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Memorandum

TO: Hospital Chief Executive Officers
FROM: Teryl Smith, RN, MPH, Director, Bureau Health Care Safety & Quality
SUBJECT: Process for Adding Beds in Alternate Inpatient Care Spaces Updates
DATE: March 7, 2025

Since 2020, through memorandum, the Department of Public Health (Department or DPH) has permitted DPH licensed or operated hospitals to add adult medical/surgical beds by using alternate inpatient care space on a temporary basis, if the hospital met certain requirements. While that policy is set to expire April 1, 2025, the Department recognizes that there may be a need, at times, for a licensed hospital to add inpatient beds to continue to care for patients when licensed adult medical/surgical beds are filled. The purpose of this memorandum is to provide information to licensed hospitals that may continue to need temporary adult medical/surgical inpatient beds in alternate inpatient care spaces beyond April 1, 2025.

The Department has identified several pathways for licensed hospitals that may need to continue to use temporary adult medical/surgical inpatient beds in alternate inpatient care spaces beyond April 1, 2025, outlined below. If your hospital has been utilizing additional adult medical/surgical beds in alternate inpatient space and intends to utilize alternate inpatient space beyond April 1, 2025, please review this memorandum and respond to the Department before April 1, 2025 consistent with the processes outlined in each option below.

Option 1: Licensure of Beds

Licensed hospitals may apply to the Division of Health Care Facility Licensure and Certification (DHCFLC) to license space to increase the number of permanent adult medical/surgical beds and should indicate their intent to do so prior to April 1, 2025 with a formal application required by June 1, 2025; adult medical/surgical beds currently being utilized to increase capacity can be used until the Department reviews the application and provides follow up direction. Hospitals are encouraged to consider licensing beds as adult medical/surgical beds on closed units that have historically and consistently been used as alternate care space. Hospitals are also encouraged to reach out to the Department's Plan Review team if they have any questions about space that may be appropriate for permanent adult medical/surgical beds. Information on the Plan Review process may be found here: <https://www.mass.gov/guides/plan-review-for-health-care-facilities>

- Hospitals contemplating a substantial capital expenditure related to the licensure of additional beds should review the Determination of Need (DoN) requirements to determine whether DoN approval is required. These requirements may be found here: <https://www.mass.gov/how-to/apply-for-a-determination-of-need>

Option 2: Multi-use Beds

A licensed hospital may designate certain specialty unit, currently licensed beds as “multi-use” in order to use them for temporary adult medical/surgical inpatient beds for a certain period of time during times of high capacity, such as respiratory illness season. Any use of “multi-use” specialty unit beds as medical/surgical beds should be limited to times when there is traditionally low volume use of those specialty unit beds. To establish “multi-use” beds, the hospital must submit a special project request to DHCFLC and indicate their intent to do so prior to April 1, 2025 with a formal special project request required by June 1, 2025; adult medical/surgical beds currently being utilized to increase capacity can be used until the Department reviews the special project request and provides follow up direction. Approved special projects must be renewed at licensure renewal. The “multi-use” beds must meet the applicable federal and state requirements for the higher acuity level service beds.

- As an example, a licensed hospital may use maternal/newborn service beds that are in a postpartum unit when there are historically lower numbers of deliveries in the winter months as adult medical/surgical inpatient beds during times of high capacity, such as respiratory illness season.

Option 3: Extension of Temporary Adult Medical/Surgical Beds in Alternate Space

Licensed hospitals that have reviewed their current use of temporary adult medical/surgical beds in alternate inpatient space and determined that to meet the anticipated demand for patient care they must continue to do so after April 1, 2025 and that neither Option 1 or Option 2 are practicable, must notify the Department prior to April 1, 2025 by emailing dph.bhcsq@mass.gov.

The Department intends to engage with any hospitals that report the continued need to use temporary adult medical/surgical beds in alternate inpatient space in collaborative planning to identify longer term options to reduce ongoing continuous use. If the Department and the hospital agree that continued use of temporary adult medical/surgical beds in alternate inpatient space is required, hospitals will be asked to submit a waiver and are required to participate in utilization and future use discussions every 90 days with the Department.

Conditions for Extension of Use of Alternate Care Space During Times of High Capacity

The below requirements outline the conditions for the temporary addition of beds and use of alternate space for inpatient adult medical/surgical service patients awaiting admission during times of high capacity.

- The hospital must have written guidelines that address the following:

- (1) Criteria to activate use of temporary beds and identified alternate-use space and to deactivate use of the temporary beds and space.
- (2) A staffing plan with staff qualifications, including appropriate orientation and training.
- (3) Protocols defining patient selection criteria for placement in alternate space: inclusions/exclusions and consideration for patient quality of care and safety, including if direct observation is needed.
- (4) Patient flow systems addressing triage, screening exam, treatment, transport to ED/inpatient, etc.
- (5) Policy for security of patients, facilities, supplies, pharmaceuticals / crowd management.

- Temporary beds considered appropriate for adult medical/surgical inpatient care use must be equipped with medical gases (one oxygen outlet and one vacuum outlet for each bed), be spaced appropriately from another bed, and have access to hand washing sinks and privacy partitions.
- The physical space must conform to the following requirements:
 - At each alternate care space:
 - (1) Patient area min. 80 sq. ft. per bed
 - (2) Min. 3-foot clearance between patient beds
 - (3) Min. 4-foot clearance at foot of each bed
 - (4) Nurse call station at each bed
 - (5) Oxygen & vacuum for each bed (may be portable)
 - (6) Adequate general lighting
 - (7) Means for patient privacy
 - (8) Adequate filtration of recirculated air supply (HVAC)
 - Accessible to each patient in an alternate care space:
 - (1) A handwashing sink
 - (2) A patient toilet room
 - (3) A patient shower room
 - (4) Nurse station with call system master station
 - Present on each unit
 - (1) Medication room
 - (2) Nourishment room
 - (3) Clean supply room
 - (4) Soiled holding room
 - (5) Storage space for stretchers
 - (6) Staff toilet room
 - (7) Staff locker room
 - (8) Housekeeping room

- A hospital shall not establish beds in a building or area within the hospital that is not currently licensed for hospital services or does not otherwise meet applicable state and federal requirements.
- A hospital is prohibited from removing from service psychiatric beds, substance use disorder beds, maternal/newborn or pediatric beds in order to add temporary adult medical/surgical inpatient beds.

In addition to the above pathways which hospitals may consider in order to use temporary adult/medical surgical inpatient beds in alternate inpatient care spaces, hospitals may also consider innovative models of care to reduce hospital capacity challenges, including applying for a Mobile Integrated Health (MIH) program.

- Information on applying for a MIH program can be found here:
<https://www.mass.gov/mobile-integrated-health-care-and-community-ems>

If you have any questions regarding this memorandum, please email: DPH.BHCSQ@mass.gov