

ATTACHMENT K

NOTICE TO ASSIST PENNSYLVANIA HOSPITALS TO ACCOMMODATE
INCREASED INPATIENT DEMANDS RELATED TO INFLUENZA

Notice To Assist Pennsylvania Hospitals To Accommodate Increased Inpatient Demands Related To Influenza

The attached notice provides information on the use of Medicare exempt units and unlicensed beds for inpatient care in response to possible need for inpatient beds as a result of influenza. Included in the notice are requirements for notification of the Department and the conditions under which such bed use may be considered.

In implementing use of beds in exempt units and/or the use of unlicensed beds, hospitals must continue to take the actions necessary to protect patient health and safety, including infection control and privacy.

The DAAC field staff will review and recommend approval for use of Medicare exempt unit beds based on the conditions stated in this notice.

All use of unlicensed beds for inpatient care must be reported through the PAPSRS under infrastructure no more than 24 hours after such beds are put into service.

DRAFT

Notice To Assist Pennsylvania Hospitals To Accommodate Increased Inpatient Demands Related To Influenza

In light of the severe shortage of flu vaccine and the potential for larger than usual demand for services, the Department wants to share information well in advance of the peak flu season on the steps the Department of Health is prepared to take to assist general hospitals to accommodate increased inpatient demands related to influenza.

1. While most hospitals have already done this, we encourage all hospitals to review their historical records to determine the peak hospital bed need during prior flu seasons. All hospitals should prepare to meet or exceed the peak from prior years.
2. Hospitals should utilize all licensed beds, however, the department acknowledges that some hospitals may have compelling reasons for not being able to promptly bring un-staffed licensed beds on line in a timely manner. To that end, field staff will assess the practicality of rapidly opening, equipping and fully staffing such unused licensed beds to alleviate a temporary surge in demand, versus providing appropriate medical care to influenza patients in another existing but currently underutilized exempt service unit. In making this determination, field staff may rely on the attestation of the hospital's Chief Executive Officer or the Administrator on Call that all set up and staffed medical surgical beds are utilized.
3. Hospitals must assess the medical necessity of both inpatient and outpatient elective surgeries. Hospitals should where practical postpone inpatient and outpatient elective procedures such as purely elective cosmetic surgery. Field staff will take into consideration that some types of elective surgery may be necessary to prevent unscheduled visits to the emergency department or inpatient admissions, thus cancellation of all elective surgeries is not to be considered a requirement when a facility is seeking a capacity exemption.
4. If the hospital believes that even with the above steps, additional medical-surgical beds will be needed, the hospital may request the use of beds in its "exempt" psychiatric unit or rehabilitation unit for medical-surgical patients. CMS has the authority to approve the temporary use of beds in these exempt units if the Secretary of Health (or his designate) declares a "health emergency" and recommends such temporary use to CMS. The Department will use the fact that the hospital is utilizing all currently available medical surgical beds and is postponing elective surgical procedures that can be safely deferred as the basis for declaring an emergency. Hospitals should contact the field office to get approval for these requests.
5. If the above steps are not sufficient, the hospital may be forced to add non-licensed beds to hallways, administrative offices and other non-patient care areas. If the hospital finds itself in that position, the situation must be reported through the PSA electronic system, under infrastructure failure. In reviewing these PSA reports, field staff will focus

on two areas: 1) were these non-licensed beds adequately staffed and 2) did the hospital follow the steps in its Emergency Preparedness plan.

Because of the possible need for quick reviews and approvals the field office staff have been delegated the authority to make prompt and timely case-by-case decisions, as long as they are consistent with this directive.

If you have additional questions, please contact your field office.

DRAFT