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**Circular Letter: DHCQ 14-1-609**

TO: Acute Care Hospital Chief Executive Officers  
Emergency Department Directors

FROM: Madeleine Biondolillo, MD,  
Associate Commissioner  
Bureau Director, Health Care Safety and Quality

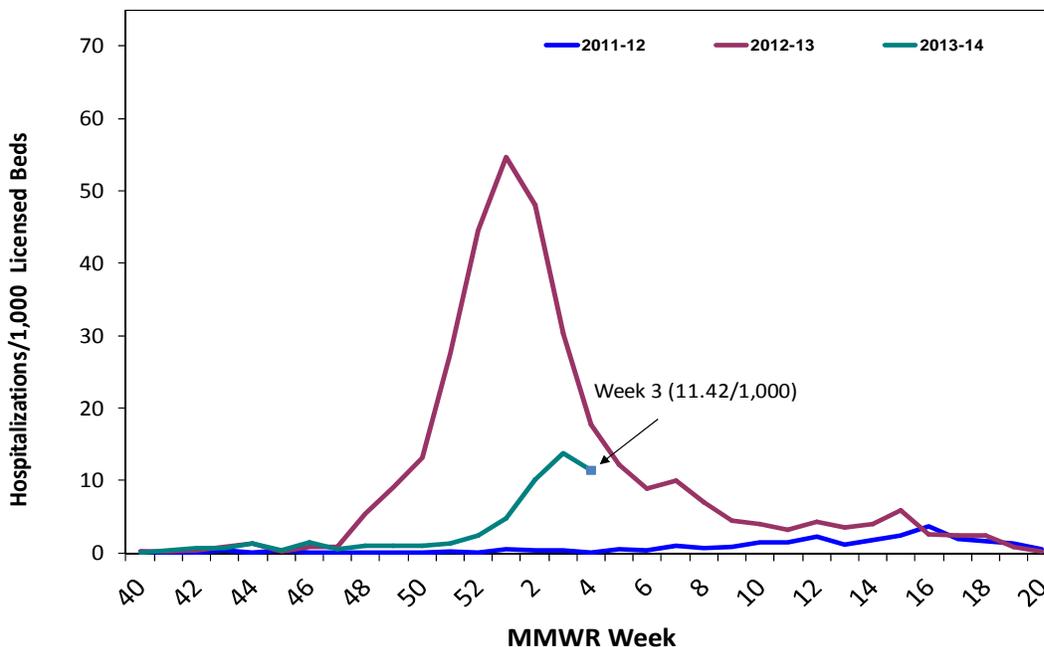
DATE: January 27, 2014

RE: Seasonal Influenza and Code Help Plans

We are in the midst of the influenza season which often causes hospital crowding, especially in Emergency Departments (ED). Massachusetts sentinel surveillance sites have reported an increase in Influenza-Like Illness (ILI) for the week of January 12 – January 18, 2014. The activity is widespread, representing geographic distribution throughout the state with low level of intensity.

In 2010, MDPH began to request voluntary reporting of all laboratory-confirmed influenza hospitalizations in Massachusetts. As many as 50 acute care hospitals from across the state report these data to MDPH on a weekly basis during flu season. The graph below shows the number of laboratory-confirmed hospitalizations per 1,000 licensed beds represented by reporting hospitals for the current season and two previous seasons.

**Massachusetts laboratory-confirmed influenza hospitalizations**



## **Code Help Plans**

In anticipation of potential ED crowding, due to influenza season, the Department of Public Health (Department) is reminding hospitals of the importance of implementing their Code Help Plans. Code Help is a key tool used to alleviate the crowding caused by the boarding of patients in the ED while they wait for placement in an inpatient bed by improving patient flow throughout the hospital through interventions such as redeployment of staff and resources. In addition to improving ED efficiencies, prevention of overcrowding contributes to improved patient safety, comfort and quality of care. Implementation of these plans requires the commitment, support and cooperation of the entire hospital.

When an ED becomes overcrowded to the point where they are unable to care for existing patients in a licensed treatment area, or is unable to accept any new patients into a licensed treatment area, and there are admitted patients waiting in the ED, then a hospital must activate its Code Help Plan. If implementation of the Code Help Plan 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 execute its appropriate emergency management/disaster plans and protocols to create additional inpatient capacity. Code Help activation triggers are defined in all hospital-specific Code Help Plans currently approved by the Department.

For previous circular letters issued by the Department regarding Code Help, please see:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/healthcare-quality/health-care-facilities/hospitals/code-help-plans.html>

Please share this information with the appropriate staff at your hospital. We thank you for your attention to these important issues. If you have questions about this correspondence, please contact [gail.palmeri@state.ma.us](mailto:gail.palmeri@state.ma.us) or [eileen.mchale@state.ma.us](mailto:eileen.mchale@state.ma.us) at the Bureau of Health Care Safety and Quality.