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Circular Letter DHCQ 20-03-701

TO: Acute Care Hospital Chief Executive Officers
Emergency Department Directors
Chief Medical Officers
Chief Nursing Officers

FROM: Elizabeth Kelley, MPH, MBA, Director
Bureau of Health Care Safety and Quality

A handwritten signature in blue ink that reads "Elizabeth Kelley".

SUBJECT: (1) Reducing or Eliminating the Need for Boarding of Patients in the Hospital Emergency Department, and
(2) Authorization and Guidelines for Use of Alternate Space for Treatment of Ambulatory Patients Presenting with possible COVID-19

DATE: March 6, 2020

Providing care for people seeking treatment for possible novel Coronavirus 2019 (COVID-19) may prove to be especially challenging for all health care practitioners and facilities should a surge in volume of patients with possible exposure to or symptoms of COVID-19 illness overwhelm the capacity of emergency departments. As part of ongoing statewide preparations and to address the potential influx of patients with possible COVID-19 exposure or symptomology to hospital emergency departments (ED), the Department of Public Health (DPH) is issuing this guidance to acute care hospitals. Hospitals are reminded to review, test and update as necessary all applicable emergency management/disaster plans and protocols. To protect the essential functions of the ED to assess, stabilize and care for the acutely ill or injured, such protocols should include a plan to reduce or eliminate the need for boarding patients in the ED, and to triage stable possible COVID-19 exposed or symptomatic patients in alternate space on the hospital premises for evaluation and treatment when volume necessitates.

Hospitals also should establish, test and update as necessary plans and mechanisms for ongoing communication with patients, health care providers, and state and local agencies to promote and increase situational awareness of the possible presence of COVID-19 exposures in Massachusetts and elsewhere. Hospitals also should consider establishing a "COVID-19 Hotline" to help provide patient advice/direction and to avoid unnecessary visits to the ED.

(1) Reducing or Eliminating the Need for Boarding of Patients in the Hospital Emergency Department

Hospitals in the Commonwealth are expected to test and be prepared at all times to activate Code Help policies. A hospital's full census and emergency management/disaster plans and protocols should ensure timely discharge of inpatients, expedite the movement of admitted ED patients to alternative holding areas or hallway beds as necessary with appropriate coordination, and provide for the appropriate transfer of patients to other facilities and rescheduling of elective admissions and surgeries as the situation requires. The Code Help policy is intended to optimize patient flow throughout the hospital by redeploying staff and resources with the goal of moving all admitted patients out of the ED within thirty minutes.

If implementation of the Code Help policy does not eliminate the burden of admitted patients in the ED in a timely fashion, or if the severity of the initial situation warrants it, then the hospital must consider implementation of any necessary elements of the CMS-required emergency management/disaster plans and protocols to create additional inpatient capacity.

DPH has in the past issued letters to hospital administrators regarding best practices for helping to reduce patient boarding in the ED and to maximize patient flow throughout the hospital. These letters can be accessed via the Division of Health Care Quality's web page on: <https://www.mass.gov/lists/hospital-circular-letters-general>

(2) Authorization and Guidelines for Use of Alternate Space for Treatment of Ambulatory Patients Presenting with Possible COVID-19 illness

DPH has received requests from hospitals to use space not currently approved for ED or outpatient use, on the hospital campus, to temporarily establish COVID-19-screening areas for the screening, evaluation and treatment of stable ambulatory patients in the event of a surge in patients presenting to the ED or outpatient services. As part of the hospital's emergency management/disaster planning, DPH encourages each hospital to identify appropriate alternate space to accommodate a surge in patients requiring COVID-19 screening. Hospitals may identify and use existing non-patient care space, or other outpatient or inpatient care space, for COVID-19 screening, evaluation and treatment, consistent with this letter and enclosed Guidelines.

DPH has developed the attached *Guidelines for Use Of Alternate Space for Treatment of Ambulatory Patients Presenting with possible COVID-19 Exposure or Illness*, hereinafter referred to as Guidelines (Attachment A) for use when a hospital has available space located on the hospital's campus that can be used for screening, evaluating and treating ambulatory patients who are presenting to the hospital with possible COVID-19 exposure during the 2020 outbreak (March 6, 2020 - July 1, 2020). The Guidelines outline the conditions for temporary use of alternate space at the hospital to screen, evaluate and provide treatment to stable, ambulatory patients with possible COVID-19 exposure in the event such a need arises at your hospital. Each hospital should use the Guidelines to identify appropriate alternate screening space(s), if available. Through this letter, DPH authorizes use of alternate space(s) selected by the hospital for screening of possible COVID-19 patients during the 2020 outbreak, provided that the hospital complies with the Guidelines. DPH is not requiring hospitals to submit a copy of their written

plan for use of alternate space at this time. A hospital must, however, provide DPH with written documentation of its compliance with these Guidelines if requested by DPH.

Also, please refer to the linked Fact Sheet published by the Centers for Medicare & Medicaid Services (CMS) which provides important information concerning *Emergency Medical Treatment and Labor Act (EMTALA) & Surges in Demand for Emergency Department (ED) Services During a Pandemic*. The fact sheet is available on the CMS website at <http://www.cms.hhs.gov/SurveyCertificationGenInfo/> click “policy and memos to states” S&C-09-52 issued 8/14/09.

Please be aware that Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are not waived unless:

- i. The United States President and the Secretary of Health and Human Services (HHS) have both declared a national emergency; AND
- ii. HHS has authorized EMTALA waivers; AND
- iii. The Covered Entity applies for the waiver (UNLESS waivers are granted for an entire geographic region); AND
- iv. Both the facility and the state have activated their emergency operations plans or pandemic plans.

Additional Resources and References:

CDC Hospital Assessment Tools

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html>

SOM: Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Appendix-Z-EP-SOM-February-2019.pdf>

Survey & Certification Emergency Preparedness Initiative: Provider Survey & Certification Declared Public Health Emergency FAQs – All Hazards:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter08-01.pdf>

CMS Provider Survey and Certification Frequently Asked Questions:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/downloads/AllHazardsFAQs.pdf>

Massachusetts Department of Public Health’s website that provides up-to-date information on COVID-19: <https://www.mass.gov/2019coronavirus>

Please share this information with the appropriate staff at your hospital. We appreciate the efforts Massachusetts hospitals have been making to improve patient flow and the commitment of all hospital staff as they work to continuously provide safe and appropriate care to all patients and to meet the current challenges associated with COVID-19.

If you have any questions about this information, please contact the Hospital Complaint Unit Supervisor at 617-753-8204.

Attachment A: Guidelines for Use of Alternate Space for Treatment of Ambulatory Patients Presenting with possible COVID-19.

ATTACHMENT A – Updated March 6, 2020

Guidelines for Use of Alternate Space for Treatment of Ambulatory Patients Presenting with Possible COVID-19 Exposure or Illness

(Effective, unless rescinded, amended or superseded)

Purpose: Alternate use space is provided as an option to more efficiently evaluate and provide care to ambulatory individuals who present to the hospital ED or outpatient service(s) with possible COVID-19 exposure or illness. **The alternate space is limited to use for COVID-19 screening during the 2020 outbreak. The hospital must ensure that the following conditions are met:**

The hospital must have written guidelines that address the following:

- 1) Criteria to activate use of identified alternate-use space and to de-activate use of the space
- 2) A staffing plan with staff qualifications, including appropriate orientation and training
- 3) Protocols defining patient selection criteria for screening in alternate space: inclusions/exclusions
- 4) Patient flow systems addressing triage, screening exam, treatment, transport to ED/inpatient, etc.
- 5) Policy for security of patients, facilities, supplies, pharmaceuticals / crowd management

The physical space must conform to the following requirements:

- 1) Limited to on-campus locations only
- 2) Limited to existing non-patient care space, or inpatient or outpatient care space
- 3) Limited to use by ambulatory care patients only
- 4) Space cannot be accessed through inpatient units
- 5) Minimum four-foot aisles maintained between patient exam chairs
- 6) Convenient access to waiting areas and toilet facilities
- 7) Immediate access to hand wash sinks or other forms of hand hygiene

- 8) Reasonably sized workspace with privacy considerations for patient screening examination and treatment
- 9) Provision for environmental cleaning, sanitization and appropriate decontamination
- 10) Access to supplies, including emergency supplies such as a Code Cart equipped with portable oxygen and suction equipment.
- 11) Space, cabinets or carts for storage of supplies and specimens
- 12) Provision for medical recordkeeping, including measures to ensure patient confidentiality
- 13) Conveniently accessible communication systems
- 14) Considerations for fire safety e.g., egress not obstructed, staff trained in fire evacuation plan
- 15) Signage to direct patients to the alternate use space

If you have any questions regarding these guidelines, please contact:

Hospital Complaint Supervisor at 617-753-8204