

Massachusetts Department of Public Health COVID-19 Resurgence Planning and Response Guidance for Acute Care Hospitals



Updated September 17, 2021

I. Introduction

On September 17, 2021, DPH issues this updated Resurgence Planning and Response Guidance **to take effect September 20, 2021** for Acute Care Hospitals¹ to re-establish the Regional COVID-19 Hospital Preparation and Response Planning Process (“Planning Process”). Through this Planning Process, health care leaders in a region use region-specific data and context to collectively identify and address potential capacity constraints based on an assessment of regional capabilities, resources, and priorities, and in a way that promotes equitable access to care across all communities and patient populations. Similar to previously issued guidance, this updated guidance is designed to facilitate regional collaboration among health care providers, consistent with DPH guidance, to address capacity constraints, maintain patient safety, and avoid mandatory service reductions or closures wherever possible. In addition to typical patient care, hospitals continue to treat patients who are infected with COVID-19 as well as patients whose clinical circumstances have been further exacerbated by the COVID-19 pandemic, while managing significant staffing constraints. In addition to re-establishing this Planning Process, DPH will work with hospitals to identify other mechanisms for the continued provision of all hospital-based health care services throughout the Commonwealth.

This guidance applies to all hospital-licensed services except for hospital-licensed community health centers and does not apply to emergency care, which remains ongoing without limitation. DPH recognizes the importance of ensuring that this guidance promote equitable access to care, including high-priority preventative care, across all communities and patient populations, including low-income communities, communities of color, children, individuals with behavioral health needs, and individuals with disabilities.

II. Participation in Regional COVID-19 Hospital Preparation and Response Planning Process

To promote regional collaboration to plan for and respond to ongoing hospital capacity constraints due to both COVID-19 and non-COVID-19 care, DPH is re-establishing the regional Planning Process initially implemented in November 2020, facilitated by the applicable regional Health and Medical Coordinating Coalition (HMCC), in which hospitals and hospital systems within each regional HMCC participate.² The goals of the Planning Process remain consistent: to

¹ As used in this document, “hospital” means an acute care hospital, unless otherwise specified. For the purposes of this guidance, acute care hospitals shall not include comprehensive cancer centers, as defined in G.L. c. 118E, § 8A, or freestanding pediatric hospitals, as defined in 105 CMR 130.

² Regions 4AB and 4C shall be treated as a single “Region 4” for the purpose of this guidance, and Region 4C shall convene the regional meetings.



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promote proactive identification and analysis of, communication regarding, and problem-solving related to capacity challenges that may impact hospitals' abilities to meet the health needs of the population on an equitable basis. As previously, HMCCs must convene meetings consistent with the HMCC Region's Capacity Tiering (see Section III) while this guidance is in effect.

A. Hospital Participation

Each hospital or hospital system must designate a senior leader with clinical experience and operational perspective (e.g., Chief Medical Officer, Chief Nursing Officer or other senior clinical leader). Hospital systems who designate a system-level designee may also designate an additional hospital level participant such as an emergency manager or coordinator or other appropriate individual, to participate in the regional Planning Process.³ Each hospital or hospital system should inform the HMCC sponsoring organization if the designee(s) changes.

B. Agenda

Each HMCC sponsoring organization shall work with DPH to establish the agenda for the meetings. Hospital participants should be prepared to share, discuss, and develop coordinated regional action steps about:

- 1) Regional and statewide indicators, such as measures related to COVID-19 disease, health system capacity, occupancy related to non-COVID-19 care, and other public health considerations;
- 2) Hospitals' real-time capacities and constraints in the following domains:
 - Total hospital bed capacity (e.g., available, staffed medical/surgical beds and ICU beds stratified by COVID-19 and non-COVID-19 patients);
 - Resources (e.g., testing capacity, supplies, equipment, monoclonal antibody infusion therapy capacity, and PPE);
 - Staffing and workforce capacity and needs;
 - Unique patient clinical needs (e.g., number of patients requiring ventilator support);
 - Ability to accept or the need to make patient transfers;
 - Ability to safely, and in a timely manner, disposition patients awaiting care in the emergency department; and
 - Ability to safely, and in a timely manner, discharge patients to other appropriate settings of care (e.g., long-term acute care hospitals, nursing facilities, behavioral health providers, and other congregate care settings).

³ If a hospital system's hospitals are located in multiple HMCC regions, the hospital or hospital system must designate senior leader representatives for each HMCC region in which at least one of its hospitals is located. If a hospital system has multiple hospitals located in a single HMCC region, the hospital system must designate either a senior leader representative from each hospital in the region or a single senior leader representative who can address each of the required agenda items (see Section II.B) for each of the system's hospitals in the region.



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- 3) Specific clinical and operational strategies hospitals and hospitals systems are deploying to prevent and reduce hospital emergency department visits and admissions related to COVID-19 or other influenza-like illness as well as non-COVID-19 related conditions including but not limited to behavioral health conditions and potentially avoidable emergency department visits; and
- 4) Specific clinical and operational strategies hospitals and hospital systems are deploying to address current or anticipated constraints on acute care bed capacity, including staffing constraints (e.g., load balancing, prioritization/reduction of elective procedures, optimization of staffing resources across the hospital or hospital system).

As appropriate or as directed by DPH, the HMCC sponsoring organizations may convene additional meetings with the appropriate regional participants to address other priority areas. Such additional meetings may address such topics as COVID-19 and influenza testing, vaccination planning, vaccination implementation, patient flow across the care continuum, information about known clusters and capacity constraints in congregate care settings, prioritization and/or reduction of elective procedures, optimization of staffing resources, equitable access to care, efforts to support other providers and organizations in the region with critical resource and access needs, and other region-specific issues.

C. DPH Participation and Reporting

Representatives from DPH and/or the Executive Office of Health and Human Services may attend regional Planning Process meetings. Following each meeting, the HMCC sponsoring organization shall maintain a summary of the meeting in a manner and form required by DPH and shall report to DPH as required (see Section IV).

III. Regional and Statewide Capacity Tiers and Escalation Framework

DPH will designate each region a color-coded Capacity Tier based on an assessment of key COVID-19 disease indicators (e.g., COVID-19 cases, hospitalizations, deaths), health system capacity indicators (e.g., ICU and medical/surgical staffed bed availability, use of surge capacity, staffing constraints, emergency department utilization), and other relevant public health indicators (e.g., influenza hospitalizations and incidence).

- Tier 1 (Gray) indicates that the assessed measures suggest low risk for health system access or capacity constraints in the near future.
- Tier 2 (Green) indicates moderate risk for constraints in the near future.
- Tier 3 (Yellow) indicates high risk for or active constraints.
- Tier 4 (Red) indicates active, ongoing constraints warranting DPH intervention.

DPH will regularly review and assess tier designations and may escalate or deescalate the region at any time based on the most recently available data as well as information from the Planning Process meetings. Tier designations will be based on an overall assessment of the key indicators,



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including hospital bed capacity. In addition, DPH will consider all relevant data and trends in adjacent regions and statewide and, based on its assessment of current or anticipated health system access or capacity constraints, may escalate one or multiple regions to Tier 4 at any point.

IV. Additional Requirements for Hospitals in HMCC Regions Based on Tier 2, Tier 3, or Tier 4 Designation

HMCC Regions that have been designated as Tier 2, 3, or 4 may be close to or currently experiencing capacity constraints that could negatively impact patient access to high-quality care, and hospitals within such HMCC regions must therefore take additional steps to collaboratively and equitably implement strategies to address such constraints. At DPH’s request, HMCC regions may also be expected to support inter-HMCC regional capacity constraints.

	Tier 1	Tier 2	Tier 3	Tier 4
Description	Low risk as determined by key indicators	Moderate risk as determined by key indicators	High risk as determined key indicators	<i>Persistently</i> high risk as determined by key indicators
Meeting Frequency	As needed	At least weekly	At least twice weekly	At least daily, Monday through Friday
Strategies	Hospitals develop strategies to identify and address potential future constraints	Hospitals begin activating their strategies to address the increasing demand for health care system resources and bed capacity, e.g., optimizing staffing resources across the hospital or hospital system, increasing staffed surge beds, voluntarily reducing in-person elective, non-urgent procedures and services, and other strategies	Hospitals continue implementing strategies employed in Tier 2 to address the increasing demand for health care system resources and bed capacity. Hospitals within the region must activate their Tiered Resurgence Plans (see Section V). Hospitals should utilize these and other internal mechanisms to manage capacity in addition to	Hospitals continue implementing strategies employed in Tier 3 to address the increasing demand for health care system resources and bed capacity. Hospitals within the region must continue to utilize their Tiered Resurgence Plans (see Section V). Hospitals should utilize these and other internal mechanisms to manage capacity in addition to



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		outlined in state guidance. ⁴ Hospitals within the region may move to activate their Tiered Resurgence Plans (see Section V)	relying on the regional load balancing process	relying on the regional load balancing process. DPH may issue additional regional or hospital or hospital system-specific guidance, which may include the required reduction or suspension of in-person elective, non-urgent services and procedures
Reporting to DPH	After each meeting, the HMCC sponsoring organization submits a report containing the elements required by DPH	After each meeting, the HMCC sponsoring organization submits a report containing the elements required by DPH	After each meeting, the HMCC sponsoring organization submits a report containing the elements required by DPH	Same as Tier 3, plus any mandatory additional reporting, as prescribed by DPH

V. Tiered Resurgence Plan

All hospitals must develop a Tiered Resurgence Plan to guide their response to capacity constraints with the implementation of gradual and dynamic reductions in elective, non-urgent procedures and services, as needed. The plan may be developed at the hospital system level but should identify hospital-specific details in accordance with this section.

The Tiered Resurgence Plan should identify, at a minimum:

- The number of tiers and threshold capacity measures for each tier;
- The process for determining whether the hospital should implement tier-specific reductions, including identification of the decision-making person or body and the data and information used to determine when the hospital or hospital system will progress to the next tier;

⁴ These include the public health and safety standards outlined in the COVID-19 Guidance for Health Care Providers, available here: <https://www.mass.gov/doc/dph-covid-19-guidance-for-all-health-care-organizations-and-providers-2/download>.



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- The type(s) of services or procedures that will be reduced or suspended in each tier;
- The total volume reduction expected to be achieved in each tier and the impact on the hospital's overall bed availability;
- The plan to increase testing capacity in each tier for patients and staff surveillance;
- The type(s) of services or processes that will be implemented to prevent and reduce hospital emergency department visits and admissions related to COVID-19 or other influenza-like illness, as well as non-COVID-19 related conditions including but not limited to behavioral health conditions, and potentially avoidable emergency department visits;
- The expected impact of each tier of reduction on PPE management, workforce management plans, and infection control, as applicable; and
- The expected impact of each tier of reduction on patient access, including an assessment of potential disparate impacts on vulnerable populations and communities of color and the strategies for mitigating such potential impact and disparities.

The plan must incorporate a written prioritization policy for determining which services or procedures should be reduced in each tier. Such policy should promote equitable access to care for all populations, without regard for patient's insurance type.

Each hospital or hospital system must maintain its Tiered Resurgence Plan and must update and maintain written policies and protocols consistent with the Plan and this guidance. The Tiered Resurgence Plan and such policies, protocols, and documentation must be regularly updated at least every three months and made available to DPH upon request at any time.

If the HMCC region has been designated as Tier 3, per Sections III and IV above, the hospital or hospital system must activate its Tiered Resurgence Plan. Additionally, any hospital that has determined it necessary to activate its Tiered Resurgence Plan prior to its HMCC region being designated as Tier 3 must immediately notify the DPH 24/7 on-call Duty Officer at pager number 617-339-8351. Hospitals and hospital systems should utilize their Tiered Resurgence Plan and other internal mechanisms to manage capacity in addition to relying on the regional load balancing process.

VI. Compliance

Hospitals and hospital systems must continue to comply with all state guidance,⁵ including the public health and safety standards outlined in the COVID-19 Guidance for Health Care Providers, and other applicable COVID-19 guidance.⁶

DPH will monitor and assess compliance and may issue additional guidance or require additional remedial action at any time as warranted.

⁵ Please see: <https://www.mass.gov/info-details/covid-19-guidance-and-directives>.

⁶ <https://www.mass.gov/doc/dph-covid-19-guidance-for-all-health-care-organizations-and-providers-2/download>.