TO: All Licensed Hospital Chief Executive Officers

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

DATE: April 3, 2020

SUBJECT: Guidance regarding implementation of alternative acute care space during the COVID-19 state of emergency

Introduction

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 evolving situation. DPH is implementing this guidance consistent with the Centers for Medicare and Medicaid Services (CMS) 1135 Order, to permit DPH licensed hospitals to use alternative acute inpatient care space (also called ‘excluded distinct parts’) to care for patients during the COVID-19 public health emergency. The purpose of this waiver is to enable hospitals to increase the number of patients cared for by providing additional or alternate space in an effort to meet the demand. DPH believes this guidance will support the health and well-being of all patients by ensuring access to high-quality healthcare services during this time of uncertainty.

Background & Regulatory Authority

On February 29, 2020, the federal Secretary of Health and Human Services (‘HHS’) declared that circumstances exist of a public health emergency with significant potential to affect the national security and the health and security of U.S. citizens. On March 10, 2020, Governor Charles D. Baker declared a State of Emergency in the Commonwealth to respond to the spread of COVID-19. The Public Health Council approved and authorized the Commissioner of Public Health to establish such rules, requirements, and procedures which are necessary to prepare for, respond to, and mitigate the spread of COVID-19 in order to protect the health and welfare of the people of the Commonwealth, consistent with the Governor’s declaration.

On March 13, 2020, CMS issued the “COVID-19 Emergency Declaration Health Care Provider’s Fact Sheet” which stated that CMS is waiving requirements to allow acute care hospitals to house acute care patients in excluded distinct part units such as inpatient rehabilitation units where the distinct part unit’s beds are appropriate for acute care inpatient.
Policy

In addition to CMS waiving requirements to allow acute care hospitals to house patients in excluded distinct part units, DPH is allowing acute care hospitals to care for admitted patients in alternate acute inpatient space. All hospitals operated by the DPH, or licensed pursuant to 105 CMR 130 may implement procedures as necessary to accommodate the surge of patients requiring care for COVID-19, 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. In addition, beds may be added to unlicensed space whether on the main campus or off the main campus, irrespective of whether the space is owned by the hospital. Beds considered appropriate for acute inpatient care use must be compliant with the requirements of Attachment A “Requirements for Use of Alternative Inpatient Space for Patient Care during the COVID19 2020 State of Emergency” (attached below). In addition to complying with the requirements in Attachment A, hospitals must complete the Attestation and email or fax it to the Department prior to opening the space. Please note that in order to allow hospitals to focus their attention on caring for patients, supportive documentation to the Attestation is NOT required at this time and should not be emailed, but the hospitals should keep such supportive documents as business records.

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.

Acute care hospitals are encouraged to cohort confirmed cases of COVID-19 in the same care area(s) and create dedicated healthcare personnel care teams to reduce the risk of transmission to other patients and staff, and conserve personal protective equipment.

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.

Note that this memo DOES authorize a hospital to establish beds or units in buildings that are not currently licensed for hospital services. DPH is NOT requiring the hospitals to request licenses for units in buildings that are not currently licensed for hospital services during the COVID19 2020 state of emergency.

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:

Additionally, please visit DPH’s website that provides up-to-date information on COVID-19 in Massachusetts:  https://www.mass.gov/2019coronavirus

References:
Requirements for Use of Alternate Space for Patient Screening, Testing, and Care during the COVID19 2020 State of Emergency

(Effective, unless rescinded, amended or superseded)

Purpose: Alternate use space is provided as an option to more efficiently evaluate and provide care to individuals during the COVID19 State of Emergency. The alternate space is limited to use during the 2020 outbreak. 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

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 nursing home buildings 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 Emergency Use of Alternative 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: __________

Emergency Use Space Project Name: __________________________________________
Emergency Use 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 emergency use. Keep a copy for the facility and email a copy to DPH at: Sherman.Lohnes@Mass.gov, and Walter.Mackie@Mass.gov together with a copy of the floor plan for the emergency 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: ______________________
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<tr>
<th>AREA</th>
<th>SUFFICIENT</th>
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<td>Sufficient staffing to meet the needs of the patients</td>
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<td>Infection control policy and procedures</td>
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<td>PPE needs and supply</td>
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<td>Policies and Procedures</td>
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<td>Necessary Medical Equipment</td>
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<td>Oxygen Storage and Use</td>
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<td>Emergency Preparedness &amp; Facility EP plan</td>
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<td>Working sprinkler system</td>
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<td>Working fire alarm system</td>
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<td>Staff are trained on evacuation plan</td>
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<td>o Radiation Control if needed</td>
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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 for use as a COVID-19 SNF 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 through the end of the emergency declaration.

______________________________

Signed by:
Title:

Date: ___________________________