



## **NANTUCKET TOWN ASSOCIATION MEETING**

October 24, 2023, at 4:00 pm

Meeting held in the Learning Lab of the Atheneum and by Zoom

### **DRAFT MINUTES FOR REVIEW AND APPROVAL**

Attendance in the Atheneum: Trish Bridier, Barbara G. Cohen, Mary Anne Easley, Anne Terry, and Henry Terry.

Attendance by Zoom: Doris Hanna, Gail Norton, Lee Saperstein, Bill Seay, and Paula Williams. Who is “Eva-Maria”?

Guest: Andrew Farkas, RN, EMT-P, Chief Operating Officer for Clinical Operations, Boston MedFlight (joined at 4:05 pm).

Thanks to the Atheneum, Samantha Aguiar, for hosting the meeting. which was recorded and the link to the video is included here: :

<https://youtu.be/kj6nznwnN9w>.

#### **I. Call the October 24, 2023, Nantucket Town Association Meeting to Order.**

President Henry Terry called the meeting to order at 4:01 pm. He announced that the meeting is being recorded and those who could not attend are welcome to use the above link to watch the recording. He also announced that no Town Area Plan Work Group items would be discussed.

#### **II. Approval of minutes of the Meeting of September 26, 2023.**

Henry Terry asked for approval of the minutes of the meeting of September 26, 2023; Trish Bridier moved their approval, Anne Terry seconded them, and the vote to approve was unanimous.

#### **III. Treasurer’s Report.**

In the Treasurer’s absence, Henry Terry gave the Treasurer’s report. The starting balance was \$3951.06, which was increased by dues payments of \$45.00 less a PayPal fee of \$4.77, giving an ending balance of \$3,994.87. The report, attached, was accepted upon a motion made by Mary Anne Easley, seconded by Trish Bridier, and approved unanimously.

#### **IV. Old Business.**

There was none.

#### **V. New Business.**

None.

**VI. Guest Speaker. Andrew Farkas, RN, EMT-P, Chief Operating Officer for Clinical Operations, Boston MedFlight (joined at 4:05 pm).**

[Andrew.Farkas@bostonmedflight.org](mailto:Andrew.Farkas@bostonmedflight.org).

Andrew Farkas introduced himself as having worked for Boston MedFlight for 30 years, having begun as a critical-care nurse. He was unable to bring up his PowerPoint presentation at this time but will supply it for the minutes (attached). He is now in charge of clinical operations. He has visited Nantucket many times over his career. On average, Nantucket has 400 out of a total of 6200 transports per year. Approximately, 25 percent of their transports are high-risk neonatal (new-born) patients. They have seen, also, growth in organ transportation, which is often very time dependent. Boston MedFlight began in 1985 as a non-profit 501(c)(3) entity. It is affiliated with seven, major Boston hospitals, each of which appoints two members of the Board of Trustees.

They have six, soon to be seven, helicopters, one fixed-wing airplane, and eight ambulances. In all, about one-half of their transports are by air and the other half by ground. The fixed-wing, jet airplane is used in weather too severe for helicopters. Each machine carries a very complete suite of medical supplies, including blood and plasma, so that they can be independent. In very severe weather, they can call on the US Coast Guard for transportation. The USCG, however, has only one helicopter and one fixed-wing airplane for the east coast so scheduling in bad weather has to be done carefully.

Boston MedFlight has a Medical Director and each affiliated hospital has an Associate Medical Director. New employees come to them with five years of nursing experience and then undergo five to six months of orientation before becoming full-time. Their headquarters is at Hanscom Air Base in Bedford, MA, which is where their airplane is kept. They also have satellite facilities in Lawrence Airport, North Andover, MA, Mansfield, and Plymouth, MA. He praised the Nantucket Cottage Hospital, NCH, while acknowledging that it does not have an intensive-care unit, ICU, which leads to a number of Island transports that take patients for care in Boston. In good weather, their helicopters use the landing pad at the Nantucket Cottage Hospital. If weather conditions are poor but still manageable, the helicopter lands at the Nantucket Airport to take advantage of its instrument-landing capabilities. The airport staff are very cooperative and helpful. Transport from NCH to the airport relies on ambulances from the Nantucket Fire Department, who have also always been very helpful. Landing at Boston hospitals is usually on roof-top helipads.

Mary Anne Easley asked about the cost of a flight. The reply was that full cost could be twenty to twenty-two thousand dollars. Charging, however, is more complicated in that they have separate reimbursement arrangements with individual insurance carriers and Medicare. All patients are transported without regard to their ability to pay; financial issues are dealt with afterwards. Their deficits are subsidized by the seven-member hospital consortium. They also have an active development program, <https://www.bostonmedflight.org/donate/>.

Safety is their number one priority; in 38 years of operations, they have never had an adverse event. With respect to transportation of family members, they make every effort to accommodate a family member while transporting a patient. Lee Saperstein asked about helicopter availability. To ensure that they will always have four operating helicopters, they maintain two spare ones. For every hour in flight, two hours of maintenance and inspection are needed. In-house maintenance is spread among their four operating bases. Their helicopters average 800 flight hours per year and, at three to five years, they are relatively new. They contain the latest avionic equipment and are capable of landing automatically. At one time, their pilots were ex-military; today, they tend to be retired from the Coast Guard.

Bill Seay asked about insurance coverage. It varies, said Andrew Farkas, according to the insurance company and the degree of coverage contained in the patient's policy. Again, he repeated, that no one is refused transportation because of an inability to pay. Typically, they have a six-to-eight-million-dollar unreimbursed balance.

## **VII. Adjournment.**

As the meeting approached adjournment, Henry Terry noted that the Special Town Meeting is Tuesday, November 7, 2023, at 5:00 pm, and the next meeting of the Nantucket Town Association is November 21, 2023.

A motion to adjourn was made by Trish Bridier, seconded by Anne Terry, and approved unanimously; the meeting adjourned at 4:50 pm.

**\*Next meeting will be on November 21, 2023. It will be hybrid with an in-person meeting in the Atheneum and a virtual one via Zoom; if one uses Zoom, the address is <https://us02web.zoom.us/j/87455121153>.**

Lee W. Saperstein, Secretary, [saperste@mst.edu](mailto:saperste@mst.edu).

## OCTOBER TREASURER'S REPORT

Available Balance at last report: \$ 3,951.06 on 9/25/23

Dues Received:	\$20.00 through Paypal
	\$25.00 checks

Total Income:	----- \$45.00
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Expenses:	\$0.00
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PayPal Fees:	(\$1.19)
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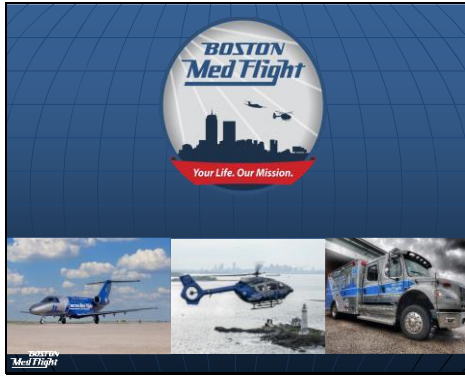
Balance as of 10/22/23:	----- \$3,994.87
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2022 had 49 paid memberships (one person recently paid back dues)  
2023 has 51 paid memberships so far, including some new members.  
6 members have paid their 2024 dues in advance

Respectfully submitted,

Mary Longacre, NTA Treasurer

Slide 1



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Slide 2



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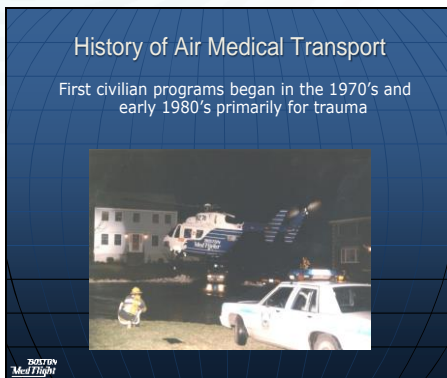
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Slide 3



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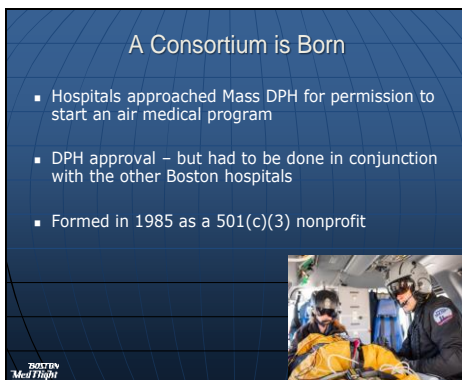
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Slide 4



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Slide 5

### Boston MedFlight Consortium

- Beth Israel Deaconess Medical Center
- Boston Children's Hospital
- Boston Medical Center
- Brigham & Women's Hospital
- Lahey Hospital and Medical Center (joined 2017)
- Massachusetts General Hospital
- Tufts Medical Center

\*Rhode Island Hospital PPA for air CCT in 2022  
 \*Steward  
 \*New England




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Slide 6

### What is Critical Care Transport?

- Critical care nurse/critical care paramedic
- Recognized as the highest out of hospital medical care (BLS/ALS/SCT/critical care)
- High patient acuity/specialty missions
  - Medical, respiratory, neuro, OB, burns
  - Isolette, IABP, Impella
- Time sensitive patients
  - Trauma, heart attacks, stroke


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Slide 7

### What is Boston MedFlight's Mission?

- Connecting critically ill and injured patients with the care they need
- All hospitals cannot be all things to all patients
- Finite resources, staffing, know-how
- Need a safe way to move patients throughout the system
- Evolution of critical care transport
- Bi-directional transport





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Slide 8

### Boston MedFlight Infrastructure Advancements

- Aviation
  - State of the art Airbus H145 helicopters
  - VFR/IFR
  - Least noise in its class
  - We are our own airline (FAA Part-135 certificate)
- Clinical
  - Point of care testing
  - Ultrasound
  - Blood and plasma
  - Neoview
- Communications Center





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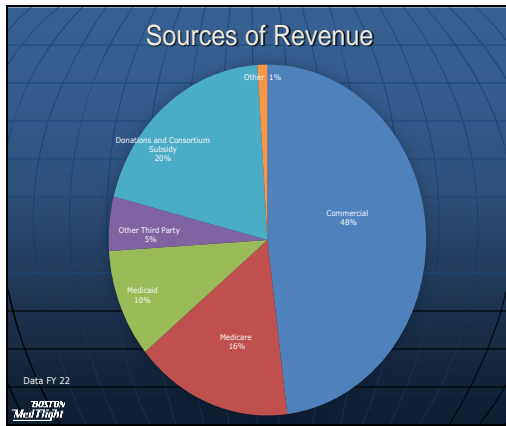
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Slide 9




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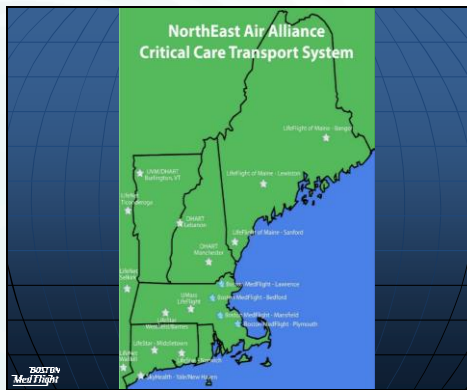
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Slide 10




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Slide 11

### Boston MedFlight and NCH

- First NCH patient June 30, 1985; six-year-old bike accident
- Transport 400 NCH patients a year
- We provide \$1 million in free/unreimbursed care to NCH patients each year
- Undesignated roster
- PICU/NICU bed tracking
- 38 years of partnership

**BOSTON**  
MedFlight

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Slide 12

### NCH Patients FY 22

Nature of Call	%
Cardiac	30%
Medical	33%
Neurological	7%
OB	3%
Respiratory	6%
Surgical Non-Trauma	8%
Trauma	13%
<b>Total</b>	<b>100%</b>
Adult	93%
Neonatal	2%
Pediatric	5%
<b>Total</b>	<b>100%</b>

**BOSTON**  
MedFlight

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Slide 13

Boston MedFlight What's Next?

- Jet service (first patient from Nantucket)
- Philanthropy
- Adding capacity
- Organ transport



BOSTON  
MedFlight

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