



Massachusetts Department of Public Health

Public Health Council Meeting August 13, 2025

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the July 9 Public Health Council listing.

National Immunization Awareness Month



Pew Charitable Trust Report

OFFERED BY [Office of Population Health](#) | [Department of Public Health](#)

Public Health Data Warehouse (PHD)

The Public Health Data Warehouse is a truly unique public health data analysis tool that links multiple data sets across state and local government to help address public health priorities.



The PHD was created in 2017, originally to provide unprecedented access to data across government to identify trends and target resources to confront the opioid epidemic.

Since then, the PHD has provided timely, multi-year data to spur analysis of other pressing population health issues, including maternal and child health disparities, substance use, COVID-19, the effects of climate change on health, and racial and health inequities.

[Link: Massachusetts Harnesses Data from Multiple Agencies to Improve Public Health](#)

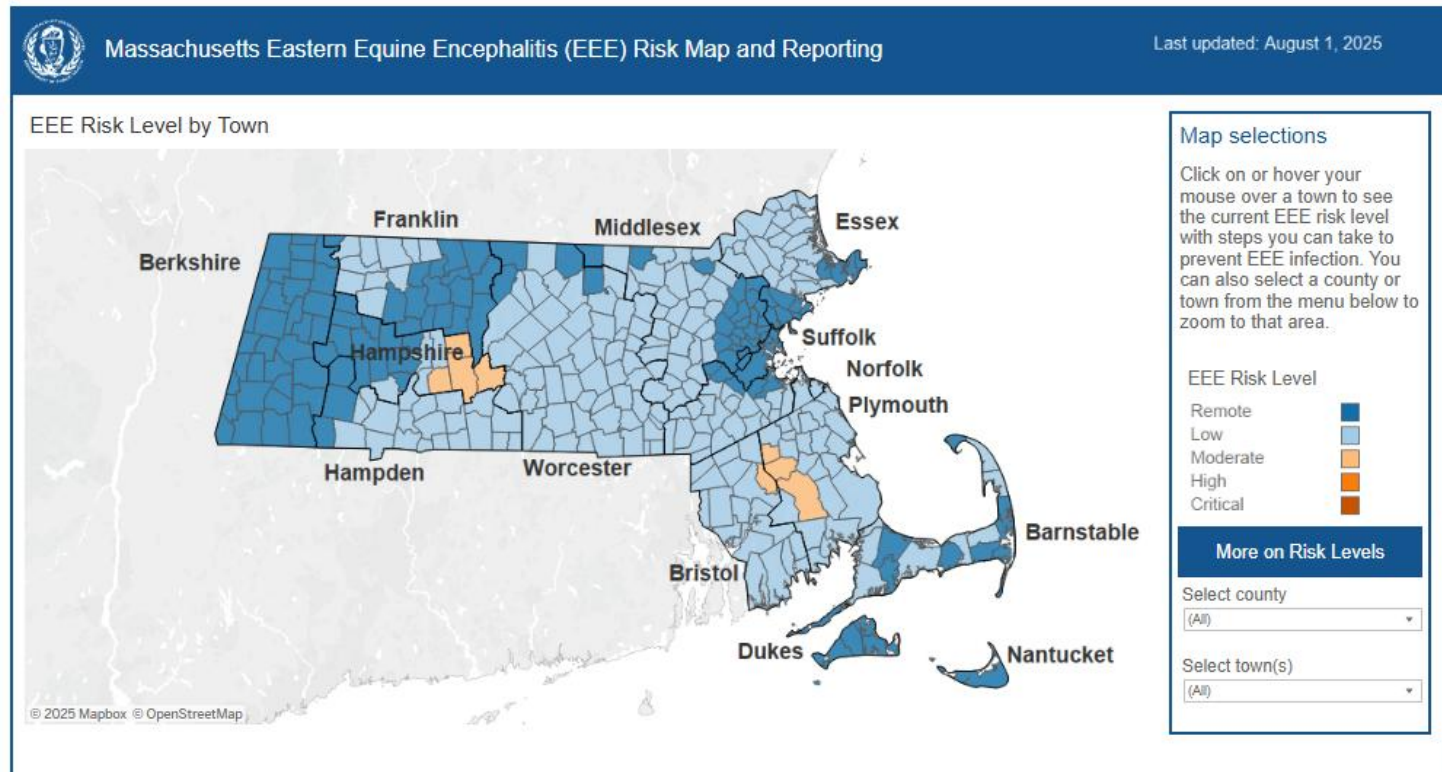
Arbovirus

Massachusetts arbovirus update

Find local risk levels for Eastern Equine Encephalitis (EEE) and West Nile Virus (WNV) based on seasonal testing from June to October.

Risk maps

If you are having difficulty viewing the dashboard on a mobile or tablet device, you can try this [link to the online dashboard](#).



[Link:](#)
[Massachusetts](#)
[arbovirus update](#)

Shield Law

PRESS RELEASE

Governor Healey Signs Updated Shield Law Strengthening Protections for Health Care Providers and Patients

FOR IMMEDIATE RELEASE:

8/07/2025

Governor Maura Healey and Lt. Governor Kim Driscoll

BOSTON — Today, Governor Maura Healey signed the updated Shield Law to strengthen protections for patients and providers. The new law prevents the disclosure of sensitive data, such as a physician's name, and formally establishes that abortions are to be provided in emergencies due to medical necessity. Additionally, the law prohibits Massachusetts state or local authorities from cooperating with any federal or out-of-state investigation into health care services that are legally protected in Massachusetts, such as abortion care.

Federal Updates



Massachusetts Department of Public Health

Determination of Need: *Everest Hospital, LLC* *Transfer of Ownership*

Dennis Renaud

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

Everest Hospital, LLC

Everest Hospital, LLC (“Applicant”), is a newly formed entity consisting of three partners.

- Health care practitioner
- Two experienced nursing home administrators

Vibra Hospital of Western Massachusetts

- 47 bed long term care hospital located in Leicester
- Part of Vibra Healthcare

Background Information

- Total Value of the proposed Transfer of Ownership is \$14,928,424.00
- No written comments
- No Ten Taxpayer Groups

Proposed Project

Everest Hospital will acquire Vibra Hospital of Western Massachusetts and has entered into 2 agreements.

1. Contract of Sale
2. Operations Transfer Agreement

Six Factors of a Determination of Need (DoN) Application

- **Factor 1** - Patient Need, Public Health Value and Operational Objectives
- **Factor 2** – Health Priorities
- **Factor 3** – Compliance
- **Factor 4** - Financial Feasibility and Reasonableness of Expenditures and Costs
- **Factor 5** - Relative Merit
- **Factor 6** - Community Health Initiatives

Factor 1: Patient Need, Public Health Value and Operational Objectives - Requirements

In Factor 1, the Applicant must demonstrate the project will positively impact three areas:

1. Patient Panel Need
2. Public Health Value
3. Operational Objectives

Factor 1: Patient Panel Need Analysis

The Applicant attributes need for the Proposed Transfer of Ownership to the following:

1. Need to Maintain Access to LTCH Services
2. Need to Increase Access to LTCH Services for the Patient Panel
3. Need to Assist with Throughput Issues in Acute Care Hospitals

Factor 1: Need to Maintain Access to LTCH Services

1. Need to Maintain Access to LTCH Services

- Package the LTCH and SNF into one sale in the interest of preserving continuity of care between the two facilities.
- Applicant will own the real property which houses the Hospital and SNF.
- Long term financial stability.

Factor 1: Need to Increase Access to LTCH Services for the Patient Panel

- The Hospital is currently operating at 50% capacity due to workforce shortages.
- Existing gaps in patients' access to post-acute services.
- The recent reduction in access means that patients are waiting longer in settings not designed for their needs to be able to access the appropriate level of care.

Factor 1: Need to Assist with Throughput Issues in Acute Care Hospitals

- As of December 2024, 14.7% of all reported patients across 38 acute care hospitals in Massachusetts awaited discharge to an LTCH or Inpatient Rehabilitation Facility (IRF) settings.
- Of those patients awaiting discharge to an LTCH or IRF, 23% were waiting for more than 30 days.
- Backlog delays patients from reaching their appropriate care settings in a timely fashion and forces providers to provide levels of care inappropriate to their setting.

Factor 1: Public Health Value

Factor 1: b) Public health value, improved health outcomes and quality of life; assurances of health equity.

- Improved outcomes
- Implementation of standardized clinical practices and disease specific programs
- Proposed metrics for clinical, quality and patient satisfaction

Factor 1: Health Equity

Public Health Value: Health Equity

- Formation of Community Partnerships
- Explore and implement transportation services programs

Factor 1: Efficiency, Continuity of Care, Coordination of Care

- Communication with other Providers
- Coordination with On-Site SNF
- Improved Intake System

Factor 2: Health Priorities - Requirements

The expectation is that, using objective data, Applicants will address how the Proposed Project supports Commonwealth Cost containment goals, improved public health outcomes, and delivery system transformation.

Factor 2: Cost Containment - Analysis

- No adverse impact on Total Medical Expense
- Operational efficiencies
- Reduction in corporate overhead expenses

Factor 2: Improved Public Health Outcomes Analysis

- Plans to analyze the Hospital's quality assurance data and target areas of focus
- Concentrate on the Hospital's rehabilitation, dialysis, and telemetry services to provide comprehensive care and optimize its resources
- Goal to increase clinical acuity in the Hospital and ensure the resources and personnel to accept higher acuity patients

Factor 2: Delivery System Transformation Analysis

- Interdisciplinary team meetings
- Post-discharge care requires a variety of resources
- Implementation of a Transportation Services Program

Factor 3: Compliance - Key Requirements and Analysis

The Determination of Need Program staff has determined that the Applicant has provided evidence of compliance and good standing with federal, state, and local laws and regulations.

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs - Requirements

CPA Review

To assess Financial Feasibility in compliance with this Factor, the Applicant must provide evidence that it has sufficient funds available for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel. The report is certified by an Independent CPA.

Factor 4: Analysis

As a result of the CPA's analysis, the CPA concluded the following:

“Based on the applicant's financial resources as well as existing relationships with lending institutions, this process is expected to be completed pursuant to the terms of the asset purchase agreements. We have no reason to believe that the applicant will not be able to obtain financing. Based on the projected financial information prepared by the applicant, the proposed project is financially feasible.”

Factor 5 Relative Merit and Factor 6 CHI

Transfers of Ownership are exempt from Factor 5 and Factor 6

Outcome Measures – Increased Capacity

1. Increased Capacity

Measure A: The Applicant will report annually on the facility's capacity, using the current 50% capacity as a baseline.

Measure B: The Applicant will report annually on the Direct Care Staffing levels (in FTE's), providing the current (FY2025) staffing levels as a baseline.

Monitoring: The Applicant will provide an analysis for any reduction in capacity and/or staffing levels, including a plan to address these losses.

Outcome Measures- Patient Satisfaction and Quality

2. Patient Satisfaction

3. Clinical Quality - Vent Wean Rates

4. Clinical Quality - New or Worsened Hospital Acquired Pressure Ulcers

Thank you for the opportunity to present this information today.

Please direct any questions to:

Dennis Renaud

Director, Determination of Need Program

Bureau of Health Care Safety and Quality

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Massachusetts Department of Public Health

Massachusetts Healthcare Personnel COVID-19 and Influenza Vaccination in Health Care Facilities and Emergency Medical Services: *2024-2025 Season*

*Public Health Council
August 13, 2025*

Katherine T. Fillo, Ph.D, MPH, RN-BC, Director of Health Care Strategy and Planning

Fareesa Hasan, MPH, MS Epidemiologist

Eileen McHale, RN, BSN, Healthcare Associated Infection Coordinator

Background

- Health care personnel (HCP) are at high risk for influenza (flu) and coronavirus (COVID-19) exposure and illness and may be a source of viral transmission in health care settings.
- Annual immunization decreases the risk of flu and COVID-19 and is the best method of preventing serious complications.*
- Additional core prevention strategies include: implementation of respiratory hygiene and cough etiquette, appropriate management of ill HCP, adherence to infection control precautions for all patient-care activities, implementing environmental and engineering infection control measures and administration of antiviral treatment and chemoprophylaxis of patients and HCP when appropriate.
- The Massachusetts Department of Public Health (DPH) considers the prevention of flu and COVID-19 by promoting vaccination an organizational priority that should be part of the overall institutional commitment to improvement for licensed healthcare facilities and emergency medical services.

*https://www.cdc.gov/flu/vaccines/keyfacts.html?CDC_AAref_Val=https://www.cdc.gov/flu/prevent/keyfacts.htm; <https://www.cdc.gov/covid/vaccines/benefits.html>

Vaccination and Reporting Requirements

As a condition of licensure*, current DPH regulations require health care facilities and services to:

- Ensure all HCP are vaccinated annually with seasonal influenza and COVID-19 vaccines as recommended by the Centers for Disease Control and Prevention (CDC), unless an individual claims an exemption,
- Notify HCP about the requirements and educate them about the benefits and risks of these vaccines,
- Provide or arrange for vaccination of all personnel who cannot provide proof of current vaccination at no cost to the HCP
- Report information to DPH documenting each facility's compliance with the HCP vaccination requirements.

*105 CMR 130.325 and 130.326, 105 CMR 140.150, 105 CMR 141.201(D), 105 CMR 150.002(D)(8) and 150.008(D)(11), 105 CMR 158.030(L) and 158.030(M), 105 CMR 170.341 and 170.342

Performance Goal

To protect the lives and welfare of patients, employees, and communities, as well as to improve quality and reduce healthcare costs, **DPH has established an overall minimum vaccination rate of 90% or greater for eligible HCP at all licensed healthcare facilities.**

This performance goal is intended to advance patient and HCP health and safety by ensuring optimal HCP vaccination coverage and was originally established based on the National Healthy People 2020 target of achieving 90% influenza coverage of HCP.

The Centers for Disease Control and Prevention (CDC) recommends that HCP receive an annual influenza vaccination to reduce influenza-related morbidity and mortality among HCP and their patients as well as reduce absenteeism among HCP.

https://www.healthypeople.gov/node/4668/data_details

Methodology

Health care facilities report HCP flu and COVID-19 vaccination rates to DPH in one of three ways:

1. **National Healthcare Safety Network (NHSN) at the Centers for Disease Control and Prevention (CDC):** Acute care hospitals, non-acute hospitals, ambulatory surgical centers, dialysis centers, and nursing homes
2. **Health Care Facility Reporting System (HCFRS):** Rest homes and adult day health programs
3. **Online survey:** EMS, Clinics and hospice programs

This was the second year that hospice programs and emergency medical services (EMS) were required to submit vaccination reports. DPH aligned state reporting with federal requirements where possible.

Reporting Requirements

- DPH determined reporting periods and deadlines based upon federal requirements for each vaccine type.
- For the respiratory virus season defined as October 1st 2024 to March 31st 2025, providers were required to report:
 - the total number of HCP that worked onsite at least one day
 - the total number of HCP that received each vaccine
 - the total number of HCP who claimed an exemption for each vaccine

Measures and Calculations

Percentage of HCP vaccinated in each season for each provider

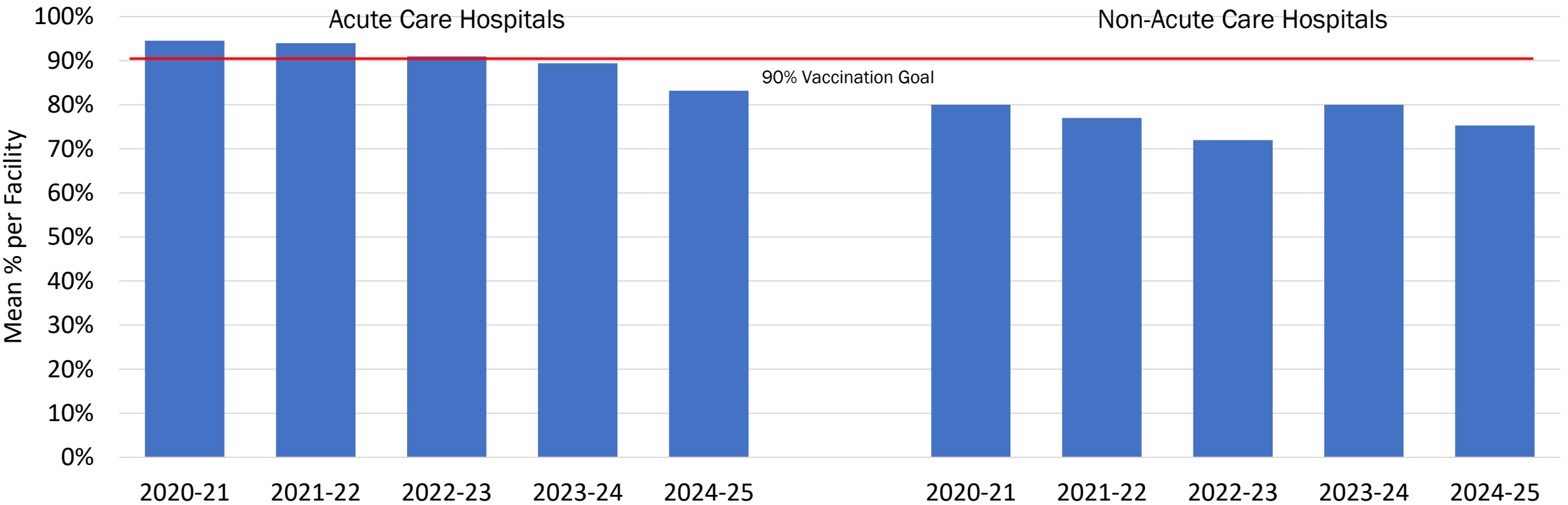
$$\text{Flu Vaccine Rate} = \frac{\text{Total HCP Who Received an Annual Flu Vaccine}}{\text{Total \# HCP at Facility}}$$

$$\text{COVID-19 Vaccine Rate} = \frac{\text{Total HCP Who Received an Annual COVID-19 Vaccine}}{\text{Total \# HCP at Facility}}$$

5-Year Flu Vaccination Trends: Hospitals

| Season 2024-2025 | Median Flu Vaccinated % |
|--------------------------|-------------------------|
| Acute Care Hospitals | 94.8% |
| Non-Acute Care Hospitals | 81.1% |

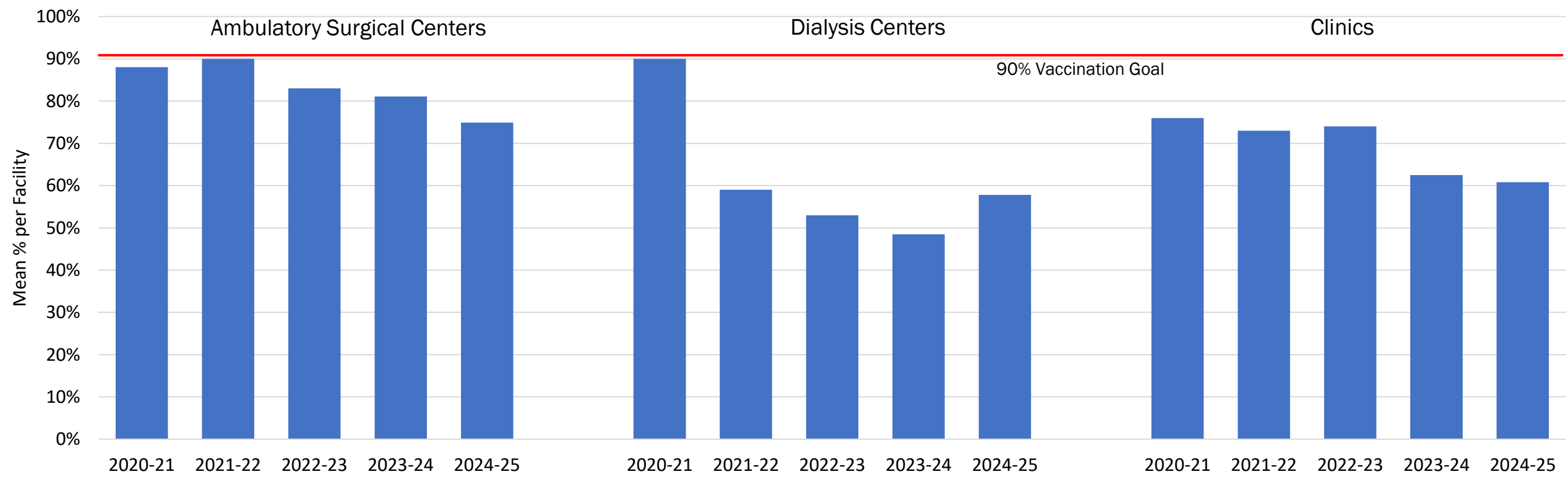
Mean Flu Vaccination Rates for Acute and Non-Acute Care Hospitals



5-Year Flu Vaccination Trends: Ambulatory Surgical Centers (ASC), Dialysis Centers, and Clinics

| Season 2024-2025 | Median Flu Vaccinated % |
|-----------------------------|-------------------------|
| Ambulatory Surgical Centers | 79.7% |
| Dialysis Centers | 58.3% |
| Clinics | 61.9% |

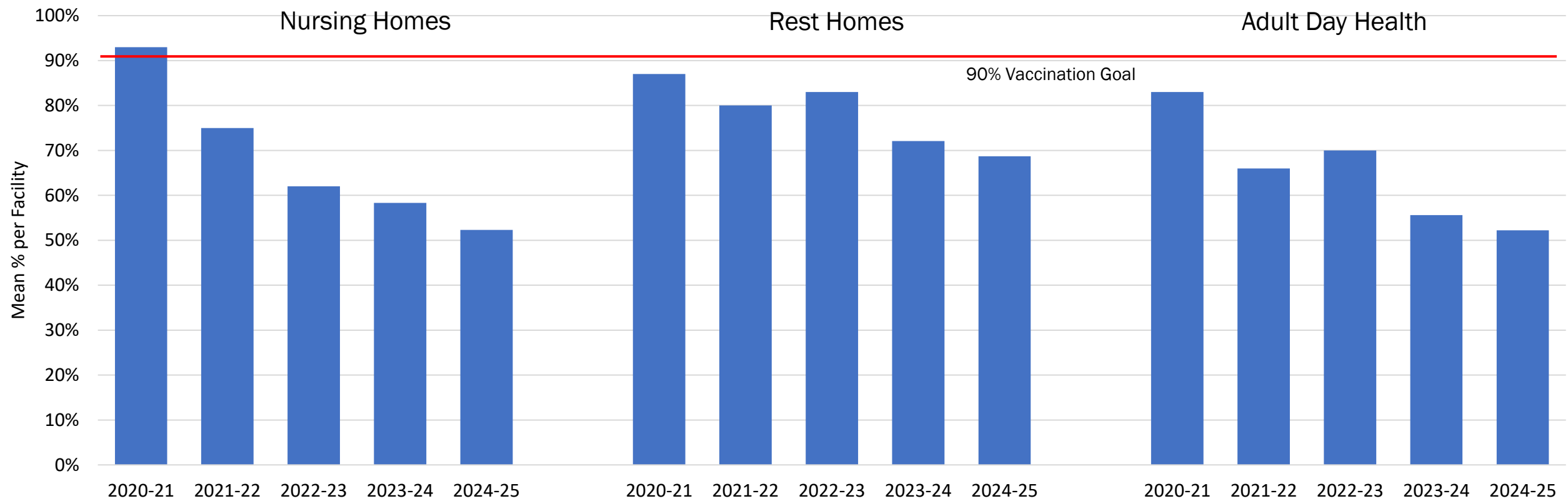
Mean Flu Vaccination Rates for ASCs, Dialysis Centers, and Clinics



5-Year Flu Vaccination Trends: Nursing Homes, Rest Homes, and Adult Day Health Centers

| Season 2024-2025 | Median Flu Vaccinated % |
|------------------|-------------------------|
| Nursing Homes | 51.5% |
| Rest Homes | 67.9% |
| Adult Day Health | 50.5% |

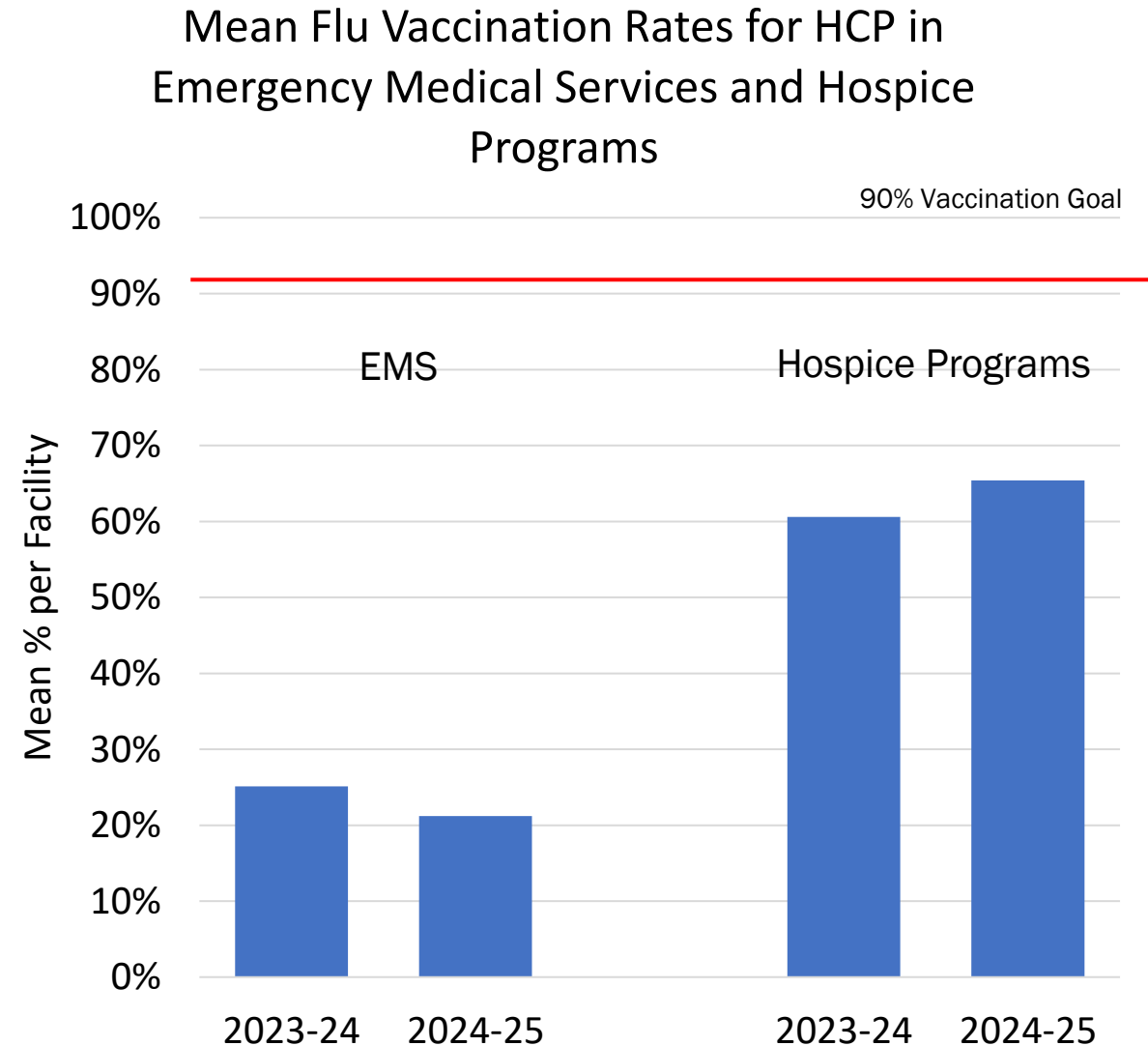
Mean Flu Vaccination Rates for Nursing Homes, Rest Homes, Adult Day Health Centers



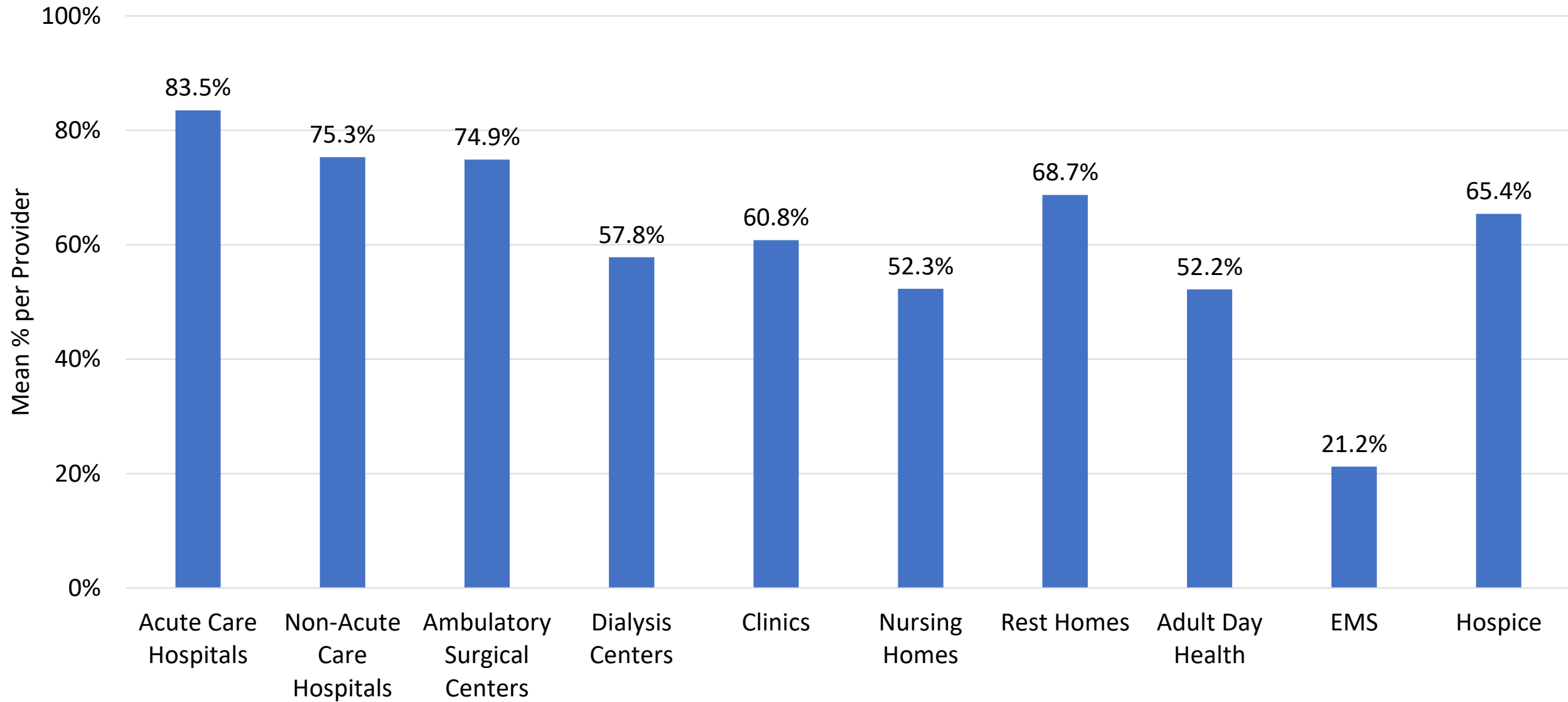
2-Year Flu Vaccination Trends: Emergency Medical Services (EMS) and Hospice Programs

- Emergency Medical Services (EMS) and hospice programs began HCP vaccination reporting in 2023.

| Season 2024-2025 | Median Flu Vaccinated % |
|------------------|-------------------------|
| EMS | 9.5% |
| Hospice | 68.5% |



Mean HCP Flu Vaccination Rate for 2024-25 by Setting

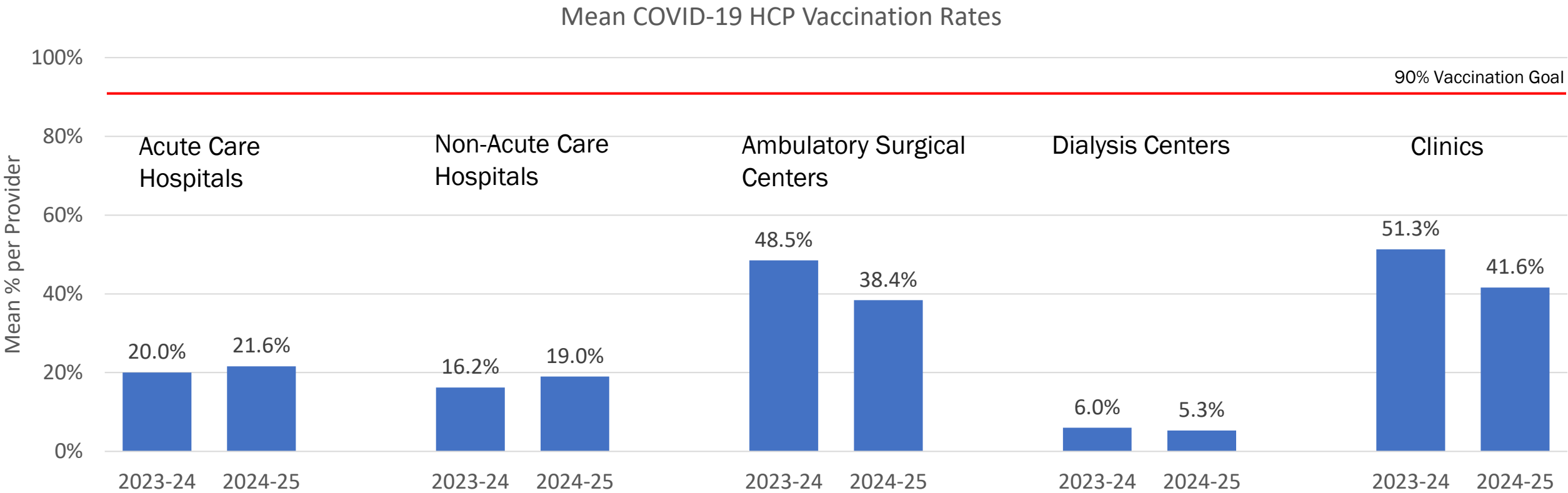


2 Year COVID-19 Vaccination Trends: Hospitals, ASCs, Dialysis and Clinics

| Season 2024-2025 | Median COVID Vaccinated % |
|-----------------------------|---------------------------|
| Acute Care Hospitals | 13.9% |
| Non-Acute Care Hospitals | 19.2% |
| Ambulatory Surgical Centers | 22.6% |

| Season 2024-2025 | Median COVID Vaccinated % |
|-------------------|---------------------------|
| Dialysis Centers* | 0.00% |
| Clinics | 37.5% |

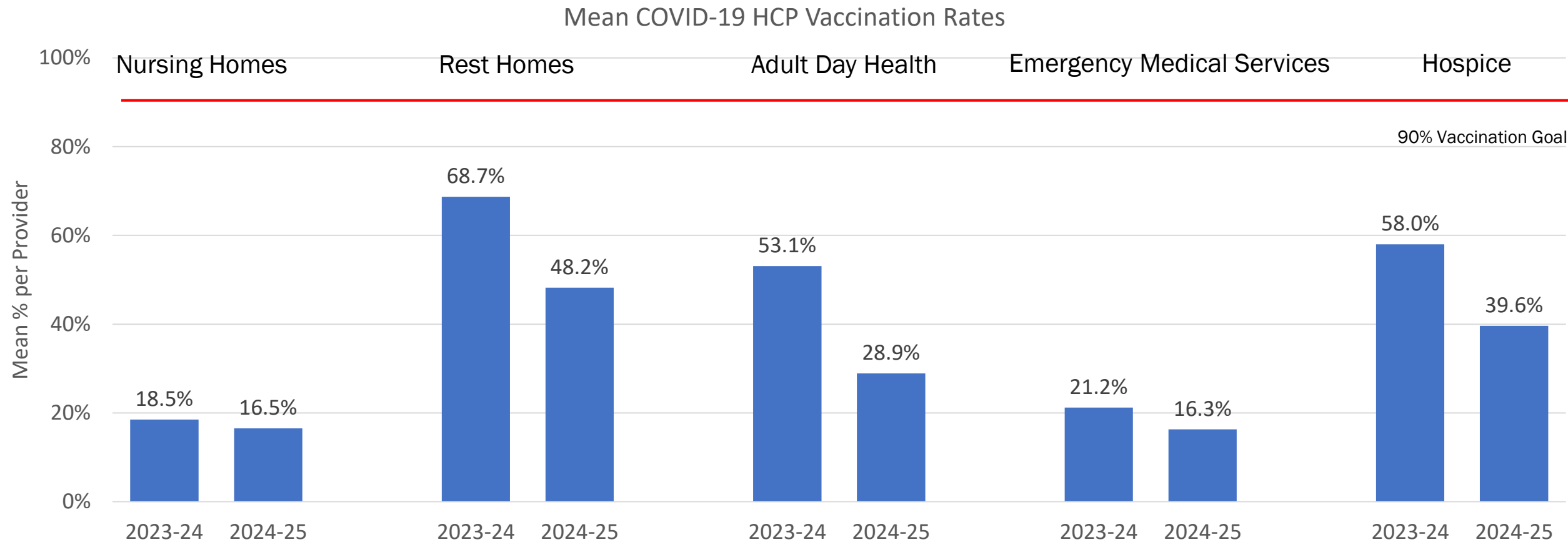
*Many facilities reported all of their staff as having “Unknown” vaccination status despite state guidance



2-Year COVID-19 Vaccination Trends: LTC Facilities, Adult Day Health, EMS and Hospice

| Season 2024-2025 | Median COVID Vaccinated % |
|------------------|---------------------------|
| Nursing Homes | 11.4% |
| Rest Homes | 39.6% |
| Adult Day Health | 16.3% |

| Season 2024-2025 | Median COVID Vaccinated % |
|----------------------------|---------------------------|
| Emergency Medical Services | 3.7% |
| Hospice Programs | 31.4% |



Conclusions

- Both nationally and statewide, there has been a decrease in COVID and Flu vaccination uptake among HCP
- No provider type has reached the 90% goal for HCP flu vaccination coverage.
- Some facilities are reporting HCP as having unknown vaccination status for COVID-19, underrepresenting the true vaccination rate. This was most prominent among Dialysis Centers.

Public Health Next Steps for the Upcoming Season

- DPH continues our stance of the importance of vaccinations and strongly recommends all HCP are vaccinated against flu in September 2025.
- DPH is collaborating with stakeholders to host educational webinars regarding updated flu and COVID-19 information. The first is scheduled for September 2025.
 - Topics to include information on National and Massachusetts infection activity; best practices to promote HCP vaccination, including highlighting strategies used at facilities that improved their rates; and guidance on data submission
- DPH will facilitate a multifaceted quality improvement collaborative to increase HCP immunization rates. Program components will include:
 - Assisting facilities to identify and engage a multidisciplinary program team, develop implementation plans, identify a standardized approach to monitor rates throughout the season and continually evaluate progress and the success of strategies used.
 - Promoting evidence-based strategies and resources to increase vaccination rates.
 - Sharing lessons learned about effective changes for use by other facilities.

This update and facility specific results will be available on the MDPH website: <https://www.mass.gov/info-details/health-care-personnel-covid-influenza-vaccination-references-and-resources>



Massachusetts Department of Public Health

Thank you for the opportunity to present this information today.

Please direct any questions to:

dhcq.fludata@mass.gov

Office of Health Care Strategy and Planning



Massachusetts Department of Public Health

Next Meeting:
Wednesday, September 10, 2025