



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
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Memorandum

TO: Massachusetts Hospital Chief Executive Officers

FROM: Elizabeth Kelley, MPH, MBA, Director
Bureau of Health Care Safety and Quality

DATE: December 21, 2021

RE: Update to Guidance Regarding Non-Essential, Non-Urgent Scheduled Procedures

The Massachusetts Department of Public Health (DPH) continues to work with state, federal and local partners on the outbreak of Coronavirus Disease 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this ongoing pandemic.

This guidance replaces guidance issued by the DPH on December 10, 2021 that implements the COVID-19 Public Health Emergency Order No. 2021-14, issued November 23, 2021 (the "Order") regarding the provision of non-essential, non-urgent scheduled procedures that may require the use of bed capacity and/or services ("procedures") in hospitals licensed pursuant to G.L. c. 111, §51 and replaces and supersedes previous guidance. This guidance should not be interpreted to discourage patients from seeking necessary care at the hospital or from their health care provider.

There are several factors straining hospital capacity. On a statewide basis, hospitals are currently operating at over 90% inpatient capacity even as many hospitals have reduced their non-essential non-urgent scheduled procedures and implemented organizational measures to expand hospital bed capacity; this is compounded by 500 fewer acute care inpatient beds available as compared to January 2021 as a result of unprecedented staffing shortages. Furthermore, historical trends indicate that hospitalization rates increase by over 10% from late November through January. The Order and this Guidance address this capacity strain in order to preserve hospitals' ability to respond to COVID-19.

1. Reduction of Services

Pursuant to the Order, to preserve hospitals' ability to respond to COVID-19 and to ensure that there is acute care inpatient capacity, hospitals and hospital systems should maintain at least 15% available staffed medical-surgical and intensive care unit bed capacity ("capacity threshold"), based on the hospital's/ hospital system's 7-day average available staffed bed capacity. A hospital's/hospital system's 7-day average available staffed bed capacity is calculated from daily hospital submissions to DPH's WebEOC system. DPH calculates this percentage by subtracting the number of patients in staffed adult-medical surgical beds, staffed adult intensive care unit beds, staffed adult medical-surgical surge beds and staffed adult intensive care unit surge beds from the total of these staffed beds and then dividing the number by the total number of these staffed beds. Seven days of daily capacity is then averaged to create the 7-day average available staff.

No later than December 27, 2021, hospitals and hospital systems must reduce non-essential, non-urgent scheduled procedures performed on a daily basis by 100% by cancelling or postponing all such procedures. This reduction does not apply to hospitals and hospital systems that maintain or exceed a 15% capacity threshold. Further this reduction does not apply to individual specialty hospitals; except that specialty hospitals that are part of a hospital system shall be subject to the reduction if the hospital system elects to implement this reduction at the system level.¹

DPH defines non-essential, non-urgent scheduled procedures 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. To meet this 100% reduction, any hospital or hospital system that does not maintain or exceed a 15% capacity threshold must postpone or cancel all non-essential, non-urgent scheduled procedures.

This reduction does not apply to ambulatory services that are not likely to lead to inpatient admission and preventative services, pediatric care or immunizations, pregnancy terminations, and essential, urgent inpatient procedures that have a high risk or would lead to a significant worsening of the patient's condition if deferred. Accordingly, such services and procedures should continue.

In accordance with this guidance, providers at each hospital shall use their clinical judgment on a case-by-case basis regarding procedures that are essential to perform. The ultimate decision about whether a procedure is essential is based on clinical judgement of the patient's need and should align with the tiered resurgence plan developed by the hospital.

Hospitals must support the redeployment of those staff previously conducting these procedures to units that provide essential and necessary emergency or inpatient services and/or roles that help prevent patient hospitalization.

¹ Acute specialty hospitals are identified by the Center for Health Information and Analysis, *Massachusetts Hospital Profiles, Technical Appendix* March 2021, p.8-9

Upon implementation of this guidance, statewide hospital capacity will be reviewed no less than every two weeks to determine if any additional capacity adjustments are necessary. Further, the Order shall be reviewed no later than January 31, 2022 and periodically thereafter, to consider whether it remains necessary or whether it should be rescinded.

2. Attestation to Continue Services

As provided in the Order, any hospital or hospital system that maintains or exceeds the capacity threshold and provides an attestation to the Department may continue to perform non-essential, non-urgent procedures provided that the hospital/hospital system:

1. continues to maintain or exceed the capacity threshold, in the case of a hospital system, this means the system continues to maintain or exceed the capacity threshold at each of its hospitals including any specialty hospitals within the system;
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/hospitals outside of the hospital system for the purpose of maintaining or exceeding the capacity threshold.

Beginning December 27, 2021, if a hospital/hospital system meets the above criteria to continue to perform procedures then they must submit the attestation found in Appendix A to DPH through the Health Care Facility Reporting System (HCFRS). The hospital should submit the attestation as a new incident case and select "Scheduled Procedure Attestation" as the incident type. The attestation should be signed and uploaded as an attachment to the incident. The hospital system may choose to submit the attestation on behalf of all of its hospitals. However, if a hospital system submits the attestation, then all of the hospitals in the system, including any specialty hospitals within the system, must meet the capacity threshold and attestation requirements.

An attesting hospital or hospital system is responsible for monitoring compliance with its attestation. If the hospital or hospital system no longer meets the above criteria then the hospital or hospital system must postpone or cancel procedures as described above and notify DPH by acknowledging in the notes section of the HCFRS incident case associated with the attestation.

DPH strongly encourages all hospitals in Massachusetts to monitor the Centers for Medicare & Medicaid Services (CMS) website and the Centers for Disease Control and Prevention (CDC) website for up-to-date information and resources:

- CMS website: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- CDC website:

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: <https://www.mass.gov/covid-19-updates-and-information>.