

# COVID-19: FAQs & Resources for California Hospitals

As hospitals and health systems respond to the latest COVID-19 surge, these FAQs and links are designed to help inform your response to challenges such as personal protective equipment (PPE), testing, treatment, staffing, and other demands. The [CHA COVID-19 web page, which includes all the information below](#), also offers a broad range of FAQs and links to state and federal resources.

## State Health Order

### What is covered in the State Health Order issued Jan. 5?

**A:** The State Health Order, [released](#) by the California Department of Public Health (CDPH) Jan. 5 and [amended](#) Jan. 6, is in effect through at least Jan. 26 and unless rescinded, primarily does two things:

1. In Section 1, delays Tier 1 (low acuity) and Tier 2 (intermediate acuity) elective surgical procedures (exempting children's hospitals) for counties experiencing less than 10% ICU capacity in regions with 0% ICU capacity. This is a measure that many hospitals in highly affected areas have already undertaken to accommodate the massive influx of COVID-19 patients. However, the State Health Order only includes one set of criteria by which hospitals can determine which procedures to postpone, and that is the Tier 1, 2, and 3 framework of the [Elective Surgical Acuity Scale](#). CHA is seeking clarifications from CDPH about other considerations hospitals can use in making these decisions, including clinical judgment and impact on hospital inpatient capacity.
2. Allows the state to direct the transfer of patients, requiring hospitals to accept transfers from hospitals in crisis care "when capable and clinically appropriate." While well-intended, CHA has concerns that shifting patients during a pandemic will not address the underlying capacity issues that are hitting in so many areas right now. The remaining Sections 2, 3, and 4 of the order are about patient transfers. These apply to all hospitals in California.

### Is the county in which my hospital is located within scope for Section 1 (on elective surgical procedures, hospitals in crisis care) of the State Health Order?

**A:** Currently, hospitals located within scope of the order for Section 1 (on elective surgical procedures, hospitals in crisis care) of the State Health Order are:

- *In the San Joaquin Valley Region:* Fresno, Kern, Kings, Madera, Merced, San Benito, San Joaquin, Stanislaus
- *In the Southern California Region:* Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego and — as of Jan. 8 — and Ventura

To be within scope, a county must be in a region with 0% ICU capacity **and** be in a county with less than 10% ICU capacity. Region ICU data is posted [here](#). CHA has asked for CDPH to publicly post its calculations of ICU percent capacities by county so hospitals can plan and know when they will be affected.

## Crisis Care

### Where can we find information about the state's guidance on crisis care and requirements for hospitals?

**A:** The California Department of Public Health (CDPH) has issued [All Facilities Letter \(AFL\) 20-91](#), which addresses the need for all health facilities to have crisis care continuum Guidelines and to implement those guidelines if they are experiencing surge as a result of the current increase in COVID-19 cases. The AFL outlines new expectations for hospitals during the current surge and includes links to the CDPH [Crisis Care Continuum Guidelines](#) and its new [Crisis Care Guidelines Pre-Implementation Checklist](#). To assist hospitals during the winter surge, CHA [has prepared several resources](#) that highlight the guidelines' key concepts and planning considerations for allocating scarce medical resources during surge operations.

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## PPE and Resource Requests

### What help is available for accessing and procuring additional PPE and other critical resources?

**A:** The best way to get supplies in California is to request them through the Medical Health Operational Area Coordinator (MHOAC) Program. A list of county MHOAC contacts is [here](#), and the process for requesting resources from your county MHOAC is [here](#).

**For more information:** See CHA's website for details about the [FEMA grant program](#) to help pay for PPE and [FAQs about supplies](#).

## Testing

### What testing resources are available for hospitals?

**A:** Testing capacity continues to be challenging due to high demand and the numerous supply shortages affecting all lab manufacturers. Hospitals can provide their own lab testing, outsource their lab testing to an outside vendor, or do both. The state's [COVID -19 Testing Task Force](#) website provides a continually updated list of [labs with testing capacity](#), should a hospital choose to outsource its lab testing. This list includes three types of labs: full-service labs that can provide onsite/offsite sample collections, supplies, etc., and test onsite or facilitate shipment of specimens to a main lab site; enhanced service labs that provide sample collection kits, manage inbound logistics, and conduct diagnostic testing; and labs with testing-only services that can conduct diagnostic testing, but the submitter must supply their own collection kits. Currently, the list contains over 94 available labs.

[The Valencia Branch Laboratory](#) (VBL) is also an option for hospitals that wish to outsource their lab testing and offers two tracks for partnering with hospitals — a fast track temporary option that expires on January 31, 2021, and a long-term pilot option where eligible hospitals can continue to use the lab indefinitely. The VBL conducts all the lab testing at its main site in Valencia. While they supply the collection kits, hospitals are responsible for collecting the samples and sending them to the Valencia site. The lab will bill the patient's payer. Additionally, there is a software interface free to users called Color, however, it does not interface with hospitals' electronic medical records systems. Interested Hospitals interested in partnering with the VBL can complete [this form](#) and connect with the lab for further information.

### How do testing supplies get distributed?

**A:** If hospitals are unable to purchase testing supplies, they can request them through their [MHOAC](#). The state's testing task force uses collected data to understand testing capacity and supply issues, and determines, through the Governor's Office of Emergency Services' system, what the MHOAC and state and national supplies are, and where the distribution will occur.

**For more information:** CHA's [testing FAQs](#) include details about hospital lab requirements, types of tests, and more.

## Staffing

### How can hospitals care for additional patients and still meet nurse staffing ratio regulations?

**A:** The California Department of Public Health (CDPH) is now offering an expedited option for hospitals to flex the nurse staffing ratios. This process, which took effect immediately with the Dec. 11 release of [All Facilities Letter 20-26.4](#), means hospitals can use certain alternative measures as soon as they submit the waiver request form. These alternative measures — for hospitals with patient surges or staffing shortages — mean that the state will allow nurses to care for one additional patient in the ICU and in step-down units, and two additional patients in telemetry, ED, and med/surg units. As a result, this will flex nurse-to-patient ratios as follows:

- ICU — from 1:2 to 1:3
- Step-down units — from 1:3 to 1:4
- ED and telemetry — from 1:4 to 1:6
- Med/surg — from 1:5 to 1:7

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Hospitals that meet these criteria will be presumptively approved. CDPH will have 10 working days to ask the hospital any questions, largely for line of sight into surge activity, and these waivers will be in place for 60 days from the date of the request.

This expedited process is an important addition to the current waiver process, in which hospitals individually submit ratio waivers for review and approval by CDPH surveyors. In many cases, this current waiver process has resulted in significant delays as hospitals wait for approval and does not provide the certainty hospitals need.

Hospitals that need additional relief beyond the ratios or units of the hospital outlined in the expedited process can continue to submit waiver requests through the current process. CDPH will consider these on a case-by-case basis. For both the expedited and current processes, a hospital seeking a waiver must submit [CDPH Form 5000A](#) and supporting documentation to the CDPH Center for Health Care Quality Duty Officer at [CHCQDutyOfficer@cdph.ca.gov](mailto:CHCQDutyOfficer@cdph.ca.gov) and copy the local [CDPH District Office](#).

**For more information:** *CHA's website FAQs on [human resources](#) and [staffing](#) cover additional topics, such as free and discounted hotel rooms for employees, employee childcare assistance, mental health counseling resources, out-of-state medical personnel, and more.*

## State and Federal Actions

**Where can we find a list of state and federal waivers that might help us as we respond to the demands of COVID-19?**

**A:** Numerous licensing and certification requirements have been suspended, which can support health care facilities in surging their capacity. See CHA's summaries of both the [state waivers](#) and [federal waivers](#).

**For more information:** See CHA's website for details about [federal funding opportunities](#) and [coverage for uninsured individuals](#).

## Additional Resources

- [Checklist for Activating an Emergency Operations Plan](#)