Beckstrom/brad.beckstrom@mssm.edu
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DOH Question	MSBI Response
provided, the distance from the	The Mount Sinai-affiliated hospitals have capacity to accept additional patients.
facility closing, etc.	
Identify and confirm availability at the alternate providers, including obtaining information to ensure that the provider can accept new patients, identifying where	MSBI representatives have also met with representatives of Bellevue Hospital Center, NYU Langone, Northwell/Lenox Hill Hospital and NYP/Lower Manhattan Hospital to discuss the closure of the Hospital. <i>See</i> Attachment 19 . It is premature to discuss specific patient transfers, as the census of admitted patients will fluctuate. However, MSBI's discussions with these providers have generally focused on their capability to provide inpatient and outpatient services, any general concerns about the Hospital closure, and potential ways to mitigate any potential impacts of the closure. Attachment 20 is the presentation that MSBI representatives used during these discussions.
Medicaid patients can obtain care; providing information about other facilities to patients and families, ensuring language access (i.e., information is communicate in the patient's preferred language) and that the	All of the below-referenced hospitals accept Medicaid. In addition, all of the facilities are accessible by public transportation. While certain services and designations are identified, hospitals usually have capabilities to perform procedures or treatments not specifically identified on the operating certificate, such as endoscopies or palliative care. Indeed, MSBI's understanding is that all the services that the 16 th Street Campus offered are available at other hospitals in the Downtown Area.
wishes of current patients/families are respected; and ensuring that concerns such	Please note, the list below does not identify urgent care centers or outpatient facilities. There over 30 urgent care centers below 42 nd Street. MSBI expects that these entities will also serve as alternative providers.
as geographic location, public transportation, type of facility/provider, medical care, etc. are addressed in identifying future placement options and ensuring continuity of care.	 Bellevue Hospital Center (1.0 miles away) 462 First Avenue New York, New York 10016 <u>Inpatient Beds</u>: Chemical Dependence – Detoxification, Coronary Care, Intensive Care, Maternity, Medical/ Surgical, Neonatal Continuing Care, Neonatal ICU, Neonatal Intermediate, Pediatric, Pediatric ICU, Physical Medicine & Rehabilitation, Prisoner, Psychiatric, Respiratory, Traumatic Brain Injury.

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DOH Question	MSBI Response
	Services and/or Designations:
	AIDS Center
	 Ambulatory Surgery – Multi Specialty
	 Cardiac Catheterization – Adult Diagnostic
	 Cardiac Catheterization – Electrophysiology
	 Cardiac Catheterization – Percutaneous Coronary Intervention
	• Cardiac Surgery – Adult
	• Certified Mental Health Services O/P
	• Chemical Dependence – Rehabilitation O/P
	Clinic Part Time Services
	Comprehensive Psychiatric Emergency Program
	Comprehensive Stroke Center*
	• Dental O/P
	• Emergency Department
	 Home Peritoneal Dialysis Training and Support
	Magnetic Resonance Imaging
	 Medical Services – Other Medical Specialties
	Medical Services – Primary care
	Methadone Maintenance O/P
	Regional Perinatal Center
	• Renal Dialysis – Acute
	Traumatic Brain Injury Program
	• SAFE Designated Hospital

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DOH Question	MSBI Response
	2. NYU Langone (1.2 miles away)
	550 First Avenue
	New York, New York 10016
	Inpatient Beds: Bone Marrow Transplant, Intensive Care, Maternity, Medical/ Surgical, Neonatal
	ICU, Neonatal Intermediate Care, Pediatric, Pediatric ICU, Physical Medicine & Rehabilitation,
	Psychiatric.
	Services:
	 Ambulatory Surgery – Multi Specialty
	 Cardiac Catheterization – Adult Diagnostic
	 Cardiac Catheterization – Electrophysiology
	Cardiac Catheterization – Pediatric Diagnostic
	 Cardiac Catheterization – Percutaneous Coronary Intervention
	• Cardiac Surgery – Adult
	Cardiac Surgery – Pediatric
	Comprehensive Stroke Center*
	• Emergency Department
	• Epilepsy Comprehensive Services
	• Lithotripsy
	Magnetic Resonance Imaging
	• Maternity
	Medical Services – Other Medical Specialties
	• Medical Services – Primary care
	• Radiology – Therapeutic
	Regional Perinatal Center

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DOH Question	MSBI Response
	Renal Dialysis – Acute
	• Transplant – Heart – Adult
	• Transplant – Heart – Pediatric
	• Transplant – Kidney
	• Transplant - Liver
	3. Northwell/Lenox Hill Hospital (1.2 miles away)
	30 7th Avenue
	New York, NY 10011
	Inpatient Beds: Medical/Surgical
	Services:
	Ambulatory Surgery - Multi Specialty
	Emergency Department
	Medical Services - Other Medical Specialties
	SAFE Designated Hospital
	4. NYP/Lower Manhattan Hospital (2.3 miles away)
	170 William Street
	New York, New York 10038
	Inpatient Beds: Coronary Care, Intensive Care, Maternity, Medical/Surgical, Neonatal Intermediate
	Care.
	Services:
	 Ambulatory Surgery – Multi Specialty
	Emergency Department
	Magnetic Resonance Imaging

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DOH Question	MSBI Response
	• Maternity
	 Medical Specialties – Other Medical Specialties
	• Perinatal Center (Level 2)
	Primary Stroke Center
	Radiology – Therapeutic
	• Renal Dialysis - Acute
	5. Mount Sinai West (3.6 miles away)
	1000 10 th Avenue
	New York, New York 10019
	Inpatient Beds: AIDS, Chemical Dependence – Rehabilitation, Chemical Dependence –
	Detoxification, Intensive Care, Maternity, Medical/Surgical, Neonatal Continuing Care, Neonatal
	ICU, Neonatal Intermediate Care, Physical Medicine & Rehabilitation and Psychiatric.
	Services:
	 Ambulatory Surgery – Multi Specialty
	• Certified Mental Health Services O/P
	• Chemical Dependence – Rehabilitation
	 Chemical Dependence – Withdrawal O/P
	Clinic Part Time Services
	Comprehensive Psychiatric Emergency Program
	• Dental O/P
	Emergency Department
	• Lithotripsy
	Magnetic Resonance Imaging
	• Maternity

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	Medical Services – Other Medical Specialties
	Medical Services – Primary Care
	• Perinatal Center (Level 3)
	• Radiology – Therapeutic
	• Renal Dialysis – Acute
	Thrombectomy Capable Stroke Center
	6. Mount Sinai Hospital (5.1 miles away)
	One Gustave L. Levy Place
	New York, New York 10029
	Inpatient Beds: AIDS, Coronary Care, Intensive Care, Maternity, Medical/Surgical, Neonatal
	Continuing Care, Neonatal ICU, Neonatal Intermediate Care, Pediatric, Pediatric ICU, Physical
	Medicine & Rehabilitation, Psychiatric and Traumatic Brain Injury.
	Services:
	• AIDS Center
	Ambulatory Surgery – Multi Specialty
	Cardiac Catheterization – Adult Diagnostic
	Cardiac Catheterization – Electrophysiology
	Cardiac Catheterization – Pediatric Diagnostic
	Cardiac Catheterization – Percutaneous Coronary Intervention
	• Cardiac Surgery – Adult
	Cardiac Surgery – Pediatric
	• Certified Mental Health Services O/P
	Clinic Part Time Services
	Comprehensive Stroke Center*

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DOH Question	MSBI Response
	• Dental O/P
	• Emergency Department
	 Home Hemodialysis Training and Support
	 Home Peritoneal Dialysis Training and Support
	• Lithotripsy
	Magnetic Resonance Imaging
	• Maternity
	 Medical Services – Other Medical Specialties
	Medical Services – Primary Care
	Radiology – Therapeutic
	Regional Perinatal Center
	• Renal Dialysis – Acute
	• Renal Dialysis – Chronic
	• SAFE Designated Hospital
	• Transplant – Hear – Adult
	• Transplant – Kidney
	• Transplant – Liver
	Traumatic Brain Injury Program
	7. Mount Sinai Morningside (6.4 miles away)
	1111 Amsterdam Avenue
	New York, New York 10025
	Inpatient Beds: AIDS, Coronary Care, Intensive Care, Medical/Surgical, Pediatric, Physical
	Medicine & Rehabilitation and Psychiatric.

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	Services:
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	 Ambulatory Surgery – Multi Specialty
	Cardiac Catheterization – Adult Diagnostic
	 Cardiac Catheterization – Electrophysiology
	 Cardiac Catheterization – Percutaneous Coronary Intervention
	Cardiac Surgery - Adult
	• ED
	• Lithotripsy
	Medical Services – Other Medical Specialties
	Primary Stroke Center
	• Renal Dialysis – Acute
	SAFE Designated Hospital
	8. Mount Sinai Brooklyn (12.0 miles away)
	3201 Kings Highway
	Brooklyn, New York 11234
	Inpatient Beds: Coronary Care, Intensive Care and Medical/Surgical.
	Services:
	 Ambulatory Surgery – Multi Specialty
	• ED
	• Lithotripsy
	 Medical Services – Other Medical Specialties
	Primary Stroke Center
Facility/Provider	Mount Sinai Beth Israel
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	• Renal Dialysis – Acute
	* Comprehensive Stroke Centers are capable of treating acute ischemic stroke with IV thrombolytics and comprehensive support care, treating large vessel occlusions with intracranial endovascular intervention, and treating subarachnoid intracerebral hemorrhage with neurosurgical services.
	In the patient notification letter, the above-referenced Hospitals will be listed as alternate providers to provide care after the closure of the MSBI 16 th Street Campus. As indicated in #9 above, the patient notification letter will be provided in English, Spanish, Chinese and Russian to meet the communication needs of the population.
	Emergency Department MSBI analysis indicates that all emergency department volume can be absorbed through a combination of the alternative providers identified above, existing MSHS urgent care and outpatient capacity, and new MSHS community investments.
	As mentioned above, the utilization of the emergency department (ED) at MSBI has declined significantly. Since 2012, ED visits have decreased by over 47% from 122,000 visits in 2012 to 65,175 visits in 2023. A significant portion of MSBI's ED visits are patients who walk into the ED seeking care (as opposed to arriving by ambulance), suggesting that appropriate care might be available in an ambulatory care setting (e.g., outpatient provider with walk-in and/or urgent care services).
	MSBI performed an analysis of the ability of other hospitals to absorb the number of ED registrations that had previously been treated by the Hospital. The ED absorption analysis is available under Attachment 21 . In performing the analysis, MSBI generally followed the structure of an absorption analysis conducted by FDNY. First, the analysis assumed two scenarios for the distribution of 911 ambulances. The first scenario

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	matched the FDNY analysis. The second scenario distributed ambulance volume equally between Bellevue and NYU Langone. While the EDs of NYU Langone and Bellevue are only approximately five blocks away from each other, under FDNY's model, and therefore under the first scenario, an extremely higher number of patients were predicted to be transferred to Bellevue because it was the closest hospital. In fact, the FDNY 911 does not in practice operate in such a mechanical way and instead is responsive to balancing out the burdens on various neighborhood hospitals. Thus, in the second scenario, MSBI has assumed that volume could be sensibly distributed between these two hospitals that are a minimal distance apart and thus has modified FDNY's model's strict assumption and has split patients equally between Bellevue and NYU Langone based on their proximity.
	Next, the analysis assumed that 50% of the treat and release walk-in and other traffic would be redirected to other MSHS locations or urgent care centers where they can be appropriately treated. The remaining 50% of treat and release walk-in and other patients not redistributed are assumed to be distributed in the same proportions as the 911 ambulance volume. Mount Sinai will begin a campaign to help encourage patients to visit urgent care centers, when appropriate, so they can be treated more expeditiously. Capacity exists for additional patients at Mount Sinai Downtown Urgent Care, Behavioral Health Express Care at the Mount Sinai Behavioral Health Center and other Mount Sinai ambulatory locations downtown. Upon the timely closure of the 16 th Street Campus, a new urgent care center located at the existing NYEE will also be developed. Additionally, the campaign would likely reduce ED visits to all hospitals, not just Mount Sinai affiliated locations. This absorption analysis conservatively assumes that many of its ED patients can be treated at either urgent care centers or other MSHS locations because, based on the February 2024 actual registrations, 87% of non-EMS patients were treated and released, and only 20% of patients' acuity levels were immediate or emergent (ESI Level 1 or 2).
	This methodology revealed that, using the actual registrations at the Hospital in February 2024, the four (4) non-Mount Sinai Hospital EDs are each projected to see an average daily impact from 2 to 19 additional

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	walk-in or other arrivals. As noted above, existing capacity and MSHS measures to expand capacity will fully offset this increase in volume. The daily average of 911 ambulances as a result of the closure of MSBI's 16th Street Campus are projected to increase by 1 to 15 for the (4) non-Mount Sinai Hospital EDs. MSBI believes this de minimis level of additional volume is within the capacity of the existing emergency departments to absorb.
	MSBI shared historical emergency department data with the alternative providers and responded to data requests. <i>See</i> Attachment 20.
	Despite this modest projected impact, MSBI is engaged in ongoing conversations, in particular with H&H, concerning ways to minimize the impact of the Hospital's closure of Bellevue's ED. MSBI was exploring these options prior to receiving DOH's letter on April 2, 2024, requesting that MSBI " <u>work with other providers to identify, confirm, and explore possible partnerships or solutions to support the availability of emergency services and the capacity to respond to emergencies</u> ." MSBI is working collaboratively with H&H to address any impact the closure of the 16 th Street Campus may have on the operations of Bellevue. In particular, upon the timely closure of the 16 th Street Campus, MSBI is prepared to help Bellevue update its emergency department, acquire a new CT machine, and create and maintain an additional respite care service to alleviate any potential burden. MSBI also had collaborative discussions with Northwell, NYP, and NYU.
	Inpatient Beds In addition to the ED absorption analysis, MSBI performed an analysis to assess whether other hospitals have the capacity to absorb patients that would have previously been admitted to the Hospital. This analysis uses actual hospitalization patterns of people at the zip code level to model where they will seek care if such care is not available at the hospital where the inpatient service reductions are taking place. This analysis is similar to one performed by DOH in 2017 when approving a different plan. Based on this

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	analysis, MSBI concludes that the other hospitals can absorb the Hospital's admitted patients and still have additional bed capacity (based on the certified beds at each hospital). This analysis is conservative because it assumes that patients will obtain treatment based on their zip code, as opposed to choosing to go to another Mount Sinai facility that, while potentially further away, would allow them to maintain a continuity of care if their doctor is still employed by Mount Sinai. The bed absorption analysis is provided under Attachment 22 . Thus, the analysis indicates there is sufficient inpatient capacity at the other hospitals to accommodate the medical/surgical inpatients treated by the Hospital.
	<u>Cardiac Catheterization</u> Upon the closure of MSBI, there will be six (6) hospitals in Manhattan that are approved for cardiac catheterization, including Mount Sinai Morningside and Mount Sinai Hospital. The Mount Sinai facilities have the capacity to accommodate the cardiac catheterization procedures displaced by the closure of MSBI. The alternative care providers may provide additional capacity and options for patients, but Mount Sinai locations have sufficient availability.
	<u>Ambulatory Surgery</u> The Mount Sinai Downtown Union Square extension clinic (PFI 5936), which is located 0.5 miles away from the 16 th Street Campus, and the Blavatnik Family–Chelsea Medical Center at Mount Sinai extension clinic (PFI 9275), which is located 1.3 miles away from the 16 th Street Campus, are certified for Ambulatory Surgery – Multi-Specialty. Both ambulatory care centers have the capacity to perform the ambulatory surgery cases being displaced by the closure of MSBI, and these are just two examples of ambulatory surgery locations. There are approximately 10 ambulatory surgery centers in downtown Manhattan.

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Outpatient Ambulatory Care Services

Over the years, Mount Sinai has made a concerted effort to open outpatient ambulatory care centers away from its hospital campuses to facilitate and enhance access to primary and specialty outpatient care in the community. Mount Sinai will leverage its extensive network of outpatient centers to facilitate continuity of care and access to outpatient services after the closure for all patients affected by the closure of the Hospital. All Hospital primary care patients could be accommodated at existing MSHS downtown locations, including at Mount Sinai Behavioral Health Center at Rivington and Mount Sinai Downtown Union Square, and, if necessary, MSHS will expand its outpatient care offerings.

Comprehensive Psychiatric Emergency Program (CPEP)

In addition to potential concerns about the impact of the closure of the ED, in meetings with other hospitals, concerns were expressed by all of the hospitals regarding the closure of MSBI's Comprehensive Psychiatric Emergency Program (CPEP) ED component. In particular, concerns were raised about the potential adverse impact that it might have on the CPEP at Bellevue Hospital Center.

Brendan Carr, MD, MA, MS, Chief Executive Officer of the Mount Sinai Health System met with Mitchell Katz, MD, President and Chief Executive Officer of the NYC H+H Health System and other NYC H+H leadership, on February 13, 2024 and on February 22, 2024. They discussed the planned closure of the MSBI 16th Street Campus and the potential impact of the closure on the NYC H+H facilities in Manhattan, including Bellevue Hospital Center. At the February 22nd meeting, Dr. Katz toured the recently opened Mount Sinai Behavioral Health Center, located at 45 Rivington Street in Manhattan, with Dr. Carr and then they met at Bellevue Hospital Center to discuss collaborative efforts to minimize any adverse effects the closure of MSBI might have on Bellevue Hospital Center's CPEP. To this end, Mount Sinai and Bellevue Hospital Center are working collaboratively to establish transfer protocols for Mount Sinai's behavioral health inpatient services and referral pathways to Mount Sinai's outpatient programs to expeditiously accept patients to facilitate the discharge of CPEP patients to a clinically appropriate setting.

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	In a further effort to address the behavioral health concerns and to enhance its service to the community, Mount Sinai has opened in April 2024 a behavioral health urgent care service at the Mount Sinai Behavioral Health Center ("Behavioral Health Express Care"), where clinicians see walk-in patients seeking immediate assistance for behavioral health crises. Through this express care model, Mount Sinai clinicians evaluate and stabilize individuals who walk in with urgent or crisis behavioral health needs and arrange appropriate follow up care. Of note, Behavioral Health Express Care can directly admit patients to inpatient behavioral health units when clinically needed thereby preventing an avoidable ED (and CPEP) visit.
	Mount Sinai Health System also has plans to expand its CPEP offerings. Mount Sinai Hospital has received approval to convert its existing emergency psychiatric service to a CPEP program. Mount Sinai Hospital expects to have the CPEP open within 2024. Further, upon the timely closure of the 16 th Street Campus, the Mount Sinai Health System plans to expand the CPEP program at Mount Sinai West. As noted in Item No. 2, the capital to expand the CPEP program at Mount Sinai West has been deferred to fund the 16 th Street Campus.
16. Plan to ensure patient belongings will be secured if a hospital is closing and the patient is being transferred to another hospital.	As described in the October 25, 2023 closure plan, MSBI has a policy in place whereby the Hospital may accept custody of a patient's belongings. When the Hospital accepts custody of a patient's belongings, the belongings are inventoried by two (2) MSBI employees, and placed in a secured, tamper resistant bag, and an inventory form is completed, which lists out the valuables, and signed by the patient; for unconscious/disoriented patients, any available family member must witness and sign the inventory form. The secured bag is then stored by Security in a locked safe. At discharge, Security brings the secured bag to the patient where it is opened in the presence of the patient and the valuables are matched to the inventory list. The receiver of the belongings signs the inventory form to indicate that the patient's belongings have been returned to the patient.

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	Upon the closure of the 16 th Street Campus, the MSHS security department will ensure that patient's belongings are given to patients or their families. If MSHS cannot connect with a patient or their family, MSHS security will hold on to the belongings for the duration required by applicable law. However, MSBI expects that due to the gradual transition of services, there should be no patients, thus no belongings, at the time of the closure.
17. Plan to determine the appropriate method of transport to be utilized for patients if they are being transferred to another hospital to obtain inpatient care.	As described in the October 25, 2023 closure plan, all patients to be transferred will be evaluated for the most appropriate method of transportation needed based on their functional/physical status as part of the discharge/transfer process. As a division of the Mount Sinai Health System Clinical Command Center, the Mount Sinai Health System Patient Transfer Center is operational 24/7 and is staffed by Registered Nurses and Paramedics. The Patient Transfer Center mobilizes transfer requests from outside hospitals as well as transfers within the health system's eight (8) hospital campuses. Mount Sinai holds transfer agreements with nearby facilities in the event patients need transfer coordination to the closest location for immediate care. The clinicians in the Patient Transfer Center work off of clinical protocols and connect to specialty care attending physicians to make the determination of the most appropriate method of transport to be used. The logistics team within the Clinical Command Center also ensures that the receiving facility provides the right level of service needed for ongoing care of the patient's specialty needs.
18. Plan to dispose of drugs and biologicals, chemicals and radioactive materials.	The plan for the disposition of drugs and biologicals, chemicals, and radioactive materials is the same as was outlined in the October 25, 2023 closure plan.

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	Drugs and Biologicals: As part of a large health system, Mount Sinai has an intraoperative, virtual shared inventory of drugs and biologicals (vaccines). As such, there is no reason to destroy these medications. Medications will transfer to other sites within the health system; Mount Sinai will follow all regulations required by DEA to transfer controlled substances. <u>Chemicals:</u> Unused, unopened containers of chemicals will be transferred to other sites within the health system. Opened containers of chemicals will be evaluated to determine if the chemical can be redistributed within the health system. All opened chemical containers deemed as hazardous by the U.S. Environmental Protection Agency (EPA) will be disposed of per Mount Sinai's hazardous waste policy and disposed of by Mount Sinai's hazardous waste vendor. Mount Sinai will follow all regulations required by the EPA and New York State regarding disposal of hazardous waste. In addition, restocking of new chemical products will be assessed during the closure process for an incremental and strategic reduction of par levels.
19. Plan for proper maintenance, storage and retrieval of medical records, including:	Radioactive Materials: Not Applicable. There are no radioactive materials.As described in the October 25, 2023 closure plan, it is Mount Sinai's policy that medical records of discharged patients are to be completed within 30 days following discharge. MSBI will work with Attending Physicians and House Officers to ensure that all medical records of patients discharged on the last day of operations are completed by the end of the 30 days after the closure.
 Completion of medical records. Maintenance of records in accordance with Federal, State, and local regulations. 	All medical records will be maintained by MSBI for the statutorily required amount of time (six (6) years from the date of discharge). Mount Sinai maintains an Electronic Medical Record, which is stored in the Azure Cloud. Any paper records will be scanned into the EMR so that it is stored in the Azure Cloud. The medical records custodian will be Ray Cosner, RHIA, System Vice President – Health Information Management for the Mount Sinai Health System. Requests for medical records post-closure will be processed by the Release of Information Unit of HIM/Medical Records. Patients will be able to obtain a medical record release form through their patient record portal or through the Mount Sinai Health System

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DOH Question	MSBI Response
Identification of medical record custodian acceptable	website at https://www.mountsinai.org/about/medical-records. The website will be updated to include the following information as to where to send the completed request form for MSBI medical records as well as a contact phone number for questions post- closure of the 16 th Street Campus:
to the Department. Process for handling medical information that may come post-closure.	Address: Mount Sinai Medical Records 150 East 42 nd Street, 9 th floor Mailroom New York, New York 10017 Contact Number: (212) 420-2665
20. Plan to ensure adequate staffing throughout the closure process and to ensure that staff have information regarding other employment opportunities.	As explained to the DOH in November 2023, MSBI has seen an increased attrition of employees since the closure announcement, and it has also seen a declining patient census. MSBI is working to maintain appropriate staffing throughout the closure process through retention of MSBI staff supplemented, where needed and feasible by, utilization of contracted clinical and non-clinical staff (agency) staff, per diem staff, and physicians that work in other parts of MSHS to provide moonlighting/overtime shift coverage. Mount Sinai has contracts in place for agency staffing and locum tenens physicians and advanced practice practitioners to backfill needed positions that have or may become vacant due to staff resignations. Physician coverage will also be leveraged through the use of telemedicine where clinically appropriate. The Hospital along with Clinical Command Center, in collaboration with Clinical Departments, and Human Resources are monitoring staffing and patient volume on a daily basis to make best efforts to maintain appropriate staffing throughout the closure process.
	As noted above, impacted unionized employees will be offered a position at the same pay elsewhere within the Mount Sinai Health System. In addition, the Health System is working with impacted non-unionized staff and faculty to find placement in a position elsewhere in the Health System upon closure. Mount Sinai has held job fairs to facilitate placement of unionized staff in positions at other Mount Sinai facilities upon the closure of MSBI. In an effort to retain staff at MSBI, Mount Sinai is working to hold open any position offered to an MSBI employee within the Health System until they are no longer needed at MSBI. A list of

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	the job fairs held for MSBI staff through the end of March and a sample of the notification of offer letter sent to staff who have found job placement is provided under Attachment 23 .
	Please note the stated commitment in the letter that Mount Sinai will hold the new job for them until they are no longer needed at MSBI. As of this point in time, 85% of the unionized staff have been offered comparable positions elsewhere in the Health System and Mount Sinai is working to finalize the placement of the remaining unionized staff in comparable positions. All staff members have the commitment that their comparable position will be held for them until such time they are no longer needed at MSBI. Mount Sinai projects approximately 50 non-unionized staff members affected by the closure will not be placed in a comparable position elsewhere within the Health System. Those staff members will be provided severance upon leaving employment upon the closure of MSBI.
	It is possible that the February 2024 and March 27, 2024 orders from the New York State Supreme Court requiring the Hospital to maintain services and to use its best efforts to return services to their December 21, 2023 level may impact the ability of Mount Sinai to hold positions open that have been offered to MSBI staff at other Mount Sinai locations. <i>See</i> Attachments 26 and 27. Since the February 2024 order requiring MSBI to maintain services, MSBI has not transferred employees out of the Hospital. This has had a negative impact on other Mount Sinai locations as the existing vacancies further stress the other hospitals. It may become necessary to fill positions at other Mount Sinai locations to avoid understaffing, healthcare provider burnout, and consequent deterioration in patient care. While Mount Sinai is doing its best to avoid this scenario, overtaxing the Mount Sinai system could predictably lead to the opposite and unintended consequence of there being more voluntary departures from the 16 th Street Campus or other Mount Sinai facilities to other opportunities outside the Mount Sinai Health System.

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Elective Surgery The Hospital continues to perform all surgical services on an emergent basis, but it has ended the availability of <i>elective</i> surgeries. MSBI's Union Square outpatient facility (also known as Mount Sinai Downtown Union Square), just a few blocks from the Hospital, continues to provide a broad range of <i>elective</i> ambulatory surgical services, as do multiple other Mount Sinai facilities throughout New York City.
Due to the March 27, 2024 order from the New York State Supreme Court requiring the Hospital to use its best efforts to return services to their December 21, 2023 level, MSBI is working to restore the availability of elective surgeries and procedures. If the Hospital's best efforts are successful and <i>elective</i> surgeries are restored, once the closure plan is approved and/or the order is vacated, Mount Sinai will cease making these <i>elective</i> surgical services available at the Hospital but will provide them at other facilities in the Mount Sinai Health System including at MSBI's Union Square facility.
Intensive Care Unit Prior to the announcement of the planned closure, MSBI was experiencing an average daily census (ADC) of 10 to 14 ICU beds, compared to the licensed ICU bed capacity of 44 (36 Intensive Care Beds and 8 Coronary Care Beds), and issues with overnight nursing coverage. As expected, after the closure announcement, MSBI experienced a declining patient census in the ICU. MSBI also continued to have issues with staffing nurses at night in the ICU. In December 2023, with the use of travelers and changes in staff schedules, the Hospital was able to reliably staff 8 ICU beds.
Although MSBI was able to stabilize nurse staffing in the ICU at these levels, staffing issues again arose in March 2024 when three critical care physicians unexpectedly resigned from the ICU. The departure of the three critical care physicians, and the imminent departure of our ICU Medical Director, means that the Hospital would no longer have any full time ICU physicians as of June 30, 2024. There was no way to backfill these positions using other critical care physicians in the Mount Sinai system since there are

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	shortages of ICU physicians at the other Intensive Care Units in the healthcare system. Accordingly, as of April 1, 2024, MSBI started using critical care locum tenens physicians and advanced practice practitioners to staff its ICU.
	Due to the March 27, 2024 order from the New York State Supreme Court requiring the Hospital to use its best efforts to return services to their December 21, 2023 level, MSBI has worked to restore the ICU to its December 21, 2023 level. Currently, MSBI is reliably staffing 8 ICU beds with primarily locum physicians, APPs (MSBI and locums), and ICU nurses (MSBI and agency). Due to additional ICU APP resignations, we are increasingly concerned about this reliability. As mentioned previously, our Medical Director for the ICU is departing in June and the oversight for the locum MDs is currently under evaluation. A central intensivist (a role put in place across the Mount Sinai Health System in July 2022) is available 24/7. This central intensivist attending has responsibility across the MSHS system for triaging and accepting all ICU transfers from MSHS sites and external hospitals and also serves as a consult to aid in critical care decision making across all Mount Sinai ICUs.
	In accordance with the March 27, 2024 order, MSBI is monitoring and will continue to monitor ICU staffing levels to ensure that there is enough staffing coverage to maintain 8 ICU beds. In addition, once the Closure Plan is approved and the court's order is vacated, as staffing and patient utilization continue to decrease, the Hospital will implement a stabilization and transfer protocol using a virtual ICU attending physician to treat, stabilize and transfer patients to locations where they can receive appropriate critical care.
	Palliative Care Center CertificateOn December 31, 2023, MSBI's certification from The Joint Commission (TJC) of its palliative careprogram expired. TJC's palliative care certificate is a recognition that MSBI treats a certain number ofpalliative care patients per month, measures palliative care related quality metrics and has specially trained

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	staffing (almost all of whom have resigned). The certification is not required by DOH for any services, and MSBI continues to perform palliative care as appropriate.
	Due to the March 27, 2024 order from the New York State Supreme Court requiring the Hospital to use its best efforts to restore any lost designations or certifications to the same level they were on December 21, 2023, MSBI is working to see if there is a way to restore the palliative care certificate, although the ability to do so will depend on the number of patients requiring palliative care at the Hospital.
	ST-elevation Myocardial Infarction (STEMI) Center Designation/ Emergency Percutaneous Coronary Intervention (PCI) After the announcement of the planned closure, MSBI began experiencing staff resignations that created staffing issues. More specifically, resignations compromised the Hospital's ability to reliably assemble the PCI team within 30 minutes of the activation call to provide coronary interventions 24 hours a day, 365 days each year as required to serve as a designated STEMI Center by FDNY. The ICU staffing challenges also contributed to concern for post-procedure care for this patient population.
	On December 12, 2023, the Hospital filed a notification with the Fire Department of New York (FDNY) to advise them of the need to relinquish the Hospital's FDNY STEMI designation, which would mean ceasing as a FDNY-designated hospital for classified STEMI patients. A copy of the notification to FDNY is provided under Attachment 24 .
	A reminder about the upcoming loss of the STEMI Center Designation was provided to DOH on February 22, 2024, and DOH acknowledged the expiration of the STEMI Center Designation in a March 1, 2024 letter and indicated that it would not remove the STEMI Center designation from MSBI's operating certificate ahead of any final determination of the full closure plan.

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	MSBI is still treating, stabilizing, and, if necessary, transferring cardiac patients. MSBI is still performing emergency cardiac catheterization care, including STEMI.
	Due to the March 27, 2024 order from the New York State Supreme Court requiring the Hospital to use its best efforts to restore services and any lost designations to the same level they were on December 21, 2023, MSBI is making best efforts to hire additional employed or agency nurses and cardiovascular technicians with cardiac procedural experience to safely provide care for an increased volume of STEMI patients, be in a position to request that FDNY reactivate the Hospital's STEMI designation, and restore services to the December 21, 2023 level. Among the enormous hurdles in restoring this designation and restoring any applicable services, is identifying and hiring individuals with the necessary, specialized experience.
	Elective Cardiac Cath/PCI/Electrophysiology/Interventional Radiology As of December 15, 2023, the Hospital ceased offering elective PCIs, elective Diagnostic cardiac catheterization, elective Electrophysiology procedures, and elective Interventional Radiology Procedures at the Hospital. The elective cardiac catheterization, PCI, Electrophysiology (EP) and Interventional Radiology procedures once performed at the Hospital have migrated to acute care providers at other Mount Sinai facilities, and to other non-Mount Sinai acute care providers if the impacted physicians are appropriately credentialed to perform these procedures both at Mount Sinai and non-Mount Sinai locations.
	<u>Thrombectomy Capable Stroke Center</u> MSBI was designated as a Thrombectomy-Capable Stroke Center by the New York State Department of Health as a result of its accreditation by The Joint Commission (TJC). On November 17, 2023, MSBI provided notice to DOH of its intent to relinquish the accreditation and notified FDNY on December 13 2023. <i>See</i> Attachment 25 . On February 22, 2024, MSBI provided a reminder to DOH about the upcoming loss of the accreditation, and DOH acknowledged the expiration of the accreditation in a March 1, 2024

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	letter. DOH indicated that it would not remove the Thrombectomy Capable Stroke Center designation from
	MSBI's operating certificate ahead of any final determination of the full closure plan.
	The Hospital continues to stabilize, treat, and transfer (as appropriate) all stroke patients.
	On March 27, 2024, the New York State Supreme Court ordered MSBI to use its best efforts to restore any services and lost designations or accreditations to the same level they were on December 21, 2023. MSBI is working to comply with that order and restore the services and lost designation, despite enormous hurdles.
	Residency and Fellowship Training Programs Given the decline in patient census and the lack of diverse and complex clinical conditions being treated at the Hospital, Graduate Medical Education ("GME") at Icahn School of Medicine at Mount Sinai (the "School") has determined that the MSBI 16 th Street Campus no longer supports the educational needs of its residents and fellows (collectively the "trainees"). Consequently, to ensure that residents and fellows receive adequate training and meet the requirements set by the Accreditation Council for Graduate Medical Education (ACGME), most, if not all, trainees will no longer be rotating at the MSBI 16 th Street Campus as of July 1, 2024. Additionally, transfers and merging of MSBI specific residency and fellowship training programs were requested and approved by the ACGME prior to the Department's December 21, 2023 cease-and-desist letter. To ensure that the removal of trainees does not lead to a reduction of services, MSBI will supplement staffing with locum tenens physicians and advanced practice practitioners as necessary and also by offering moonlighting opportunities to trainees when possible.
	<u>Medical/Surgical Units</u> Prior to the announcement of the planned closure of the 16 th Street Campus, MSBI had an average daily census of 140 to 142 medical/surgical beds out of 150 staffed beds. Since November 2023, inpatient

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	medical/surgical bed utilization has continued to decrease to a current annual daily census range of 45 to 55 beds. Due to declining inpatient census and the difficulty in maintaining nursing staffing ratios as the result of staff resignations, MSBI reduced the number of staffed beds from 150 to 88 staffed medical/surgical beds on December 2, 2023.
	The Hospital has always retained the authority to staff beds based on patient census, staffing issues and other considerations. The reduction in staffed beds has not led to any elimination of services.
	Due to the March 27, 2024 order from the New York State Supreme Court, MSBI is monitoring the staffing levels of the medical/surgical beds and is using best efforts to assure staffing coverage, including the utilization of nursing agencies, to maintain 88 medical/surgical beds until the closure, and it is working to restore services to the December 21, 2023 level.
21. Describe the process to dispose of the building and contents after closing.	As noted in the October 25, 2023 plan, no determination has been made as to the disposition of the physical building(s).
	The equipment and furnishings will be evaluated for redeployment to other facilities within the Mount Sinai Health System, donated to a not-for-profit entity, or disposed of as per Mount Sinai policy.
22. Surrendering of the Operating Certificate (if the facility is closing, the facility must surrender its site-specific operating certificate to the Regional Office on the last day of operations).	As noted in the October 25, 2023 plan, the Operating Certificate of MSBI will be surrendered to the Metropolitan Area Regional Office on the last day of operations, which is expected to be July 12, 2024.

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23. Evidence of surety bond (in	No surety is required because this is not a temporary closure.
the case of temporary closure).	