



May 11, 2020

His Excellency Charles D. Baker  
Governor of the Commonwealth of Massachusetts  
State House, RM 280  
Boston, MA 02133

**RE: Requirements for Successful Return to Normalized Operations for Health Care Facilities**

Dear Governor Baker:

While you noted some encouraging trends in hospitalizations and infection rates this past week, we were pleased to see that you are still moving ahead cautiously when it comes to reopening sectors of the Massachusetts economy. Your administration has invested too much time and too many resources in addressing this health crisis to see that work undone by rushing into reopening without the proper safeguards in place.

Last week, we provided both your administration and the Reopening Task Force with our recommendations for requirements on the return to normalized operations for healthcare facilities and the resumption of elective, non-urgent procedures. [Our criteria for return to normalized operations is attached for reference, including some additional recommendations regarding testing.](#)

**On these matters we believe an advisory group specifically of frontline clinical staff, who have had the most contact and experience in caring for COVID-19 patients through this phase of the pandemic should be convened to review and develop recommendations and provide insight on how best to organize care across the state for these patients as we prepare to confront a potential second wave in the coming months.**

This week, we focus on three discrete issues as the discussion continues regarding this return criteria.

**1. Appropriate patient admission to hospitals**

The plan to resume normal operations at healthcare facilities should be based on the practices that ensure the most favorable outcome for patients. We are now several months into this crisis. We should be looking to glean best practices from available data, including setting of care. Given the continued limitations of readily available Personal Protective Equipment (PPE), as well as certain medications, treatment expertise and staff, we urge the state to consider criteria by which COVID-19 patients are transferred to facilities with the most favorable outcome opportunity. In particular, where certain patients have multiple co-morbidities and will need ventilation, proning intervention, as well as other treatments due to multi-organ system failure, these patients should be transferred to Intensive Care Units

(ICUs) with the availability of medication, treatment plans and clinical staffing support that will give the patient the best opportunity to survive.

## **2. Maintain overflow facilities**

In order to accommodate census fluctuations between COVID-19 and non-COVID-19 patients, the state must keep regionally based state-run overflow facilities open and staffed to address mini surges. In these instances, institutions will need to discharge lower acuity level COVID-19 patients to these state-run facilities to ensure they do not break the necessary hospital zoning criteria. Breaking zone criteria would cause co-mingling of patients and/or staff within a facility and place us back in the dangerous and unfavorable circumstances we saw in the early days of the pandemic.

## **3. Pass occupational presumption legislation**

Massachusetts is third in the nation for infection rates for COVID-19. Local media reports over 2,000 healthcare workers have been infected in Massachusetts and this does not include several facilities in which these numbers are unknown. Healthcare facilities have proven to be a petri dish for COVID-19 and due to the continued lack of appropriate PPE, healthcare workers are prime targets for infection. By most accounts, the public is following social distancing guidelines. Frontline healthcare workers can effectively practice social distancing in their personal lives, but not in carrying out their professional duties. In the healthcare facilities, the population we are exposed to is constantly changing and workers are exposed to the virus daily, yet we continue to have employers telling symptomatic workers that they are not eligible for workers compensation because they cannot prove they acquired the virus at their place of work. To have this workforce place themselves in harm's way to care for these patients and then be treated in this manner when they themselves become infected, is unconscionable and must be rectified. Several states have already acted to protect these workers by passing legislation or issuing executive orders. Now Massachusetts must follow suit. Several bills have been filed and we implore your administration to provide leadership in getting this passed as you did with the liability legislation.

We look forward to discussing these issues further as we enter a new phase of the pandemic. Clearly, how we approach this phase will set the tone for how to deal with anticipated surges in the virus that will occur once the current restrictions on public gatherings and social interactions are lifted. If we wish to avoid another round of closures and shelter-in-place orders, we will need to be thoughtful in our approach, deeply committed to implementing best practices and strident in executing these plans. The decisions we make now about the next phase of hospital care and the delivery of healthcare services in this environment are critical.

Respectfully,

A handwritten signature in cursive script that reads "Donna Kelly-Williams, RN". The signature is written in black ink and is positioned above the typed name and title.

Donna Kelly-Williams, RN  
President

Cc: Secretary Marylou Sudders  
Massachusetts Legislature

Enclosure:

Requirements for Successful Return to Normalized Operations for Health Care Facilities