

**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of August 13, 2014**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**PUBLIC HEALTH COUNCIL  
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
Henry I. Bowditch Public Health Council Room, 2<sup>nd</sup> Floor  
250 Washington Street, Boston MA**

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**Docket: Wednesday, August 13, 2014, 9:00 AM**

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**1. ROUTINE ITEMS:**

- a. Introductions
- b. Record of the Public Health Council Meeting July 16, 2014 **(VOTE)**

**2. DETERMINATION OF NEED**

a. Wing Memorial Hospital: Transfer of ownership of Wing Memorial Hospital in Palmer with respect to a change in its corporate control, through which Baystate Health, Inc. proposes to become the sole corporate member of Wing Memorial Corporation. **(VOTE)**

b. Baystate Franklin Medical Center: Construction of a 54,912 GSF addition on the Hospital's campus to relocate and replace four existing ORs, the central sterile processing suite, as well as combined preoperative patient care and patient recovery space and 10,169 GSF of shell space. In addition, there will be 12,655 GSF of renovation of existing adjacent hospital space to relocate procedural and support services. **(VOTE)**

c. Baystate Medical Center: Significant change amendment to Project # 1-3B36 which was new construction of a seven story addition to the hospital. A large portion was shell space and this request is to build-out a portion of the approved shell space for the development of a new location for its inpatient pharmacy. Specifically, they will build out an additional 13,634 GSF of shell space, increasing its approved new construction GSF to 475,616 and reducing the approved shell space to 167,686. **(VOTE)**

**3. DRAFT REGULATION**

Proposed Amendment to 105 CMR 225.000: Nutrition Standards for Competitive Foods and Beverages in Public Schools **(Informational Briefing)**

**4. DRAFT REGULATION**

Proposed Amendments to 105 CMR 130.000 (Hospital Licensure) and 105 CMR 142.000 (Operation and Maintenance of Birth Centers) **(Informational Briefing)**

**5. INFORMATIONAL PRESENTATIONS:**

- a. Serious Reportable Events (SRE)

**Public Health Council**

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

**Date of Meeting:** Wednesday, August 13, 2014

**Beginning Time:** 09:24 AM

**Ending Time:** 11:36 AM

**Attendance and Summary of Votes:**

<b>Board Member</b>	<b>Attended</b>	<b>Item 1b</b>	<b>Item 2a</b>	<b>Item 2b</b>	<b>Item 2c</b>
		Record of the Public Health Council Meeting July 16, 2014	Wing Memorial Hospital: Project number 1-3C40	Baystate Franklin Medical Center: Project number 1-3C37	Baystate Medical Center: Significant change amendment to Project # 1-3B36
Cheryl Bartlett	Yes	Yes	Yes	Yes	Yes
Edward Bernstein	Yes	Yes	Yes	Yes	Yes
Derek Brindisi	Yes	Yes	Yes	Yes	Yes
Harold Cox	No	-	-	-	-
John Cunningham	No	-	-	-	-
Michele David	Yes	Yes	Yes	Yes	Yes
Meg Doherty	Yes	Yes	Yes	Yes	Yes
Michael Kneeland	Yes	Yes	Recusal	Yes	Yes
Paul Lanzikos	No	-	-	-	-
Denis Leary	No	-	-	-	-
Lucilia Prates-Ramos	Yes	Yes	Yes	Yes	Yes
Jose Rafael Rivera	Yes	Yes	Yes	Yes	Yes
Meredith Rosenthal	No	-	-	-	-
Alan Woodward	Yes	Yes	Yes	Yes	Yes
Michael Wong	No	-	-	-	-
<b>Summary</b>	<b>9 Members attended</b>	<b>9 Approved with votes</b>	<b>8 Approved with votes</b>	<b>9 Approved with votes</b>	<b>9 Approved with votes</b>

## PROCEEDINGS

A regular meeting of the Massachusetts Department of Public Health's Public Health Council (M.G.L. C17, §§ 1, 3) was held on Wednesday, August 13, 2014 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2<sup>nd</sup> Floor, Boston, Massachusetts 02108.

Members present were: Department of Public Health Commissioner Cheryl Bartlett (chair), Dr. Edward Bernstein, Mr. Derek Brindisi, Dr. Michele David, Ms. Meg Doherty, Dr. Michael Kneeland, Ms. Lucilia Prates-Ramos, Mr. Jose Rafael Rivera, and Dr. Alan Woodward

Absent member(s) were: Mr. Harold Cox, Dr. John Cunningham, Mr. Paul Lanzikos, Mr. Denis Leary, Dr. Meredith Rosenthal, and Dr. Michael Wong

Also in attendance was Attorney Tom O'Brien, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bartlett called the meeting to order at 9:24 AM and reviewed the agenda.

### ITEM 1: MINUTES

b. Record of the Public Health Council Meetings of July 16, 2014

Commissioner Bartlett asked if there were any changes necessary to the July minutes. After no comments or concerns were made, Commissioner Bartlett asked for a motion to accept the minutes. Dr. Woodward moved; Mr. Rivera seconded. All were in favor of acceptance.

### ITEM 2: DETERMINATION OF NEED

a. Wing Memorial Hospital: Transfer of ownership of Wing Memorial Hospital in Palmer with respect to a change in its corporate control, through which Baystate Health, Inc. proposes to become the sole corporate member of Wing Memorial Corporation. **(VOTE)**

Following the presentation, Commissioner Bartlett opened the floor for discussion. Dr. Kneeland recused himself.

Dr. Woodward noted that the Division of Healthcare Quality is currently performing a more extensive suitability review and inquired about the projected time frame regarding the division's review and action. Mr. Jere Page explained this review will occur almost simultaneously and involves a series of CORI checks, Fire Department permits, Department of Public Safety permits and much more information that must be gathered before licensure can be considered. Dr. Woodward asked Mr. Page if there are any red flags that he has heard of throughout the review that may be problematic. Mr. Page replied that he not heard of any issues that may be of concern.

Dr. Woodward inquired about a comment during the public hearing that stated a commitment from Baystate to maintain Wing as an inpatient hospital for at least ten years. Dr. Woodward asked since the comment was only stated, whether it is something that should be in the provision of the Council's approval as it was done previously or if the statement was in writing providing adequate assurance. Mr. Bernie Plovnick stated that he believes this was in the agreement between the parties, which would be legally binding.

Dr. Mark Keroack, President and CEO of Baystate Health stated that the provision to maintain Wing as an inpatient facility was part of the definitive agreement signed off by the parties.

After no further comments, Commissioner Bartlett asked for a motion to approve Project number 1-3C40. Dr. Woodward moved to approve; the motion was seconded by Ms. Doherty. Dr. Kneeland had recused himself from the discussion and vote.

b. Baystate Franklin Medical Center: Construction of a 54,912 GSF addition on the Hospital's campus to relocate and replace four existing ORs, the central sterile processing suite, as well as combined preoperative patient care

and patient recovery space and 10,169 GSF of shell space. In addition, there will be 12,655 GSF of renovation of existing adjacent hospital space to relocate procedural and support services. **(VOTE)**

Following the presentation, Commissioner Bartlett opened the floor for discussion.

Dr. Woodward inquired about the disparities in cost regarding the new construction and the estimated cost. He also inquired about the costs associated with renovation.

Mr. Jere Page explained that the project is a two-story addition. He explained that the first floor consists mainly of soft or shell space which would be associated with lower costs, whereas the second floor will have the replaced OR's and central sterile processing as well as other high-end services that will be associated with higher costs.

After no further comments, Commissioner Bartlett asked for a motion to approve Project number 1-3C37. Mr. Rivera moved to approve; the motion was seconded by Ms. Prates - Ramos.

c. Baystate Medical Center: Significant change amendment to Project # 1-3B36 which was new construction of a seven story addition to the hospital. A large portion was shell space and this request is to build-out a portion of the approved shell space for the development of a new location for its inpatient pharmacy. Specifically, it will build out an additional 13,634 GSF of shell space, increasing its approved new construction GSF to 475,616 and reducing the approved shell space to 167,686. **(VOTE)**

Following the presentation, Commissioner Bartlett opened the floor for discussion.

Dr. Woodward noted that if the project was previously approved, other than the current sequential build out process, the Council would have expected LEED certification. Dr. Woodward asked then whether each of these sequential build outs that are subsequently incorporated are meeting the Department's standards relative to the DoN green guidelines.

Mr. Bernie Plovnick responded that he believes the current guidelines may not have been in effect when the original project was approved, although he noted that he is not in fact certain. Mr. Plovnick explained that from a regulatory standpoint, the DoN program does not have any provision in the green guidelines that are applicable to DoN amendments.

Mr. Woodward then clarified that if the applicant had built everything at once, the Council would have required the "LEED silver standard". Mr. Woodward then questioned whether during a build-out, the Department is expecting the applicant to supply information relative to this issue. Mr. Plovnick replied that he does not believe the current guidelines are applicable to this issue since the DoN guidelines are based on a point system whereby an applicant is required to demonstrate that it will achieve a score of 50% or more of the possible points. Mr. Plovnick explained that many of the points an applicant is able to receive are for building an entire building or a very large amount of new construction or gut renovation. Mr. Plovnick stated that he will further investigate this concern. Mr. Plovnick deferred to the applicant to elaborate on whether they have taken this matter into account during the build out of the previously approved project.

Mr. Michael Moran, Vice President of clinical, facilities, and guest services stated that Baystate Health aims to always be as environmentally sustainable as possible, however with this particular build-out of shell space, he doesn't believe it will be possible to achieve any of the LEED points due to the unique requirements of the pharmacy and the clean room space that had been discussed. Mr. Moran mentioned that the facility however, has been recognized for numerous green guide compliance awards. He noted that the applicant has not been subject to compliance with the DoN green guidelines in the past. Mr. Moran explained that if these standards were applied to the rest of the facility, the applicant would most likely meet all of the DoN requirements but for the pharmacy component alone, he does not believe it would be technically possible.

Dr. Woodward expressed his interest to know whether the applicant is focused on being as sustainable as possible throughout the design process and concerned with issues such as energy efficiency. Mr. Moran assured the Council that the applicant has focused on the concerns and issues raised by Dr. Woodward.

Dr. Bernstein asked whether in light of current concerns regarding narcotics and opiate overdose, has the applicant made any special provisions for disposal or return of unwanted medications by the public. Commissioner Bartlett clarified Dr. Bernstein's concerns to which Mr. Moran deferred to his colleague to elaborate. Mr. Aaron Michelucci, Director of Acute Care Pharmacy for Baystate Health asked whether the Council was referring to narcotics that need to come back and be disposed of. Mr. Michelucci explained that the applicant currently uses a service provided by "Steri-Cycle" that disposes of all unwanted narcotics in an environmentally sound and efficient process. He assured that these unwanted drugs are destroyed appropriately.

Dr. Woodward re-clarified the question again, inquiring whether there are any additional plans to collect unwanted medications from the community or whether this is currently done only through the police and fire Departments. Mr. Michelucci stated that this is done through the applicant's ambulatory retail pharmacy during certain occasions only.

Commissioner Bartlett clarified the Council's inquiry to the applicant and explained they are hoping for alternative drop-off locations within the community other than police Departments.

Mr. Michelucci agreed to take the following suggestions made by the Council members into consideration and agreed to investigate the recommendation as an opportunity to improve.

After no further questions or comments, Commissioner Bartlett asked for a motion to approve the amendment to approved DoN Project #1-3B36. Dr. Woodward moved to approve; the motion was seconded by Ms. Doherty.

### **ITEM 3: DRAFT REGULATION**

Proposed Amendment to 105 CMR 225.000: Nutrition Standards for Competitive Foods and Beverages in Public Schools **(Informational Briefing)**

Following the presentation, Commissioner Bartlett opened the floor for discussion.

Dr. David noted that federal standards are usually more restrictive than the state and asked whether the presented provisions were more or less restrictive. Commissioner Bartlett clarified that the state can indeed be more restrictive, but not less restrictive than federal standards.

Dr. Woodward inquired about the proposed standard of flavored milk, and asked whether it is likely to be an issue at this point. Commissioner Bartlett stated that she doesn't believe this standard will bring forth any issues.

Mr. Brindisi inquired about the flavored milk standard as well, seeking clarity in terms of whether 22 grams of sugar is equivalent to 5.5 teaspoons of sugar. He asked to further describe what the new standards will be in terms of sugar content. Ms. Claire Santarelli, Manager of Wellness Initiatives stated that 22 grams of sugar does indeed equal about 5.5 teaspoons of sugar but pointed out that milk already contains 12 grams of sugar so the new standard allows an extra 10 grams of sugar for flavoring. She explained that the USDA does not include a limit on the amount of sugar under the new standard; however the federal standard requires that flavored milks must be non-fat so the total caloric number will be limited in this way.

Dr. Woodward asked whether the 12 grams of sugar Ms. Santarelli referred to in naturally occurring milk is whole milk. Ms. Santarelli explained that regardless of the amount of fat in the milk, it will contain 12 grams of lactose.

Mr. Brindisi inquired again to clarify the amount of sugar content that is to be expected. Ms. Santarelli explained that the products that are currently being served in Massachusetts within schools contain 18-22 grams per 8 ounce serving and it is likely to assume that these same products will continue to be allowed.

Mr. Rivera asked if there are any conversations between the private and public schools to share the presented standards. Ms. Lea Susan Ojamaa, Director of Prevention and Wellness, stated that the Department can certainly share these standards so other schools can consider implementing the same rules.

Commissioner Bartlett also added that a role of the essential school health programs is to adopt other school policies. Commissioner Bartlett suggested that the Department can talk to school nurses and consider uptake processes to better share these best health policies.

#### **ITEM 4: DRAFT REGULATION**

Proposed Amendments to 105 CMR 130.000 (Hospital Licensure) and 105 CMR 142.000 (Operation and Maintenance of Birth Centers) **(Informational Briefing)**

Following the presentation, Commissioner Bartlett opened the floor for discussion.

Dr. Woodward commented that he agrees with the importance of the presented procedure but noted that it should be clear that the procedure is not considered fool-proof, as there may be results that are false negatives. Dr. Woodward also expressed his concern regarding the wording, "...unless the parent or guardian objects based on religious grounds..." and inquired whether there is a legal basis for the inclusion of the mentioned language. Ms. Carol Balulescu clarified that the wording Dr. Woodward had referred to was in fact included in the statute, which is why it was included in the regulations. Ms. Balulescu stated that because the procedure is a non-invasive test the expectation is that there will be very few if any such objections.

Dr. Kneeland inquired whether a parent can object to a temperature reading or blood pressure recording. Ms. Balulescu confirmed that parents have the right to consent or object to medical care for their children.

Dr. Woodward suggested removing the specific language due to inconsistencies to which Ms. Balulescu stated she will take the recommendation into advisement and note whether similar comments are made during the public comment period.

Dr. Bernstein stated that it will be helpful to add positive and negative surveillance outcomes to measure the efficiency of screening.

#### **ITEM 5: INFORMATIONAL PRESENTATIONS:**

- a. Serious Reportable Events (SRE)

Following the presentation, Commissioner Bartlett opened the floor for discussion.

Dr. Bernstein asked how a serious injury is determined from a less than a serious injury and asked for further clarification. Ms. Fillo explained the National Quality Forum has a definition for serious injury. She added that the Minnesota Department of Health has also done a lot of work defining a serious injury providing several guidelines that help to clearly detail serious injuries.

Dr. Biondolillo further elaborated that Department is encouraging best practices as well as collaborative learning to increase detailed and accurate reporting.

Dr. Woodward inquired whether the discrepancy regarding the number of incidents reported was due to a different definition of an SRE set by the investigator. Ms. Katherine Fillo explained there are several additional varieties of "incidents" reported by the hospital and that SREs are a subset of all of those incidents within the review process.

Dr. Woodward asked how the extraction process is in finding patterns for preventability and how the Department is effectively closing the loop so information regarding best practices is delivered to institutions to effectively prevent reoccurrences.

Dr. Biondolillo assured the Council members that improving patient safety is certainly the primary goal. She explained that identifying and categorizing events more accurately may be contributing to the trends that are being found. Dr. Biondolillo noted that the Department has been working with the Massachusetts Coalition for the Prevention of Medical Errors and the Betsy Lehman Center for Patient Safety and Medical Error Reduction to whom the data found and collected is reported as required by statute. Dr. Biondolillo explained the opportunity to not only work with hospitals on an individual basis, but also together from a collaborative learning perspective.

Dr. Woodward asked whether the Department coordinates with the Board of Registration to share findings, identify patterns and communicate issues to which Dr. Biondolillo agreed.

Mr. Rivera inquired whether enough information was collected to identify any racial, ethnic or gender groups that were significantly over or under-represented throughout any of the reported events. Ms. Fillo explained that once the data collection process was switched to an online reporting system, more data concerning these mandatory fields were better captured. She noted that since many of the events are low number events however, there was not enough data to report any trends within certain populations.

Dr. David asked why events such as surgery on the wrong body part that are more clearly defined seem to be increasing. Ms. Fillo explained that one of the major root causes for the event mentioned is deviation from the policy and procedure or from the check list. Ms. Fillo noted also that the old definition only included the term "surgery" and has since changed to add the terms "procedure" and "basic procedures" which may account for increased numbers.

Dr. David asked if there is any thought being given to mandating large group ambulatory centers to report events as well. Dr. Biondolillo explained that she is hopeful for the purposes of improvement, that it would be compelling to an organization such as the ones mentioned by Dr. David to implement the principles such a root-cause analysis, preventability analysis and more. Dr. Biondolillo noted however that as of now, the Department does not have the authority to mandate this to the organizations mentioned but is continuing to raise awareness and communicate best practices.

Ms. Prates-Ramos asked if a complaint comes in from a consumer, how the loop is closed. Dr. Biondolillo explained that currently the Department receives about 15,000 facility reported incidents or consumer complaints annually from all sorts of facilities including nursing homes, clinics and more. She noted these complaints can range from very serious to issues that may not be triaged as urgently from a safety stand point. She clarified that a facility reported event is equivalent to a consumer complaint and there is no differential in terms of analysis or evaluation. Dr. Biondolillo explained that the Department is directed to require that the loop is closed within 7-30 days by the facility reporting to the patient. She explained that for non-SRE or consumer reported complaints, there is process to reconnect to the consumer and communicate what has occurred as a result of an investigation.

Ms. Prates-Ramos asked whether data was collected based on age. Ms. Fillo explained that age was collected for all serious reportable events. Ms. Prates-Ramos also inquired about capturing data regarding limited English-proficiency. Ms. Fillo explained that limited English-proficiency is generally only captured within the narrative reported by the hospital. Ms. Fillo noted that within the particular database, primary language is not collected but acknowledged the significance of the points raised.

Dr. Bernstein asked whether in addition to the NQF, if Massachusetts has its own particular surveillance system and emphasized the importance of capturing primary language. Dr. Biondolillo noted that there are opportunities to expand in terms of guidance based on the framework provided by the NQF and agreed to take the suggestions into consideration.

Ms. Doherty inquired whether an analysis had been done regarding medication errors in relation to the 30 day, all cause re-admission to hospitals. Dr. Biondolillo explained that medication errors were not reported a few years ago, therefore there is not enough current data reflecting this issue and acknowledged the importance of collecting and requiring such information moving forward.

Ms. Doherty asked to clarify whether a stage 3 pressure ulcer had to occur within the facility or whether it can be a patient who came in with a pressure ulcer upon admission. Ms. Fillo clarified that information was collected for those pressure ulcers that were acquired after admission.

Commissioner Bartlett asked whether it is possible to capture data regarding death associated with hip fractures, particularly if they did not occur shortly after the fracture. Ms. Fillo noted that within the 30 day follow-up, death would be included as part of the possible outcome. Ms. Fillo noted that beyond this period of time, there is also an opportunity to match the database to the state mortality data.

Dr. Woodward suggested if patterns of incidence are found within physician offices, it would be useful to work with MMS to disseminate these findings to all physicians.

### **Commissioner's Update**

Commissioner Bartlett shared a few updates on behalf of the Department. She announced the Department has applied for accreditation. In addition, Commissioner Bartlett noted there are new resources in the budget particularly around substance abuse, prescription monitoring programs, monies to relocate and build new Shattuck lab and more. Lastly, Commissioner Bartlett highlighted four bills that were very impactful to Public Health which include the Omnibus Substance Abuse Bill, a gun control bill, domestic violence bill and a compounding bill.

At the conclusion of the Council meeting, Commissioner Bartlett moved to adjourn the meeting. Ms. Doherty moved to approve, Ms. Prates-Ramos seconded.

**The meeting adjourned at 11:36 AM on a motion by and passed unanimously without discussion.**

### LIST OF DOCUMENTS PRESENTED TO THE PHC FOR THIS MEETING:

1. Docket of the meeting
2. DoN Pending List
3. Minutes of the Public Health Council meeting of July 16, 2014
4. Determination of Need Memos
5. Proposed Amendment to 105 CMR 225.000: Nutrition Standards for Competitive Foods and Beverages in Public Schools
6. Proposed Amendments to 105 CMR 130.000: Hospital Licensure and 105 CMR 142.000: Operation and Maintenance of Birth Centers
7. Copies of all power point presentations (emailed upon conclusion of the meeting)

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Commissioner Cheryl Bartlett, Chair