

Lowell General Hospital  
**Department of Family Medicine**  
November 12, 2021

**Zoom Attendees:** Ashley Adams, BSN, RN; Cindy Cheng, MD; Dierdre Connolly, MD; Christen Fragala, MD; Laura Federico, RN; Paul Harcourt, MD; James Kuin, MD; Denise Mills, MD; Clea Moore, MD; John Ragucci, MD; Christine Smith, RN; Catherine Trinh, MD.

**I. CALL TO ORDER**

The meeting was called to order at 8:02 AM by Dr. Fragala

**II. MINUTES**

The minutes from the previous meeting were accepted as written.

**III. NEW BUSINESS**

No new business at this time.

**IV. Readmission Data**

As requested at the last department meeting, Ms. Smith presented data on year to date (Jan 2021-early Nov 2021) readmissions tied directly to Family Medicine providers. The department average was 4.38% or 144 readmissions out of a total of 3286. Ms. Smith further sorted that data by discharge disposition and medical diagnostic categories. As a large number of the readmissions fell into an undefined diagnostic category, quality will further investigate this category in provide that information at the next meeting. Dr. Cheng asked Ms. Smith if each provider could receive a list of their specific patients who had readmissions this year, as she believes that often the majority of these readmission may be patients with end stage disease who refuse palliative or hospice care. This list of patients would help to differentiate those end stage disease patients from others who the providers may be able to better serve in the future to prevent readmissions. Ms. Smith responded that this can be done and sent to each provider via email.

Dr. Fragala posed a question about heart failure patients and what the process is to refer them to the heart failure clinic, as she has found that some of her patients become a part of this program, while others do not. Dr. Harcourt believed the referrals come from VNA or Merrimack Valley Cardiology. Dr. Miller understands that these patients are referred to this program based on their number of ED visits and hospital admissions. For the next meeting, Ms. Smith will gather specific information on this program and referral process and report back.

Dr. Harcourt asked if the readmission data could also identify behavioral health/psych patients with underlying acute medical condition as these patients may also count for a large number of total readmissions.

At the previous meeting, Dr. Fragala questioned how a patient's hospital stay/course was being communicated to PCPs and how follow up appointments were being made, as she has not seen this consistently occurring with her patients. After speaking with Kelly MacDonald, RN, the coordinator of the Inpatient Admission Prevention Team, Ms. Smith shared that there is an ongoing effort to improve communication with PCPs and scheduling patients for follow up appointments prior to discharge. Some barriers identified were weekend and late evening discharges, for which education is being provided to floor staff encouraging early identification of potential weekend/late evening discharges and

scheduling follow up appointments for the end of the next week. In addition, the team will log any time communication and appointment scheduling is attempted with the PCP but is unsuccessful and two RNs track and review these cases.

## **V. COMMITTEE REPORTS**

### **1. Med Exec Committee**

No new updates since last email was disseminated. The next Med Exec meeting is Wednesday November 17 and Dr. Fragala will send out an email with updates to the department members.

### **2. Labor and Delivery Committee**

Ms. Federico reports Molly Holmes has resigned from her position as clinical manager and Danielle Dolan has been hired as her replacement. Ms. Dolan is currently a clinical manager at Southern New Hampshire Hospital but was also previously an employee at Lowell General and will be returning.

Ms. Federico also shared that work is being done to improve communication between the ED and the OB ED. Such efforts include creation of an algorithm to help identify which patients are appropriate for transfer from ED to OB ED. In addition, there have been changes to DVT prophylaxis and order sets will be updated in Cerner to reflect these changes.

### **3. Cancer Committee**

No new updates at this time. However, Dr. Fragala inquired if any other provider had encountered issues or delays when referring their patients to oncology, as she recently was informed that an oncologist was out on leave and thus no new hematology patients were being accepted unless part of the PHO. The earliest appointments that could be scheduled are in April 2022. Dr. Harcourt added that cardiology referrals are also becoming a challenge as the hospital will be losing 4 cardiologists. Dr. Kuin stated that he felt there was an issue with all specialty referrals and the root cause may not be due to a shortage in providers but rather an administrative issue. Ms. Smith suggested requesting a member of the PHO to attend the next Family Medicine meeting to discuss and address these issues.

### **4. Credentials Committee**

No new updates at this time.

### **5. Infection Control**

Deferred. Currently, there is no Family Medicine representative on this committee. Dr. Fragala asked if anyone is interested in joining this committee to please reach out to her.

### **6. Morbidity and Mortality Council**

On behalf of Dr. Pillai, Dr. Fragala reports no new updates at this time.

**7. Perinatal Committee**

Deferred. Committee will meet in December.

**8. MCH Updates**

Deferred

**VI. Next Meeting**

- Scheduled for Friday, February 11, 2021.

**VII. Adjournment**

The meeting adjourned at 08:20 AM

Respectfully submitted,

*Ashley Adams*

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Ashley Adams BSN, RN

11/12/2021

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Date

Approved:

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Christen Fragala, MD

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Date