



The Commonwealth of Massachusetts
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Dear Colleague:

As you know, changes to the Department of Public Health policy related to ambulance diversion will soon be taking effect. As of January 1, 2009, ambulance services may honor diversion requests only when a hospital emergency department (ED)'s status is "code black".

This policy change is the result of more than a decade of work by the Department of Public Health, the Massachusetts Hospital Association and other key stakeholders. The Boarding and Diversion Task Force, which includes members from emergency departments, hospitals, professional associations and Emergency Medical services, has served a key role in the policy development and implementation.

Diversion has been shown to be ineffectual in addressing ED overcrowding, and its elimination is in the best interest of patient safety. The Institute of Medicine (IOM), the National Quality Forum (NQF), and multiple professional organizations such as the American College of Emergency Physicians (ACEP) discourage the routine use of ambulance diversion and instead focus on the reduction of boarding of patients in the ED.

Diversion will be an option only when an ED's status is "code black", which means that it is closed to all patients due to internal emergencies. Examples of "code black" occurrences include fires, chemical or other environmental contamination, and flooding due to broken water mains.

Other situations can be discussed with DPH on a case-by-case basis to determine if "code black" would be appropriate. A phone line that can be accessed 24 hours a day will be available for consultation with the Department in these unusual situations. The phone number to call is (800) 424-4666.

Hospitals have been working collaboratively with the Department to make operational changes in preparation for this implementation, with many providers already operating under a "no diversion" policy. It is expected that hospitals will maintain a functional ED during and after this transition. The ability of emergency departments to care for acutely ill and injured incoming

patients must not be compromised by the need to care for patients who are boarding in the ED. Hospitals must therefore work to minimize boarding, use “code help” plans and appropriate disaster protocols, and, if necessary, stabilize and transfer patients to maintain outflow from the ED. The Department continues to work with MHA and others to develop and share additional resources and best practices with the hospital community.

Although a great deal of work has been done by both providers and the Department to prepare for this change, ongoing dialogue will be key to a successful implementation and to addressing the ultimate goal of reducing ED overcrowding. The Department has scheduled a conference call for January 8, 2009 at 11 a.m. to discuss the initial implementation and problems encountered and to determine an appropriate schedule for additional calls. The call-in number is 800-369-2195, passcode 37199.

The Department of Public Health, along with MHA, is committed to education around best practices in patient flow and working on patient flow and outflow issues that are external to the hospitals. The Boarding and Diversion Task Force will be changing its name to the Boarding and Patient Flow Task Force, to reflect its focus on hospital-wide patient flow issues.

We are committed to working to reduce and eventually eliminate boarding in the ED as part of our larger efforts to improve access and patient care. We appreciate the level of commitment required from all participants, and especially from leadership, to effectively address the hospital-wide challenges of patient flow. In the coming months, DPH and MHA will be working on data collection guidelines and best practices. An additional letter that specifically addresses data collection is forthcoming. Your input is valued and we will work to address concerns as they arise.

Thank you for your participation in this effort.

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