The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Health Care Safety and Quality

67 Forest Street, Marlborough, MA 01752



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**www.mass.gov/dph**

TO: All Licensed Hospital Chief Executive Officers

FROM: Elizabeth Daake Kelley, MPH, MBA

 Director, Bureau of Health Care Safety and Quality

DATE: August 31, 2021

SUBJECT: Updated guidance regarding implementation of alternate acute inpatient care space

Maximizing access to alternate acute inpatient care space continues to be a critical component of the Commonwealth’s comprehensive strategy to mitigate and slow the spread of COVID-19. During Governor Baker’s declared state of emergency, the Department of Public Health (DPH) authorized hospitals to use alternate space for care for patients in an effort to meet demand, as allowed under federal flexibilities through the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers (the “federal waiver”) and, where applicable, authority granted under section 1812(f) of the Social Security Act[[1]](#footnote-1).

Through this updated memorandum which replaces the one issued on June 28, 2021 and pursuant to 105 CMR 130.051, DPH will continue to permit DPH licensed hospitals to use alternate acute inpatient care space to care for adult medical/surgical service inpatients and patients awaiting admission, as that term is defined in 105 CMR 130.020. The purpose of this memorandum is to continue to enable hospitals to increase the number of patients cared for by providing additional or alternate space to meet the demand and ongoing infection control best practices given the ongoing high levels of community transmission of COVID-19 and demand for health care system utilization. DPH believes this guidance will support the health and well-being of all patients by continuing to provide access to high-quality healthcare services. This memorandum and the ability to use alternate acute inpatient care space to care for adult medical/surgical service inpatients has been extended and will remain in effect until December 31, 2021 or the end of the federal waiver, whichever is sooner.

DPH is allowing acute care hospitals to care for admitted patients in alternate acute inpatient space. All hospitals operated by DPH or licensed pursuant to 105 CMR 130 may implement procedures as necessary to accommodate a surge of patients requiring hospitalization, to use alternate acute inpatient space that would be appropriate for inpatient care, including but not limited to: post-anesthesia care unit beds, beds out of service, and inpatient rehabilitation units. Beds considered appropriate for acute 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.

If acute care hospitals have more patients requiring admission than licensed inpatient beds then hospitals may use alternate acute inpatient space and increase their capacity to higher than the licensed bed count in accordance with their emergency management plan.

If, in an effort to create dedicated care areas and healthcare personnel care teams, identified intensive care units and general care units are consolidated as a functional unit, then patients with confirmed cases of COVID-19, regardless of their acuity, may be cared for in any bed in this functional unit. Acute care hospital providers should use their clinical judgment to determine the appropriate number of healthcare personnel and competencies needed to safely care for patients in this functional unit and in accordance with MGL c. 111, sec. 231.

Please note that this memo does not authorize a hospital to establish beds or units in a building that is not currently licensed for hospital services.

The below guidelines outline the conditions for temporary use of alternate space for inpatient adult medical/surgical service care and patients awaiting admission and require the hospital to comply with and sign a Letter of Attestation in lieu of an onsite survey prior to opening the space. Apart from documentation specifically required in the Attestation, DPH is not requiring hospitals to submit supportive documentation of their written plan for use of alternate space at this time, but reserves the right to request additional documentation at its discretion. A hospital must, however, provide DPH with written documentation of its compliance with these Guidelines via the Letter of Attestation.

A hospital does not need to re-submit the required attestation if it has already submitted the required attestation to DPH.

**Guidelines for Alternate Use of Space**

Purpose: Alternate use space should only be used to provide care to individuals when licensed beds are in short supply. It is best practice to utilize available licensed beds. The alternate space is limited to providing care for inpatient adult medical/surgical service and patients waiting admission. Please note that this memo does not authorize a hospital to establish beds or units in a building that is not currently licensed for hospital services. The hospital must ensure that the following conditions are met:

The hospital must have written guidelines that address the following:

1) Criteria to activate use of identified alternate-use space and to de-activate use of the space

2) A staffing plan with staff qualifications, including appropriate orientation and training

3) Protocols defining patient selection criteria for screening 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

The physical space must conform to the following requirements:

\*The following physical plant standards should be considered and implemented for treatment space in alternate acute inpatient space to maximum extent possible under the circumstances:

(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) Access to handwashing sink

(9) Access to patient toilet room

(10) Patient shower room

(11) Nurse station with call system master station

(12) Medication room

(13) Nourishment room

(14) Clean supply room

(15) Soiled holding room

(16) Storage space for stretchers

(17) Staff toilet room

(18) Staff locker room

(17) Housekeeping room

(18) Adequate filtration of recirculated air supply (HVAC)

If you have any questions regarding these guidelines, please contact:

Hospital Complaint Supervisor at 617-753-8204

**Attestation Hospital Use of Alternate Patient Care Space**

Proposed Alternate Patient Care Space Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Proposed Alternate Patient Care Space:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of Proposed Alternate Patient Care Space (# of beds, population it will serve):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Current Licensed Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number: \_\_\_\_\_\_\_\_\_

Space Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Space Project Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Project Description:

Name of Facility Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: Complete this checklist prior to opening currently unlicensed space for alternate use. Keep a copy for the facility and email a copy to DPH at: Stephen.Davis@Mass.gov, and Walter.Mackie@Mass.gov together with a copy of the floor plan for the alternate use space.

A licensed facility may open new or additional buildings and space upon its attestation to DPH all critical areas have been determined to meet minimum standards for patient health and safety, or the facility has instituted compensating measures to ensure patient health and safety, and approval from DPH.

Attestation: I, as the licensee or its authorized agent, attest to DPH that all critical areas, as indicated below, have been determined through inspection and review to meet minimum standards for patient health and safety, or the facility has instituted compensating measures to ensure patient health and safety.

Name of Licensee or Authorized Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Licensee or Authorized Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| AREA | SUFFICIENT | NOT SUFFICIENT | STATUS/COMMENTS |
| --- | --- | --- | --- |
| Administration  |  |  |  |
| Sufficient staffing to meet the needs of the patients |  |  |  |
| Infection control policy and procedures |  |  |  |
| PPE needs and supply |  |  |  |
| Medical records system:Paper \_\_\_ Electronic \_\_\_ |  |  |  |
| Policies and Procedures |  |  |  |
| Physician Services |  |  |  |
| Nursing Services |  |  |  |
| Pharmacy Services |  |  |  |
| Other Professional Services |  |  |  |
| Necessary Medical Equipment |  |  |  |
| Oxygen Storage and Use |  |  |  |
| Physical Plant  |  |  |  |
| Dietary |  |  |  |
| Housekeeping |  |  |  |
| Medical Waste Disposal |  |  |  |
|  |  |  |  |
| Life Safety: |
| Emergency Preparedness & Facility EP plan |  |  |  |
| Working sprinkler system |  |  |  |
| Working fire alarm system |  |  |  |
| Staff are trained on evacuation plan |  |  |  |
|  |  |  |  |
| Other Approvals |
| * MCSR if needed
 |  |  |  |
| * CLIA if testing
 |  |  |  |
| * Radiation Control if needed
 |  |  |  |
|  |  |  |  |

To be completed by the Department:

Based on the information above provided to it by the Requesting Facility, the Department of Public Health Approves the Alternate Patient Care Space and temporarily licenses the Space for use by the Requesting Facility for this purpose. This approval and the related temporary certification will be in effect until December 31, 2021 or the end of the federal waiver, whichever is sooner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by:

Title:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf [↑](#footnote-ref-1)