



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DATE: March 23, 2020

TO: Hospitals, ASC, OBS, D&TC

**COVID-19 Directive to Increase Availability of Beds by a Minimum of 50%
And Provide Necessary Staffing and Equipment**

Please distribute immediately to:

Hospitals, Ambulatory Surgery Centers, Office-Based Surgery Practices, Diagnostic
and Treatment Centers

As you know, COVID-19 has been detected in multiple communities around New York State. On March 23, 2020, Governor Andrew M. Cuomo issued Executive Order No. 202.10 directing that the Commissioner of Health order all hospitals, ambulatory surgery centers, office-based surgery practices and diagnostic and treatment centers to increase the number of beds available to COVID-19 patients, including by canceling all elective surgeries and procedures, and that all hospitals comply with such order by submitting COVID-19 Plans to the New York State Department of Health (NYSDOH). Executive Order No. 202.10 also suspended or modified statutes and regulations necessary to accomplish the purposes of the Executive Order.

The COVID -19 case projections suggest the state may need a 100% increase in hospital bed capacity. We request your hospital analyze your potential capacity to increase beds, staff and equipment to a possible level of 100% but we are mandating that you must provide for a minimum bed capacity increase of 50%.

Therefore, in accordance with Executive Order No. 202.10, as Commissioner of Health of the New York State Department of Health, I hereby direct all hospitals, ambulatory surgery centers, office-based surgery practices and diagnostic and treatment centers to increase in beds available to COVID-19 patients, in accordance with the following instructions. Any hospital, ambulatory surgery center, office-based surgery practice or diagnostic and treatment center that fails to comply may be subject to civil penalties and the revocation of operating certificates, licenses or other certifications necessary to continue in operation.

Directive to General Hospitals

By March 24, 2020, the CEO of every licensed hospital in New York State shall legally certify and submit a COVID-19 Plan detailing a plan to potentially increase bed capacity by 100% if at all feasible and a definitive plan to increase bed capacity a minimum of 50%, and provide

adequate staffing for such increase and medical equipment including ventilators to the extent possible and explained herein. Such plan shall be provided to the NYSDOH, via email to: covidhospitalsurge@health.ny.gov by March 24, 2020

Each facility's COVID-19 Plan shall specify how many beds it will make available to COVID-19 patients from a potential increase of 100% if feasible to a minimum increase of 50% additional staffed beds from the date of this directive. The facility can achieve this goal in any permissible means reasonable and prudent to the management of the hospital and approved by the Commissioner. Consider the following methods:

1. Adding new staffed beds in areas of the hospital not traditionally used for inpatient care, including but not limited to same-day procedure space, conference areas, medical/surgical adult and pediatric units, same day infusion units, step-down units, telemetry units, same day surgery units, and PACUs;
2. Using other facilities, such as DTC, ASC and OBS, to increase surge capacity, if needed, and if not controlled by the licensed hospital, present a letter of intent to that effect with another licensed entity; and
3. Any other method that the facility determines will maximize the facility's ability to care for patients, provided that such methods shall be specifically described and approved by the Commissioner.

In addition, all non-essential elective surgeries and non-urgent procedures statewide must be canceled and cannot occur later than Wednesday, March 25, 2020, in accordance with Attachment A.

The beds that will be available by such cancellations should be included in the COVID-19 Plan.

Each facility's COVID-19 Plan shall also include a detailed staffing plan, sufficient to provide adequate care for all beds, including those in use, or available to, patients other than COVID-19 patients.

Further, each facility's COVID-19 Plan shall include a report of:

1. Non-pediatric ventilators
 - a. Overall total at the facility, including number located in operating rooms, number located in a recovery room, or other rooms.
 - b. Total available to the facility but located off-site, including their current location.
 - c. Total number of ventilators in all areas of the facility after a thorough review.
2. Pediatric ventilators
 - a. Total at the facility, including number located in operating rooms, number located in recovery rooms, or any other rooms.
 - b. Total available to the facility but located off-site, including their current location.
 - c. Total number of ventilators including all areas of the facility after a thorough review.
3. Total number of existing beds at the facility, beds at 100% increase, beds at 50% increase
4. Total number of available beds at the facility for each week over the next 12 weeks.*
5. Total number of ICU beds at the facility for each week over the next 12 weeks.*

*Assuming no new patients are admitted to those beds.

6. Total number of available ICU beds at the facility
7. Total number of operating rooms
8. Total number of recovery rooms
9. Total numbers of the above after canceling all non-essential elective surgeries and non-urgent procedures.*

Note that the submission of this Plan will replace the need to submit individual notices to the Department for Emergency Approval per DAL 20-09, and you will not be required to submit a Certificate of Need (CON) approval.

Every day until further notice, each facility shall send updates to its COVID-19 Plan, including the data described above. Failure to provide this information or comply with these requirements shall be grounds for suspension or revocation of the hospital's license and / or Certificate of Need.

Directive to Ambulatory Surgery Centers, Office-Based Surgery Practices, and Diagnostic and Treatment Centers

All ambulatory surgery centers (ASC), office-based surgery (OBS), and freestanding diagnostic and treatment centers (DTC) shall suspend all non-essential elective surgeries and non-urgent procedures statewide. Urgent and emergency surgeries and procedures (as defined by CDC rules and Attachment A) may still be performed.

Additional Direction to All Facilities

All health care facilities shall reschedule unnecessary appointments and/or utilize telehealth modalities to provide care, to the greatest extent possible, in order to reduce potential exposure for our healthcare workforce as well as aid in social distancing. If and when possible, elective and non-urgent surgeries that are cancelled throughout the COVID-19 response should receive priority scheduling upon return to normal operations. DOH will notify you when normal operations may resume.

The submission pursuant to this order must be signed and notarized by the CEO and shall be a legal attestation to a government agency within the meaning of Penal Code § 210.40.

Thank you for your commitment and efforts to support the response to COVID-19.



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

*Assuming no new patients are admitted to those beds.

Attachment A

Non-essential elective surgeries and non-urgent procedures means all Tier 1 and Tier 2 Actions identified below.

Tiers	Action	Definition	Locations	Examples
Tier 1a	Postpone surgery/ procedure	Low acuity surgery/healthy patient- outpatient surgery Not life threatening illness	HOPD* ASC** Hospital with low/no COVID-19 census	-Carpal tunnel release -EGD -Colonoscopy -Cataracts
Tier 1b	Postpone surgery/ procedure	Low acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census	-Endoscopies
Tier 2a	Consider postponing surgery/procedure	Intermediate acuity surgery/healthy patient- Not life threatening but potential for future morbidity and mortality. Requires in-hospital stay	HOPD ASC Hospital with low/no COVID-19 census	-Low risk cancer -Non urgent spine & Ortho: Including hip, knee replacement and elective spine surgery -Stable ureteral colic -Elective angioplasty
Tier 2b	Postpone surgery/ procedure if possible	Intermediate acuity surgery/unhealthy patient-	HOPD ASC Hospital with low/no COVID-19 census	
Tier 3a	Do not postpone	High acuity surgery/healthy patient	Hospital	-Most cancers -Neurosurgery -Highly symptomatic patients
Tier 3b	Do not postpone	High acuity surgery/unhealthy patient	Hospital	-Transplants -Trauma -Cardiac w/ symptoms -limb threatening vascular surgery

*Assuming no new patients are admitted to those beds.