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 **Safe Patient Access to Emergency Departments Workgroup**

**Meeting Minutes of August 31, 2021**

Zoom Conference Services

**Date of Meeting:** **Wednesday, August 31, 2021**

**Beginning Time:** 1:04 M

**Ending Time:** 2:40 PM

**Committee Members Present:** The following appointed members of the Safe Patient Access to Emergency Departments workgroup, establishing the required simple majority quorum pursuant to Massachusetts Open Meeting Law (OML): Elizabeth Kelley, Bureau Director, Bureau of Healthcare Safety and Quality, Sharon Harrison, Dr. Assaad Sayah, Shandra Gardiner, Bonnie Michelman, Nancy Hanright, Peter DeMarco, Edward Browne, Jennifer Honig, Julie McMurray, Dr. Joseph Tennyson, David Correia

The August 31, 2021 meeting of the of the Safe Patient Access to Emergency Departments meeting was called to order by Elizabeth Kelley at 1:04 PM.

Ms. Kelley announced that the meeting will be recorded.

Ms. Kelley introduced herself as the Bureau Director for the Bureau of Healthcare Safety and Quality and as the designated chair of the workgroup for the Department of Public Health.

Ms. Kelley introduced the agenda for the meeting:

* + Welcome and Introductions
	+ Statutory Overview
	+ Open Meeting Law and Conflict of Interest Policy
	+ Introduction by Peter DeMarco
	+ Overview of FGI Guidelines
	+ Member Discussion

 Ms. Kelley asked members to introduce themselves and members did so.

**2. Statutory Overview**

Ms. Kelley reviewed the legislative mandate for the group on slides 4-5.

Ms. Kelley noted that the group is tasked with submitting a report with recommendations for regulations.

Ms. Kelley added that while the group is meeting, members are required to adhere to the requirements of Open Meeting law and the state’s Conflict of Interest policy.

Ms. Kaye, Deputy General Counsel reviewed the Open Meeting Law policy and the state’s Conflict of Interest policy.

Ms. Kelley thanked Ms. Kaye.

Ms. Kelley then noted that Peter DeMarco requested to give a brief background into what precipitated the statute and give a small introduction to Laura, his wife.

Mr. DeMarco played a video of pictures of videos of Laura to the group.

Ms. Kelley thanked Mr. DeMarco for sharing.

**3. Presentation**

Ms. Kelley stated that part of the statutory mandate of the group is to consider existing industry practices, including the FGI guidelines. She introduced Edward Browne, a member of the group to give an overview of the FGI Guidelines, what they are, and how they were developed.

Mr. Browne presented his slides.

Ms. Kelley thanked Mr. Browne.

Mr. Browne asked if there were any questions.

David Correia asked if the architectural access board was involved with the FGI guidelines.

Mr. Browne noted that the FGI group works with the ADA guidelines, and the architectural access board at a national level works with the ADA, so the FGI refers to the ADA.

Mr. DeMarco asked what guidelines refer to safe patient access to emergency care.

Mr. Browne said he can take that out of 2018 guidelines and send that to the group.

Mr. DeMarco asked about the other aspects, including lighting and security. Mr. Browne said that lighting is based on the standards of the International Association of Lighting Engineers.

Mr. DeMarco asked if there are standards for size and how much it is illuminated and if there are security standards.

Mr. Browne said he has not yet seen reference to size and illumination, with security, the FGI references the IHSS guidelines.

Ms. Michelman noted that there are no specific numeric guidelines on how many cameras should be on premises.

Sharon Harrison stated that the deaf and hard of hearing community expresses frustration over Emergency Department communications, specifically to buzzer usage where someone who can’t hear the communications comes up to the door, or where the security automatically opens a door but a person who is deaf or hard of hearing is not able to hear the buzzing of the door.

Ms. Michelman stated that many hospitals are moving towards a voice and video system that should help with that situation.

Ms. Kelley stated that this was a good time to continue on the agenda, and open up the conversation on member recommendations to inform the working group report and what members hope will be included in the report.

Ms. Kelley noted that there is a separate regulatory process that is separate from this process where there will be an open comment period at which time there is another opportunity for public comment.

Mr. DeMarco made a statement on reviewing best practices of various hospitals.

Ms. Kelley asked the group if there was interest in having quick presentations on best practices or current status is in some of the areas of the statutory requirements.

The group agreed.

Mr. DeMarco asked if he should send his ideas to DPH.

Ms. Kelley asked him to send it to DPH staff and asked the rest of the group to do the same if there were any further ideas.

Nancy Hanright commented that one thing she would like the group to consider is what happens when there are temporary moves and when a regulatory agency isn’t overseeing the changes.

Shandra Gardiner commented that accessibility is the most important topic for her including signage and how that is created, particularly for those who are vision impaired. She added that braille is not a viable option as many people with vision impairment do not read braille.

Ms. Harrison commented on equal access to ED, using visual cues for those who are not native English speakers.

Dr. Joseph Tennyson commented that he agreed with Ms. Harrison’s point, and using universal symbols might be helpful.

Jennifer Honig commented that there might be people accessing the emergency rooms against their free will, those who are being brought into the ED by section 12 and for those people and others with mental health issues may not react well to seeing security or interacting with security.

Dr. Tennyson asked if the group wants to consider who the first point of contact is for an emergency department and what that training might be.

Mr. DeMarco asked how to proceed through his ideas he has and if he should work directly with DPH or if that is to be voted on.

Ms. Kelley commented that we are looking to the group for some of the answers, and to please funnel the ideas to DPH staff.

Mr. DeMarco asked if members could share hospitals that had some of the best practices.

Ms. Kelley and DPH staff noted that if any of the members do think in their estimation there are hospitals that are models for this work, that staff will review that for inclusion into the report.

Ms. Hanright added that she will look at the universal symbols that are out there and can provide some for the group.

Mr. DeMarco noted that some hospitals are doing surveys of what patients experience at an ED and if that is a possible idea for the report.

Ms. Michelman commented that a lot of hospitals already do a patient satisfaction surveys and there is information that is already captured in there.

Dr. Sayah commented that any guidelines, recommendations or requirements should be flexible to be adopted from one community to another based on the patient population served by that hospital.

Ms. Honig commented that she would also like to see models that work well and would like to include psych hospitals that are also models.

Ms. Kelley asked if there was a motion to adjourn.

Ms. Gardner motioned to adjourn.

Dr. Sayah seconded the motion.

The meeting was adjourned at 2:40PM.