To: Department of Public Health, Determination of Need Program
From: Marcia Kirssin, Ph.D. (Biochemistry); [redacted]

Re: Ambulatory Surgery Center Building on Lawrence Memorial Hospital Site, Medford, MA

Your serious consideration is requested to reject this plan on the grounds that there has been insufficient community input. So far, there has only been one advertised meeting just one week before the DPH hearing on Wednesday, August 15th. Community concerns have not been fully discussed or addressed. Judging from the comments at the hearing only employees and medical personnel were in favor of the plan while most of the community members were not nearly ready to accept the plan.

The proponents of this plan apparently put much of their resources into the Melrose-Wakefield Hospital while decreasing hospital-based services at Lawrence Memorial virtually to zero. The emergency room is not used because of the lack of surgical suites and hospital beds. It is not clear why this choice was made since Medford is more centrally located. Certainly the Medford community was not consulted during that planning process.

One of my primary concerns is in regard to the safety of Ambulatory Surgery and how patients might be protected. Does the plan include careful preoperative testing? Where would it be conducted? How will monitoring and support for post operative care be managed? What plans are in place for possible infection, other post-surgical problems or emergencies?

Risks of ambulatory surgery have been minimized or denied. The plan includes surgeries with significant incisions, for example for knee replacement, which carry risks for surgical site infection, clots, heart problems and nausea. These risks are well documented for hospitals where patients stay overnight or longer. For example in one study of 11 hospitals, the risk of infection for surgical patients was 1% at age 20 and increased to 3% with age of the patient; certainly not insignificant. Another study found an increased risk of clotting with age. (1) It is unlikely that these risks are only due to "patients with pneumonia" as suggested by a hand physician at the hearing. Some of the risk of infection is likely to be due to the cleanliness of the facility and other factors.

This plan and the virtual lack of hospital facilities at Lawrence Memorial fail to serve the population of Medford. The population is 56,000 with about 20% age 60 and older. I am a member of this older group, looking forward to my 77th birthday on September 5.

We are parents, grandparents, aunts and uncles. We help raise our grandchildren and contribute to the community. We have worked for most of our lives. I urge you to

consider our lifelong contributions and advocate for our needs. Continue to make Massachusetts a national leader in providing quality medical care for all of its citizens.

I believe that all patients would be best served by a class A emergency department backed up with hospital facilities. Rapid access to emergency care saves lives.

Finally I would like to make two suggestions that would also improve this plan. First, in addition to the inpatient departments mentioned as possibilities in the August 15th meeting, here is an opportunity to provide a first class gerontology outpatient center. For example it might include evaluation of medications, neuropsychology, pain management and more in one location. In my vision it would provide patient education as well as medical services. This would be an opportunity to put Lawrence Memorial at the forefront in the Boston area. Second, given the association with Tufts, it would be helpful to provide a reliable and accessible shuttle to and from the Tufts Medical Center. Such a shuttle would be of value to the whole community.

Thank you for considering these remarks and those of Medford citizens.

(1) These reports are from PubMed.gov. Please accept my regrets for lack of recording the references.
(2) Addendum (a) Surgical Site Infection following Ambulatory Surgery Procedures; JAMA 2014Feb 9:311(7) 709-16. In a study of 284,000 cases from 8 states, postsurgical visits totaled 5% at 14 and 30 days.
(b) Who is at Risk for Postdischarge Nausea and Vomiting after Ambulatory Surgery? Apfel,CG, et al. Anesthesiology, 2012Sept. 117(3) 475-86 An overall incidence of 37% of ambulatory surgery patients were affected. Several risk factors were also analyzed.
(c) Prevalence and Predictors of Quality of Recovery at Home after Day Surgery, Stessel, B. et al. Medicine (Baltimore) 2015Sept, 94(39):3 1553 Statistical analysis of 1118 day surgery patient questionnaires suggested 50% experienced a poor quality of recovery.
(d) Older Adults and Unanticipated Hospital Admission within 30 Days of Ambulatory Surgery:....., DeOliveria, G.S., et al., J. Am. Geriatric Soc., 2015Aug 63(8) Older adults were found to be at greater risk for post-surgical hospitalization. Overall 2.5% of 53,667 ambulatory surgical patients were hospitalized.