



Massachusetts Department of Public Health

PUBLIC HEALTH COUNCIL MEETING MAY 17, 2023

Robert Goldstein, Commissioner

Today's presentation is available on the mass.gov/dph website under "Upcoming Events" by clicking on the May 17th Public Health Council listing

Mental Health Awareness Month



———— MAY ————
is
MENTAL HEALTH
AWARENESS MONTH



SAMHSA
Substance Abuse and Mental Health
Services Administration

Mental Health Media Campaign



Mass. Public Health
@MassDPH

...

Being the strong unsilent type means reaching out for support when you're struggling. Not sure where to start? Visit mass.gov/MoreToTheStory for some tips on how to start those difficult conversations. [#BeTheStrongUnsilentType](#) [#MentalHealthAwareness](#)



8th Annual DPH Epidemiology Conference

8th Annual MDPH Epidemiology Conference

May 4 and 5, 2023



Back to Basics:
Core MDPH work in a pandemic-
and equity-focused landscape

Roundtable Discussion



Western Mass. Hospital




Visit to State Public Health Laboratory



End of State Public Health Emergency



Mung Bean Recall

 OFFERED BY [Department of Public Health](#)

PRESS RELEASE

Department of Public Health advises consumers to discard mung bean sprouts from Chang Farm

Company recalls product due to ongoing *Listeria* contamination

FOR IMMEDIATE RELEASE:

5/09/2023

Department of Public Health


BOSTON — The Massachusetts Department of Public Health (DPH) is advising consumers that Chang Farm in Whatley, MA is recalling mung bean sprouts because of the possible presence of *Listeria monocytogenes* contamination. The U.S. Food and Drug Administration (FDA) announced last week that Chang Farm has voluntarily recalled all 10-pound bulk bags, as well as 12-ounce retail bags with a sell-by date of May 7, 2023. Affected products are sold under the brands Chang Farm and Nature's Wonder.

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Massachusetts Department of Public Health

PUBLIC HEALTH COUNCIL MEETING MAY 17, 2023

Robert Goldstein, Commissioner



Massachusetts Department of Public Health

Final Promulgation of Revisions to 105 CMR 171.000:

Massachusetts First Responder Training

Marita Callahan

Director of Policy and Health Communications

Bureau of Healthcare Safety and Quality

Summary of Regulation

105 CMR 171.000, *Massachusetts First Responder Training*:

- Establishes training standards in first aid and cardiopulmonary resuscitation (CPR) for first responders, defined as certain police officers, firefighters and lifeguards; and
- Ensures that first responders have adequate baseline training to provide immediate medical care as they are often the first people on the scene of a medical or trauma-related emergency.

Overview of Previous Revisions to Regulation

As a reminder, the Department previously presented to the Public Health Council proposed revisions to 105 CMR 171.000 to update the regulation by:

- Modernizing and streamlining throughout the regulation to align with current practice and national training standards; and
- Updating terminology to align with current practice and the EMS system regulations.

Public Comment Period

- A public hearing was held on December 5, 2022 and the public comment period closed on December 7, 2022.
- The Department received comments from four stakeholders.
 - Two of the stakeholders submitted comments related to a different regulation, 105 CMR 170.000, *Emergency Medical Services*.
 - The remaining comments would require a statutory change, or were in support of the proposed amendments.
- As a result, the Department does not propose any additional amendments to the regulation.

Next Steps

- The Department requests the Public Health Council approve the proposed regulations for promulgation.
- Following Public Health Council approval, the Department will file the amended regulation with the Secretary of the Commonwealth for enactment.



Massachusetts Department of Public Health

Thank you for the opportunity to present this information today.

For more information regarding first responder training, please find the relevant statutory language and the full current regulation here:

Current regulation:

<https://www.mass.gov/regulations/105-CMR-17100-massachusetts-first-responder-training>

Proposed amendment:

<http://mass.gov/dph/proposed-regulations>

Massachusetts Law:

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section201>



Massachusetts Department of Public Health

Proposed Revisions to 105 CMR 430.000:

Minimum Standards for Recreational Camps for Children

Jennifer Robertson, J.D.

Director of Strategic Initiatives

Massachusetts Department of Public Health

Contents

- I. Background
- II. Proposed Amendments
- III. Next Steps

I. Background

- The Department plans to put forth amendments to 105 CMR 430.000: *Minimum Standards for Recreational Camps for Children, State Sanitary Code IV* for a public comment period.
- The Bureau of Environmental Health's Community Sanitation Program (CSP) establishes requirements for operating a recreational camp for children and sets minimum standards for housing, health, safety, and sanitary protection for children in the care of recreational camps operating in the Commonwealth.

I. Background *(continued)*

- An outside section of the FY21 Budget requires the Department to promulgate regulations to allow certain unlicensed individuals at medical specialty camps to administer diabetes medications.
- In response to this statutory requirement, DPH has proposed changes relevant to the administration of medication at medical specialty camps.
- The Bureau of Health Professions Licensure also updated 105 CMR 700.00 regulations to require registration by medical specialty camps in order for unlicensed personnel to administer diabetes medication at camp.

II. Proposed Amendments

Proposed Amendments fall into 4 categories:

1. Administration of Medications for Diabetes Care
2. Training and Parental Consent Requirements for Diabetes Care
3. Supervision and Operation of Specialized High-Risk Activities
4. Minor/Technical Changes

II. Proposed Amendments

1) Administration of Medications for Diabetes Care

105 CMR 430.159 and 430.160 are amended to:

- Define individuals and staff authorized to administer insulin and other medications for diabetes care at medical specialty camps. Authorized individuals are 18 year of age or older who are:
 - A student nurse or a nursing school graduate who is not yet licensed;
 - A staff person trained by the health care consultant to administer medications for diabetes care; or
 - A Certified Diabetes Care and Education Specialist in good standing with the Certification Board for Diabetes Care and Education.
- For medical specialty camps, require the administration of medication for diabetes care shall be conducted or be under the direct supervision of a health care supervisor who must be:
 - A nurse licensed to practice in MA;
 - A physician licensed to practice in MA; or
 - A physician assistant licensed to practice in MA

II. Proposed Amendments *(continued)*

2) Training and Parental Consent Requirements

105 CMR 430.160 is amended to:

- Require informed consent from parents/guardians for unlicensed staff members in medical specialty camps to monitor a camper's blood sugar and administer diabetes medications.
- Require those unlicensed staff who are authorized to administer diabetes medication in medical specialty camps to:
 - Be under the supervision of a health care supervisor, which for medical specialty camp is a healthcare provider listed in 159(E); and
 - Complete a training on medication administration that, at a minimum, includes content standards and a test of competency developed and approved by the Department.

II. Proposed Amendments *(continued)*

3) Supervision and Operation of Specialized High-Risk Activities:

105 CMR 430.103 is revised to:

- Clarify that an experienced water safety professional is at every camp that provides on-site aquatics activities.
- Require that camps operating specialized high-risk activities out-of-state must comply with all local laws or regulations, including any licensure and permitting requirements
- Clarify training and certification requirements for camp staff operating or supervising paddle sport and sailing or motor-powered watercraft activities.
- Require camps offering on-site boating activities to develop a written boating safety plan.

II. Proposed Amendments *(continued)*

4) Minor/Technical Changes

- Injury reports must include injuries or incidents resulting from the administration of medication, including diabetes care.
- Updates language relevant to hygiene supplies to be consistent with other hand hygiene requirements throughout the State Sanitary Code, including an adequate supply of soap at sinks and disposable towels or hand drying devices near each sink or group of sinks.
- Updates to approved trainings regarding CPR Certificates, Lifeguard, and First Aid Training to align with changes to program offerings.
- Require camps to obtain written authorization for emergency medical care for adult staff/volunteers, in addition to the current requirement to have this authorization for campers.
- Disaster planning section is updated to include written procedures for disease outbreaks.

III. Next Steps

- DPH will put forth the proposed amendments for public hearing/public comment
- After the conclusion of the public comment period, DPH will review all comments and determine if any further revisions to the regulation are needed.
- DPH will present to the Building Code Coordinating Council (BCCC) for a vote on minor changes that align with plumbing and building codes
- A final post-comment version will be presented for approval at a future PHC meeting.



Massachusetts Department of Public Health

Thank you for the opportunity to present this information today.

For more information regarding 105 CMR 430, please find the relevant statutory language and the full proposed regulation here:

Statute: <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section127A>

Proposed amendments: <http://mass.gov/dph/proposed-regulations>

Please direct any additional questions to:

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Bureau of Environmental Health
Terry.Howard@mass.gov



Massachusetts Department of Public Health

Serious Reportable Events:

Calendar Year 2022

Katherine T. Fillo, Ph.D., MPH, RN-BC
Bureau of Health Care Safety and Quality

Katherine Saunders, M.S.
Bureau of Health Care Safety and Quality

Overview

- Purpose
- Background
- Serious Reportable Event Category Definitions
- Findings
- Quality Improvement Activities

Purpose

This presentation is given for the following purposes:

- To provide an update of the Serious Reportable Event program and related quality improvement activities at the Bureau of Health Care Safety and Quality; and
- To share the trends in the types and volume of Serious Reportable Events reported in 2022 and previous years.

Background

Adverse events that occur in the health care setting are a patient safety concern and public health issue.

- The Office of the Inspector General found that adverse events occur in 27% of hospitalized Medicare beneficiaries (OIG, 2022).
- It is also estimated that 29% of Medicare patients nationally experience an adverse event during a rehabilitation hospital stay (OIG, 2022).

Section 51H of chapter 111 of the Massachusetts General Laws authorizes the Department to collect adverse medical event data and disseminate the information publicly to encourage quality improvement.

Background

- The National Quality Forum (NQF) has operationalized a group of adverse events into measurable, evidence-based outcomes called Serious Reportable Events (SRE).
- MA adopted SREs as its adverse event reporting framework in 2008.
- There is no federal adverse event reporting system, however this is the framework and definitions that the OIG uses in their publications. Additionally, twenty-seven other states have developed and implemented state-based adverse event reporting programs.
 - Over half of those use the SRE framework including Connecticut, Minnesota and New Hampshire.

SREs and the COVID-19 Public Health Emergency

- In 2020, 2021 and 2022, nonessential and elective invasive procedures were temporarily reduced by:
 - Order Of The Commissioner Of Public Health Regarding Scheduling And Performance Of Elective Invasive Procedures (*May 18, 2020*)
 - COVID-19 Public Health Emergency Order No. 2021-14 (*November 23, 2021*)
 - COVID-19 Public Health Emergency Order No. 2022-10 (February 4, 2022)
- Very few SREs were reported by ambulatory surgical centers in calendar year 2021 and the number of SREs associated with surgical or invasive procedures was slightly diminished overall as compared to pre-pandemic levels.

SREs Defined

Section 51H of Chapter 111 of the General Laws:

- “Serious reportable event”, an event that results in a serious adverse patient outcome that is clearly identifiable and measurable, reasonably preventable, and that meets any other criteria established by the department in regulations.

105 CMR 130.332 and 105 CMR 140.308:

- Serious Reportable Event (SRE) means an event that occurs on premises covered by a hospital's license that results in an adverse patient outcome, is clearly identifiable and measurable, has been identified to be in a class of events that are that are largely preventable and harmful, and of a nature such that the risk of occurrence is significantly influenced by the policies and procedures of the hospital. The Department issued a list of SREs based on those events included on the NQF table of reportable events to which 105 CMR 130.332 and 105 CMR 140.308 apply in guidance.

Reporting Requirements

- Hospitals and ambulatory surgical centers (ASCs) are required to report SREs to the patient/family and the Bureau of Health Care Safety and Quality (BHCSQ) within seven days of the incident.
- An updated report to BHCSQ, the patient/family, and the insurer is required within 30 days of the incident, including documentation of the root cause analysis findings and determination of preventability as required by 105 CMR 130.332(c) & 105 CMR 140.308(c).
- In June 2009, the Department implemented regulations prohibiting health care facilities from charging for services provided as a result of preventable SREs.
- Amendments adopted as part of the hospital regulatory review completed in 2017 streamlined the reporting process without removing transparency.

SRE Types

Surgical or Invasive Procedure Events

- Wrong Site Surgery or Procedure
- Surgery or Procedure on Wrong Patient
- Wrong Surgery or Procedure
- Unintended Retention of a Foreign Object
- Intraoperative or Immediate Postoperative Death of an ASA Class 1 Patient

Product or Device Events

- Death or Serious Injury Related to Contaminated Drugs, Biologics, or Devices
- Death or Serious Injury Related to Device Misuse or Malfunction
- Death or Serious Injury Due to Intravascular Air Embolism

Patient Protection Events

- Discharge of a Patient/Resident of Any Age to Other Than Authorized Person
- Death or Serious Injury Associated with Patient Elopement
- Patient Suicide, Attempted Suicide, or Self-Harm That Results in Serious Injury

SRE Types

Care Management Events

- Death or Serious Injury Associated with a Medication Error
- Death or Serious Injury Associated with Unsafe Blood Product Administration
- Maternal Death or Serious Injury Associated with Low-Risk Pregnancy Labor or Delivery
- Death or Serious Injury of a Neonate
- Death or Serious Injury Associated with a Fall
- Stage 3, Stage 4 or Unstageable Pressure Ulcer
- Artificial Insemination With Wrong Donor Sperm or Egg
- Death or Serious Injury from Irretrievable Loss of a Specimen
- Death or Serious Injury from Failure to Follow Up on Test Result

SRE Types

Environmental Events

- Patient or Staff Death or Serious Injury Associated with an Electric Shock
- Any Incident In Which No Gas, Wrong Gas or Contaminated Gas Delivered to Patient
- Patient or Staff Death or Serious Injury Associated with a Burn
- Death or Serious Injury Associated with Restraints or Bedrails

Radiologic Events

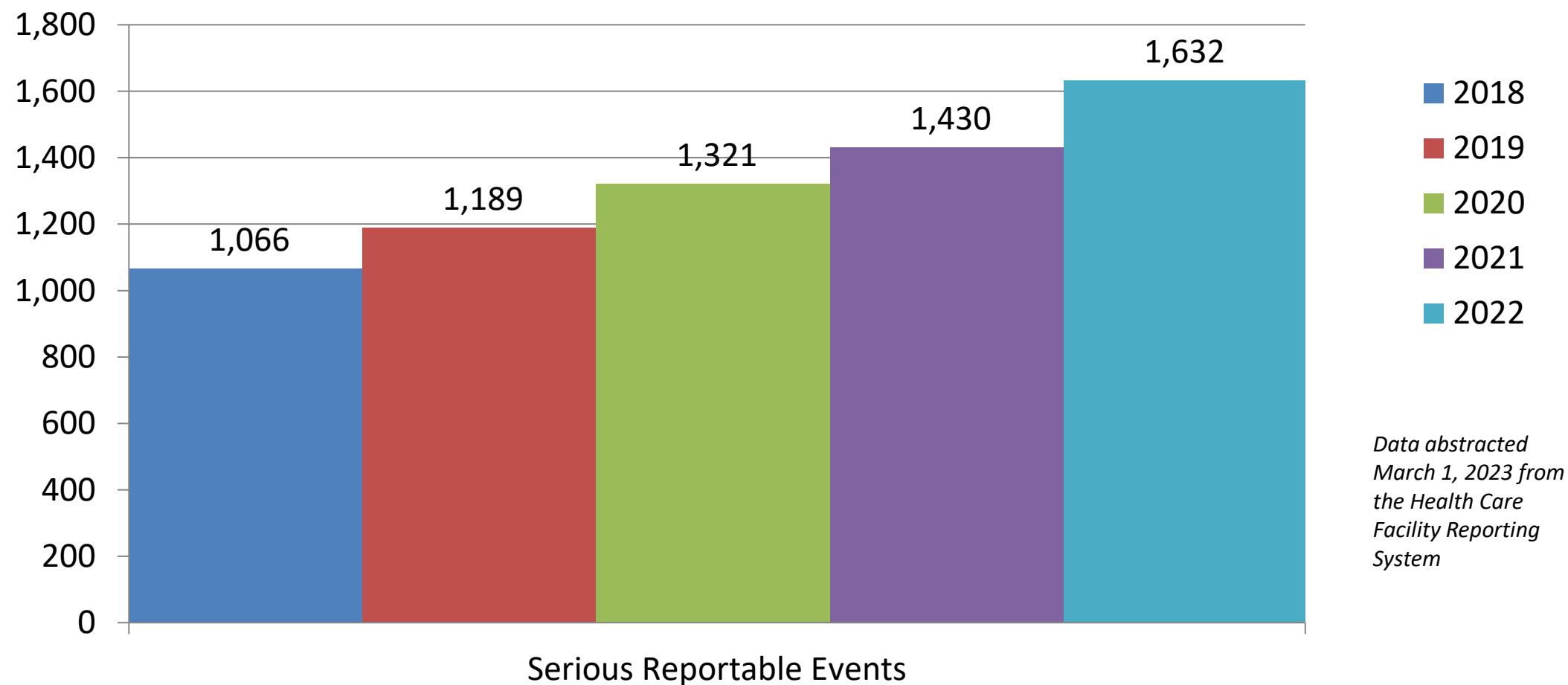
- Death or Serious Injury of Patient or Staff Associated with Introduction of a Metallic Object Into MRI Area

Potential Criminal Events

- Any Instance of Care Provided by Someone Impersonating a Health Care Provider
- Resident/Patient Abduction
- Sexual Abuse/Assault on a Patient or Staff Member
- Death or Serious Injury of Patient or Staff Member as a Result of Physical Assault

Acute Care Hospital: Total SREs

Total Number of SREs in Acute Care Hospitals by Year

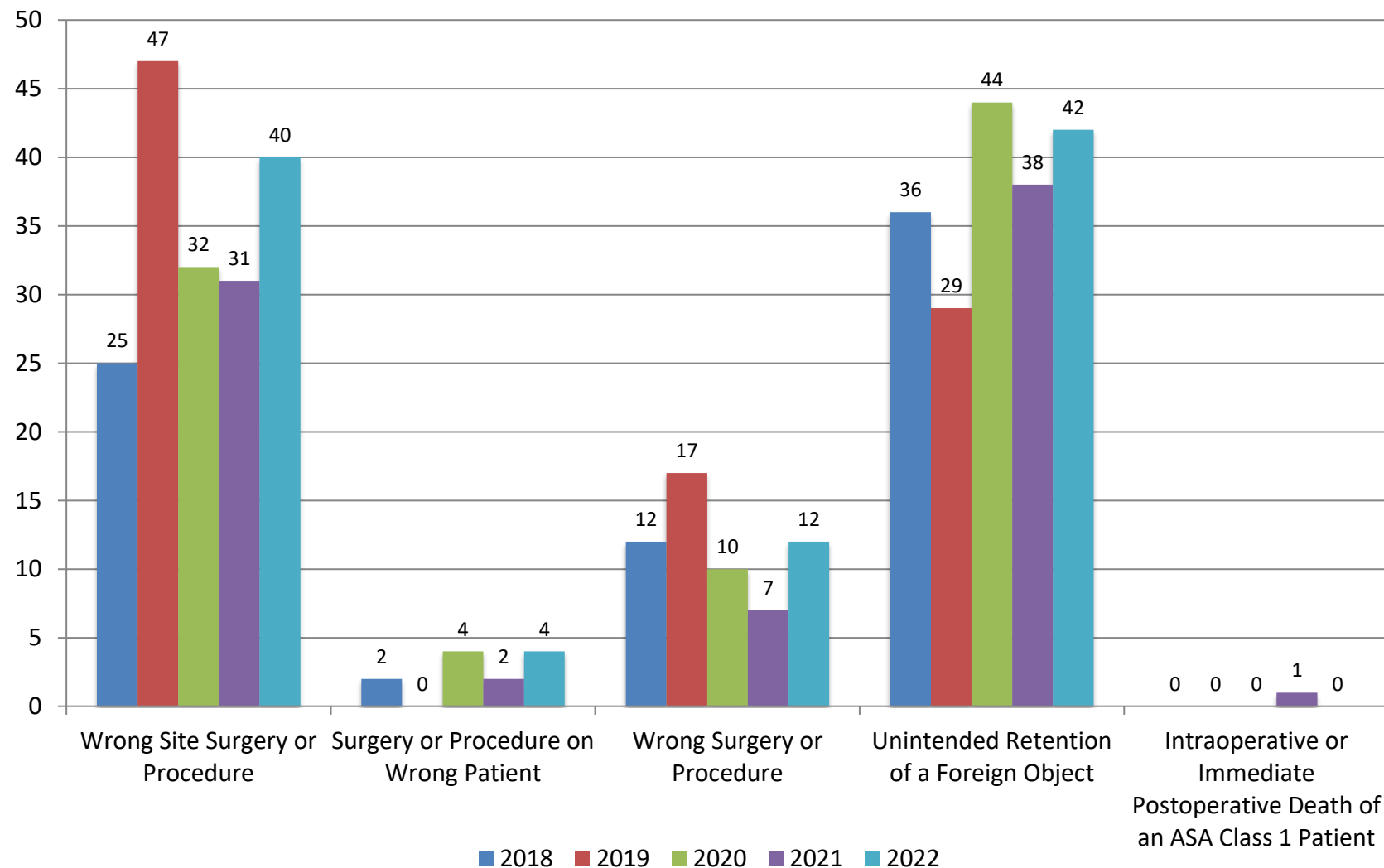


Acute Care Hospital: Surgical Event SREs

Key Findings

For 2022, surgical events increased, approaching levels seen prior to 2020.

The most frequently reported outcome is that patients require an additional surgery or monitoring.



Data abstracted March 1, 2023 from the Health Care Facility Reporting System

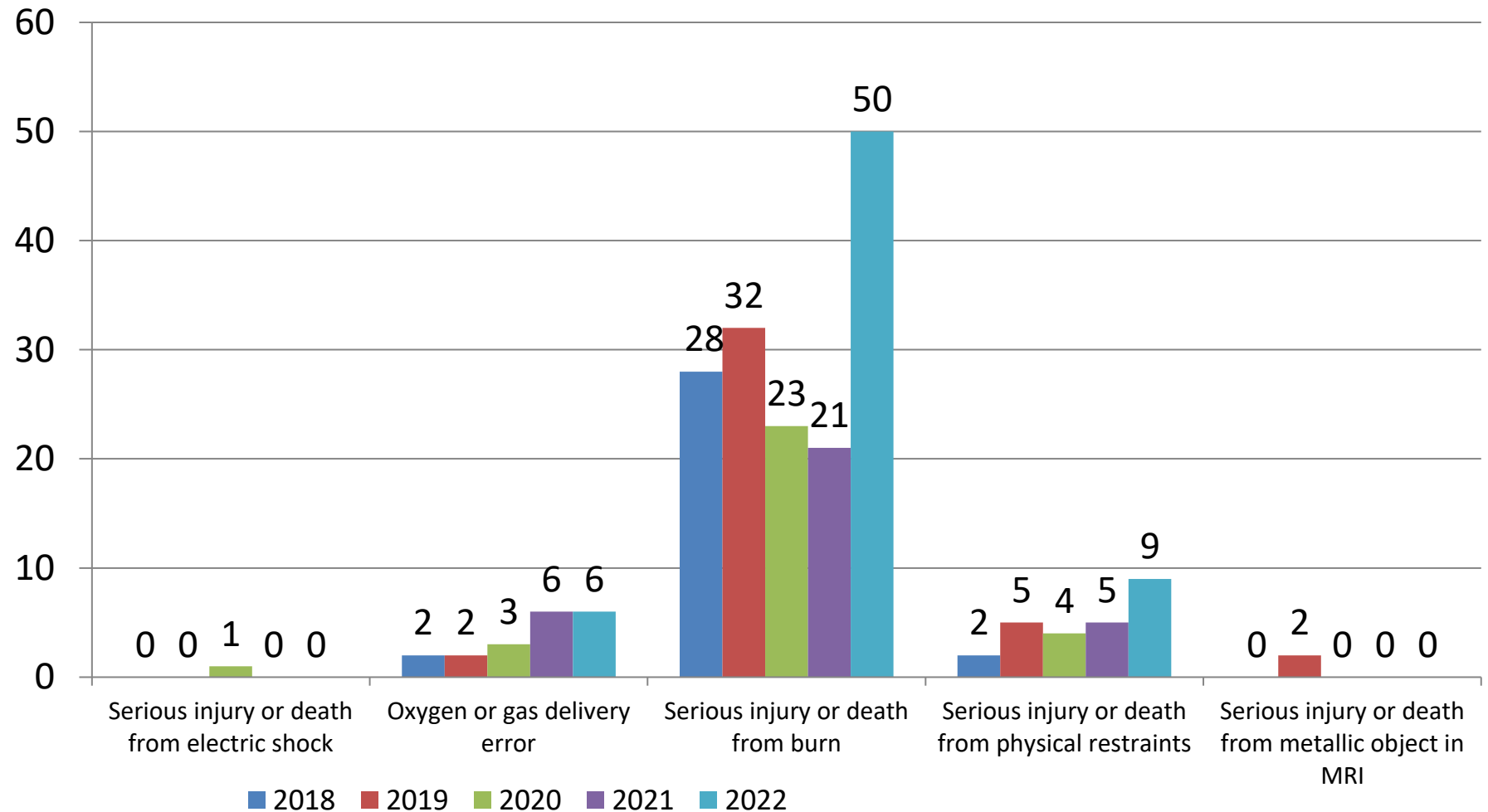
Acute Care Hospital: Environmental Event SREs

Key Findings

Burn events, the most common in this category, represent second degree or more severe burns.

Burn events result from equipment including radiology machines and cautery devices, hot packs and hot beverage spills. Most resolve during the course of the hospital stay without complications.

Data abstracted March 1, 2023 from the Health Care Facility Reporting System

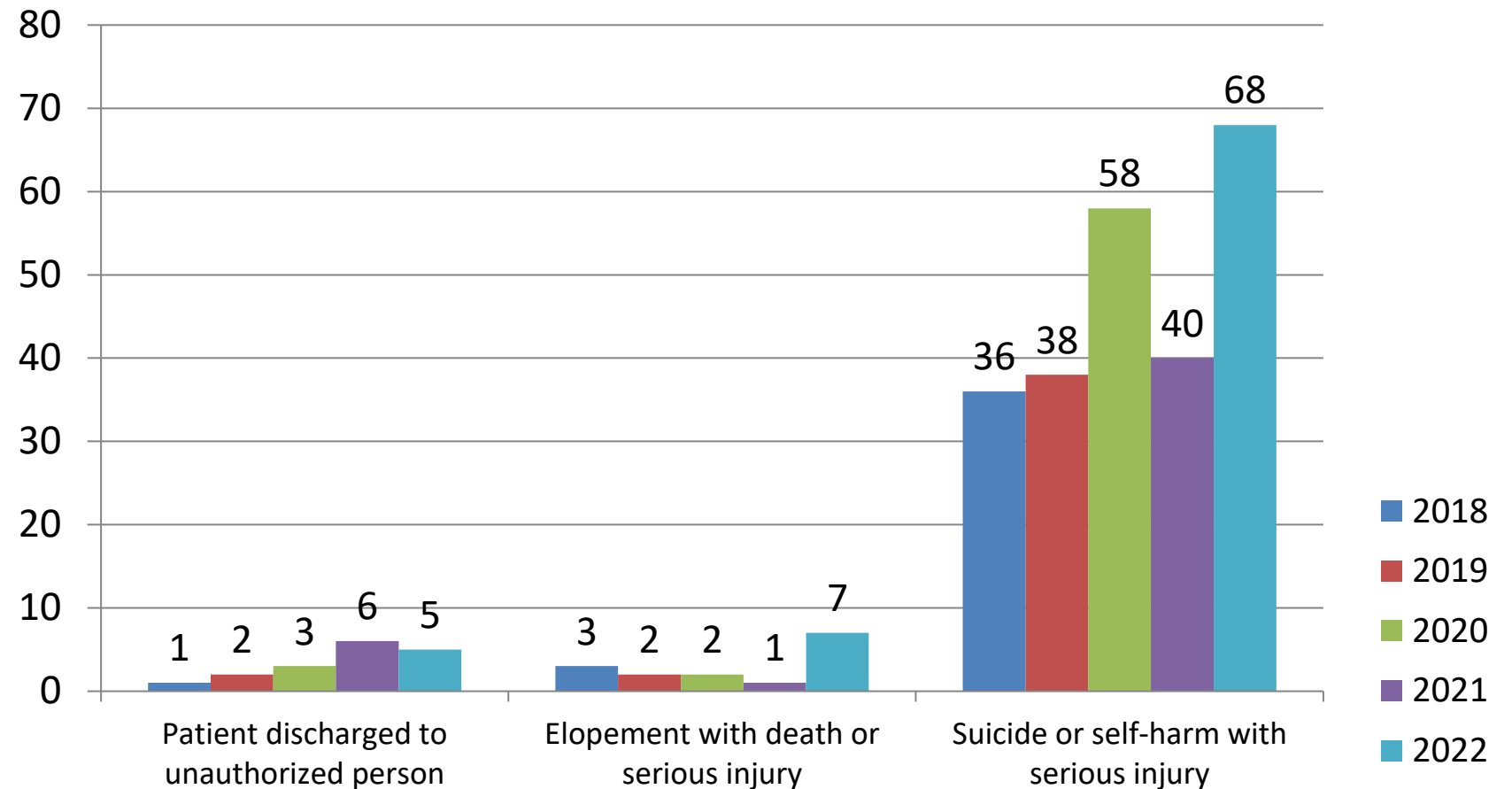


Acute Care Hospital: Patient Protection Event SREs

Key Findings

Suicide and self-harm with serious injury are the most common SRE in this category. Cutting or injury with an object and ingesting objects were the most common events, followed by medication overdose and hanging/strangulation/intentional hypoxia. Most of these events occurred in adults aged 26-65 but one third were among adolescents aged 12-19.

Data abstracted March 1, 2023 from the Health Care Facility Reporting System

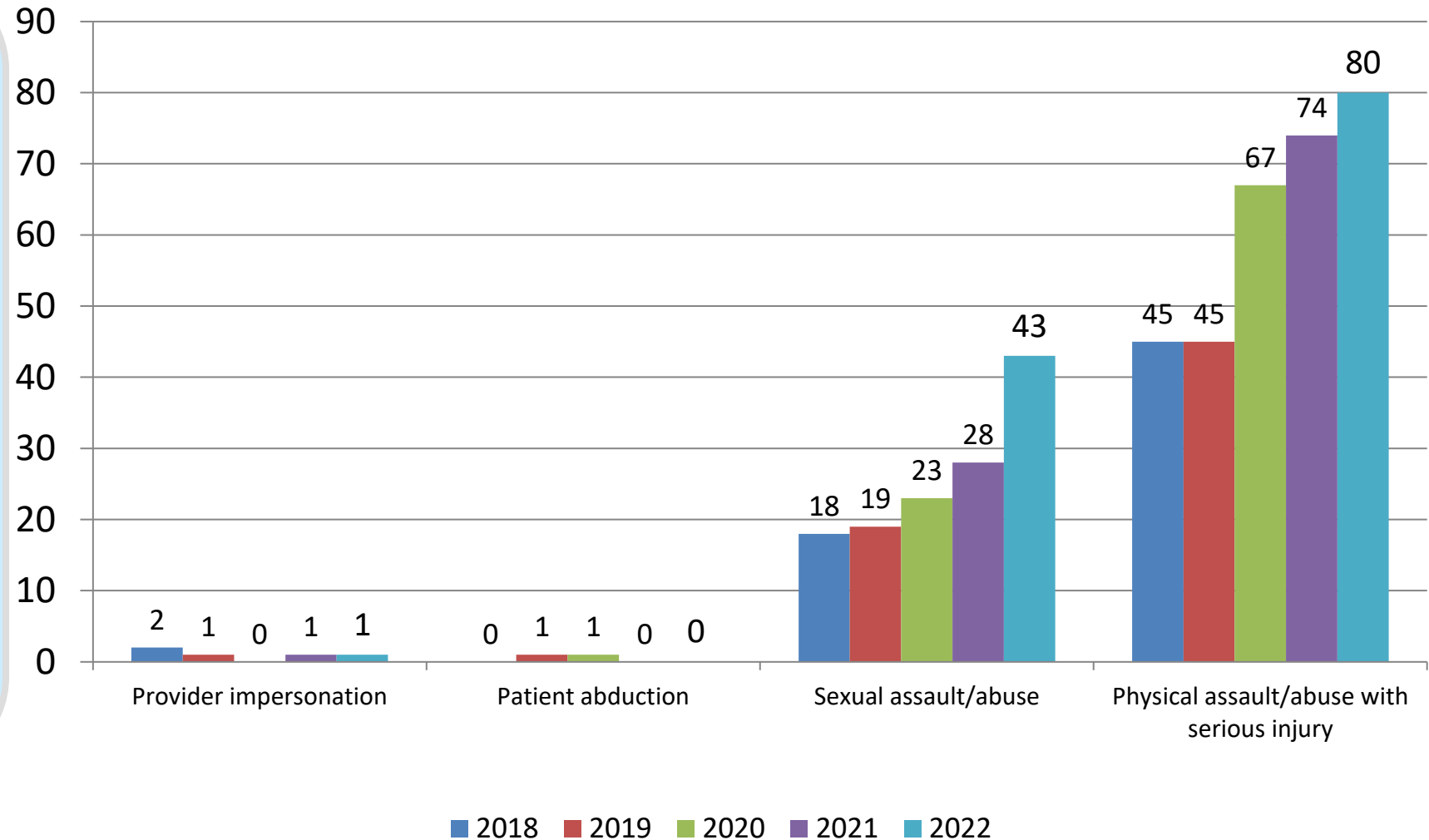


Acute Care Hospital: Potential Criminal Event SREs

Key Findings

Over half of the physical assaults or abuse events that resulted in serious injury were patient on clinical staff, security, or EMT encounters, often resulting in lost work time.

Emergency departments followed by inpatient medical/surgical and psychiatric units are the most frequently reported location within the hospital for these events to occur.

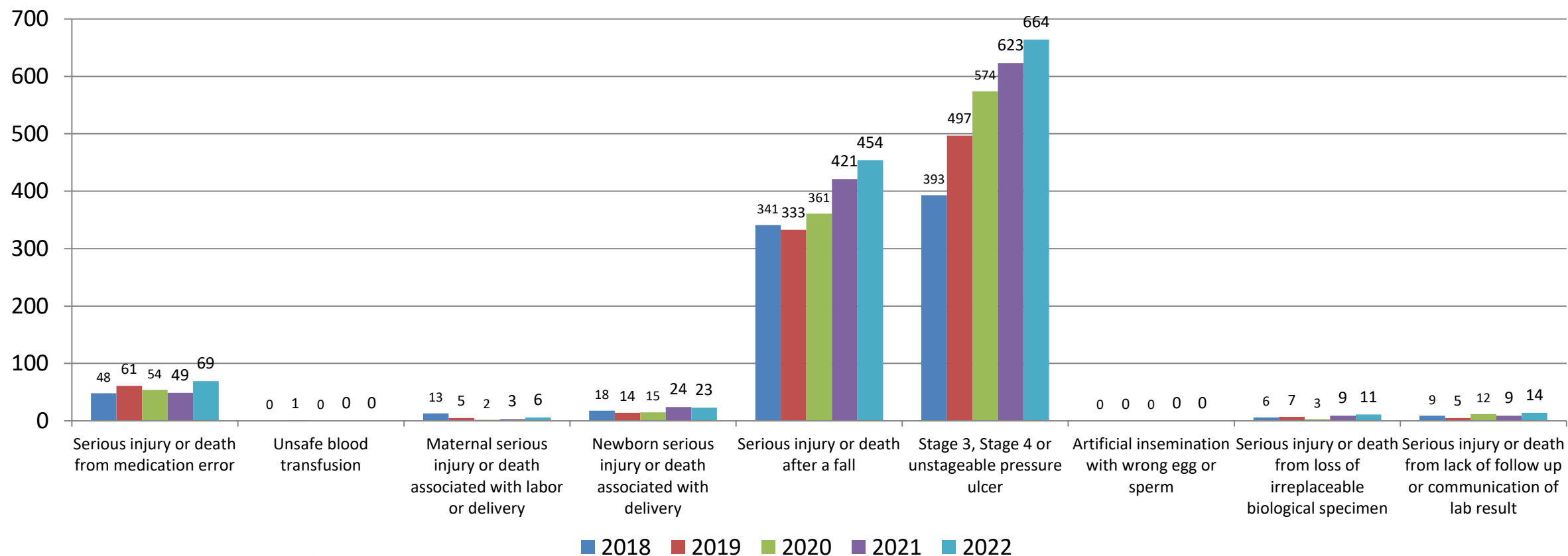


Data abstracted March 1, 2023 from the Health Care Facility Reporting System

Acute Care Hospital: Care Management SREs

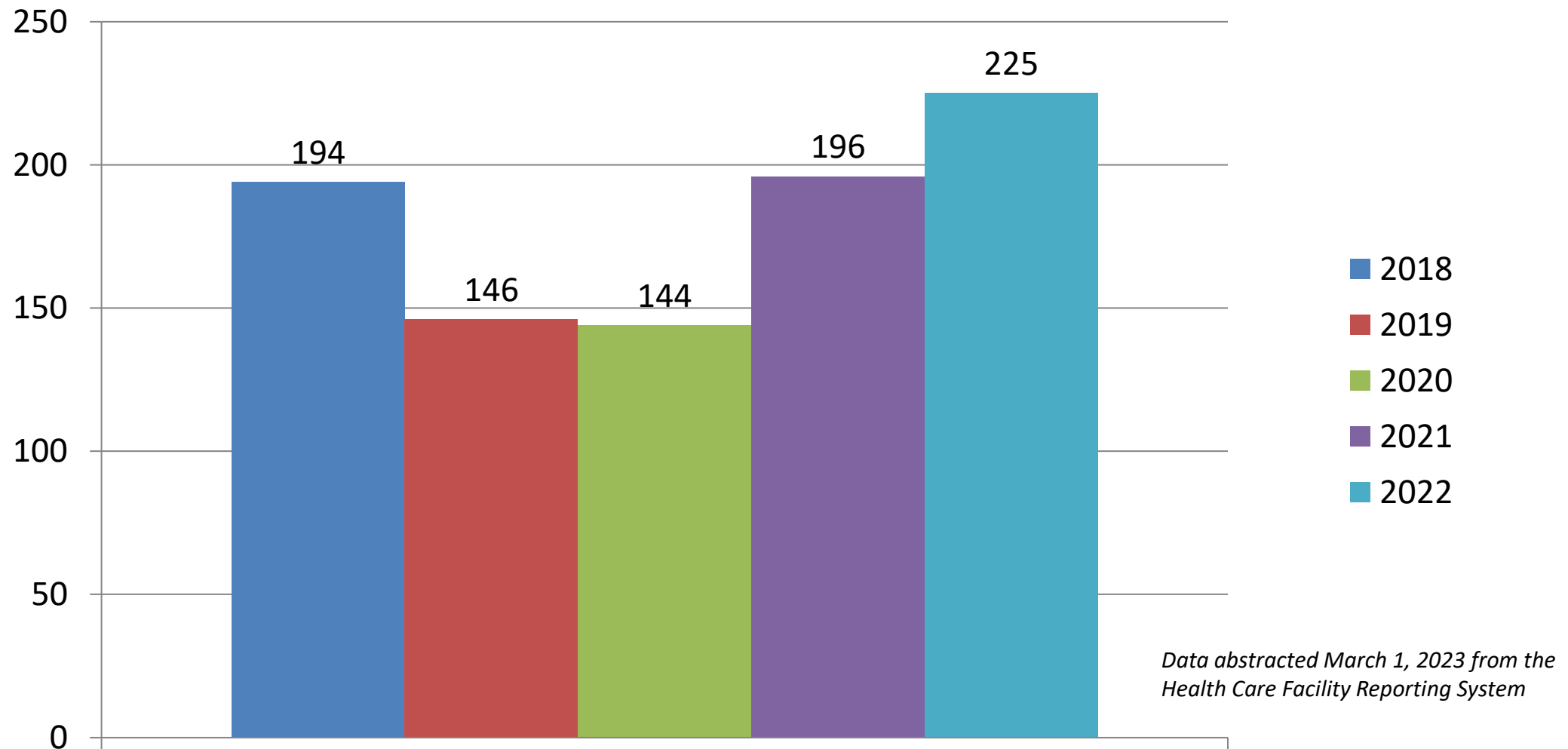
Key Findings

Pressure ulcers and falls that result in serious injury are the two most reported events. Pressure ulcers are most frequently reported as occurring on the back or spine (40%) followed by ones reported on the head or neck (20%).



Data abstracted March 1, 2023 from the Health Care Facility Reporting System

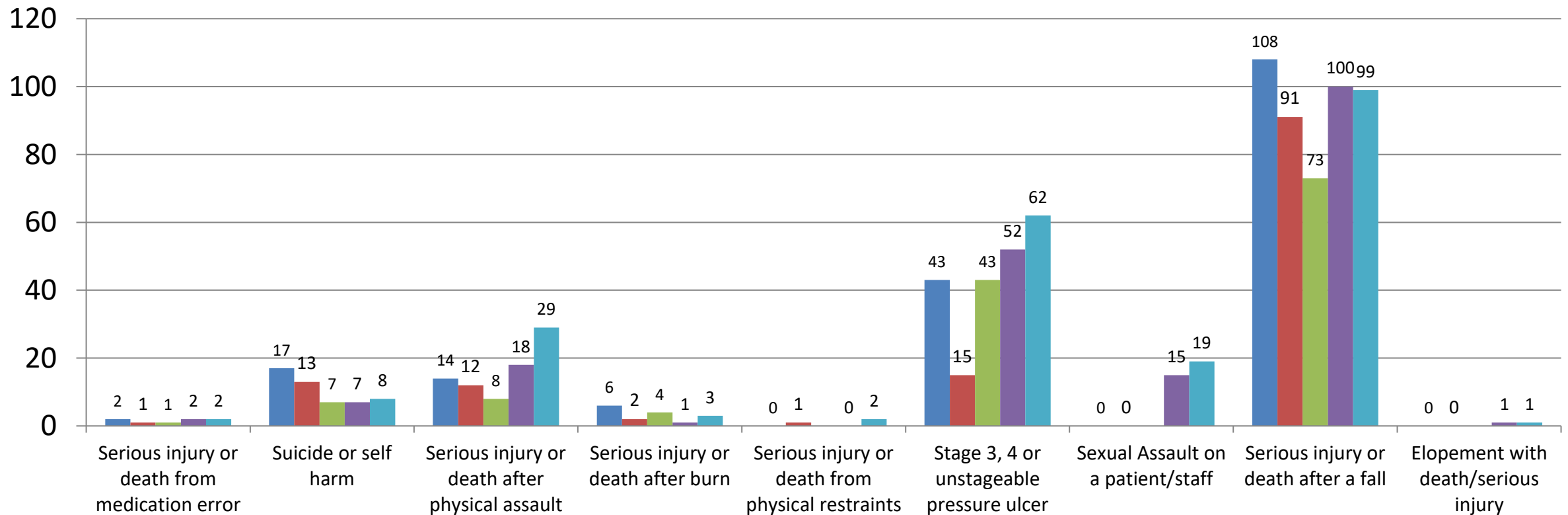
Non-Acute Care Hospital: Total SREs



Non-Acute Care Hospital: SREs by Category

Key Findings

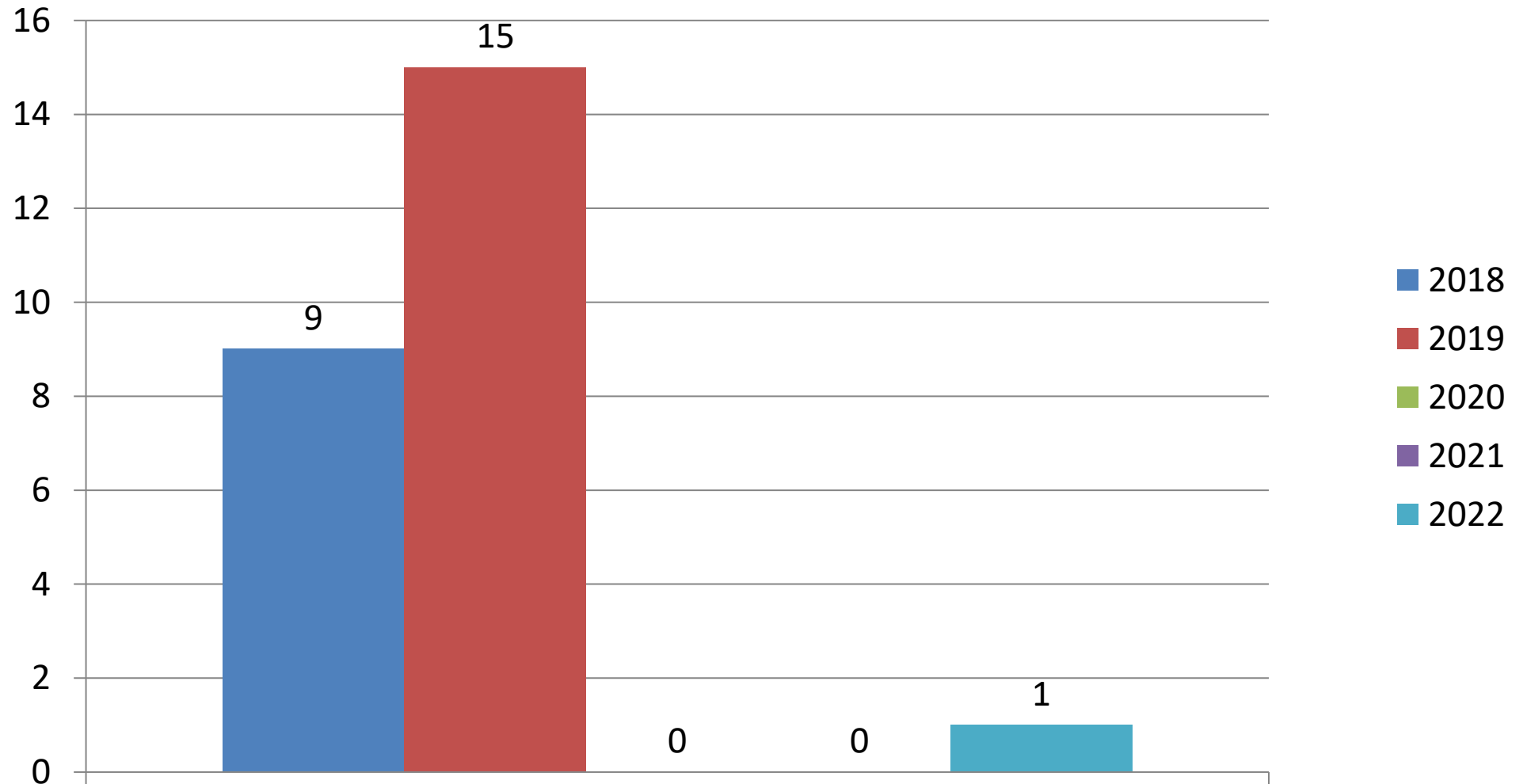
There are three types of non-acute hospitals: public health, rehabilitation or psychiatric. Like acute care hospitals, falls and pressure ulcers continue to be the most common events.



Data abstracted March 1, 2023 from the Health Care Facility Reporting System

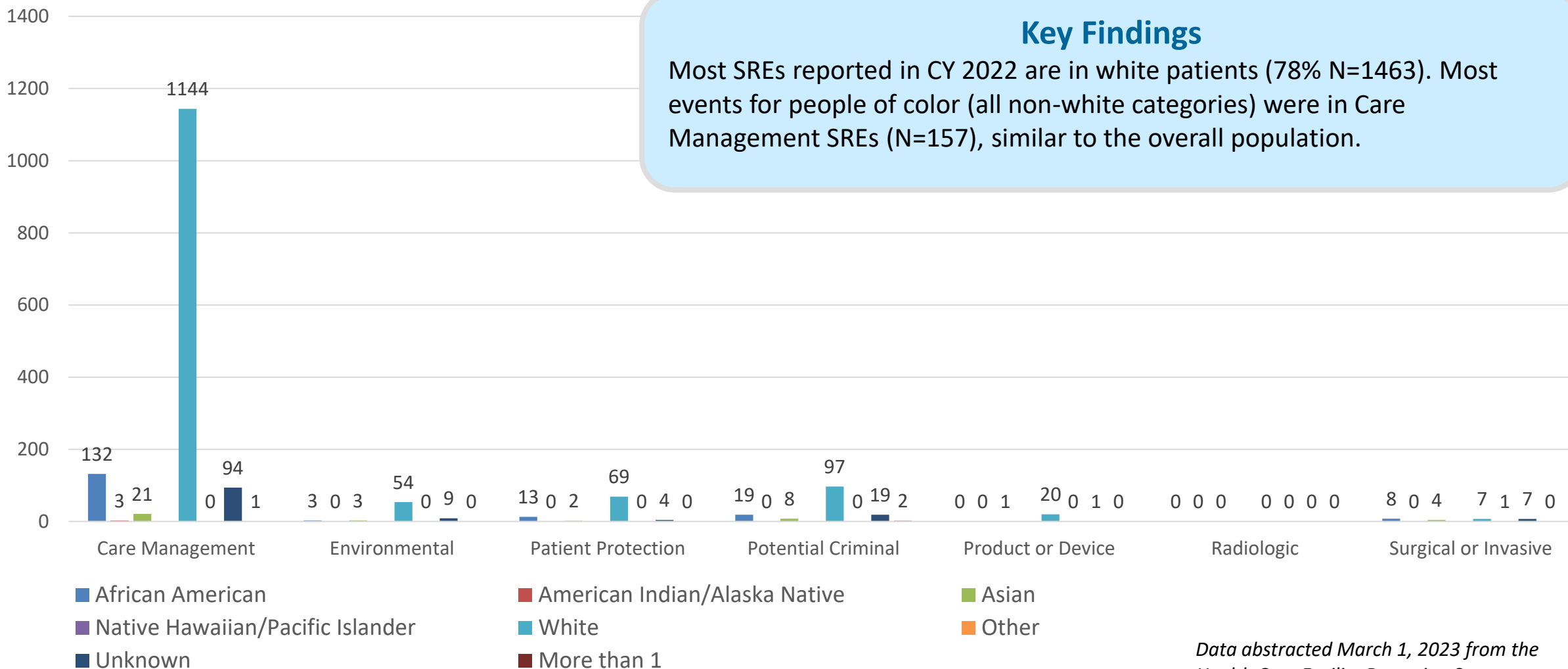
■ 2018 ■ 2019 ■ 2020 ■ 2021 ■ 2022

Ambulatory Surgical Centers: Total SREs



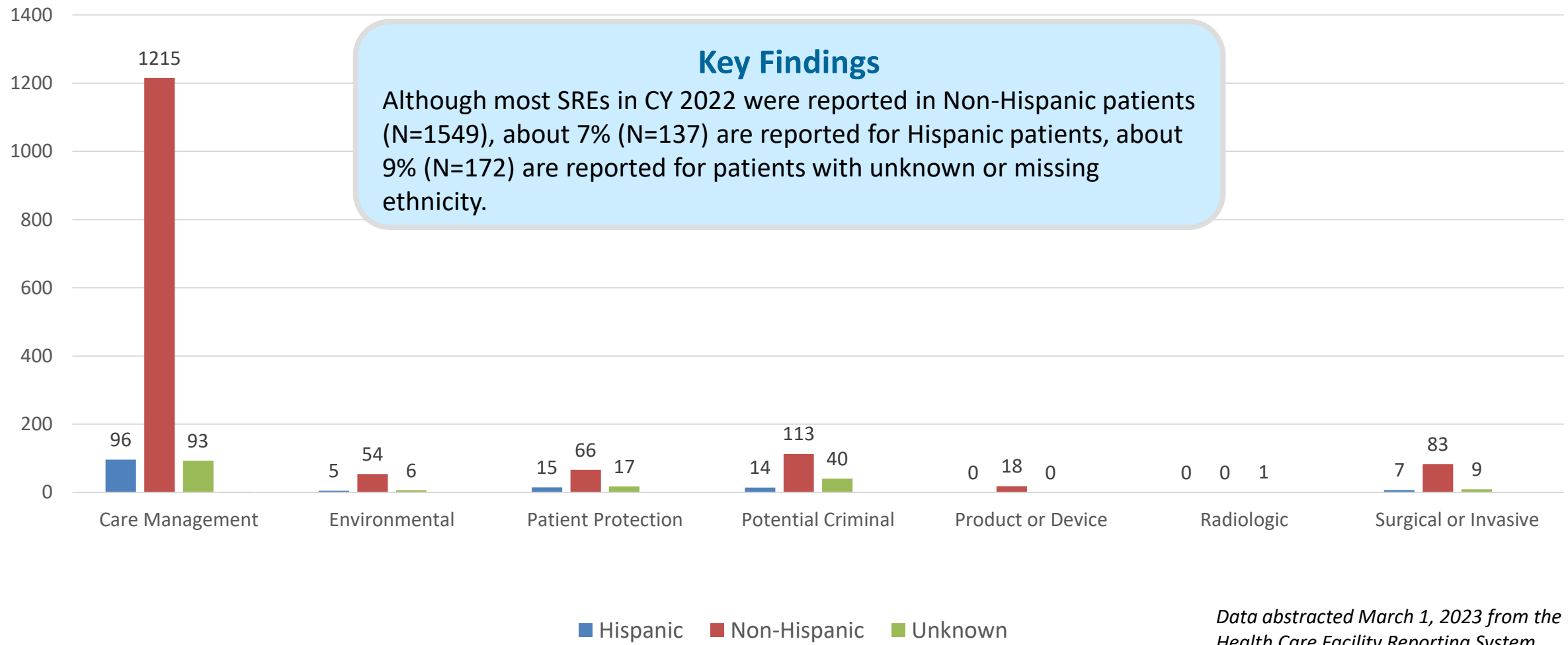
*Data abstracted April 1,
2023 from the Health Care
Facility Reporting System*

SRE Types by Race



Data abstracted March 1, 2023 from the Health Care Facility Reporting System

SRE Types by Ethnicity



Data abstracted March 1, 2023 from the Health Care Facility Reporting System

Quality Improvement Activities

- Working with individual facilities after an SRE occurs to develop corrective action plans and prevent an event of a similar type from happening in the future.
- Continued collaboration with DPH's Suicide Prevention Program to share event data and promote use of online curriculum detailing best practices for reducing suicide and self-harm in the facility setting.
- Actively participating in MA Coalition for the Prevention of Medical Errors.
- Partnering with Betsy Lehman Center to address SRE trends and maintain an Interagency Service Agreement to allow for more seamless data sharing, as intended by the 2012 cost containment act.
- Exploring opportunities to collaborate with stakeholders to decrease incidence of pressure injuries and falls including:
 - Scheduled presentation to ASC sector organization in June.
 - Planning presentations to New England Region Wound, Ostomy, and Continence Nurses Society, and the Massachusetts Society for Health Care Risk Management



Massachusetts Department of Public Health

Thank you for the opportunity to present this information today.

Please direct any questions to:

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Massachusetts Department of Public Health

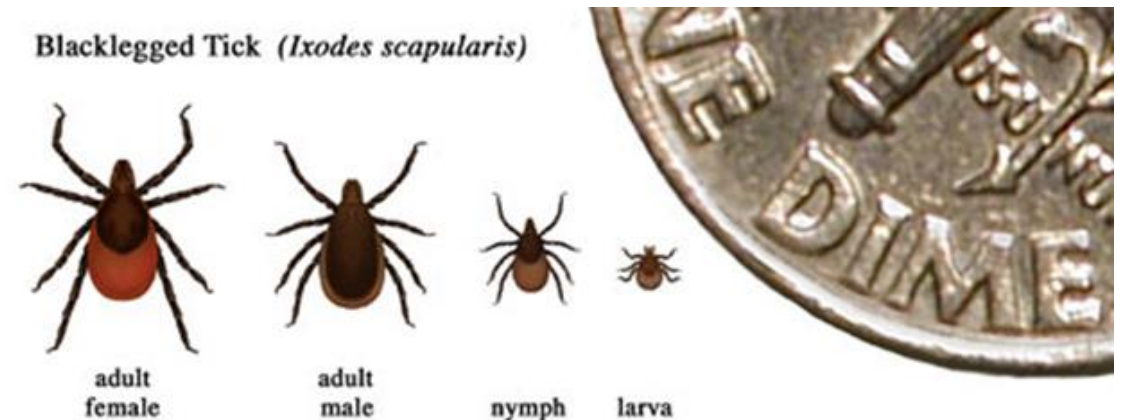
Update: Tick-borne Disease Surveillance in Massachusetts

Catherine M. Brown, DVM, MSc, MPH

State Epidemiologist/State Public Health Veterinarian

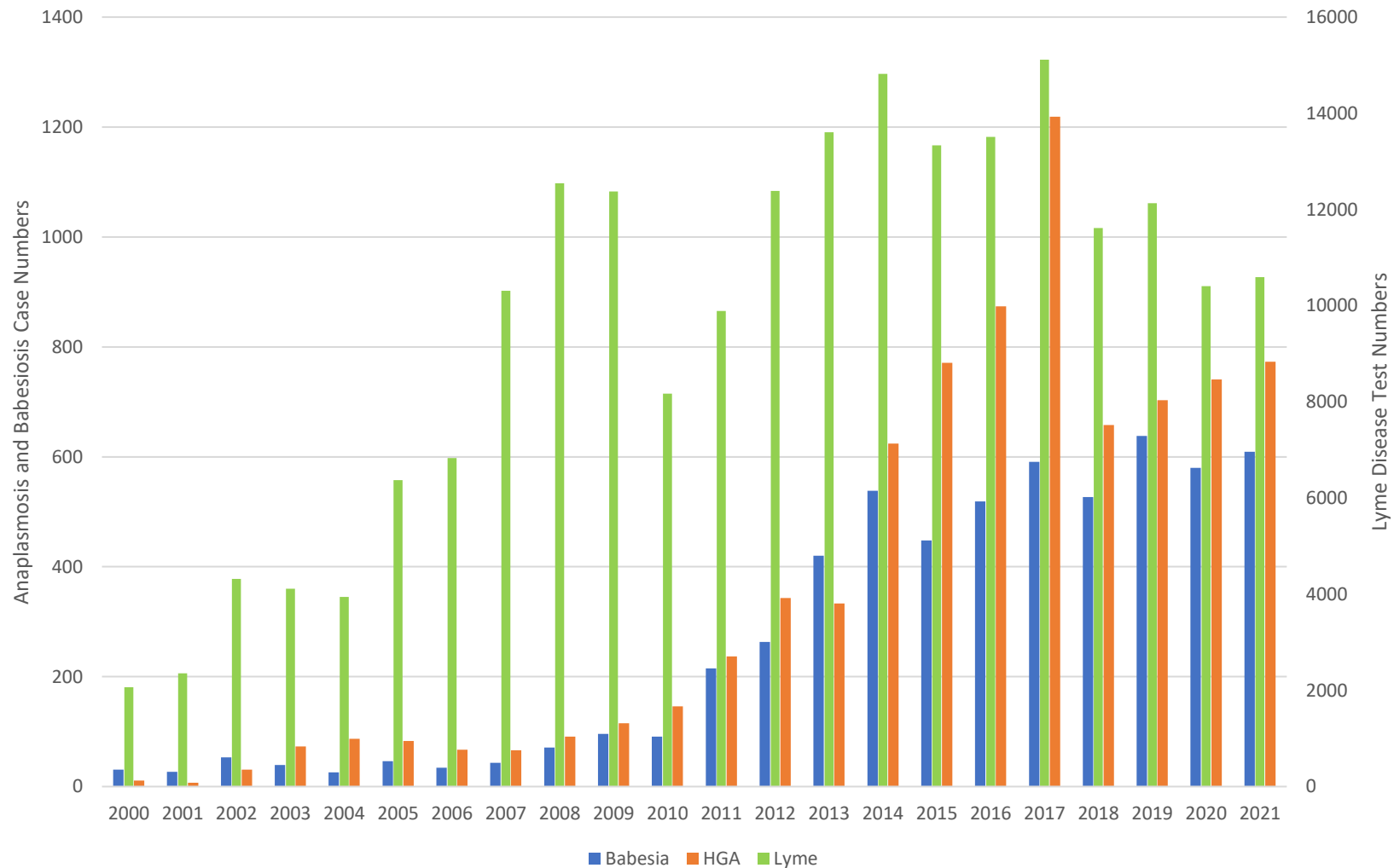
Tick-borne Diseases Transmitted by *Ixodes scapularis*

- Lyme Disease (*Borrelia burgdorferi*)
 - Early and late manifestations, persistent symptoms in some
- Anaplasmosis (*Anaplasma phagocytophilum*)
 - Bacteria that invades white blood cells: fever, headache, muscle aches, chills, sweating, nausea, and vomiting
- Babesiosis (*Babesia microti*)
 - Red blood cell parasite: fever, chills, anemia
- *Borrelia miyamotoi*
 - Bacteria that causes relapsing fever
- Powassan/Deer Tick Virus
 - Flavivirus related to WNV



Data Presentation Prior to 2023

People Tested with a Positive Result for Lyme Disease, and
Confirmed and Probable HGA and Babesiosis Cases

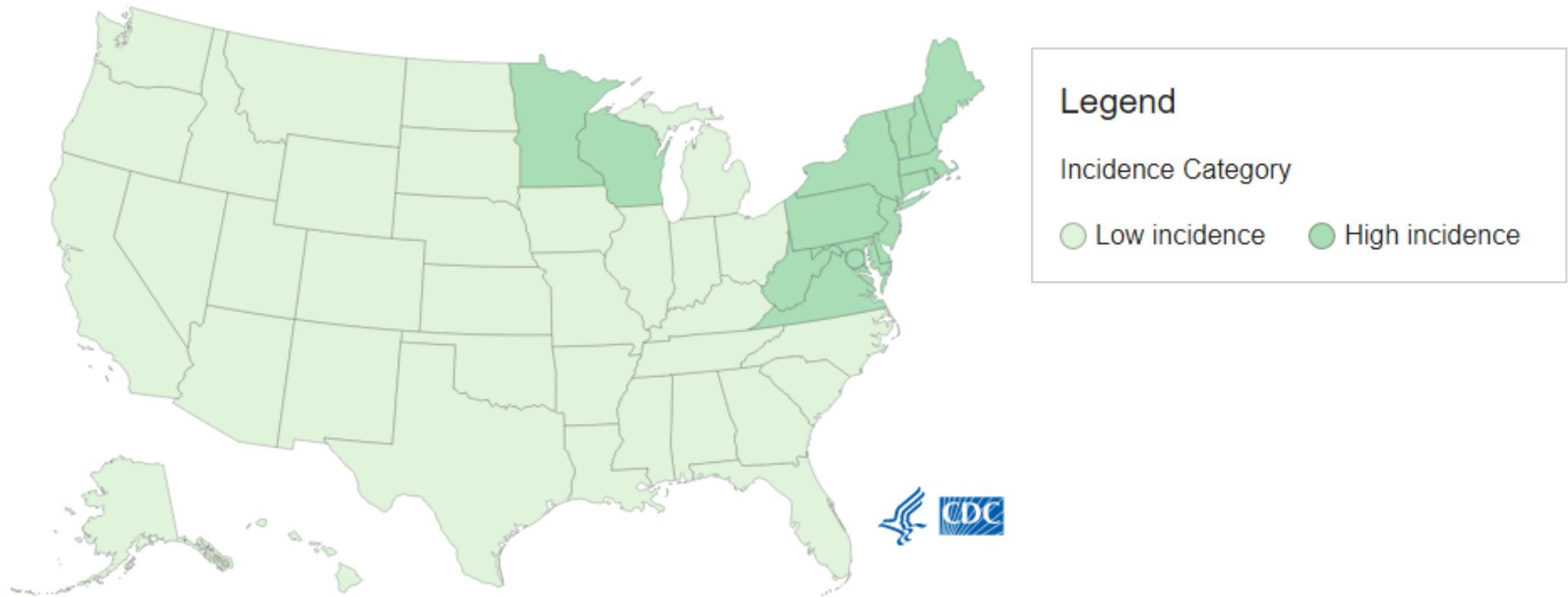


Change to National Lyme Case Definition

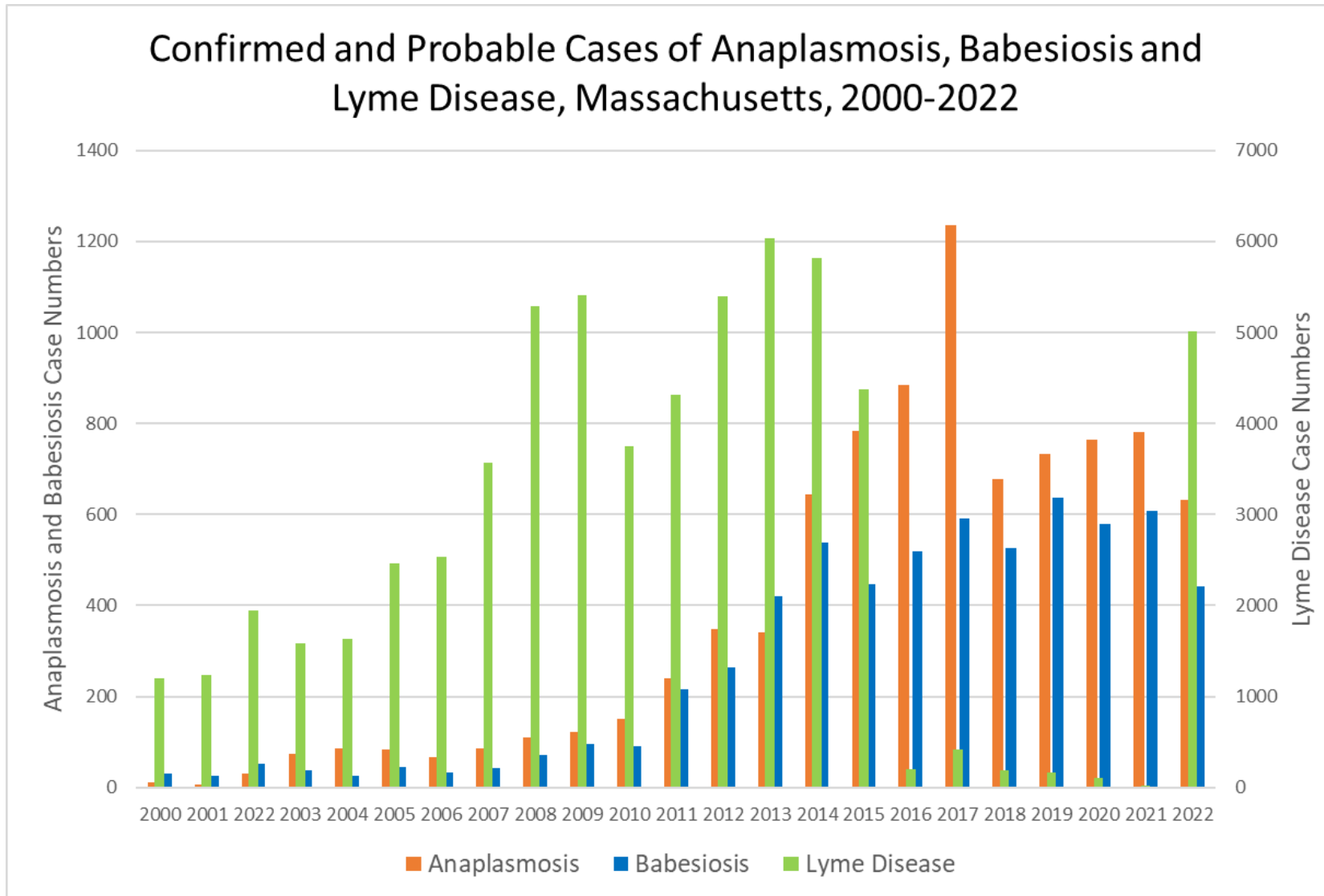
- Divided into high and low incidence areas
- MA is high incidence
- Use laboratory testing only to define cases
 - More sustainable surveillance strategy
 - Makes data more comparable across jurisdictions
- Added a modified two-tier testing algorithm
 - FDA approved
 - More sensitive in early disease
- 2022 is the first year using this definition

High Incidence Jurisdictions

Map of Lyme disease incidence* categories – United States 2019

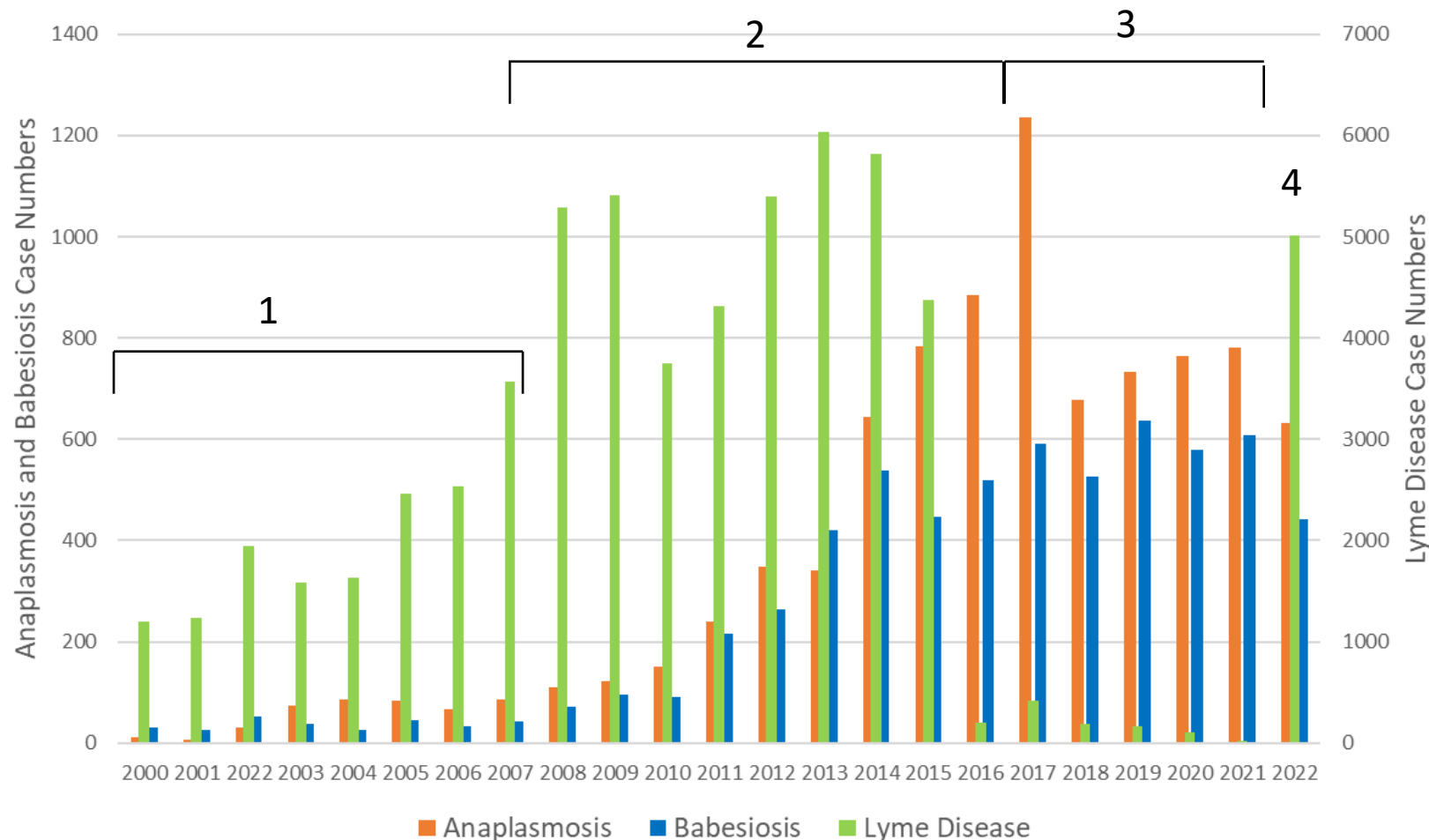


Data Presentation as of 2023



Data Presentation as of 2023

Confirmed and Probable Cases of Anaplasmosis, Babesiosis and Lyme Disease, Massachusetts, 2000-2022



Evolving national Lyme disease case definitions:

- 1 – EM or late manifestation + laboratory testing, confirmed cases only
- 2 – expanded to confirmed, probable and suspect, symptoms + lab testing
- 3 – modified exposure criteria in low incidence states
- 4 – lab testing only in high incidence states, symptoms + lab testing in low incidence

Monthly Tickborne Disease Report

mass.gov/lists/monthly-tickborne-disease-reports



Monthly Tickborne Disease Reports

Monthly Tick Reports show seasonal trends in reported tick bites and tick-borne disease diagnoses in Massachusetts residents.

Highlights

Highlights from the reports:

- Tick activity and tick-borne diseases like Lyme disease, anaplasmosis, babesiosis, Borrelia miyamotoi and Powassan virus, occur year-round in Massachusetts.
- Although tick activity is weather dependent, there are two peaks during the year; the first begins in March/April and lasts through August, and the second occurs in October-November.
- The majority of cases of tick-borne disease occur in June through August.
- Tick-borne diseases are most frequently diagnosed in children and older adults.
- Although not every tick is carrying a disease, it is important to take steps to avoid all tick bites.
- Tick-borne disease prevention includes the use of repellents that contain an EPA-registered active ingredient like permethrin or DEET, wearing light colored clothing to more easily spot ticks, doing daily tick checks and promptly and properly removing any attached ticks.
- Additional information is available at www.mass.gov/dph/tick.

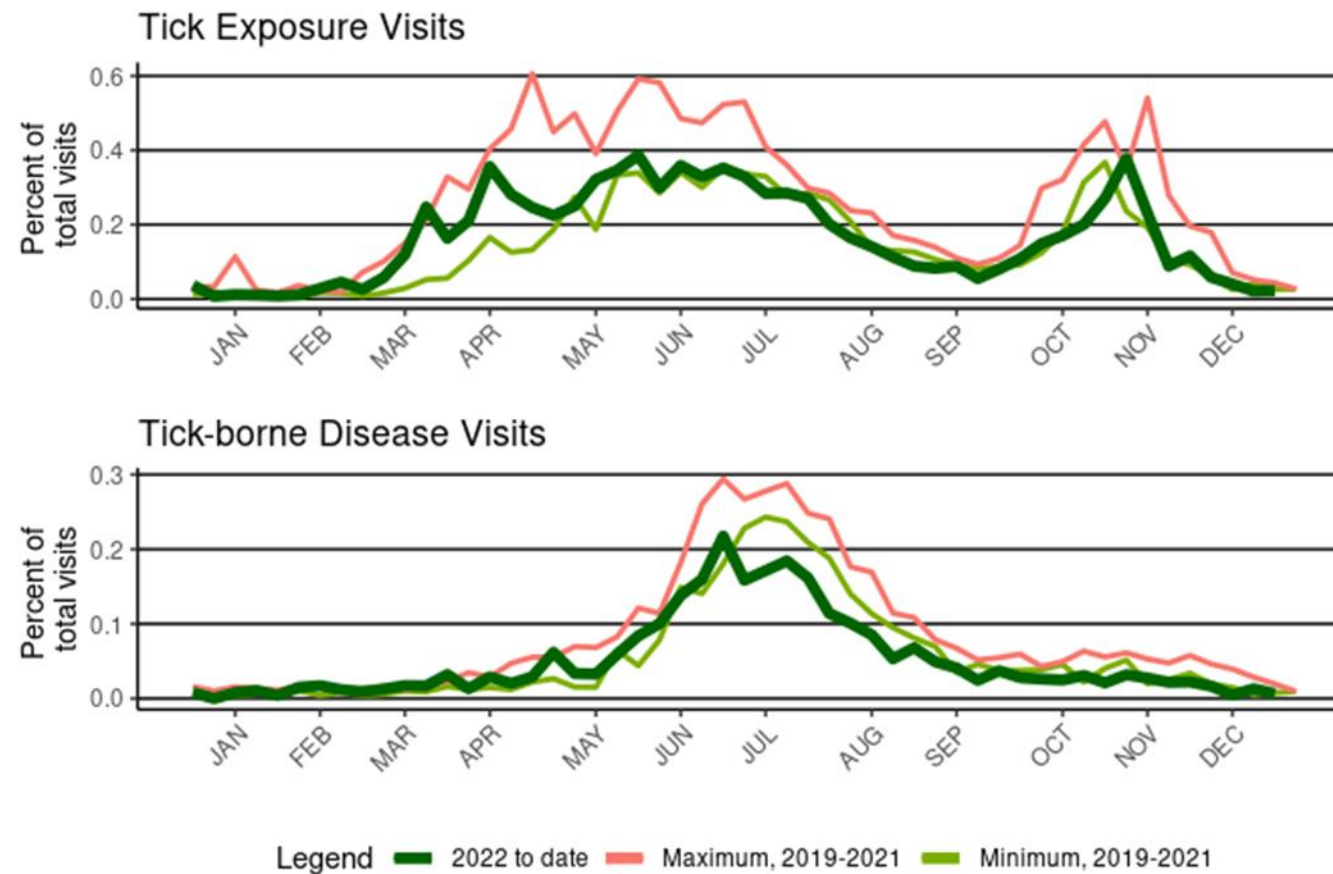
[www.mass.gov/lists/
monthly-tickborne-
disease-reports](http://www.mass.gov/lists/monthly-tickborne-disease-reports)

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Syndromic Surveillance Data - 2022

Tick Exposure Syndrome and Tick-borne Disease:

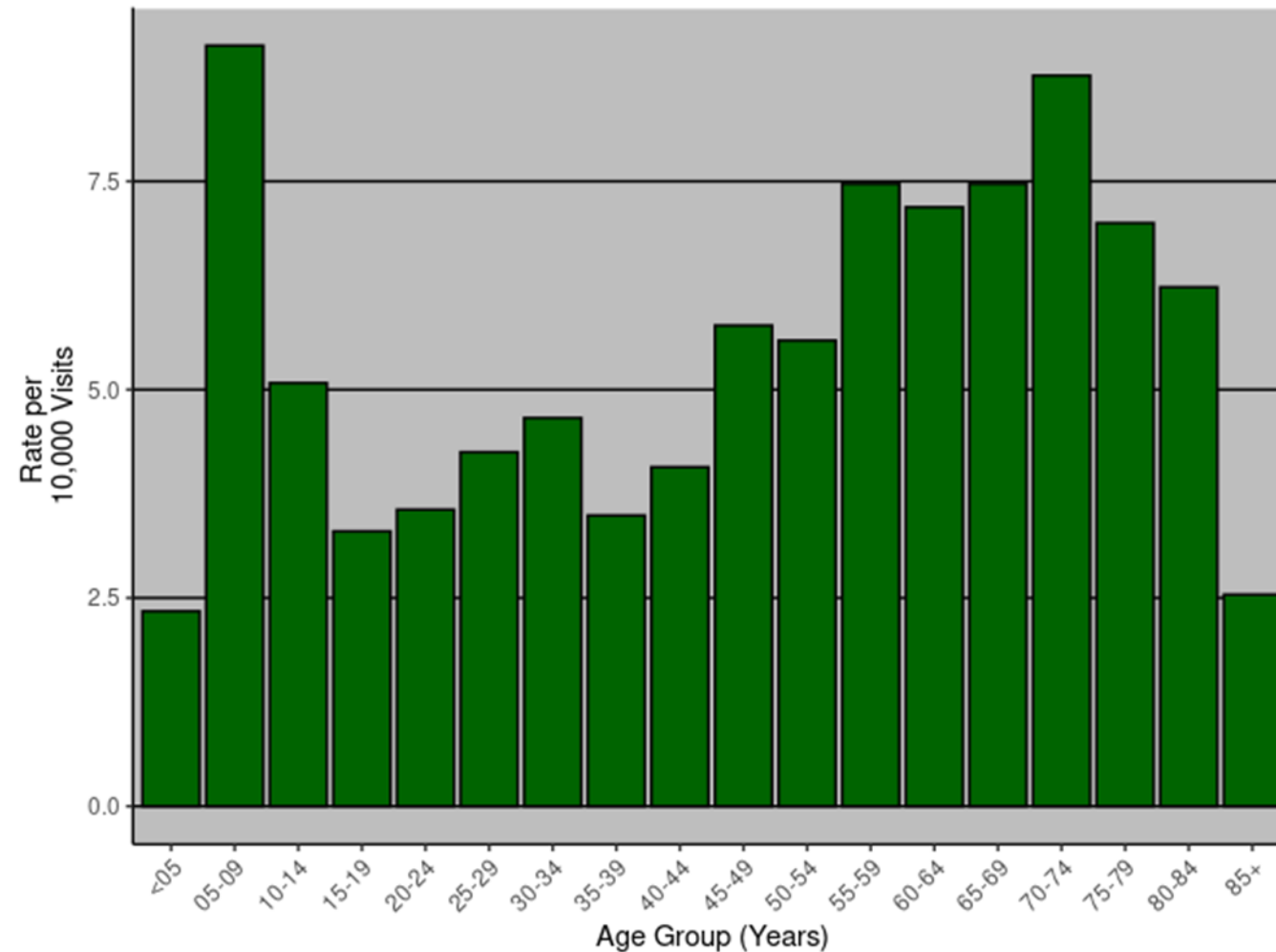
Percent of total ED visits with Tick Exposure and Percent with Tick-borne Disease Diagnosis- 2022



Syndromic Surveillance Data - 2022

Tick-borne Disease:

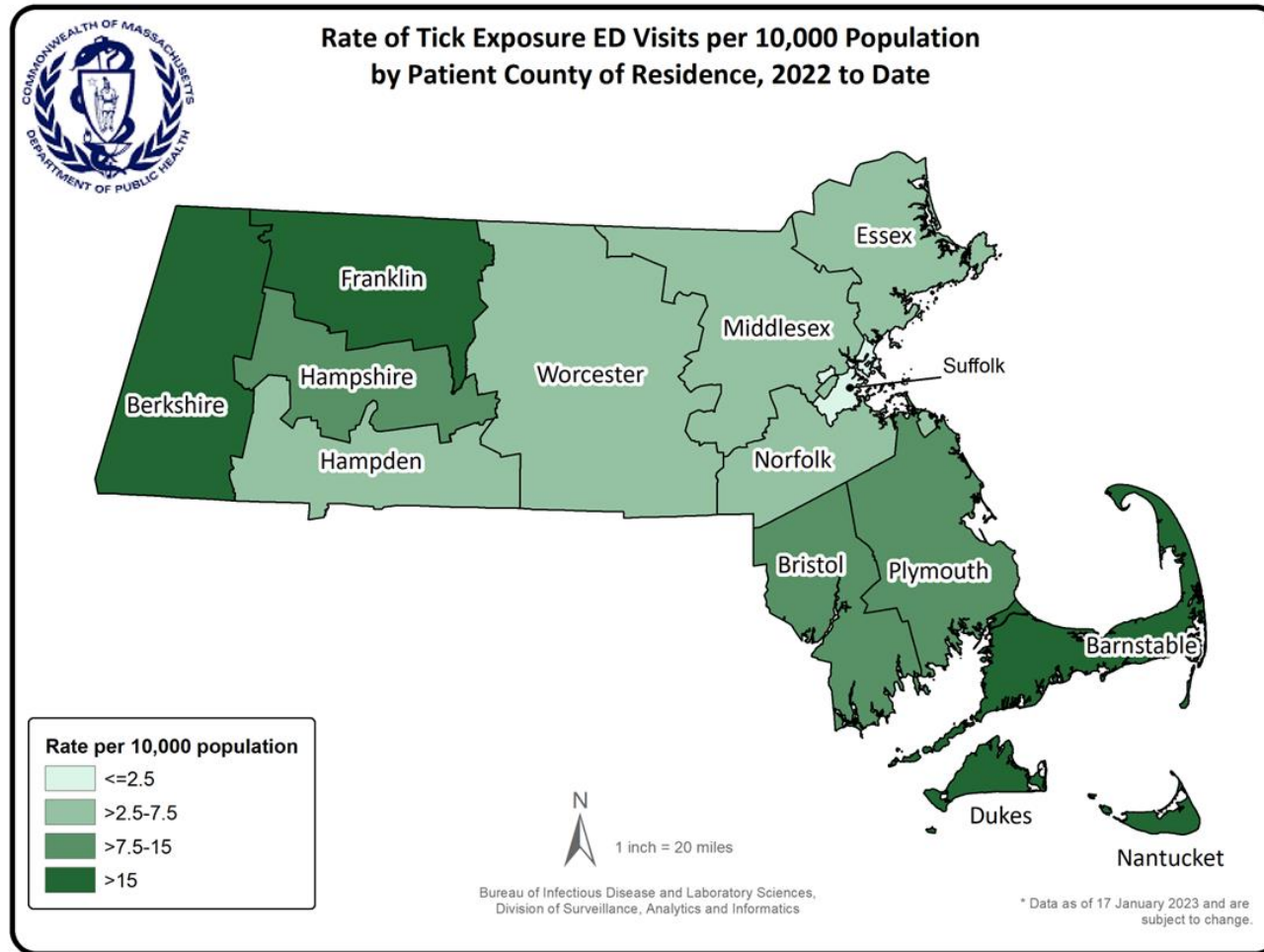
Percent of total ED visits captured by MDPH SyS with a Tick-borne Disease Diagnosis by Age- 2022



Syndromic Surveillance Data - 2022

Tick Exposure:

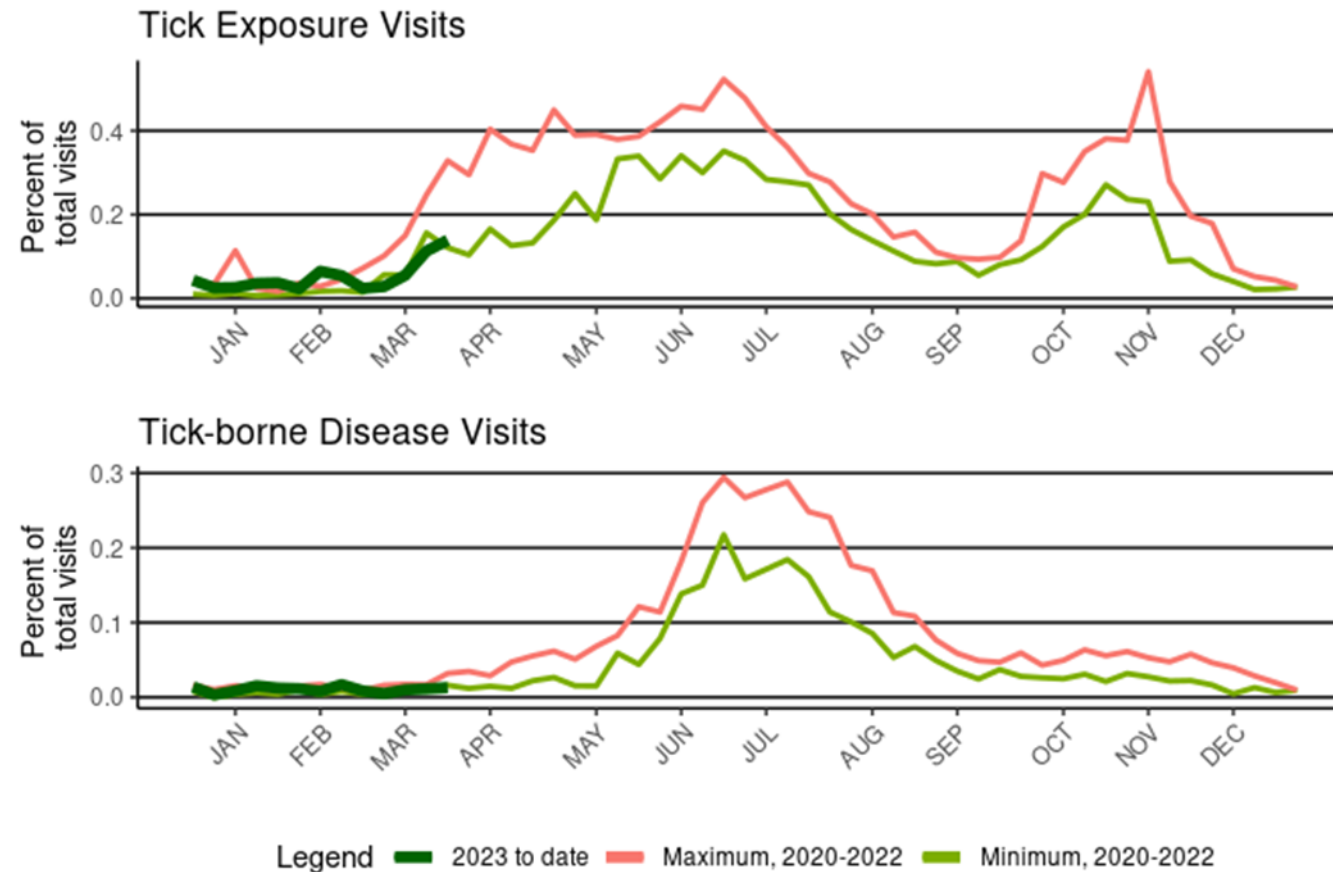
Percent of total ED visits captured by MDPH SyS with a Reported Tick Exposure - 2022



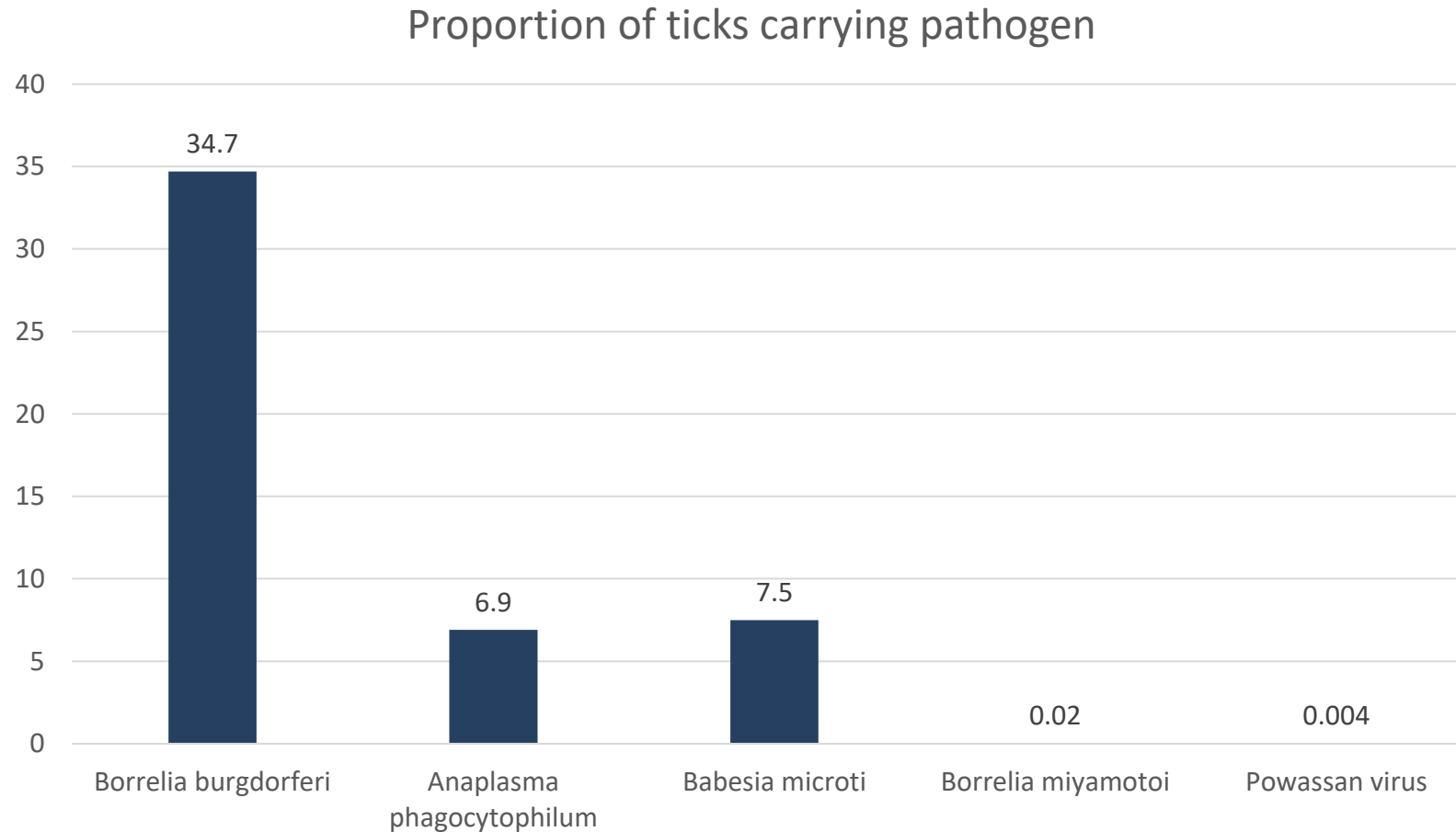
Syndromic Surveillance Data – 2023 through March

Tick Exposure Syndrome and Tick-borne Disease:

Percent of total ED visits with Tick Exposure and Percent with Tick-borne Disease Diagnosis- 2022



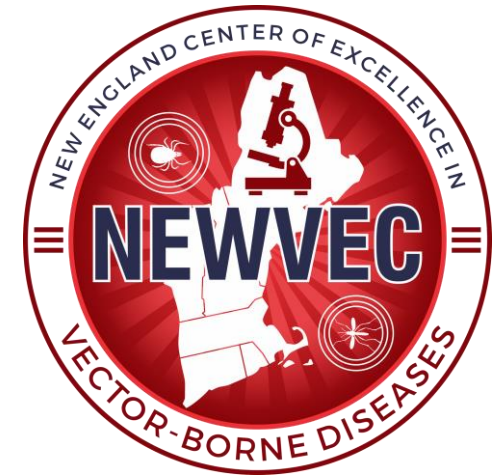
Tick Testing Data from Tick Report



www.tickreport.com/stats (May 1, 2013-May 1, 2022)

New Vector-borne Center of Excellence

- New England Regional Center of Vector-borne Disease (NEWVEC)
 - CDC award to University of Massachusetts Amherst
 - 3 Pillars: Research, Training and Community of Practice
 - Partners:
 - University of Rhode Island
 - Northern Vermont University
 - Western Connecticut State University
 - University of New Hampshire
 - Dartmouth College
 - University of Maine
 - Connected with state and local health departments



www.newvec.org



Massachusetts Department of Public Health

Thank you for the opportunity to present this information today.

Please direct any questions to:

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Bureau of Infectious Disease and Laboratory Sciences

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Massachusetts Department of Public Health

Next Meeting:
June 14, 2023