**Safe Patient Access to Emergency Care Workgroup**

**November 2, 2021**

#  Agenda

## Welcome and Minutes [VOTE]

* Discussion of Framework for Report

**Statutory Authority: An Act Ensuring Safe Patient Access to Emergency Care**

The Department of Public Health is required to convene a workgroup on patient access to hospital emergency rooms or departments (ED) **to report on and to make recommendations to inform regulations.**

* + Requires DPH to promulgate regulations relative to patient access to EDs that would require all hospitals in the Commonwealth to meet minimum criteria and standards to ensure safe, timely, and accessible patient access to hospital EDs.
	+ Regulations must address criteria and standards related to:
		1. legible indoor and outdoor signage;
		2. indoor and outdoor lighting;
		3. best-practice wayfinding signage;
		4. security and monitoring of all ED access points;
	+ Regulations must also address minimum requirements for proper security monitoring of any prominent hospital door or entrance that is locked at night and through which a patient may try to enter; and any other safety feature that DPH deems necessary to ensure daytime or nighttime entry to an ED.
* Informed by the recommendations and final report of this working group, DPH will draft regulations to amend 105 CMR 130.000, *Licensure of Hospitals.*
* The proposed regulations will be presented to the Public Health Council for an informational presentation.
* DPH will then hold a public comment period, including a public hearing. During this time, the public may provide written comments on the proposed amendments.
* After the close of the public comment period, DPH will review all public comments received and revise as may be necessary.
* The final amendments are then presented to the Public Health Council for final promulgation.
* The proposed amendments, public hearing notices, and all public comments received are posted on the DPH website.
	+ The group will go through in detail the updated proposed framework, with changes requested by members marked in red. Proposed deletions are also noted. Categories for discussion:
		- Signage
		- Wayfinding
		- Security
		- Lighting
		- Other considerations: feedback that spoke to larger principles or other considerations
		- Additional Feedback
	+ Some members suggested changes that are not fully aligned with one another or asked questions. These will be raised for discussion and the bullets are marked with an arrow

The ED should be clearly marked from both external and internal approaches.

* All prominent hospital doors, including but not limited to doors that are locked at night and those at the Main Entrance and any door a patient may typically use, should be well lit and include information locating the ED.

o Directions for locating the ED should also be in Braille , and if deemed appropriate, in prevailing alternate languages.

* Hospital entry points should be clearly identified from all major exterior circulation modes with clearly visible signs, and understandable signage, icons, universal symbols and visual landmarks for cues and orientation.
* ~~Nomenclature should be consistent and understandable to the public, and signs generally should be~~

~~written at a sixth-grade level.~~ [concept moved to be part of another bullet]

~~Each~~ ED signage, wayfinding directional signage, and identification and information signage should be accurate, legible, and functional.

* + The size of text and the height of signs should be based on viewing distances.
	+ Sign text should be sans serif large enough to be read from a distance with high contract between text and background.

– Letters should contrast with the background to conform to ADA requirements. Colors should be distinguishable for those who are color-blind.

* + A cross icon universal symbol should be used on all new signage, and if possible, on existing signage.
	+ When used, symbols and pictographs should be recognizable to the general public and the community served.
	+ Whenever possible, use the Universal Symbols in Health Care.
	+ The number of symbols used on a single sign should be limited and indicate primary destinations only.
* Signs should be either internally or externally illuminated and constructed of non-reflective materials.
* Signs should use wording that is accurate, consistent and understandable to most patients and companions and generally written at a sixth-grade reading level.
* Special consideration should be given to creating signage text legible to all users, including those with low vision, and in Braille, and if applicable, in the prevailing local languages in addition to English.
* A sign listing accessibility features and services available at the ED and prominent hospital doors should be posted at the ED entrance in order for prospective patients and family members to identify their communicative needs immediately.
* Signs identifying the ED should read “EMERGENCY” in all caps in red on a white background or white on red background.
* When EMERGENCY is included on a directional sign with other destinations, it should be at the top of the list.
* Access to ED parking should be clearly marked.

Outside wayfinding should be considered for those walking and for those driving to the facility, with attention given to patient perception and behavior. ED areas should include vehicular and pedestrian access routes, starting from the perimeter of hospital grounds and continuing to ED parking and ED entry doors.

Exterior and interior approaches to wayfinding should be coordinated.

* Exterior directional signs should be easily viewed from the street and located and sized so that drivers can read them when traveling at the local speed limit.
* Consistency should be used in the nomenclature of buildings.
* Directions should be clear to all users.
* A well-designed and located set of interior signs and clearly labeled directional maps should be located near the entrances.
* Symbols used on directional signage may ~~should~~ be used in orientation maps for consistency and to assist users in finding primary destinations.
	+ Where symbols are used, a single symbol should be used to represent a single primary destination.
	+ There should be adequate signs to direct people to and from ~~out of~~ the facility, ~~back to~~ parking and public transportation.
	+ Signs providing directions on the grounds of the facility should be placed at major decision points with additional consideration of terrain and potential obstructions, including the following: Major intersections; Major destinations; Changes in buildings.

If the distance between successive directional signs is greater than 250 feet, reinforcement directional signs shall be placed so that they are within sight of a patient once they have passed a directional sign on foot, or in a vehicle.

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If there are no major decision points, reassurance signs should be placed along the way.

* + Where applicable, separate patient entrances and ambulance entrances should be clearly identified and ~~appropriately~~ included in wayfinding signs. Signage at ambulance entrances directing people to walk-in hospital entrances should be located so that people see it before getting to ambulance circulation.

Hospitals with EDs should conduct a comprehensive review of the effectiveness of ~~exterior wayfinding and~~ security related to public access to the ED and develop and maintain policies and procedures, design features and technology regarding security ~~and wayfinding based upon the review t~~aking the uniqueness of each hospital organization and facility into consideration. Significant changes to a facility’s exterior, entrance doors or access routes should trigger similar reviews.

Policies and procedures should be reviewed annually and made available to DPH upon request. Policies and procedures must include, but not be limited to:

* The hospital’s system for surveillance of patient and visitor entries.
* The means by which and time intervals that surveillance is to be monitored.
* Site exterior access points and ED patient drop-off and walk-in areas should be monitored by the hospital using the most advanced technology available , including the ability to record and play back recordings for at least 24 hours. ED patient drop-off and walk-in areas and main patient entry points should be sufficiently lighted for camera surveillance during all times of the day and night and in all types of weather
	+ Security monitoring policies, foot patrol policies, and staffing policies, including at ED and main entrances to the hospital.
		- Hospital security desks, ED front desks, and other official-looking entry areas should be staffed 24/7 or provide a phone number that can connect patients with a staff member who can provide immediate assistance.
		- ~~Special considerations for when an ED front desk is unstaffed.~~
		- Security staff should be trained on approaching patients and family who may have hesitancy interacting with security including for those people who may have criminal system involvement, people of color, members of the deaf/blind community and individuals with behavioral health conditions.
		- Security staff should be trained about disability access at the ED and how to communicate with a potential patient or family member who are d/Deaf/hard of hearing/Late deafened/Deaf Blind.
		- Hospital and security staff should be trained on responsibilities when patients or families have difficulty finding or entering the ED, the requirements of EMTALA as it pertains to patient access, and other relevant concerns regarding exterior access to EDs.

Usage of lighted communications technology, such as two-way live intercom systems (video or audio) with duress alarm features ~~and the placement of these systems~~ across the hospital facility, which should at minimum contain communication devices at main entry doors and around hospital grounds as needed to communicate with on-duty personnel ~~ED staff~~. Such technology should be accessible to people with low vision, hearing loss, difficulties with speech and cognitive processing.

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* Such system should have Braille and also feature a visual “door is now open” green light and tactile alert.
* Could include emergency panic button stations that are well marked and lit, not dependent on audio
* Exterior wayfinding and access policies including vehicular and pedestrian entries to the hospital site, circulation to and from ED parking, information signage, wayfinding-related lighting.
* Patient parking areas should be equipped with emergency call boxes that connect to on-duty personnel for 24/7 assistance.

Hospitals must conduct an annual comprehensive review of the effectiveness of their exterior wayfinding and ~~security~~ lighting and maintain and update policies and procedures, design features and technology based upon the review, taking the uniqueness of each hospital organization and facility into consideration. Significant changes to a facility’s exterior, entrance doors or access routes should trigger similar reviews.

The review:

* + Should be conducted during daylight and after dark.
	+ May consider reviews submitted through the hospital’s ED survey, or the Patient and Family Advisory Council regarding physical access to the ED.
	+ May include reviewers soliciting patient and family input about needed wayfinding and other improvements to ED exterior access.
* Should include facility maintenance staff to ensure footpaths, lighting and signs are maintained and kept clear of

debris and are not obscured by vegetation or snow or other physical obstructions, with reasonable allowances when weather conditions are extreme.

* Should be multi-departmental, including security, facilities and ED personnel at minimum.
	+ Lighting should be designed, installed, and maintained to be compliant with published industry standards.
	+ Hospital signs and wayfinding signs should be sufficiently lit to allow drivers and pedestrians to see signs.
	+ ED patient drop-off and entry areas should be well lit in order for such areas to stand out from a distance and be at least as brightly lighted as other entrances.

Hospitals must list physical addresses for ED entrance on website.

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* Hospitals should document and make available to DPH upon request policies and procedures relating to lighting, wayfinding, and signage in case of a temporary or permanent re-location or closure of a known ED entrance.
* Hospitals may consider:
* Ensuring that its ED has a unique address for GPS navigation purposes
* Working with major navigation companies to make sure offsite and onsite drivers and pedestrians can use navigation apps to find the hospital ED.
* Working with appropriate local and/or state officials to determine locations for offsite hospital “trailblazer signs on public

property. When possible, the signs should include the name of the hospital and the universal symbol for emergency care for hospitals that have EDs. Unless deemed necessary, such signs should be limited to this information.

* ED entry doors should be automatic or have legible and easily accessible using technology, such as push plates for use by people with mobility limitations.
* All ED access points should not be dependent on audio or verbal communication. This makes it inclusive to not just the d/Deaf/hard of hearing/late- deafened/Deaf Blind community members, but to all constituents who may be in a situation where they are unable to communicate verbally
* Consequences for violations and the ability to file complaints
* For new or renovated EDs, hospitals should consider:
* Vehicular and pedestrian circulation pathways are clear and well signed from the site entrance to the ED patient drop-off and walk-in entrance.
* Ambulance circulation is separate from patient vehicular circulation.
* Ambulance entrances are separate from patient drop-off and walk-entrances.
* DPH is notified prior to any changes and allowed to review all changes before completion.
* Vehicular and pedestrian circulation routes should have signs for the ED from the site entrance to the ED patient drop-off and walk-in entrance.
* Location and sign type:
	+ Wayfinding signage for the ED should be located at decision points and for reinforcement along the route;
	+ ED signage on the site should include directional signs, identification signs, and information signs to provide sufficient information for the public to access ED services.
* If a patient or family member communicates that they or their companion’s condition is life-threatening, the hospital should immediately locate the patient and obtain for them appropriate EMS or necessary medical assistance, and if needed ensure transport to the ED.
* Improve coordination between emergency medical services and EDs. When transporting someone who is identified as deaf/hard of hearing/late-deafened/deaf blind should radio ahead and inform the hospital that ASL/CDI/Assistance Listening Device/CART will be needed on site and should be requested.
* Access for support persons, as well as service and emotional support animals, for people with disabilities.
* Access for companion to allow person with disability to communicate with hospital staff.
* Recognized and adopted steps hospitals can take to improve access for people with disabilities.