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TO: All Licensed Hospital Chief Executive Officers

FROM: Elizabeth Daake Kelley, MPH, MBA  
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DATE: March 22, 2020

SUBJECT: Guidance regarding implementation of alternative acute inpatient 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. 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 at least six feet apart 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.

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 not authorize a hospital to establish beds or units in a building that is not currently licensed for hospital services. DPH will accelerate any requests to license units in buildings that are not currently licensed for hospital services.

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/EPRO/Current-Emergencies/Current-Emergencies-page>
- CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

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

## **References:**

<https://www.mass.gov/executive-orders/no-591-declaration-of-a-state-of-emergency-to-respond-to-covid-19>

<https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>