The Commonwealth of Massachusetts

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**Massachusetts Department of Public Health**

**Safe Patient Access to Emergency Departments Workgroup**

**Meeting Minutes of September 30, 2021**

Zoom Conference Services

**Date of Meeting:** **Thursday, September 30, 2021**

**Beginning Time:** 11:35 M

**Ending Time:** 1:34 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, Polly Welch

The September 30, 2021 meeting of the Safe Patient Access to Emergency Departments meeting was called to order by Elizabeth Kelley at 11:35AM.

Ms. Kelley announced that the meeting will be recorded.

Mr. DeMarco asked to record the meeting. DPH gave him access to record the meeting on Zoom.

Ms. Kelley stated that the agenda for the meeting is to vote on the minutes from the August 31, 2021 meeting, followed by brief presentations by members of the group.

Ms. Kelley introduced the two ASL interpreters on the meeting and reminded the group that there will be brief pauses during the meeting to allow the interpreters time to switch.

Ms. Kelley then introduced Polly Welch, a new member to the group who was added to the group after another member resigned.

**2. Minutes**

Ms. Kelley stated that the workgroup has to vote on the minutes from the previous meeting. Because the meeting was virtual, she would have to conduct a roll call vote on the minutes. She asked if there was a motion to accept the minutes into the record.

Shandra Gardner made a motion to accept the minutes. Dr. Assaad Sayah seconded the motion.

Ms. Kelley conducted a roll call of all the members present and all members voted to accept the minutes as written into the record.

**3. Presentations**

Ms. Kelley stated that DPH staff has asked several members of the group to present information that will help develop a framework for the report. She requested members to hold questions until the end or to enter questions into chat. Ms. Kelley noted that the presenters were Nancy Hanright, Peter DeMarco, Dr. Assaad Sayah, Josh Safdie, Edward Browne, and Bonnie Michelman.

Ms. Hanright presented slides 6-14, on Boston Medical Center’s (BMC) redesign of their Emergency Department. Ms. Hanright highlighted BMC’s considerations during the expansion and what challenges were presented during the redesign and temporary relocation of the new entrance.

Ms. Hanright noted BMC’s use of universal symbols and means by which BMC communicated changes to their ED door to the public. She highlighted that the hospital updated all signage for the ED, despite the temporary changes. BMC also worked with local fire and police departments to ensure that people knew where they were going. BMC leveraged internal resources such as their intranet, Patient and Family Advisor Council (PFAC), and ancillary support services.

Ms. Kelley thanked Ms. Hanright for her presentation and asked Mr. DeMarco to present.

Mr. DeMarco provided background on what happened the night Laura Levis died and what issues arose that created a situation where she could not find the door to the Emergency Department. Mr. DeMarco presented slides 15-22 and his complete statement is attached to the minutes.

Ms. Kelley thanked Mr. DeMarco and asked Dr. Sayah to present.

Dr. Sayah presented slides 24-28 on the improvements made to Cambridge Health Alliance (CHA). Dr. Sayah noted that CHA went through multiple reviews to determine what went wrong that day and what changes should be made.

Dr. Sayah also noted new protocols for training of staff including protocols for searches, implementation of quarterly emergency drills, and EMTALA training.

Ms. Kelley thanked Dr. Sayah, and introduced Josh Safdie.

Mr. Safdie presented slides 29-31, providing background on two different accessibility standards that would apply to ED wayfinding, specifically the Americans with Disabilities Act and 521 CMR, The Rules and Regulations of the Massachusetts Architectural Access Board.

Mr. Safdie noted that there are some requirements within the ADA and the 521 CMR for permanent spaces within the building, including mounting location, height, contrast, character proportion and use of braille, or pictograms. He distinguished between permanent designated signage and what is not permanent.

Ms. Kelley thanked Mr. Safdie for his presentation and introduced Edward Browne. Mr. Browne presented slides 32-52. Mr. Browne presented on the FGI Guidelines for Design and Construction of Hospitals.

Mr. Browne highlighted provisions of emergency room access, wayfinding access, and security access. He highlighted that the new provisions of the FGI include a video surveillance provision, and a requirement for where doors are locked that there be a duress alarm.

Ms. Kelley thanked Mr. Browne and asked Bonnie Michelman to present on security at hospitals.

Ms. Michelman presented on current trends in healthcare in security and what are some best and reasonable practices at Emergency Departments. She stated that with the last year and a half, security at hospitals have been very difficult with an uptick in violence in healthcare settings. She stressed that hospitals have varied security procedures, although there are some regulatory pieces with DPH, federal requirements, OSHA requirements, and accreditation measures.

Ms. Michelman said that at Massachusetts General Hospital (MGH), they are ensuring good signage on all egress doors that clearly states what the door is for, the hours, and an emergency phone number that is staffed by security, a nurse or an operator. She noted that good lighting is standard as well. She also noted that many hospitals now have closed circuit cameras at all or most of their entrances.

Ms. Michelman stated that hospitals are required to do risk assessments of perimeters of their exteriors, emergency departments including identifying strengths, weaknesses, and training improvements. She also stated that many hospitals have a training around security services and protocols. Ms. Michelman noted that it is not possible to require security officers at every entrance.

Ms. Kelley thanked Ms. Michelman and moved over to questions.

Jennifer Honig asked about blue hospital signs in neighborhoods and if they are town systems or a state system. She asked how 911 fits into this, and are people considering the 988 lifeline system as way to divert mental health crisis calls to a different location. She also asked that if there have been thoughts about transitioning people from bright lights at entrances to more calming environments.

Ms. Michelman answered that the hospitals signs in towns or cities are not driven by hospitals but driven by towns and cities. Mr. Browne stated that the system can vary from municipalities.

Ms. Hanright noted that in Boston, the hospitals signs in the city actually direct away from the Emergency Room at Boston Medical Center.

Sharon Harrison noted that there should be interpreter symbols, for those that use ASL. She also noted that hospitals should consider contacting the Massachusetts Commission for Deaf and Hard of Hearing and there is a Department within the Commission who can provide consultation for communicating with the deaf and hard of hearing population for changes to hospital entrances. She also noted that there is a similar department at the Massachusetts Commission for the Blind. Ms. Harrison expressed concern that blue light technology might only be by voice, and recommended thinking about that.

Mr. DeMarco stated that he believes two-way communication with video should be at every locked hospital door. Dr. Sayah added that the blue lights are video-audio and with signs, and that is monitored 24/7.

Mr. DeMarco asked Mr. Browne if there are guidelines for interior reassurance are there also similar signs for exterior signs? Mr. Browne stated that there is not that type of language for exterior signs in the FGI.

Ms. Kelley asked if the group could stay an additional few minutes. The group agreed. Shandra Gardner asked if there were chirping lights or bump signs for blue lights for people with visual impairments. Mr. Browne said that it is not required, but that hospitals should consider this when making those changes.

Ms. Kelley thanked everyone for the presentation. She stated that at the next meeting, DPH will have a framework for the report. The next meeting will be discussion of the proposed framework.

Mr. DeMarco asked if his suggestions can be included in the framework and asked if they could be included in the public record. Ms. Kelley said that they will be a part of the framework discussion. Polly Welch asked about what we mean by framework. Ms. Kelley stated that the framework is what the workgroup would be recommended for the report.

Ms. Kelley asked if there was a motion to adjourn. Mr. Browne made a motion to adjourn, Dr. Joseph Tenneyson seconded the motion. The meeting was adjourned at 1:34PM.