# Trauma Systems Committee\*

# Note: Portions of this document have been edited from its original version for accessibility purposes

Bureau of Health Care Safety and Quality Department of Public Health

December 15, 2021

**Agenda**

* Trauma Data Update
* Presentation on Medical Surge Planning at the Department

##### Dr. Ryan Schwarz, MD, MBA Director of Policy for Accountable Care, MassHealth

Navigation

**Today's Overview** Overview Trends COVID-19 Cases COVID-19 Testing Hospitalizations COVID-19 Deaths Higher Ed & LTCF

Cases

Testing

Hospitalizations

Deaths

Hospitalizations

There are 1,41O patients hospitalized for COVID-19.

ICU & Intubated Patients

There are 304 patients in Intensive Care Units (ICU) and 165 patients are intubated.

Patient Breakdown City & Town Data Resources

Confirmed Cases

Today there were 4,039 new , co11firmed cases reported bringing the total to 916,547 total confirmed cases.

Probable Cases

Today, there were 646 new, probable cases reported bringing the total to 6'9,399 total probable cases.

Tests Reported

There were 63,250 new COVID-19 molecular tests reported, bringing the cumulative total to 34,780,586 tests.

Percent Positivity

The 7-day average of percent positivity is 5.18%.

Data Archive



Age group (years }

80-t

70-79

60-69

50-59

40-49

30-39

15-19 20-29

10-14

5-9

0-4

968

\*Data updated weekly

7,497

7,325

8,000-

6,000-

4,00 0 -

2,00 0 -

Confirmed cases by age during the last two weeks

For details on the definitions of each indicator hover over the box or graph All data included in this dashboard are preliminary and subject to change. Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics. COVID-19 Hospitalization Data provided by the MDPH survey of hospitals (hospital survey data are self-reported). Created by the Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, Division of Surveillance, Analytics and Informatics.

Confirmed Deaths

There were 61 new, confirmed deaths reported. There have been 19,304 confirmed deaths in total.

Probable Deaths

There were 1 new, probable deaths reported. There have been 421 probable deaths in total.

Average Age of Deaths

The average age of patients w1ho died of COVID-19 was 75 years **old.**

# Massachusetts Trauma Registry Update

#### The new Massachusetts Trauma Registry launched on December 6, 2021

* Training on the new Trauma Registry was provided in late November and early December. All trainings were recorded and are available through the registry portal
* Please contact [support.di@eso.com](mailto:support.di@eso.com) for registry connectivity and performance issues
* Please contact [MDPH\_TraumaRegistry@mass.gov](mailto:MDPH_Trauma@mass.gov) for questions regarding submissions, log ins, and other questions
* New FFY2021 submissions will be due no later than April 30, 2022 and FFY2022 Q1 submissions will be due by May 31, 2022

1,800

1,600

1,400

Number of Transports

1,200

1,000

800

600

400

200

0

Number of EMS Interfacility Trauma Transports by Quarter, 1/1/2019 - 9/30/2021 (n = 13,360)

Q1 Q2 Q3 Q4 2019 2020 2021

1,653

1,536

1,445

1,323

1,233

1, 1,095

029

1,108

1,134

911 893

|  |
| --- |
| **Source: MA Department of Public Health MATRIS V2 & V3, downloaded 11/12/2021** |
| Notes: |
| Counts are number of runs, not patients |
| Data includes only those runs where patient disposition = "Patient Treated, Transported by this EMS Unit“ and incident location is in Massachusetts |
| Data includes only those runs where primary impression is recorded as “traumatic injury” or is coded as trauma as per the International Classification of Diseases, 10th Edition-Clinical Modification |
| Ambulance services are required to enter data into MATRIS per A/R 5-403 Statewide EMS Minimum Dataset. |
| Data are required to be submitted within 14 days; however, actual submission timeframes vary by ambulance service. |

Beginning in Q3 2020 to present There has been an increase in the number of interfacility transports reported in MATRIS; this is likely due in part to a significant upgrade to MATRIS that all ambulance services completed

|  |  |  |  |
| --- | --- | --- | --- |
| Median Time in Minutes from Dispatch Notified to Unit Arrived  on Scene by Quarter, 1/1/2019 – 9/30/2021 | | | |
| **Year** | **n** | **median** | **P Value** |
| **Q1** |  |  |  |
| 2019 | 1029 | 41 | ref |
| 2020 | 1094 | 43 | 0.5869 |
| 2021 | 1232 | 42 | 0.7272 |
| **Q2** |  |  |  |
| 2019 | 911 | 32 | ref |
| 2020 | 893 | 42 | 0.0082\* |
| 2021 | 1444 | 49 | <.0001\* |
| **Q3** |  |  |  |
| 2019 | 1108 | 39 | ref |
| 2020 | 1536 | 47 | 0.0060\* |
| 2021 | 1653 | 57 | <.0001\* |
| **Q4** |  |  |  |
| 2019 | 1134 | 45.5 | ref |
| 2020 | 1323 | 43 | 0.3143 |

Both Quarter 2 and Quarter 3 had a significant increase in median time from dispatch notified to unit arrived on scene in 2020 compared to 2019, as well as in 2021 YTD compared to 2019.

Quarters 1 and 4 had no significant differences in median time from dispatch notified to unit arrived on scene from 2019 up to date.

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| **Source: MA Department of Public Health MATRIS V2 & V3, downloaded 11/12/2021** |
| Notes: |
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| Data includes only those runs where patient disposition = "Patient Treated, Transported by this EMS Unit“ and incident location is in Massachusetts |
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**MATRIS Interfacility Trauma Transports by Quarter**

Both Quarter 2 and Quarter 3 had a significant increase in median time from dispatch notified to unit arrived at destination in 2021 YTD compared to 2019. Quarter 3 also had a significant increase in median time in 2020 compared to 2019.

|  |  |  |  |
| --- | --- | --- | --- |
| Median Time in Minutes from Dispatch Notified to Unit Arrived  at Destination by Quarter, 1/1/2019 – 9/30/2021 | | | |
| **Year** | **n** | **Median** | **P Value** |
| **Q1** |  |  |  |
| 2019 | 1026 | 112 | ref |
| 2020 | 1089 | 112 | 0.9663 |
| 2021 | 1228 | 111 | 0.9325 |
| **Q2** |  |  |  |
| 2019 | 910 | 99 | ref |
| 2020 | 890 | 104 | 0.1108 |
| 2021 | 1440 | 118 | <.0001\* |
| **Q3** |  |  |  |
| 2019 | 1100 | 106 | ref |
| 2020 | 1532 | 115 | 0.0405\* |
| 2021 | 1646 | 128 | <.0001\* |
| **Q4** |  |  |  |
| 2019 | 1130 | 118 | ref |
| 2020 | 1318 | 109 | 0.0532 |

Quarters 1 and 4 had no significant differences in median time from dispatch notified to unit arrived at destination from 2019 up to date.

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3000

2500

Number of Transports

2000

1500

1000

500

Number of EMS Interfacility Trauma Transports by Incident EMS Region, 1/1/2019 - 9/30/2021 (n = 13,360)

2,538

2021 represents 3 quarters while

2019 and 2020 represent 4 quarters of data

186

758

889

737

562

1,123

887

741

520

346

245182

34

12

41 26 13

53 29 13

2

9

1,

2,

Most transfers occur in Region 4, decrease from 2019 to 2020

Region 5 increased from 2019-2021 likely in part due to the transition to the upgraded MATRIS database

0

Region 1 Region 2 Region 3 Region 4 Region 5 Out of State Unknown

2019 2020 2021

|  |
| --- |
| **Source: MA Department of Public Health MATRIS V2 & V3, downloaded 11/12/2021** |
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|  |  |  |  |
| --- | --- | --- | --- |
| Median Time in Minutes from Dispatch Notified to Unit Arrived on Scene by Incident Region, 1/1/2019 –  9/30/2021 | | | |
| **Year** | **n** | **Median** | **P Value** |
| **Region 1** |  |  |  |
| 2019 | 352 | 9.5 | ref |
| 2020 | 245 | 26 | <.0001\* |
| 2019 (Q1-Q3) | 268 | 9 | ref |
| 2021 (Q1-Q3) | 182 | 15 | 0.0010\* |
| **Region 2** |  |  |  |
| 2019 | 562 | 25.5 | ref |
| 2020 | 888 | 29 | 0.1862 |
| 2019 (Q1-Q3) | 380 | 21 | ref |
| 2021 (Q1-Q3) | 737 | 33 | 0.0004\* |
| **Region 3** |  |  |  |
| 2019 | 520 | 44.5 | ref |
| 2020 | 1123 | 44 | 0.9684 |
| 2019 (Q1-Q3) | 330 | 37 | ref |
| 2021 (Q1-Q3) | 887 | 53 | 0.0037\* |
| **Region 4** |  |  |  |
| 2019 | 2538 | 50 | ref |
| 2020 | 2186 | 55 | 0.0878 |
| 2019 (Q1-Q3) | 1931 | 49 | ref |
| 2021 (Q1-Q3) | 1756 | 62.5 | <.0001\* |
| **Region 5** |  |  |  |
| 2019 | 122 | 23 | ref |
| 2020 | 349 | 27 | 0.0068\* |
| 2019 (Q1-Q3) | 72 | 23 | ref |
| 2021 (Q1-Q3) | 741 | 49 | <.0001\* |

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| --- |
| **Source: MA Department of Public Health MATRIS V2 & V3, downloaded 11/12/2021** |
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| Ambulance services are required to enter data into MATRIS per A/R 5-403 Statewide EMS Minimum Dataset. |
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All regions median time from when dispatch was notified to when the unit arrived on scene increased significantly in Q1-Q3 2021 compared to Q1-Q3 2019.

Additionally, Region 1 also had a significant increase in median time in 2020 compared 2019.

|  |  |  |  |
| --- | --- | --- | --- |
| Median Time in Minutes from Dispatch Notified to Unit Arrived at Destination by Incident Region,  1/1/2019 – 9/30/2021 | | | |
| **Year** | **n** | **Median** | **P Value** |
| **Region 1** |  |  |  |
| 2019 | 352 | 75 | ref |
| 2020 | 245 | 79 | 0.7764 |
| 2019 (Q1-Q3) | 268 | 79 | ref |
| 2021 (Q1-Q3) | 182 | 61.5 | 0.0247\* |
| **Region 2** |  |  |  |
| 2019 | 562 | 89.5 | ref |
| 2020 | 888 | 96 | 0.4631 |
| 2019 (Q1-Q3) | 380 | 79 | ref |
| 2021 (Q1-Q3) | 736 | 97 | 0.0024\* |
| **Region 3** |  |  |  |
| 2019 | 517 | 107 | ref |
| 2020 | 1122 | 104 | 0.5467 |
| 2019 (Q1-Q3) | 327 | 99 | ref |
| 2021 (Q1-Q3) | 884 | 119 | 0.0056\* |
| **Region 4** |  |  |  |
| 2019 | 2528 | 122 | ref |
| 2020 | 2171 | 123 | 0.8576 |
| 2019 (Q1-Q3) | 1924 | 120 | ref |
| 2021 (Q1-Q3) | 1750 | 131 | 0.0127\* |
| **Region 5** |  |  |  |
| 2019 | 120 | 110 | ref |
| 2020 | 348 | 107 | 0.6723 |
| 2019 (Q1-Q3) | 71 | 108 | ref |
| 2021 (Q1-Q3) | 736 | 129 | 0.0312\* |

All regions median time from when dispatch was notified to unit arrived at destination were significantly different in Q1-Q3 2021 compared to Q1-Q3 2019. All regions median time increased significantly, except for Region 1, whose median time decreased.

No regions had significant differences in median time from dispatch notified to unit arrived at destination from 2019 to 2020.

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| **Source: MA Department of Public Health MATRIS V2 & V3, downloaded 11/12/2021** |
| Notes: |
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Number of EMS Trauma Interfacility Transfers by Date,

1/1/2019-9/30/2021 (put when v3 transitioned) There is a dip in interfacility

transports during the Stay-at-Home

40 order in Spring 2020

35

30

EMS Transports

25

20

15

10

5

0

1/1/2019

2/1/2019

3/1/2019

4/1/2019

5/1/2019

6/1/2019

7/1/2019

8/1/2019

9/1/2019

10/1/2019

11/1/2019

12/1/2019

1/1/2020

2/1/2020

3/1/2020

4/1/2020

5/1/2020

6/1/2020

7/1/2020

8/1/2020

9/1/2020

10/1/2020

11/1/2020

12/1/2020

1/1/2021

2/1/2021

3/1/2021

4/1/2021

5/1/2021

6/1/2021

7/1/2021

8/1/2021

9/1/2021

Date

|  |
| --- |
| **Source: MA Department of Public Health MATRIS V2 & V3, downloaded 11/12/2021** |
| Notes: |
| Counts are number of runs, not patients |
| Data includes only those runs where patient disposition = "Patient Treated, Transported by this EMS Unit“ and incident location is in Massachusetts |
| Data includes only those runs where primary impression is recorded as “traumatic injury” or is coded as trauma as per the International Classification of Diseases, 10th Edition-Clinical Modification |
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| Data are required to be submitted within 14 days; however, actual submission timeframes vary by ambulance service. |

160

140

120

Number of Transports

100

80

60

40

20

0

Number of EMS Trauma Interfacility Transfers by Week, 1/1/2019 - 9/30/2021

0 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52

Week

Each spring there is a dip in the number of interfacility transports completed followed by an increase in the summer

2019 2020 2021

|  |
| --- |
| **Source: MA Department of Public Health MATRIS V2 & V3, downloaded 11/12/2021** |
| Notes: |
| Counts are number of runs, not patients |
| Data includes only those runs where patient disposition = "Patient Treated, Transported by this EMS Unit“ and incident location is in Massachusetts |
| Data includes only those runs where primary impression is recorded as “traumatic injury” or is coded as trauma as per the International Classification of Diseases, 10th Edition-Clinical Modification |
| Ambulance services are required to enter data into MATRIS per A/R 5-403 Statewide EMS Minimum Dataset. |
| Data are required to be submitted within 14 days; however, actual submission timeframes vary by ambulance service. |

NTDS 2022 Data Dictionary:

##### The American College of Surgeons (ACS) Nation Trauma Data Standard (NTDS) and the Massachusetts Trauma Registry (the TR) each maintain a data set of required fields that are largely the same

* We will examine the similarities and differences between these two registries and lay out opportunities for increased alignment
* There are 74 fields that are captured in both the ACS NTDB Standards and the Massachusetts Trauma Registry
  + There are currently 104 data elements in the TR – 71% alignment
  + There are 23 data elements in the TR not included in the NTDS
    - Most of these were previously collected in NTDS and retired

##### The remaining fields contain the same information but are captured differently in each registry

<https://www.facs.org/-/media/files/quality-programs/trauma/ntdb/ntds/data-dictionaries/ntds_data_dictionary_2022.ashx> Massachusetts Trauma Registry Data Submission Information:

**Massachusetts vs American College of Surgeons Data Dictionary Comparison – what is the same?**

<https://www.mass.gov/service-details/state-trauma-registry-data-submission>

Massachusetts collects a number of state-specific fields to assist in matching to other databases and related to interfacility transfers

* + - All Hospitals

**Massachusetts vs American College of Surgeons Data Dictionary Comparison – Massachusetts Only Demographics and Miscellaneous fields**

##### First name

* + - * Middle initial
      * Last name
      * Patient Address - Street 1 & 21
      * Patient home state
      * Medical record number
      * Referring facility (for interfacility transfers)
* Trauma Center Only Data Elements
  + Temperature unit
  + Temperature route
  + Height unit
  + Weight unit
  + Admission type

1. Street address 2 is an optional field

Massachusetts continues to collect EMS related fields until the Universal Unique Identifier field is implemented and validated as an EMS-Trauma Registry matching tool

### All Hospitals

##### Prehospital provider - departed location time

* + Prehospital provider – departed location date
  + Prehospital provider – call dispatched date
  + Prehospital provider – call dispatched time
  + Prehospital provider – arrived at location date
  + Prehospital provider – arrived at location time
* Trauma Center Only Data Elements
  + Prehospital vitals - SBP
  + Prehospital vitals - pulse rate
  + Prehospital vitals – unassisted respiration rate
  + Prehospital vitals - oxygen saturation
* Several ESO trauma data elements have expanded menu with additional codes not captured in NTDS, these are available for use if listed in patient record
* Comorbidities and complications will be captured with a multi-select field in the Massachusetts TR, but are documented as individual fields in NTDS
  + All options are the same

|  |  |  |
| --- | --- | --- |
| **Data Element** | **NTDS** | **Massachusetts TR** |
| Location of direct admission | Retired | Combined with ED Discharge Disposition |
| Gender | FFY2022 adds non-binary | New Gender identity field with more options added |
| Mode of arrival | Unchanged | Adds two new menu options public safety and water ambulance |
| Comorbidities | Individual yes/no fields | One multiselect field |
| Complications | Individual yes/no fields | One multiselect field |

Several ESO trauma data elements have expanded menu with additional codes not captured in NTDB, these are available if listed in the patient record

|  |  |  |
| --- | --- | --- |
| **Data Element** | **NTDS** | **Massachusetts TR FFY 2021-2022** |
| Initial ED/Hospital GCS Assessment Qualifiers | unchanged | Split into four fields: Paralyzed  Sedated Intubated  Eye Obstruction |
| Abbreviate injury score (AIS) | Abbreviated injury score | Split into two fields: Abbreviated injury score pre dot  Abbreviated injury score severity |
| Protective devices | unchanged | Split into two field: Restraint 1 & 2  Protective devices equipment |

**Massachusetts vs American College of Surgeons Data**

**Dictionary Comparison – ACS differences**

* There are several fields included in the NTDS that are not captured in the Massachusetts TR
* There are four NTDS fields not captured in the Massachusetts TR
  + Highest activation
  + Trauma surgeon arrival date
  + Trauma surgeon arrival time
  + National provider identifier (NPI)
  + These are under consideration to be required data elements for trauma centers in the FFY 2023 Massachusetts Trauma Registry

##### All Trauma Quality Improvement Program (TQIP) measures for processes of care

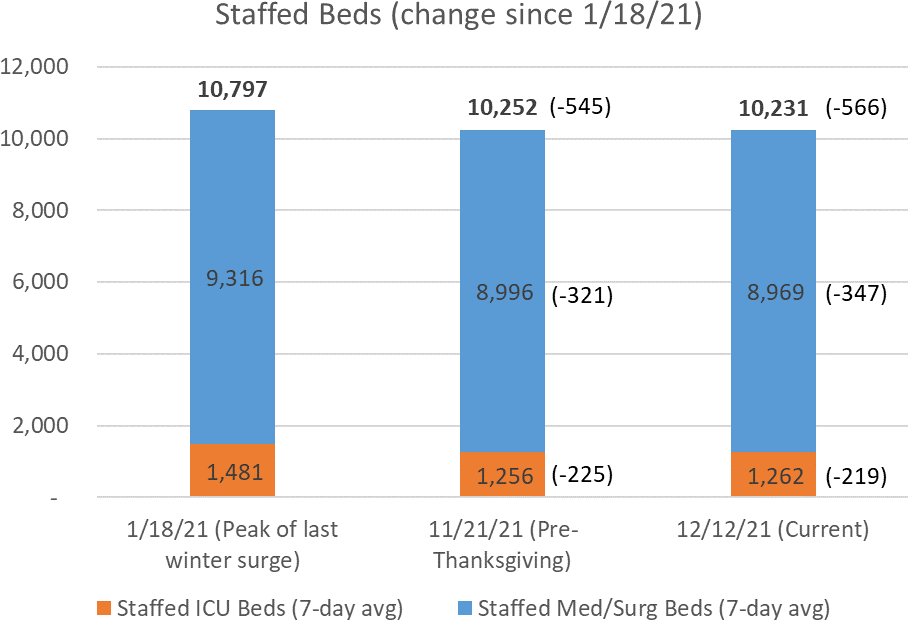
* + 30 data elements

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Confirmed COVID Hospitalizations by HMCC Region (Single-Day)** | | | | | | |
| **HMCC Region** | | **4 Weeks Ago (11/14/21)** | **1 Week Ago (12/05/21)** | **Current (12/12/21)** | **4-Week Change** | **1-Week Change** |
| 1 | Western | 73 | 130 | 162 | 89 (122%) | 32 (25%) |
| 2 | Central | 61 | 160 | 186 | 125 (205%) | 26 (16%) |
| 3 | Northeastern | 98 | 200 | 227 | 129 (132%) | 27 (14%) |
| 4 | Boston / Metro West | 216 | 350 | 435 | 219 (101%) | 85 (24%) |
| 5 | Southeastern | 106 | 278 | 345 | 239 (225%) | 67 (24%) |
| **Statewide** | | **554** | **1,118** | **1,355** | **801 (145%)** | **237 (21%)** |

|  |  |  |
| --- | --- | --- |
| **Statewide Census (7-Day Average)** | | |
|  | **Inpatient** | **ICU** |
| Current (12/12/21) | 9,380 | 1,078 |
| 1 Week Ago (12/05/21) | 9,288 | 1,061 |
| Pre-Thanksgiving Peak (11/20/21) | 9,202 | 1,039 |
| 4 Weeks Ago (11/14/21) | 9,154 | 1,029 |
| 1-Week Change | 92 (1%) | 16 (2%) |
| Change Since Pre- Thanksgiving Peak | 178 (2%) | 38 (4%) |
| 4-Week Change | 226 (2%) | 49 (5%) |

Note: Inpatient census includes statewide occupied adult medical/surgical and ICU beds, and ICU census includes statewide occupied adult ICU beds, as reported in WebEOC. Census figures exclude Boston Children’s Hospital, Massachusetts Eye and Ear Infirmary, and Dana-Farber Cancer Institute.

* Staffing constraints are significantly limiting hospital capacity – compared to the peak of the winter surge, hospitals have >300 med/surg and >200 ICU beds that are not currently staffed
* Since prior to Thanksgiving, staffed bed capacity has not improved



Note: Staffed beds shown above are statewide totals of staffed adult beds, including staffed surge beds, as reported in WebEOC, excluding Boston Children’s Hospital, Massachusetts Eye and Ear Infirmary, and Dana-Farber Cancer Institute.

MassHealth is providing **SNF supplemental payment to incent Saturday and Sunday**

**admissions**



**DPH issued communication to hospitals informing them of their ability to send patients to SNFs with a supply of their medications to enable SNFs to accept patients during evening and night hours.**



MassHealth **extended coverage of SNF and community-based LTSS for Family Assistance members** as of November 1, 2021



**Post Acute Transition Delays**

* **Building interfacility transfer (IFT) capacity** through municipal and volunteer ambulance services; communications sent November 12, 2021
* Implemented **measures to hold EMS providers engaged in COVID-related activities (testing, vaccines, etc.) more accountable** to existing/core lines of work and contracts
* **Targeted rate add-on for certain EMS transport services;** effective week of December 5th
* **Exploring options to augment staffing for non-emergency, interfacility transports**

**EMS Capacity**

* **Ongoing expansion of inpatient BH capacity state- wide**; EOHHS incentive funding has resulted in net new 288 beds in 2021; 200 additional beds planned in 2022; **additional EOHHS funding to support inpatient psychiatric units** in general hospitals and free- standing psychiatric facilities.
* **Expanding programs to reduce BH boarding statewide** (e.g., Youth Villages, etc.)
* DMH has renewed communication re: approval **for telehealth waiver exceptions**
* **DMH will consider waiver requests to its regulatory requirements for temporary relief of BH interfacility provider requirements;** however, any admitting facility must ensure that acceptance of an outside physical exam completed by a qualified medical professional has been completed within 24 hours of admission and conforms with any hospital operating standards and accreditation as determined by CMS and the Joint Commission.
* **MassHealth to streamline authorization** of additional services needed to allow for specific inpatient psychiatric admissions

**Psychiatric Capacity / ED Boarding**

* DOI bulletin **relaxing prior authorization and credentialing procedures**; MassHealth bulletin to be issued in the coming days
* **Extended existing temporary licenses and allowed new temporary licenses**, through June 2022; reciprocity also extended through June 2022
* **Accelerated licensure process** for physicians from foreign medical schools
* **Established Discharge Support Call Line** w/in EOHHS in January 2021 to support hospitals w/ challenging placements; renew communications about the resource lines
* **Expedite guardianship proceeding** through identified contact at the P/F Court
* DOI to issue bulletin to require **commercial coverage of the hospital-at-home program**
* **Facilitate daily data sharing of available beds** within and between regions via HMCC mechanism

**General Administrative Flexibilities/Hospital Capacity**

– | 24

for policy development purposes only

Confidential

###### nonurgent scheduled procedures

* On December 10th, DPH released **updated** [**guidance**](https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives#health-care-organizations-) **to hospitals** to reduce certain non-essential, elective services and procedures via **a** [**COVID-19 Public Health Emergency Order**](https://www.mass.gov/doc/order-of-the-commissioner-of-public-health-covid-19-public-health-emergency-order-no-2021-16/download)**, to conserve inpatient hospital capacity and to protect patients, the healthcare workforce and resources**
* No later than December 15th, 2021, **any hospital or hospital system that has limited capacity (<15%) must begin to reduce non-essential, non-urgent scheduled procedures by at least 50%** to ensure adequate hospital capacity for immediate healthcare needs.
* In the order, non-essential, non-urgent scheduled procedures **are defined as procedures that are scheduled in advance because the procedure is not a medical emergency and where delay will not result in adverse outcomes to the patient’s health**. Providers at each hospital shall use their clinical judgment on a case-by-case basis regarding procedures that are essential to perform.
* The order further states that any hospital/hospital system that maintains or exceeds the capacity threshold and **provides an attestation to DPH** may continue to perform procedures provided that the hospital/hospital system:

1. continues to maintain or exceed the capacity threshold;
2. actively participates in the hospital’s regional Health and Medical Coordinating Coalition meetings and makes available medical-surgical and, if appropriate, intensive care unit capacity and regularly accepts transfers from other hospitals; and
3. does not transfer patients or seek assistance from other hospitals/hospital systems for the purpose of maintaining or exceeding the capacity threshold.

* **EOHHS, in partnership with the hospitals, will continue to closely monitor statewide hospital capacity across the Commonwealth to determine if any additional capacity adjustments are necessary.**

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## Meeting Schedule:

### – March 16, 2022

All meetings will be held remotely from 10:00am-12:00pm

For more information, please visit:

[https://www.mass.gov/service-details/trauma-systems-committee](https://www.facs.org/quality-programs/trauma/tqip)