

# Department of Family Medicine February Meeting Minutes

**Date:** February 13, 2026

**Time:** 7:00am

**Attendees:** Dr. Sangita Pillai, Dr. Cindy Cheng, Dr. Joseph Dulac, Dr. Christen Fragala, Dr. Roberto Larios, Dr. Cara Marshall, Dr. Emelyn Molato, Dr. Patrick O' Neil, Dr. John Ragucci, Dr. Marian Younge, Dr. Jennifer Wolf. Ashley Adams, RN, Quality Improvement Specialist, Maxine Miller

**Guests:** Dr. Bernice Burkarth

## **I. Call to Order**

- Dr. Pillai called the meeting to order at 7:00am.

## **II. Approval of Minutes**

- The department approved the previous minutes of November.

## **III. New Business**

- There is a new Family Medicine privilege form that was updated and approved at the December Medical Executive Committee meeting.
- The medical staff office is working on converting old forms to the new format, and some privileges previously bundled are now more specific.
- Medications and orders should always be put into Epic for billing purposes but also for safety purposes in case there is a medication recall.
- There is an opening for someone to join the Lowell General EHR Advisory Group, which meets directly with Dr. MacDonald and is a great way for the department to have a voice about issues with electronic medical record and other technology.
- Dr. Pillai mentioned that Lowell General Hospital was found to have a higher than expected hospital mortality rate. Initial analysis shows that a higher number of patient encounters where patients may come to the hospital for comfort measures only to pass away and unfortunately this flags as unexpected mortality and counts against the hospital.
- Administration and leadership is taking a closer look at this and trying to find ways to help better identify patients who could be admitted to hospice in these situations, versus observation, which is one of these technicalities where if a patient passes away under comfort measures only status in observation, rather than admitted status, that doesn't count against the hospital.

## **IV. Old Business**

### **a. Medical Executive Committee**

- The Pediatrics Department discussed the changes of the recommended vaccine schedule by the CDC. The Massachusetts Department of Public Health and American Academy of Pediatrics are not in agreement on the reduced schedule.



- The hospital will be following the recommendations of the DPH and APP so there essentially will be no change.
  - The Radiology Department is having some staff shortages and asked for all to be patient with them.
  - Dr. MacDonald, who oversees the CPOM technology update said that he is looking into potentially having some additional education on how to change the settings in Epic to personalize notifications.
- b. Labor and Delivery Committee**
- Dr. Holmes was not at the meeting to give an update.
- c. Cancer Committee**
- No one was on the call to give an update. If anyone is interested in joining the Cancer Committee, please reach out to Dr. Pillai.
- d. Credentials Committee**
- Dr. Marshall stated there were no specific updates from the Credentials Committee.
- e. Morbidity and Mortality Council**
- There have been many robust discussions and sometimes it is hard to get through a lot of cases during the M & M meetings. Dr. O'Neill informed the department that he is going to be a little more general with his updates. He discussed that one of the cases was due to a consultation not being done within 24 hours and reminded everyone who is specialists that it is expected to see a patient within 24 hours if they are called for a consultation.
  - He also mentioned that there is a policy put in place at the hospital regarding Advanced Practice Clinicians and how much oversight they can have, which depends on years of service and experience.
- f. Perinatal Committee**
- The Perinatal Committee has not met this year and the first meeting is on March 17, 2026.
- g. MCH Updates**
- No updates were given.
- h. Engagement and Belonging Council**
- Dr. Lewis could not attend the meeting but did give a couple of updates to Dr. Pillai.
  - If anyone is interested in joining or participating in the meetings, they are held on the third Wednesday of the month from 12:00-1:30pm via zoom.
- i. Family Medicine Residency Program**
- Dr. Marshall said that they have finished interviewing and narrowed down to six candidates.
  - Match Day for residents is March 20, 2026.
- j. Bridge Clinic**
- Dr. Williams was unable to attend so there were no updates.



#### **k. Mass Medical Society**

- Dr. Dulac reminded the department that there is a local Massachusetts Medical Society Chapter. Lowell falls under Middlesex District North.
- The annual meeting in Waltham will be on May 6-8<sup>th</sup>.
- There will be a local district meeting sometime before the annual meeting.
- Applications were recently accepted for Speaker, Vice President, and President of the Massachusetts Medical Society.
- The application process just closed, and the Nomination Committee will be voting soon.

#### **l. Inpatient Care Update**

- Dr. Larios did not have any updates.

#### **V. Accessing Palliative Care and Hospice Resources in our Community**

- Dr. Pillai invited Dr. Burkarth to the meeting to discuss palliative care.
- Dr. Burkarth is the Chief Medical Officer of Care at Home and is the Medical Director of the Lowell General Hospital Palliative Care Department.
- Dr. Burkarth explains the differences between palliative care and hospice, emphasizing that hospice is not a requirement before accessing palliative care.
- She outlines the goals of care for each type of care, including symptom relief and quality of life, and where services are provided.
- Dr. Burkarth explains the levels of care for hospice, including routine home care, general inpatient care, continuous home care, and inpatient respite care.
- Dr. Burkarth presented several case scenarios to illustrate the application of palliative care and hospice services.
- She explains the evaluation process for hospice admissions, including diagnosis, functional status, and the palliative performance scale.
- Dr. Burkarth discusses the importance of early palliative care referrals and the criteria for referrals, including increased healthcare utilization and uncertainty in prognosis.
- Some of the palliative care consultation referral guidelines include presence of a serious illness and one or more of the following: two or more hospital admissions in the three months or two or more emergency department visits in the past three months.
- She emphasizes the need for advanced care planning and the importance of healthcare proxies and living wills.
- Dr. Burkarth's contact information is [Bernice.Burkarth@tuftsmedicine.org](mailto:Bernice.Burkarth@tuftsmedicine.org).
- She is also available on Tiger Text and Teams.

#### **VI. Adjournment & Other Discussion**

- The meeting adjourned at 8:05am.

#### **Next Meeting:**

Friday, May 8, 2026, at 7:00AM via Zoom



Respectfully submitted,

*Maxine Miller*

Maxine Miller  
Medical Staff Coordinator

Approved by:

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Sangita Pillai, MD  
Chief, Department of Family Medicine

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Date

