

Soldiers' Home in Holyoke Board of Trustees Special Meeting

A special meeting of the Board of Trustees of the Soldiers' Home Holyoke (HLY) was held telephonically on Tuesday October 19, 2021. The meeting began at 5:30 pm.

Members Present:

Gary Keefe, Chairman; Mark Bigda; Sean Collins; Kevin Jourdain, Cindy Lacoste and Carmen Ostrander

Members Not Available: Isaac Mass

Also Present form the Holyoke Soldiers' Home Coalition:

Mr. Barabani, Mr. Paradis, Ms. Quirk, Mr. Segundo

Roll Call is as follows: Mark Bigda (Yes); Sean Collins (Yes); Kevin Jourdain (Yes); Gary Keefe (Yes); Cindy Lacoste (Yes); Carmen Ostrander (Yes).

Pledge of Allegiance - All present recited the Pledge of Allegiance.

Public Comment:

No requests.

Introduction to HSH Coalition members

Mr. Paradis shared that first and foremost I am son of a WWII and Korean War Veteran, the Grandson of a WWI Veteran, a cousin of an Army soldier who was killed in action in Vietnam, and a nephew of uncles who served in Vietnam. I served in the Air Force for 20 years was deployed several times to include contingencies in Bosnia, Iraq, and Afghanistan. Married to a spouse who has worked in healthcare for more than 30 years as a Pharmacist at Cooley Dickenson Hospital who started her career as a CAN to help pay for her college education. My mother in law is a nurse and I have several registered nurses in my family. I saw my mother pass away from Lewy Body Dementia at a long-term care facility and my father is 93 years young and in an assisted living facility. He stated he is certainly very proud of his tenure here serving as the Deputy Superintendent for the Home and lives in Florence, Massachusetts.

Mr. Segundo shared that he is the Director of Veterans Services of Ludlow and the President of the Western Massachusetts Veteran Service Officers Association, the National Council Member for the Veterans of Foreign Wars representing Massachusetts on a National level.

Ms. Quirk shared that she has been a registered nurse for 45 years all-in long-term care and 29 of those years were spent here at the Soldiers' Home. She retired in 2015 when she was the Director of Nursing here at the Home. I am part of the Coalition and my husband's uncle lived here for 5 years and passed away October of 2019 prior to COVID.

Paul Mr. Barabani shared that he served in the Army National Guard for 32 years, 30 years of that full-time the last 18 years in active reserve status, retired as a Colonel in 2002. My father is a WWII Veteran who was very active in many veteran causes, my brother Vietnam Veteran and currently the President of 111 at the Vietnam Veterans and I have a son who just retried from the Air National Guard and works at Barnes full time. The military life is in our family and certainly committed to veterans. After retirement I served for five years as the Administrative Officer to the Chief of Staff at the VA Medical Center in Leeds and they have given me a solid foundation in veteran health care administration that combined with a MBA I served as the facility point of contact for systems redesign which was the VA's attempt at the process improvement in the capacity was I was trained on lean hospitals at MIT and completed the clinical Microsystems training up at

Dartmouth, Hitchcock Medical Center, also Science of Improvement course at the Institute for Healthcare Improvement in Boston run by Don Berwick. I have a solid foundation in processes improvement administration and hopefully that was part of what was the determining factor in my selection by the board of trustees and was hired to serve here from March 2011 to February 2016. I came to the Soldiers' Home in the hopes of transforming the old Soldiers' Home into a center of excellence and making it a hub for veteran activities, unfortunately that objective not realized. Tonight, we really appreciate the opportunities and we are all here out of our concern and what we believe to be good for veterans in home and community seeking to come.

Statements from HSH Coalition members in regard to pending legislation on future management and operations of Massachusetts Soldiers' Homes

Mr. Paradis shared that when we started the coalition and received feedback from the family members and the community at large, our first goal was to advocate for new Soldiers' Home. We remember Isaac Mass saying we want to see a vision where that this home is best in the nation. I think that what we have been able to achieve as a community to include the trustees is when the new home is built it will be the best in the Nation. Now as a coalition we are looking at how does this Home get best positioned and postured to be able to have the resources, the staffing and culture within the Home to support that vision to be the best in the Nation. We want to take the time tonight to talk about where we are now as a coalition and thoughts on what we think are some oversights in governance reform that are needed and how we can work with the trustees and be the voice in the community to support the trustees and make sure you have the strength and commitment from the community.

Mr. Paradis stated that they have put together a position paper (see attached). The paper covers three major recommendations. The first being retaining and empowering the board of trustees, the second is a transition from medical model to person directed care and the third is placing Holyoke and Chelsea homes under DPH.

Mr. Barabani reviewed the first recommendation.

Chairman Keefe asked how does the coalition look at the 7-year appointment. Mr. Barabani responded that this has not been addressed and it is a long appointment, what do you think a term is more reasonable 3- or 5-year term? He also stated that turnover is good it brings in new ideas and expertise.

Chairman Keefe asked Mr. Barabani when you went back and looked at the 2016-2019 inflation rate and the 2% salary increase so when you were superintendent what was the process you and your team used. Mr. Barabani replied there was a formal process and we were looking 2 years down the road and it was called the maintenance request and we would make the projections and know what the inflation rate was going to be and know the and salary increases were going to be and project so we can put in any increases and let people know what we need. He also reported that year after year the governor's budget would not give us that amount of money and then the House would come up with their version and the Senate would come up with their budget and through legislative breakfast people like Steve Brewer and Mike Knapik that looked out for the Soldiers' Home and going into conference committee then came through with the money that supported what we put in that maintenance request. Mr. Barabani said now that is not going on and as a result the Home is being short changed, and the veteran care is being compromised. Chairman Keefe asked Mr. Barabani when you were the superintendent was the home under budget? Mr. Barabani replied when he was hired in 2011, under the Patrick Duvall administration, Dr. Bigby was the Secretary of EOHHHS, Christine Griffin was the Assistant Secretary for EOHHHS for Disability Programs and Policies and for some reason the Homes were under that. He also shared that as a separate agency he would attend monthly

meetings in Boston and the Secretary would ask any issues, problems or anything I need to be aware of that is going to us that is going to impact the agency. This changed when in 2013/14 when they realigned Home and put them under DVS, he was told this was an administrative alignment and just for flow of information. He told the group that Christine Griffin who is an Army Veteran, wheelchair who had served nationally and in for OPM for disabilities and is a lawyer and ran the Disability Law Center in Boston she knew the life of a disabled person, she was a veteran, she would be in this house in a wheelchair and visiting the veterans. He believes Christine Griffin is why we got the priority from EOHHS for the renovation for this Home in 2012. Mr. Barabani shared that now we go under DVS and I thought this was administrative, but it became a vacancy for attorney the general council because we got a council three and the general counsel will be up at the DVS and so we have a less experienced attorney. Mr. Barabani reported that he went thru a whole year with now CFO because of a hiring freeze and DVS disapproved the selection we had made and would not let them hire a fully qualified person. He stated the Commission for the Blind and Hard of Hearing are independent agencies and they have the staffing that they need, we felt we need to be the same way but something we thought was administrative became detrimental. He was reprimanded for bringing to the attention of the legislature the severe need for additional staff to take care of the veterans.

Chairman Keefe said you worked with CFO to create budget and kept the board up to date, but they had no input. Chairman Keefe said that that makes sense because we are part time volunteers and you are providing the information to the board. Mr. Barabani said in 2014 he stood before the legislature and made them aware of the shortage on behalf of board, the chairperson signed a letter because he could not be at the meeting. He knows he had the confidence of the board to have his back, if it was an at will employee of the governor you cannot say those things. Chairman Keefe said the superintendent at that time was classified management and not bargaining unit. Trustee Jourdain asked Mr. Barabani if he could walk us thru the history of the Soldiers' Home about being under the different agencies in terms of DPH, DVS or EOHHS, to your knowledge the timeline and how it progressed. Mr. Barabani laughingly said I cannot go back to the 50's but when it was developed created separate from Chelsea to maintain as a separate entity. I came onboard in 2011 and I answered to was the Assistant Secretary at EOHHS, one step away from the Secretary. He shared that if he had an issue he could go in to the office and discuss, this layer of insulation of being under DVS denied me this opportunity. He stated annually there is a report on the status of the organization, and you put in what the budget and staffing requirements and the three greatest challenges. I put down staffing, budget and the facility and then originally that would go directly to EOHHS unfiltered and my three priorities would be looked at but when we were consolidated under DVS and we sent in the three consolidated report with the three items for DVS the original report did not even have any of Home information in it. He was told that issue requires further review and they don't want to include it in the report at this time. The Agency Review was edited to deny the Home the opportunity to express what the real problems were. Mr. Barabani said after that the only interaction he has was testifying for the Joint Committee on Ways and Means. He stated being put under DVS did not do well for Soldiers' Home.

Trustee Jourdain stated this history is really important for all of us and to have that context is important what you are really articulating is that is hasn't been under DVS except for the last 7-8 years, Chairman Keefe said it transferred under Patrick Duvall. Trustee Jourdain continued that this is a 70-year history of this organization and it has really only been a small fraction under DVS so when we are considering for a recommendation we know that this isn't some revolutionary concept and now we are suggesting some other alternative.

Ms. Quirk reviewed the second recommendation

Ms. Quirk discussed the recommendation to transition from medical model to person directed care. She explained the new design for the Home and Chelsea it is called small house model to deinstitutionalize the care instead of big units to go to more smaller units that would home to function like a family. She said when you talk about the old model the institutional model is ore a medial model like here where schedule is made by staff breakfast is at a certain time and lunch is at a certain time and the veteran has to go along with those and thru the years some things have change to person centered care and now the trend is going to patient directed care where they say what they want. She explained that previously the veterans care plan would read the veteran will walk 100 feet with 1 assist 3 times a day, the new care plan would read I want to walk 100 feet 3 times a day with 1 assist with my walker or I don't want to use my walker. Another care plan would be I chooses not to eat pureed food despite my risk for choking and possible pneumonia and death, I am going to eat the food I want to eat. Ms. Quirk further explained that the veterans are having more choice, they are self-directing ang that gives them greater satisfaction in the life they have left.

Ms. Quirk described the center of this small house model and greenhouse mode is the use of a Chavez or a universal worker and this is a CNA with extra training, food preparation, laundry, environment cleaning, and instead of the unit having someone cook, clean, care, laundry now it is a universal worker that does all those things. She shared that it is newer around here, Mary Meadows is using this process and when we started planning a remodel for the Soldiers' Home we went and toured there and with a Chavez they really get to know the resident because they are with them every single day and get to develop a relationship, so it is like a family. The Chavez notices those little things like you did not eat much, two days of napping and they are on top of it and the veteran has better quality of life.

Ms. Quirk shared that they toured the Leonard Florence Center in Chelsea has a very similar to new Home, they are very small units and they were having lunch around a table and coming and going to their living room for the future we need to look at this person directed care to transition to the new building we need to plan training. She remembered when she was here at the home we had to do a project take a person who had an interest from another department and train them to be a CNA because we were always in need of CNA's.

Mr. Barabani asked about the new model, currently if someone wants to sleep in and their meal time comes the meal is missed and in the new model they get to choose with the Chavez when they want to get up and eat breakfast. He feels we need to have a culture change, so staff is ready for new building. Ms. Quirk said this started with the recreation department and started breakfast by unit, and they would cook, and they could come in when they wanted to just like at a restaurant.

Trustee Lacoste questioned the coalition is trying to get something to legislature to start thinking about, if there is interest in the community cannot fill position as it is and then adding more duties to the to the CNA positions. Chairman Keefe asked for clarification on if Ms. Quirk is asking for a funded survey. Mr. Paradis answered that the coalition is giving us the background and information so when we are looking at the budgetary requirements for the Home we can forecast out that the new building is going to be operational and put forth the 5 year plan to make it to that end state because we know you have the best vision for a small house design and if we do not start now to staff this model we are going to have the same problems we have had historically at the Home. Chairman Keefe believes if you are going to make a request it should be a request for a study because are there any other states that have this model. Trustee Lacoste asked where are you going to draw these people from and where are you going to send them to school and how does the Soldiers' Home create that plan, it has to come from the schools and legislature. Mr. Barabani replied that is why they are looking to the Joint Committee to make them aware and wanted to know when is does Chelsea ready to open, so they are a couple of years ahead of us and I am not sure if they have their focus on this issue. Chairman Keefe confirmed there is no program that offers the 128 hours of training, I

would recommend you request a study because we will need funding to pay a CNA position going to a Chavez position.

Chairman Keefe stated before COVID there were problems and you were missing resources to fund people and even then it was competitive funding for CNS's. He continued that when you start doing this the money has to come from somewhere so the price per day, per resident is probably going to go up. He also stated that in the healthcare system they try to keep patients at home as long as possible and isn't that the private home care companies who we would be competing against. Trustee Collins agrees a funded study is a great way to approach this in regard to getting the right answers and the support our veterans will need.

Mr. Barabani stated there are links in the handout regarding the revolution of culture change in long-term care. Trustee Collins replied that he will review and he would like to see the evidence based practice and the evidence that getting the most benefits. Mr. Barabani said there was a onsite CNA training program here at the Home, maybe we could create a program here and create incentives. Trustee Jourdain said our goal here is to come up with a resolution as we think about what everybody feels comfortable with maybe we should put in the language that we say we feel comfortable supporting or request the legislature to fund a study to study the implementation of person directed care model so we can get a more thorough analysis. Chairman Keefe said the demographics of future veterans using the new Home is changing. Mr. Barabani stated that the impact upon our staffing at the Home may have been adequate when I arrived but the admission procedure changed it was no longer an assisted living; it was admitting people who are in the greatest need of care so the complexity of the residents increased so therefore the staffing needs increased and could not be supported. Mr. Paradis said all the research of the aging Vietnam Veteran population and the post 911 veteran population have more co-morbidities chronic healthcare issues than any other previous generations which is going to create a demand for long term care.

Chairman Keefe asked is it safe to say that you saw the transformation become more of an end of life type of facility long term care where it went away from hospital where you come in and maybe leave just became you cannot take care of yourself anymore or your afflictions were so serious that your quality of life would be better here under this constant care, is that a fair assessment. Ms. Quirk replied that when she started a man lived here 20 years and it was getting shorter and shorter and then when we had comfort care with 18 beds our hospice census could have been 42 and with hospice brought the numbers down because they waited to come here to die. She continued that if you don't count the domiciliary; people they don't come and go. We had a medical unit that people came for surgeries and we could not compete with requirements of hospital level care and we transitioned to comfort care unit in 2002. Trustee Collins shared the type of patients post-Vietnam, Gulf, Iraq and Afghanistan we are getting ready for the next cycle. He stated back in 1982 you are almost 40 years after war and the average age is 60 so back then there was a lot of very young veterans' these are things to consider as we go into planning the new building. Mr. Paradis stated that Westover has the Galaxy Community and in a previous duty assignment I was at Luke Airforce Base, which traditionally, as you know General Keefe has always been on the BRAC (Base Realignment and Closure) list, and so there is a Fighter partnership out there and without having DVS here they cannot lobby for some of things we are talking about, but we can as the coalition and community, want to provide you support so you can plan these things.

Mr. Paradis explained the third position which is what agency is best suited to provide the level of support that the staff you needs. Our recommendation regarding placing of the 2 Homes under the DPH. He covered the areas of expertise provisions that day to day accountability and a chain of command that has clinical expertise and the role of the DVS.

Mr. Paradis explained when Law Insider defines a state agency that operates, licenses, and certifies a facility and that oversight must periodic surveillance determine continuing compliance with appropriate standards. Our review is that the mission statement of DVS is to advocate for veterans and to direct financial emergency assistance under chapter 115 but does not have the mission providing healthcare. When we just look at facts DPH compared to DVS was not prepared for COVID-19. Mr. Paradis continued that as a coalition we are not looking back to place blame on any person or entity ours is to look forward as a Commonwealth and a community. We have to look at the facts that the fatality rate of the two veteran Homes in Massachusetts was 9 times higher than at the 4 DPH hospitals, 26% of veterans under the care of DVS lost their lives. Historically we have had inadequate staffing and training resources. He also shared in the March 30 timeframe when National Guard came in in and Val Liptak was brought over from Western Mass. Hospital with her level of expertise as an RN under the DPH structure and with Bureau of Hospitals came in. He stated it should be noted as cited in the Pearlstein investigation that upon her arrival the facility did not have accurate healthcare directives and healthcare proxies for each veteran and she further observed that Holyoke was severely understaffed and should be looked at. We believe bedside care would be best given in an environment with expertise in day to day, infection control, drills and looks at such items as a pandemic, the Pearlstein document also stated that Holyoke had no standard infection control procedures. The coalition feels that the frustration with staff is over the years has been electronic medical records and now we are here 2021 and we still do not have which is a standard practice everywhere. Mr. Paradise stated a staff member told him about DPH vs DVS it is like DPH is in the know they have access to CDC and cross share of information within that community. They also provide the nursing home performance tool, quality assurance and value transparency. It has been observed over the past few months with the trustees how important looking at dashboards and look at measurements.

Mr. Paradis reported the third point is the day to day accountability there has been a lot of reliance on the VA annual survey it is a one and done and feels there has been a lot of scrutiny on this process. A report GAO (Government Accountability Office) done in 2019 said the VA does not have complete information on all failures to meet quality standards at about state veteran homes and cannot track this information to identify trends across these homes in addition VA does not share quality of care information about state run facilities on website GAO. It has been stated that during the pandemic the fatality rate and state veteran homes were double that of a veteran home operated directly by the federal government. The Coalition also believes the DPH hospital governance that includes a board of trustees is the model that embraces continuous process improvement that has interaction with medical expertise, staff, dashboard initiative, thinks this would be embraced under DPH model. When they were doing research on this they notices that the Trustees of the Tewksbury Hospital are required to visit the hospital at least once a week.

Mr. Paradis stated the fourth point is the reliance chain of command with clinical experience are concerned with legislation that the chain of command would still be a multi layered and when the alarm needs to sounded the next superintendent, that the trustees hire, will be able to raise red flag and get the attention that he or she needs. The DPH chain of command would be a superintendent to the DPH commissioner to the secretary of EOHHS to the governor and we think that is a much more streamlined chain of command and noted that the current acting Director of the Bureau of Hospitals is Val Liptak.

Mr. Paradis shared that there are other states that operate under the DPH or Human Service model. Paul Barabani mentioned about New Hampshire with their board of managers and how they are integrated with the leadership team there. The coalition knows there has been talk with DVS you still have the same staff that is committed to bedside care and we would never dispute that the staff here to a person is the greatest example of service before self. We only want to see they get the best tools and resources whether they fall under DVS or DPH. He continued when someone has to pick up the phone we want to assure them they know the person on the other end of the line understands what they are going through, the complexity of the

care and the value of the importance of the care they deliver. We are emphatic that DVS must have a very important role in this Home and the secretary should be at every meeting and be here frequently and we would advocate for the secretary be an ex officio member of trustees as an example to further integrate the two. He stated at the end of the day DVS is not a healthcare agency if you look at the positioning in the branding from a service line from a business perspective DPH is healthcare and DVS is the advocacy arm for our veterans and financial assistant under Chapter 115. The other point is that when a veteran comes to the Holyoke Soldiers' Home and their family assist them with application and go to their PCP to make recommendation that person comes in as a person who need nursing home care, provide for care of disability first and foremost come into this facility needing specialized nursing home care.

Mr. Barabani shared that he was called to testify before the US House of Representatives on this specific issue the hearing was who is in charge examining oversight in the state veteran homes during the CoVID-19 pandemic. I recommended in that but day to day is state I recommended in that hearing that the VA they come in come in that they help with a solution with their vast resources and make it a partnership.

Chairman Keefe shared that is not in favor of moving to DPH and will get lost in the already 16 DPH run facilities if were under DVS it would add to the cache. He asked if the superintendent can become a member of the Bureau of Hospitals without being under DPH. Mr. Paradis said each of the 4-state hospital fall under the Bureaus of Hospitals.

Chairman Keefe stated regarding COVID-19 outbreak and we want to look forward. He also shared that any loss of life stinks and what happened here and across the country but one of the issues is when he sees 9 times higher and I am not sure that everything was factored in because when you look at 9 times higher I don't know what factors are i.e. age and/or predominant long term care. I know a lot of long term care facilities no DNR, do not intubate, do not resuscitate you are not taking any extenuating lifesaving measures and we do not know what that was here but when you compare to Chelsea they don't have the number of long term age members that we had here. So I wonder if that was factored into the 9 times higher and, the lack of manning staff was not here during that pandemic attitude. When I heard the west coast and then in NJ a few homes were devastated and the point I am making I think you have a team that is doing tabletop exercises and if it wasn't for moving to Holyoke Medical Center this was a lifesaving move. Chairman Keefe said it goes back to funding and being heard from the superintendent and we also have secretary in DVS, the problem talking about now from 2013/14 and no one filled the staff it started a snowball effect. Chairman Keefe understands that the VA surveys that it is tied to federal funds, he thinks DPH needs to come in here more often. Trustee Chairman stated the team we currently have right away tightened up finances, infectious disease, ombudsmen program. What is recommended here with the Massachusetts Veterans Home Advisory Council, the board has to meet 9 times we meet 16 times last year as a group of citizens that they want to meet once a quarter, I don't think it will work. I think it boils down to that we need to set up process where the superintendent goes right to the secretary.

Trustee Collins said you have to be very careful if you are going to be under DPH and why a special you are going to be just like one of the other facilities out there.

Chairman Keefe stated it boils down to a streamlined chain of command and really the role of the superintendent to secure the funding and partnership with DPH coming in. We battle with the roles of the trustees versus DVS we do not need all this legislation it goes to the day to day OPCON and ADCON. This legislation is making it more difficult.

Mr. Paradis stated having worked at the VA the VA medial centers fall under the largest side of the Development of Defense entity in our federal government the Veteran's Health Administration that more

doctors, social workers, and nurses that any other entity on the planet and I think that is why we have have a long discussion about this with other people in the coalition with experience in long term care, in that environment you have that level of expertise and it is going to provide that levels of support to the board and this has been lacking. Mr. Barabani discussed the structure of DPH and they are caught up with mental health and substance abuse, that is what future generations of the veterans here in the home are going to need those specific things including geri psych's. Mr. Paradis testified for a bill this afternoon on this same premise is our Commonwealth prepared to deliver on its promise to provide care with honor and dignity with the proper staffing and resources. He also shared that DVS is one person right now trying to provide that level of support, day to day they don't have level of the medical side. Chairman Keefe stated DPH coming in twice a year is not enough. He said you have EOHHS, DVS and DPH and under DVS you have 2 hospitals that actually will get the ear of the secretary or go right to EOHHS and at DPH you have at least 16 just hear and now you are added to that. Chairman Keefe fears that if we are rolled in and when it is funding time will they start digging into trustee funds.

Trustee Jourdain thanked everyone for a great conversation that is long over due in that it really talks about projected out the physical future of the Home, we thought we had a solution for the future leadership and now we talk about the overall chain of command, its structure and its place in the government for the future of the home and it is important conversation. He shared that he is going into his third year here, and I look at this and I say how has it worked and functioned in reality. Trustee Jourdain came to the same conclusion, as our guests, when you look at it and you say DVS versus DPH it would be one of the two and he feels DPH makes the most sense. He shared that these are trained medical professionals who are in the business of running medical facilities and overseeing all medical services in the Commonwealth. He said every hospital in Massachusetts is inspected by DPH they have all the guidelines for running all hospitals, licensure, inspection of skilled nursing facilities, train professionals that know about skilled nursing and I find it interesting that the Commonwealth exempted itself from all these regulations under the egress that it does not need to follow all of the rules of other nursing homes, the same people who make the decision to put us under DVS also made that decision and that does not make sense. Trustee Jourdain said that DPH as we think about chain of command and focus, is an agency focused on medical running of this organization. In his opinion the number one function of this facility is a as a skilled nursing facility serving veterans not a group a of veterans with nursing care therefore it should be treated as a medial facility as the highest standard. Trustee Jourdain pointed out the fact that DVS hired a non-medical to run the place so if DVS under its special status to put in charge people that did not know what they are doing and we are going to have to live with the curse of it and we have to move forward. He believes the fact is I believe that would have never happened if it was run by DPH, the other nursing home in Massachusetts are required to have a licensed nursing home administrator. He said however this all shakes out with DPH versus DVS so much has been pointed out by the Pearlstein investigation we will never get back to the point we were at before, DVS is pretending to run a medical facility it has no expertise and the secretary has no experience running a medical facility, DPH is led by a doctor and it inspects nursing homes every day it seems like the obvious answer. Trustee Jourdain said that giving the best quality care is the best way to honor veterans by having a board of trustees that is comprised of individuals largely made up of veterans and we can have as the coalition has suggested have the secretary join the board. He stated that there is this nervousness that we would lose its military orientation If we displace to another agency, we can protect the care of who we serve. Chairman Keefe asked Trustee Jourdain when you go back in time and the failure of the superintendent what role did the board of trustees play in that. Trustee Jourdain replied when you think about the board of trustees here is the other problem by my estimation the board was largely a joke, the governor's office and the administration up the chain did not respect the authority of the board and had so garbled the role of the board, that the board did not know what it was supposed to be doing and in my estimation when I came in I took a close look at the statutory role of the board. He gave the example you have opinions coming from the governor's office saying that the board of trustees was an advisory board, that is not true. He said we

have a superior court case they have know authority to fire Walsh, and a superior court judge said that they have been pretending to have authorities they don't have. Trustee Jourdain was trying to put the finance side and dealing with Walsh. He said you asked how this happened. He continued with the board interviewed a bunch of people and sent up an unknown list of 3 individuals to the governor to be picked and the governor said the I never met him before. Chairman Keefe said that is ancient history, the point I was trying to make was that the previous board did not know what their charge was. Trustee Jourdain agreed and shared that he has served on other boards, so I had that experience and so when come in you don't know what you are supposed to be doing. He said one of the points the collation makes is a good point about the budget the board has no say over the budget we are not even consulted on budget or evaluations of the Superintendent. Trustee Jourdain shared that at our last meeting to tell the secretary still no input of the goals of the superintendent Chairman Keefe asked then how that will change in DPH because if is the same rules for that state agency. Trustee Jourdain said my point is I don't think that will be the case in terms of the professional of the superintendent and I think you would have someone who read the statues, understands them and follows the laws. He stated that medical directors' actions have been called into question throughout this process. Trustee Jourdain said what medical person is in chain of command to question the medical directors and hold them accountable in the current DVS leadership. He said DPH there would be other physicians to question the medical director and hold them to task on the day to day of the facilities and DVS has had the steering wheel and it did not work out. Trustee Jourdain thinks to reestablish and runs a first-class medical facility under new leadership and chain of command and hold to the same standard as any other skilled rushing facility. He believes that after everything we went through with the prior superintendent, we could have the same problem if we had no consultation of the board. His concern is will we revert back to the old ways if we do not have a new chain of command and new leadership. His concern for EMR is that DVS has been studying for 6 years to get an EMR and we still do not have. He stated that DPH is his choice. Chairman Keefe shared that Secretary Poppe is an outstanding officer and willing to listen. He asked DVS and DPH owned by EOHHS their has to be a problem with the EMR system if they put it back out for bid, they had to have learn something.

Mr. Barabani asked if the retired teacher association or union were to push and say that we want to create long-term care centers for retired educators would it be put under DPH, so why can the veterans. Chairman Keefe replied everything falls under EOHHS and as a secretary has the authority to pass, move and operate her secretariat to pick up other areas. Trustee Jourdain stated everyone has great opinions but Secretary Poppe is a hard worker but is not a medical person and not a licensed nursing home administrator; this is not about hard working people it is about hard working qualified people. Chairman Keefe asked Mr. Barabani if he was a licensed nursing home administrator, he replied no but he did have an MBA and 5 years of veteran healthcare administration. Ms. Quirk said the Soldiers' Home has been surveyed by the VA once a year, the Joint Commission every 3 years and as a the Director of Nursing you look at the standard of care by the Joint Commission and by the VA and use those to set up policies and rules. She stated that DPH is much more stringent and is defined to the letter, DPH should come in every 6 months but if they don't know the rules and when they come to do a survey what rules are they following. Trustee Lacoste should DPH set the rules before they do the survey to the home. Ms. Quirk replied there are guidelines it is the CMR105 under state licensure certification. Trustee Jourdain explained that they are published regulations for every nursing home in Massachusetts. Chairman Keefe would like to see the legislature change the law that makes the two Soldiers' Homes adhere to those laws and still answer to DVS. He agrees that this is a chain of command issue, compliance issue, a law issue and feels the answers are more simple then being made. Trustee Lacoste feels it would be easy to run under both and find the right way to do it and we need to look at work the best. DPH should govern the medical part of this. Mr. Segundo said to follow those rules who would create the rules because currently DVS has had this for 8 years and no rules have changed. He shared the same surveys, procedures that are being followed with DPH and the VA. Trustee Collins disagrees with the statement to say they are a following the rules and

guidelines they were even a year ago is not accurate, the DPH has been in and the goal is to get them in to do a full survey like the DPH is doing infection control surveillance. He shared that the work that has been done over the last 8 months is pretty incredible.

Chairman Keefe confirmed the resolution request from the coalition to be drafted and set up by the board of trustees. Mr. Paradis our positions regarding the board of trustees, culture change and the DPH. Chairman Keefe narrowed down to the three topics we discussed today; we are in agreement with the Chavez program to change the verbiage on that to request funding for a study. Trustee Jourdain asked if he should share the document on the screen to everyone can see. He recommended that the legislature support all of the Pearlstein recommendations. Trustee Lacoste said it should come from us not from the coalition. Trustee Jourdain shared his screen and reviewed the resolution.

Trustee Jourdain said the legislature is moving on this and we do not have time. Chairman Keefe suggested to edit and send it out so is the board in favor of creating a resolution. Trustee Jourdain made a motion to create the resolution. Trustee Lacoste seconded.

Trustee Jourdain went back to editing resolution. Trustee Lacoste stated she would like to say that we support having DPH oversight on the Homes but not at the elimination of DVS. Trustee Jourdain suggested instead of changing jurisdiction we say to place the homes under greater supervision and accountability. Trustee Collins suggested to ensure adequate compliance in regard to having them come through their audit oversight and compliance requirements DPH to ensure. Chairman Keefe added to add oversight and compliance. Chairman Keefe suggested developing the budget with superintendents with board of trustees of approval of budget requirements. Trustee Jourdain suggested adding to ensure the funding to study the implementation of the person directed care model to include creating of self-managed work teams which transition the position of CNA into the role of Chavez who receives 128 hours of additional training to better coordinate and provide individualized care for residents.

Chairman Keefe added that we should inform Chelsea that we are creating this resolution and would like to include them.

Trustee Jourdain asked Mr. Barabani and Mr. Paradis to get us contact information to send over to Senator Velis, Representative Campbell and Senator Rush.

Chairman Keefe asked if there is any further discussion, none heard.

Vote to approve the creation of the resolution.

Trustee Bigda (Yes), Trustee Collins (Yes), Trustee Jourdain (Yes), Trustee Ostrander (Yes), Trustee Lacoste (Yes), Chairman Keefe (Yes).

Trustee Jourdain made a motion to adjourn, seconded by Trustee Lacoste

Chairman Keefe conducted a Roll Call vote: Mark Bigda (Yes), Sean Collins (Yes), Kevin Jourdain (Yes), Cindy Lacoste (Yes), Carmen Ostrander (Yes), Gary Keefe (Yes). It was unanimously VOTED to conclude at 8:25 pm.

Respectfully submitted,

Kathleen Denner
Acting Secretary for the Board of Trustees
Attachments: