



Department of Health

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To Hospital and Nursing Home Administrators:

As you know, we are seeing a surge in COVID cases and fully expect to see increasing case numbers and hospitalizations at least through mid-January. The optimistic view is that after mid-January the rate of increase will slow. However, most experts agree that COVID will continue to be an issue until the number of people currently expected to be vaccinated reaches critical mass, which is somewhere between June and September.

We all learned much from the spring surge of COVID cases. It is our responsibility now to implement those lessons. For hospitals, we learned that the surge in COVID cases at times overwhelmed the capacity of individual hospitals. Some hospital systems were not prepared to balance patient load among other facilities in their system in a timely fashion. This led to individual hospitals experiencing difficulties. It is imperative that individual hospital systems are prepared to balance the volume of incoming patients prior to their being admitted into a hospital.

As we learned in the spring, keeping a watchful eye on capacity ensures that there is support in place and/or alternative plans to prevent any facility from being overwhelmed. That means that systems must keep track of the number of incoming cases, project out both patient load growth patterns and note which individual hospitals in the system may face issues, and develop practices to avoid individual hospitals in the system from being overwhelmed. Balancing the patient load for facilities within the system is imperative.

Hospitals that are not part of a hospital system must, as part of their surge plan required under the regulation, develop and have in place appropriate arrangements with neighboring hospitals to accommodate an increase in patient volume prior to a level that overwhelms their hospital capacity.

The state will continue to monitor hospital capacity through the HERDS system. However, it is incumbent upon individual hospitals and hospital systems to alert the state to issues and situations prior to the hospital reaching 80% capacity, or in surge a situation, prior to reaching 75% of the implemented surge capacity. Reported capacity should specifically include total staffed operating beds, total staffed ICU beds, staffing shortages, PPE, and any critical patient care equipment, as is currently reported in the HERDS survey. We will modify the HERDS survey so that you may also notify us of any such existing arrangements with partnering hospitals. Prior to transferring patients pursuant to any such agreement, hospitals must notify the state of the need to decant patients and where the hospital is planning to send the patients so that the state can ensure adequate regional capacity in sufficient time to remedy the situation and avoid a negative outcome.

The increase in case volume is now predictable by tracking the case and hospitalization numbers. In tracking these numbers, hospitals should be aware of a pending problematic situation. The state must be notified when there is an urgent and critical situation to either myself at **518-473-1166**, or if I am not available to Kristin Proud or to Larry Schwartz at **518-474-7516**. Please make actual contact with the aforementioned individuals if a situation reaches a critical status. Do not consider electronic notification actual notice. In addition, when submitting the HERDS data, please clearly flag when a critical situation is developing within the hospital system.

During the pendency of this emergency, timely and correct HERDS data submission, and notification of critical capacity shortages is essential. HERDS data is an official attestation to the State of New York. The data will be considered an official filing and any false submission is subject to appropriate legal consequences. In addition, you are reminded that both hospital systems and individual hospitals that do not comply with the requirements of the Surge & Flex Regulation, or the Executive Orders issued by the Governor to monitor capacity and plan appropriately, may be subject to significant penalties or license suspension or revocation.

For hospitals and nursing homes, please be further advised that the requirements for PPE stockpile are clear. Nursing homes must have a 60-day stockpile and hospitals a 90-day stockpile of all required PPE categories (gloves, gowns, face shields, goggles, surgical masks and N95), based upon peak usage in April. The emergency stockpile is not to be considered as normal inventory. Facilities must have sufficient PPE for their day-to-day needs above and beyond the stockpile. Utilizing the stockpile for day-to-day supplies defeats the purpose of the stockpile. The stockpile is only to be used in the event an international shortage in PPE occurs, as happened last spring, in which case you will receive notification from the State Department of Health that the stockpile may be used. We expect every facility to be fully compliant with this regulation. Facilities that are not compliant with stockpile requirements received deficiency notices from the Department last week.

Thank you for your continued hard work and partnership to combat this unprecedented pandemic situation.

Sincerely,


Howard A. Zucker, M.D., J.D.
Commissioner of Health