

Lowell General Hospital  
**Department of Family Medicine**  
February 11, 2022

**Zoom Attendees:** Lourdes Ada, MD; Ashley Adams, BSN, RN; Cindy Cheng, MD; Dierdre Connolly, MD; Christen Fragala, MD; Laura Federico, RN; James Kuin, MD; Raymond Lewis, MD; Denise Mills, MD; Emelyn Molato, MD; Clea Moore, MD; Dan Nguyen; Frank Osborn, MD; Sangita Pillai, MD; John Ragucci, MD; Christine Smith, RN; Catherine Trinh, MD; Audra Williams, MD

**I. CALL TO ORDER**

The meeting was called to order at 8:03 AM by Dr. Fragala

**II. MINUTES**

The minutes from the previous meeting were accepted as written.

**III. NEW BUSINESS**

Dr. Fragala provided an update on the recently announced transition of inpatient pediatric care from Tufts Children's Hospital to Boston Children's Hospital. At approximately the end of June the pediatric inpatient units, PICU, FL7, Pedi BMT, PPU, will close. However, BCH will collaborate immediately with faculty on any child who needs inpatient services or other services that can no longer be provided. The Pediatric ED space will continue to be maintained. Tufts is committed to continuing uninterrupted and extensive services for children on campus at its outpatient pediatric primary care and sub-specialty clinics, outpatient procedures and surgery, and its level 3 neonatal ICU services, as well as in the community at its current ambulatory service sites. In addition, hospitalist service will continue to be supported at LGH. Dr. Kuin raised a question in regards to referrals to Tufts Children's. Dr. Fragala noted that referrals can continue to be made but suggested only referring patients with short term needs as opposed to those with longer term needs. Dr. Fragala also suggested reaching out to the PHO prior to referral. Dr. Lewis asked how this will affect the center for special needs. Dr. Fragala noted that Tufts has committed to keep some clinics open but there are still many questions that will be answered in the coming months as this plan progresses.

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Dr. Lewis introduced a new provider to the Merrimack Family Medicine Practice, Dr. Audra Williams. Dr. Williams experience includes labor and delivery, as well as addiction medicine. She will officially be starting next month.

**IV. Readmission Data**

Ms. Adams gave an update on the department's readmission data for CY 2021. The total readmissions for the department was 154 out of 3760 total readmissions for an average of 4.1%. Ms. Adams further sorted the data by disposition of index admission, as well as diagnostic category. At the last meeting, a large number of patients fell into an undefined diagnostic category. Ms. Adams and Ms. Smith looked further into these cases and were able to sort each case into a diagnostic category. The largest number of patients (46), fell into the category of Diseases and Disorders of the Circulatory system. 19 of which were patients who were admitted with heart failure. The second largest diagnostic category were patients admitted with a respiratory issue; thirteen of which were admitted with covid or

pneumonia. At the last meeting, it was asked if this data could identify patients who were admitted with behavioral health issues but also had underlying medical issues. Unfortunately, with the available data, we were not easily able to identify these patients other than two who were admitted with etoh/drug abuse withdrawal. After review of this data, Dr. Fragala asked what each provider can do to improve and reduce these readmissions, how can providers get their patients involved with programs like connected care hub and the Heart Failure clinic.

Another question was raised as to whether or not providers could each receive a list of their specific patients. Ms. Smith responded that the quality team will be asking the PHO to provide these lists to each provider. Dr. Lewis asked if this data could be further sorted by patient age, demographic and zip code. Ms. Smith responded that this information could be easily sorted into age and demographic. However, identifying patients by zip code is not a part of the available data but may be something the PHO can assist with.

## **V. COMMITTEE REPORTS**

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

Dr. Fragala will send an email to the group with the latest update.

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

No new updates at this time.

### **3. Cancer Committee**

Deferred

### **4. Credentials Committee**

Dr. Connolly reports that the hospital is looking to adopt the Integrated Massachusetts Application for Credentialing. As it is already currently in use at Tufts and Melrose Wakefield Hospitals, this would help streamline credentialing across Wellforce.

### **5. Infection Control**

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

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

Dr. Pillai offered an update of the Morbidity and Mortality Council and shared several key points of educational data to the group. This data included patients who present with penile pain may be experiencing penile ischemia. In penile ischemia, the penile glands would not look cyanotic but rather pale and woody. In addition, Dr. Pillai shared a case that involved differential diagnoses of covid vs sepsis. In this case, she reported that ordering a procalcitonin level may help determine antibiotic administration. Finally, Dr. Pillai advised when seeing primary care patients in the office post hospital discharge, it may be best practice for providers to review all

discharge summaries, diagnostics and labs, in order to prevent missing any vital information. Dr. Kuin voiced that review of pertinent patient data is often difficult due in part to inconsistent transmission of this data to the PCPs. Dr. Fragala responded that as we transition to EPIC, the hope is that inpatient and outpatient data is more easily accessible to providers.

**7. Perinatal Committee**

**8. MCH Updates**

Deferred

**9. DEI Update**

Dr. Lewis shared with the group that LGH will be hosting via zoom, a Black History Month celebration featuring a presentation by Dr. Michael Payne on February 23<sup>rd</sup> at 12:00pm. Dr. Payne is a Harvard University assistant professor of medicine and practicing gastroenterologist. The topic of discussion will be Healthcare Disparities in the black community. In addition, Dr. Lewis made the group aware that there have been some curated reading lists created that include several black authors and topics of impact for Black History Month and links for these lists can be found on the Wire. Dr. Pillai reported that the mentorship program is currently working on an initiative to create a pool of volunteers who would be willing to have a mentee shadow them in their day to day. This initiative would only be available to internal who have some affiliation with Circle Health. Dr. Pillai is requesting time to present at a MEC meeting, in the hopes that the various of chiefs will then disseminate this information to their various departments. Dr. Osborn asked if this would be difficult to carry out due to HIPPA/JAACHO regulations. Dr. Pillai responded that because this opportunity would only be offered to internal mentees this would not be an issue and has been approved by Tracy Meek. Dr. Fragala will reach out to Dr. Pillai separately to discuss talking points and will bring it to the next MEC meeting.

**VI. Next Meeting**

- Scheduled for Friday, April 8, 2022.

**VII. Adjournment**

The meeting adjourned at 09:00 AM

Respectfully submitted,

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Ashley Adams BSN, RN

2/14/2022

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Date

Approved:

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Christen Fragala, MD

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Date