The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Health Care Safety & Quality

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TO: Hospital Chief Executive Officers

FROM: Elizabeth Daake Kelley, MPH, MBA

 Director, Bureau of Health Care Safety and Quality

DATE: April 13, 2023

SUBJECT: Process for Adding of Temporary Beds in Alternate Inpatient Care Space

In recognition of the temporary need to add inpatient beds to continue to care for patients following the end of the public health emergency, through this memorandum and pursuant to 105 CMR 130.051, DPH will permit DPH licensed or operated hospitals to add adult medical/surgical beds by using alternate inpatient care space on a temporary basis, if the hospital meets the requirements as set forth in this memorandum.

During periods of high demand when hospitals require additional beds for adult medical/surgical inpatients and adult medical/surgical patients awaiting admission, and to mitigate the spread of infectious diseases (including COVID-19), a DPH licensed or operated hospital may apply to DPH for approval to temporarily add adult medical/surgical inpatient beds to its license, provided that the space for the temporary beds meets the criteria below and the hospital submits a Letter of Attestation to DPH. Alternate inpatient care space can be used only to care for adult medical/surgical service inpatients and adult medical/surgical service patients awaiting admission, as that term is defined in 105 CMR 130.020, when licensed medical/surgical beds are filled. Alternate inpatient care space appropriate for inpatient care includes but is not limited to: post-anesthesia care unit beds, beds out of service, and inpatient rehabilitation units.

**The duration for use of temporary adult medical/surgical inpatient beds can be for no longer than 6 months from the date of DPH approval of the Letter of Attestation.**

A hospital that has been using alternate inpatient care space during the state and federal public health emergencies and intends to continue to do so is required to submit a new Letter of Attestation, pursuant to this memorandum, to DPH no later than April 30, 2023.

**Temporary Adult Medical/Surgical Inpatient Bed Requirements**

The below requirements outline the conditions for the temporary addition of beds and use of alternate space for inpatient adult medical/surgical service patients awaiting admission and require the hospital to comply with and sign a Letter of Attestation in lieu of an onsite survey prior to opening the space. Apart from documentation specifically required in the Attestation, DPH is not requiring hospitals to submit supportive documentation of their written plan for use of additional beds and alternate space at this time, but reserves the right to request additional documentation at its discretion. A hospital must, however, provide DPH with written documentation of its compliance with all of the listed requirements via the Letter of Attestation.

The hospital must have written guidelines that address the following:

(1) Criteria to activate use of temporary beds and identified alternate-use space and to de-activate use of the temporary beds and 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 and consideration for patient quality of care and safety, including if direct observation is needed.

(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.

Temporary beds considered appropriate for adult medical/surgical inpatient care use must be equipped with medical gases (one oxygen outlet and one vacuum outlet for each bed), be spaced appropriately from another bed, and have access to hand washing sinks and privacy partitions.

The physical space must conform to the following requirements:

(1) Patient area min. 80 sq. ft. per bed

(2) Min. 3-foot clearance between patient beds

(3) Min. 4-foot clearance at foot of each bed

(4) Nurse call station at each bed

(5) Oxygen & vacuum for each bed (may be portable)

(6) Adequate general lighting

(7) Means for patient privacy

(8) Access to handwashing sink

(9) Access to patient toilet room

(10) Patient shower room

(11) Nurse station with call system master station

(12) Medication room

(13) Nourishment room

(14) Clean supply room

(15) Soiled holding room

(16) Storage space for stretchers

(17) Staff toilet room

(18) Staff locker room

(19) Housekeeping room

(20) Adequate filtration of recirculated air supply (HVAC)

A hospital shall not establish beds in a building or area within the hospital that is not currently licensed for hospital services or does not otherwise meet applicable state and federal requirements.

A hospital is prohibited from removing from service psychiatric beds, substance use disorder beds, or pediatric beds in order to add temporary adult medical/surgical inpatient beds.

If you have any questions regarding the above requirements, please email: DPH.BHCSQ@mass.gov

**Attestation Hospital Use of Temporary Addition of Beds and Alternate Inpatient Care Space**

Proposed Additional Beds and Alternate Inpatient Care Space Name:

Address of Proposed Additional Beds and Alternate Inpatient Care Space:

Brief description of Proposed Additional Beds, including the number of temporary beds, and where beds will be located within the licensed hospital space

Name of Current Licensed Facility:

License Number:

Space Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Space Project Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Project Description:

Name of Facility Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: Complete this attestation prior to temporarily adding beds. Keep a copy for the facility and email a copy to DPH at: judy.bernice@Mass.gov, and Walter.Mackie@Mass.gov together with a copy of the floor plan for the alternate use space.

A licensed facility may add beds utilizing alternate inpatient care space upon its attestation to DPH all critical areas have been determined to meet minimum standards for patient health and safety, or the facility has instituted compensating measures to ensure patient health and safety, and approval from DPH.

Attestation: I, as the licensee or its authorized agent, attest to DPH that:

* Existing licensed adult medical/surgical beds are insufficient to meet the hospital’s patient needs;
* The temporary beds will be used only for adult medical/surgical service inpatients and adult medical/surgical service patients awaiting admission;
* All critical areas, as indicated below, have been determined through inspection and review to meet minimum standards for patient health and safety, or the facility has instituted compensating measures to ensure patient health and safety.

Name of Licensee or Authorized Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Licensee or Authorized Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| AREA | SUFFICIENT | NOT SUFFICIENT | STATUS/COMMENTS |
| --- | --- | --- | --- |
| Administration  |  |  |  |
| Sufficient staffing to meet the needs of the patients |  |  |  |
| Infection control policy and procedures |  |  |  |
| PPE needs and supply |  |  |  |
| Connection to Electronic Medical Records System \_\_\_ |  |  |  |
| Policies and Procedures |  |  |  |
| Physician Services |  |  |  |
| Nursing Services |  |  |  |
| Pharmacy Services |  |  |  |
| Other Professional Services |  |  |  |
| Necessary Medical Equipment |  |  |  |
| Oxygen Storage and Use |  |  |  |
| Physical Plant  |  |  |  |
| Dietary |  |  |  |
| Housekeeping |  |  |  |
| Medical Waste Disposal |  |  |  |
|  |  |  |  |
| Life Safety: |
| Emergency Preparedness & Facility EP plan |  |  |  |
| Working sprinkler system |  |  |  |
| Working fire alarm system |  |  |  |
| Staff are trained on evacuation plan |  |  |  |
|  |  |  |  |
| Other Approvals |
| * MCSR if needed
 |  |  |  |
| * CLIA if testing
 |  |  |  |
| * Radiation Control if needed
 |  |  |  |

To be completed by the Department:

Based on the information above provided to it by the Requesting Facility, the Department of Public Health Approves the Adding of Temporary Beds in Alternate Inpatient Care Space and temporarily adds these beds to the Requesting Facility’s license in the Space for this purpose. This approval will be in effect for six months from the date of DPH approval below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by:

Title:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_