The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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December 23, 2008

Stephen D. Coan
State Fire Marshal
Department of Fire Services
P.O. Box 1025
State Road
Stow, MA 01775

RE: Hospital Emergency Department Crowding and Boarding

Dear Marshal Coan:

I am writing to share with you information about an imminent Massachusetts Department of Public Health (MDPH) policy change that will affect all acute care hospitals with emergency departments and ask for your assistance to resolve concerns related to fire safety that may arise when hospitals implement the practice of boarding of admitted patients on medical inpatient units while they wait for a bed.

For nearly two decades hospital emergency department crowding has been recognized nationwide as a growing problem. The Massachusetts Department of Public Health has been working collaboratively with the Massachusetts Hospital Association and other stakeholders on initiatives to address problems associated with emergency department (ED) crowding, patient boarding while awaiting bed placement, and ambulance diversion.

While many hospitals have attempted to respond to ED crowding by diverting incoming ambulances to other hospitals, diversion creates its own set of problems and does not address the causes of ED crowding. In fact, diversion may increase crowding at neighboring hospitals, increase ambulance transport times, and limit the availability of ambulances for the next call. As of January 1, 2009, ambulance services may honor diversion requests only when a hospital's ED status is "code black," meaning that the ED is closed to all patients due to an internal hospital emergency. Therefore, implementation of measures to address patient boarding in EDs while awaiting bed placement will be more critical.

Patient boarding in EDs has a significant impact on the entire health care system. Strategies developed to improve bottlenecks have included measures such as:
(1) improvements in patient flow, specifically, bed management and tracking protocols, management of non-emergent patients and schedules of elective admissions, reassessment of staffing patterns during peak demand, reactivation of delicensed beds, tracking data, etc.

(2) implementation of intervention plans triggered by various levels of patient volume that outline steps for hospitals, regional EMS systems, and pre-hospital providers to follow to accommodate a surge in either inpatient or outpatient volume; and
(3) implementation of protocols to allow boarding of admitted patients on medical inpatient units while awaiting bed placement.

The goal of these efforts is to maintain the hospitals' capacity to accept and manage new patients presenting for emergency care. Hospitals must move admitted patients out of the ED as quickly and safely as possible. To facilitate the expeditious movement of patients out of the ED, the MDPH reviewed the widely discussed approach of temporarily placing stabilized patients admitted through the ED onto inpatient floors where they can be monitored by nursing staff while waiting for a bed to become available. Receiving care on an inpatient unit is usually preferable to receiving care while boarding in the ED, and has been found to result in more efficient and timely admission of the patient to an inpatient bed.

The MDPH endorses this practice, and expects hospitals to implement this option, as appropriate, as one part of a strategy to prevent patient boarding in the ED. The MDPH acknowledges that patient safety must be addressed whether the patient is being held in the corridor of an inpatient unit or in the busy corridors of an ED. Hospitals that adopt this practice must have protocols to address and ensure patient safety. The protocols must ensure that the means of egress is maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency; the health care occupancy's fire plan and training program address the prompt relocation of patients during a fire; and the placement of patients held in corridors does not hinder access to fire exits, obstruct the flow of corridor traffic or result in equipment and/or supplies being stored in hallways or stairwells.

Policies and procedures must address criteria such as identification of:

- patient units authorized to receive patients who are admitted and awaiting bed placement,
- the maximum number of patients awaiting bed assignment that may be held on any unit, and
- the specific location(s) on the unit for bed placement, including consideration for patient safety and privacy.

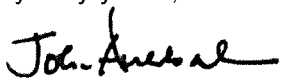
All units on which patients require specialized monitoring (e.g., Intensive Care Units (ICU), Coronary Care Units (CCU), Trauma Units), must be excluded from use of these protocols.

More detailed information about these protocols is available on the MDPH website:
http://www.mass.gov/Eeohhs2/docs/dph/quality/healthcare/ad_emergency_management.pdf

The MDPH continues to explore varied approaches to this multifaceted problem to ensure safe practices for Massachusetts hospitals and patients.

We look forward to working with your office to address this critical issue.

Very truly yours,



John Auerbach
Commissioner