



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
99 Chauncy Street, 11th Floor, Boston, MA 02111
617-753-8000

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

TO: Chief Executive Officers
Emergency Department Directors
Acute Care Hospitals

FROM: Madeleine Biondolillo, MD, Bureau Director *MB*

CC: Iyah Romm, Special Assistant to the Director
Anuj Goel, Massachusetts Hospital Association
Boarding and Patient Flow Task Force

DATE: February 1, 2012

RE: Clarification to Circular Letter DHCQ 12-01-555

To Whom It May Concern:

The Department recently announced two additional mandatory data elements to be reported by all emergency departments (EDs) in Massachusetts. These elements were developed in close consultation with the Boarding and Patient Flow Task Force, the Massachusetts Hospital Association, and several key physician leaders. The goal of the measures was to better understand challenges faced by emergency departments and other providers in managing the flow of patients needing emergency care.

In response to the first iteration of new data elements published on January 13, 2012, the Department has received extensive feedback. Emergency department leaders appreciated that Measure ED-4 separated wait times from patient boarding. However, the measure, initially defined to begin at the time of disposition, presented significant challenges for data collection. Therefore ED-4 has been revised to be time from ED arrival to ED departure. Hospitals also noted the potential for discrepancy introduced by disparate utilization of observation-stay status. Therefore, we have included a new 'demographic' measure to distinguish between institutions with ED observation-stay units, or an ED observation designation, and those without. In response to this feedback, we have amended Circular Letter DHCQ 12-01-555 accordingly. The amended letter is attached and will be posted by February 4, 2012 at

<http://www.mass.gov/eohhs/provider/licensing/facilities/health-care-facilities/hospitals/hospital-circular-letters.html#ed>

In this amended Circular Letter, ED-4 now reads:

ED 4: Total number of all patients remaining in the emergency department for 12 or more hours from ED arrival to ED departure including ED observation-stay (where “departure” is defined as admission, transfer, or discharge).

To clarify our intended data capture of these measures, we offer the following examples:

Example 1

Patient A arrives at emergency department with chest pain at 1300 hours. Evaluation is conducted by ED staff. The patient requires extensive imaging studies and two service-line consults. Patient A is placed into ED observation after 13 hours in the ED. S/he is discharged 10 hours later to home. Total time in ED is 23 hours. Total time prior to placement into observation is 13 hours.

Patient A is counted in ED-4 as s/he was in the ED for more than 12 hours.

Patient A is not counted in ED-5 as s/he did not have a primary behavioral health diagnosis

Example 2

Patient B arrives at 1300 hours with a chief complaint of suicidal ideation. After immediate medical clearance by ED staff, the Emergency Service Provider (ESP) team is contacted. Three hours after arrival, the decision is made to transfer the patient to an in-patient psychiatric unit at another hospital. While waiting for bed-placement, Patient B is placed into observation status within the ED. Patient remains in the ED for 20 additional hours (total of 23 hours in the ED).

Patient B is counted in ED-4 as s/he was in the ED for more than 12 hours.

Patient B is counted in ED-5 as s/he had a primary behavioral health diagnosis.

We appreciate your thoughtful feedback as we collectively identify a simple set of measures to best capture the incidence of boarding across the Commonwealth.

If you have any questions about data submission, please contact Andrew Sinatra,
Andrew.Sinatra@State.MA.US



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
99 Chauncy Street, 11th Floor, Boston, MA 02111
617-753-8000

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

Circular Letter: DHCQ 12-01-555

TO: Chief Executive Officers
Emergency Department Directors
Acute Care Hospitals

FROM: Madeleine Biondolillo, MD, Bureau Director *MB*

CC: Iyah Romm, Special Assistant to the Director
Anuj Goel, Massachusetts Hospital Association
Boarding and Patient Flow Task Force

DATE: January 13, 2012 [UPDATED February 1, 2012]

RE: Emergency Department Data Collection Update

The purpose of this letter is to inform facilities of changes the Department is making to the emergency department data collection process, originally outlined in circular letter 09-01-505, dated 01/23/2009 <http://www.mass.gov/eohhs/docs/dph/quality/hcq-circular-letters/hospital-ed-0901505.pdf>.

Submission of the Data Elements

Since 2009, facilities have been required to submit three emergency department data elements to the Department of Public Health's Hospital Capacity Website.

Due to unforeseen circumstances and effective immediately, hospitals will no longer be using the Hospital Capacity Website to submit their data. Beginning with the data collected for January 2012 (the submission deadline is hereby extended for data from January and February 2012 to February 28, 2012), facilities will instead be required to submit their emergency department data as a spreadsheet file via email to Dph-Eddata@massmail.state.ma.us. See the attached page of **Instructions for Collection and Submission of Hospital Emergency Department Data**. Going forward data will be due to the Department on the 15th of each month. Department staff will routinely contact each hospital that does not submit the monthly data in a timely fashion.

Current Data Elements

ED 1: Number of ED visits per month.

ED 2: Median time (in minutes) from ED arrival to ED departure for admitted ED patients, per month (NQF measure ED-001-08).

ED 3: Median time (in minutes) from ED arrival to ED departure for discharged ED patients, per month (NQF measure ED-002-08).

New Data Elements

At the October 25, 2011 meeting of the Department's Boarding and Patient Flow Task Force, as part of the discussion of the extended lengths of stay in emergency departments of patients with behavioral health issues (including psychiatric and substance abuse diagnoses), the members proposed adding several data elements to those that are already collected. After further discussion subsequent to that meeting, the Department is asking hospitals to submit each month the following four *additional* data elements:

For purposes of these elements, "behavioral health diagnosis" is defined as having an ICD-9 code of 290.0-319.

ED 4: Total number of all patients remaining in the emergency department for 12 or more hours from ED arrival to ED departure including ED observation-stay (where "departure" is defined as admission, transfer, or discharge).

ED 5: Total number of patients identified in ED 4 with a behavioral health diagnosis.

ED 6 (optional): Payer-mix of all patients identified in ED 5 (% each: Medicare, Medicaid, Commercial, and Uninsured)

ED 7 (optional): Describe key factors contributing to long-term patient boarding as identified in ED 5 (*narrative response*).

In addition to these new elements, hospitals will be asked to respond to the following 'demographic' questions for the first response only:

(New initial response only): Does your hospital utilize an ED observation-stay unit or ED observation designation for mental health patients (yes/no), substance abuse patients (yes/no), or any other patients (yes no)?

In July 2012, the Department will reassess the necessity of ongoing collection of data for measures ED 4-7.

If you have any questions about data submission, please email Andrew Sinatra at Andrew.Sinatra@state.ma.us.

Instructions for Collection and Submission of Hospital Emergency Department Data

Starting January 15th 2012, hospitals will no longer be using the Hospital Diversion Website to submit their emergency department data. Instead, hospitals will be required to submit their emergency department data to the Department via email as an electronic spreadsheet file. The data must be filled out using a spreadsheet template provided by the Department.

The spreadsheet template is available in both Microsoft Excel and CSV file formats, and will be posted on the Department's website at the following address by February 4, 2012:

<http://www.mass.gov/eohhs/provider/licensing/facilities/health-care-facilities/hospitals/hospital-circular-letters.html#ed>.

In addition to the new measures described below, a brief series of additional 'demographic' questions will be included for your first response only.

(New initial response only): Does your hospital utilize an ED observation-stay unit or ED observation designation for mental health patients (yes/no), substance abuse patients (yes/no), or any other patients (yes no)?

Below are the three original data measures plus two new mandatory, and two new optional measures for collection:

ED 1: Number of ED visits per month.

ED 2: Median time (in minutes) from ED arrival to ED departure for admitted ED patients, per month (NQF measure ED-001-08).

ED 3: Median time (in minutes) from ED arrival to ED departure for discharged ED patients, per month (NQF measure ED-002-08).

ED 4: Total number of all patients remaining in the emergency department for 12 or more hours from ED arrival to ED departure including ED observation-stay (where "departure" is defined as admission, transfer, or discharge).

(New) ED 5: Total number of patients identified in ED 4 (above) with a behavioral health diagnosis.

(New) ED 6 (optional): Payer-mix of all patients identified in ED 5 (% each: Medicare, Medicaid, Commercial, and Uninsured)

(New) ED 7 (optional): Describe key factors contributing to long-term patient boarding as identified in ED 5.

The left side of the spreadsheet is broken up into seven sections, each representing one of the required or optional data measures. Under each section, a submitter is required to fill in the name of the hospital for which he/she is reporting. Submitters are allowed to fill in more than one hospital on a single spreadsheet if they need to report data for more than one hospital.

The columns to the right of this section should be labeled with the month/year of the corresponding value. Each submission should contain one month of data; however, hospitals may also use the spreadsheet to submit multiple months of data, in the event they have to submit missing past data points. A blank spreadsheet template and an example of a properly filled out spreadsheet will be available on the program's website after 2/4/12. Once the spreadsheet is completed, the file should be sent as an attachment via email to the following email address: Dph-Eddata@massmail.state.ma.us