State of New Jersey
DEPARTMENT OF HEALTH
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September 4, 2026

VIA ELECTRONIC AND FIRST-CLASS MAIL

Amy B. Mansue
CEO
Inspira Medical Centers, Inc.
310 Salem Woodstown Road
Salem, New Jersey 08079

Re: Inspira Medical Center Mannington
License # 71702
CN # ER 2026-05407-17;01
Closing of Intensive Care Unit Service/Beds
Total Project Cost: 0

Dear Ms. Mansue:

Please be advised that the Department of Health (Department) is approving the Expedited Review Certificate of Need (ERCN) application CN # ER 2026-05407-17;01, received on April 22, 2026, submitted by Inspira Medical Centers, Inc. (Inspira) for its constituent hospital, Inspira Medical Center Mannington (IMC Mannington). IMC Mannington, a general acute care hospital located in Salem County at 310 Salem Woodstown Road, Salem, New Jersey 08079, has requested approval to discontinue inpatient Intensive Care Unit (ICU)/Critical Care Unit (CCU) Beds and services pursuant to N.J.A.C. 8:33-3.2(c). Specifically, the application seeks removal of (12) Adult ICU/CCU Beds from the hospital license and discontinuation of all ICU/CCU services at IMC Mannington.

Presently, IMC Mannington is licensed for (12) Adult ICU/CCU Beds. In its application and responses to completeness questions proffered by the Department, Inspira has indicated that, following the proposed closure of the ICU/CCU beds and services, patients from Salem County will continue to have access to an acute level of care and treatment. The ICU level of care and treatment will be reallocated to Inspira's larger hospital sites, Inspira Medical Center Mullica Hill (IMC Mullica Hill) and Inspira Medical Center Vineland (IMC Vineland), which are reportedly equipped with the necessary physician and nursing complement to support ICU care more effectively.

As further detailed by the applicant, Inspira's Transfer Center has proactively implemented policies and procedures to ensure patients are directed to the appropriate facility based on their acuity level. Patients requiring complex critical care services are already predominantly treated at IMC Mullica Hill and IMC Vineland, which have a higher overall case mix index reflecting the greater

clinical complexity and resource needs of their patient populations. In contrast, IMC Mannington primarily treats medical and surgical patients and has a more limited critical care patient population. IMC Mannington has further reported that attending physicians on staff have chosen not to admit patients requiring ICU-level care to the ICU at IMC Mannington. Instead, they routinely order the transfer of such patients to either IMC Vineland, IMC Mullica Hill, or Cooper University Hospital.

Based on recent utilization patterns and the fact that IMC Mannington already transfers many patients requiring ICU-level care to other facilities, including IMC Mullica Hill and IMC Vineland, Inspira anticipates that discontinuing ICU and CCU services at IMC Mannington will result in fewer than seven additional interfacility transfers per week.

In addition, existing Emergency Medical Services (EMS) routing practices will continue to direct patients who are likely to require ICU-level care to facilities with the appropriate critical care capabilities, when clinically appropriate. This practice is expected to reduce the need for patients to be initially transported to IMC Mannington and subsequently transferred to another facility for a higher level of care.

Inspira also affirms that it will continue to follow its existing procedures for communication regarding hospital diversion, patient transfers, and facility capacity. These procedures are intended to support coordination among EMS providers and hospitals and to facilitate the timely transfer or transport of patients to facilities capable of meeting their clinical needs.

The applicant affirms that patients who become critically ill at IMC Mannington will be evaluated and stabilized in accordance with established emergency and inpatient escalation protocols, including the requirements of the Emergency Medical Treatment and Labor Act (EMTALA), where applicable. Patients whose needs exceed IMC Mannington's on-site capabilities will be transferred to a facility with the appropriate level of critical care services. IMC Mannington will continue to maintain the resources necessary to evaluate, initiate treatment, and maintain patient stability pending transfer, including emergency department evaluation and stabilization, physician assessment, nursing care, respiratory support, pharmacy services, laboratory services, diagnostic imaging, and other appropriate clinical resources. As part of established clinical escalation pathways, intensivists at IMC Mullica Hill and IMC Vineland will be available by phone, as needed, to support the Emergency Department and Hospitalists at IMC Mannington for case discussion.

Based on the foregoing, the Department approves the closure of the twelve (12) Adult ICU/CCU Beds and discontinuation of ICU/CCU services at IMC Mannington, with conditions, as follows:

1. Identification, Stabilization and Transfer
    a. The hospital shall establish and implement a written protocol governing the identification, stabilization, consultation, and timely transfer of patients whose medical condition requires a level of care not available at the hospital. The protocol shall be maintained on file and submitted to the Department by November 1, 2026.
    b. IMC Mannington shall provide medical screening, stabilization, treatment, and monitoring within its capabilities prior to the transfer of a patient whose condition requires a level of care not available at the hospital. When a patient's condition exceeds the hospital's capabilities, the hospital shall initiate arrangements for transfer to an appropriately licensed and equipped facility without undue delay and in accordance with all applicable State and federal requirements.

2. ICU-Level Patient Staffing and Location
    a. IMC Mannington shall maintain a designated area within its Emergency Department for patients requiring intensive or critical care pending transfer. The designated area shall permit continuous observation and monitoring of such patients.
    b. Patients requiring intensive or critical care shall be cared for by a registered nurse with demonstrated critical-care competencies and current Advanced Cardiovascular Life Support (ACLS) certification. Staffing levels shall be determined based on the patient's clinical condition and acuity and shall, at a minimum, comply with the requirements of N.J.A.C. 8:43G-9.7. One-to-one (1:1) registered-nurse staffing shall be provided whenever warranted by the patient's clinical condition, acuity, or level of care.
    c. Personnel assigned to the care of such patients shall have responsibilities and patient assignments that are consistent with the patient's clinical condition and sufficient to ensure the level of monitoring and care required for the patient.

3. Rapid Response and Code Blue Coverage
    a. IMC Mannington shall maintain a dedicated Rapid Response Team and Code Blue response capability available on-site 24 hours per day, seven days per week, staffed by personnel with demonstrated competencies appropriate to the assessment, stabilization, and management of acute clinical deterioration. Such response capabilities shall be staffed independently of Emergency Department personnel and personnel assigned to patients requiring intensive or critical care transfer.

4. Surgical Services- Once Operating Rooms (OR) are reopened
    a. IMC Mannington shall limit surgical services to patients and procedures that meet established written eligibility criteria for care in a hospital without on-site intensive or critical care capability. Patients or procedures that meet established criteria indicating a need or potential need for post-operative intensive or critical care shall be excluded from surgical services at IMC Mannington.
    b. IMC Mannington shall maintain written protocols for the stabilization and timely transfer of surgical patients who unexpectedly require intensive or critical care during or following a procedure.

5. Critical-Care Transportation
    a. IMC Mannington shall maintain continuous access to appropriate critical-care transportation services, which are licensed by the Department of Health, sufficient to accommodate the anticipated volume and acuity of patients requiring transfer to a facility capable of providing the level of care required by the patient's condition. Such transportation shall be available 24 hours per day, seven days per week with personnel, equipment, monitoring, and life-support capabilities appropriate to the patient's clinical condition and in accordance with all applicable State and federal regulatory requirements.
    b. IMC Mannington shall maintain its own transportation resources or formal arrangements with qualified transportation providers sufficient to meet anticipated transfer needs.
    c. IMC Mannington shall notify the Department of any material change in transportation availability or arrangements that may adversely affect its ability to provide timely transfer.

6. EMS Coverage and Contingency Plan
    a. IMC Mannington shall develop and submit to the Department a written EMS contingency plan by November 1, 2026, in coordination with Salem County, affected municipalities, and Basic Life Support/Advanced Life Support providers, to ensure adequate emergency response capacity following the discontinuation of intensive care services. The plan shall address extended EMS unit unavailability resulting from long-distance transports and identify mutual-aid, backup coverage, dispatch coordination, and other resources necessary to prevent gaps in local EMS coverage.
    b. IMC Mannington shall identify and provide or arrange for resources necessary to mitigate any additional EMS burden attributable to the discontinuation of intensive care services.

7. Transfer Monitoring and Reporting
    a. IMC Mannington shall maintain a log of all patients transferred due to the unavailability of intensive or critical care services. At a minimum, the log shall include the patient's required level of care; reason for transfer; date and time the need for transfer was identified; date and time a receiving facility was contacted; receiving facility; date and time of acceptance; transportation modality; date and time transportation was requested; date and time transportation arrived at IMC Mannington; date and time the patient departed IMC Mannington; date and time patient arrived at accepting facility; and date and time the patient was admitted to or physically placed in an ICU or other appropriate critical care bed at the receiving facility.
    b. IMC Mannington shall make available the transfer log to the Department on a quarterly basis, together with an analysis of transfer delays, adverse events occurring while awaiting transfer, and corrective actions taken or planned. Such transfers shall be incorporated into the hospital's quality assurance and performance improvement activities.

The Department, in approving this application, has relied solely on the facts and information presented. The Department has not undertaken an independent investigation of such information. If material facts have not been disclosed or have been misrepresented as part of this application, the Department may take appropriate administrative regulatory action to rescind the approval or refer the matter to the Office of the New Jersey Attorney General.

Any approval granted by this Department relates to certificate of need and/or licensing requirements only and does not imply acceptance by a reimbursing entity. This letter is not intended as an approval of any arrangement affecting reimbursement or any remuneration involving claims for health care services.

This approval is not intended to preempt in any way the authority to regulate land use within its borders and shall not be used by the applicant to represent that the Department has made any findings or determination relative to the use of any specific property.

The Department looks forward to working with the applicant to provide high quality care to your patients. If you have any questions concerning this Certificate of Need approval, please do not hesitate to contact Rebecca Nazario-Straffi, Assistant Commissioner, Division Certificate of Need and Licensing via email at rebecca.nazario-straffi@doh.nj.gov.

Sincerely,

Neil D. Eicher

Neil Eicher
Deputy Commissioner, Health Systems
New Jersey Department of Health