

From: HPP-HealthCareCoalitions <HEALTHCARECOALITIONS@LIST.NIH.GOV>
on behalf of Harvey, Melissa (OS/ASPR/IO)
<Melissa.Harvey@HHS.GOV>
Sent: Friday, February 9, 2018 2:59 PM
To: HEALTHCARECOALITIONS@LIST.NIH.GOV
Subject: Re: Seasonal Influenza

Good afternoon,

Many of you replied to my message from last week about seasonal influenza with questions about 1135 waivers. HPP and ASPR TRACIE worked with CMS to provide the information below in an attempt to answer your questions. Please let us know if you require additional information.

Thank you for all that you do to keep our nation safe and well.

Best,
Melissa

Many facilities are experiencing significant patient surge due to seasonal illness. There are currently no federal-level declarations of emergency from either the President or the Secretary of Health and Human Services, therefore waivers to section 1135 of the Social Security Act are not possible at this time. The Centers for Medicare & Medicaid Services (CMS) has considerable information from similar past events, on ways to increase inpatient and outpatient capacity **without the need for 1135 waivers**. Inpatient surge activities include early discharge planning, opening already certified beds or units, and the use of remote locations. Outpatient surge activities include the use of tents or mobile facilities located on/within the hospitals' campus as a temporary means of allowing for the management of outpatient surge. These facilities must meet all the conditions of participation for CMS AND must comply with all State and county licensure and life safety code requirements. This information is described in detail in the Fact Sheet, "[Hospital Alternative Care Sites during H1N1 Public Health Emergency](#)", starting on page 7 of 14 for inpatient surge, and page 9 of 14 for outpatient surge **actions permissible without waivers**. As always, when using surge strategies, notify your State licensing agency and CMS Regional Offices.

With regards to conditions of participation, the CMS Fact Sheet includes the following language on page 9: (excerpt below)

"Such alternative care sites on a hospital or CAH's main campus could include tents, parked mobile units, or other facility-based treatment areas. Use of tents would be expected to be a temporary rather than a permanent measure, but would be permissible. Hospitals and CAHs must ensure that all care locations comply with State licensure rules and the applicable Medicare hospital or CAH CoPs. When the alternative care sites are off the hospital's or CAH's main campus, the hospital must also comply with Medicare rules governing off-campus departments that are treated as part of the hospital (the provider-based rules)."

With regards to life safety code, the CMS Fact Sheet discusses degraded but safe conditions on page 13 and 14: (excerpt below)

“Additionally, for facilities subject to the Life Safety Code (LSC), past experience has demonstrated that many facilities, even when functioning in a degraded status, or in the case of the establishment of alternative care sites, may continue to meet the LSC by implementing reasonable and prudent measures. For example, there were several hospitals that were damaged by Hurricane Katrina which continued to comply with the LSC by implementing reasonable and prudent measures, and therefore were able to continue operations in a degraded but safe environment for weeks or months until repairs could be completed.”

Additional Information on CMS Regulations and Disasters

[ASPR TRACIE CMS and Disasters: Resources at Your Fingertips](#)

[ASPR TRACIE EMTALA and Disasters](#)

[Emergency Medical Treatment and Labor Act \(EMTALA\) Requirements and Options for Hospitals in a Disaster](#)

[Hospital Alternative Care Sites during H1N1 Public Health Emergency](#)

From: Harvey, Melissa (OS/ASPR/IO)

Sent: Thursday, February 01, 2018 11:00 AM

To: 'BHPPGRANTEES@LIST.NIH.GOV'; 'HEALTHCARECOALITIONS@LIST.NIH.GOV'

Subject: Seasonal Influenza

Dear colleagues,

This year's influenza season is stressing many health care systems. In many regions, surge capacity plans, expanded triage, and other methods are being used to cope with demand.

Health care coalitions (HCCs) play a critical role when patient care demand exceeds available resources. These situations are more difficult because there is not a specific 'incident' and they occur over many months, but the coordination role that HCCs play can be critical to diffusing impact. This role includes sharing information as well as resource needs.

In many cases, demand can be mitigated through strategies such as risk communication, changes in patient destination or distribution, as well as health care system and hospital-based surge strategies, potentially including expanded use of telemedicine and telephone triage.

Although this is not a pandemic, with this season's patient volumes comparable to 2009 H1N1, HCCs may find it helpful to refer to the recently released pandemic planning document for HCCs at: <https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-hcc-pandemic-checklist-508.pdf> for additional planning and response strategies.

Seasonal influenza is not usually considered as a 'disaster,' but it can have pervasive and sustained impacts on local medical care that fit perfectly with the role of the HCC to assure that the resources of coalition members are coordinated to deliver the best care possible to our communities.

Thank you for all that you do to keep our nation safe and well.

Best,

Melissa Harvey

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