



**CALIFORNIA
HOSPITAL
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*

February 26, 2021

Secretary Mark Ghaly, MD
California Health and Human Services Agency
1600 Ninth Street, Room 460
Sacramento, CA 95814

Subject: Caring for COVID-19 Patients Until the End of the Pandemic

Dear Secretary Ghaly:

As the pandemic stretches into its second year, we look forward to continuing to partner with you and your colleagues on the State of California's COVID-19 response. The coordination, engagement, and problem solving we have done together have been critical for providing Californians with the best care possible and saving lives.

In the spirit of further improving our collaborative efforts, we welcome an opportunity to reflect on lessons learned from our collective response to the first three surges to date. What worked well? What could we improve upon together? What more can we do to be prepared?

To address that last question, **we're reaching out to work proactively on unfinished business, so that we may be best prepared in the event of another surge.** Despite ongoing efforts to increase the supply and efficient and equitable administration of vaccines, COVID-19 variants risk increased transmission and fatalities this year. In particular, the variant first discovered in the U.K. (B.1.1.7) is associated with increased transmissibility. This means that, even as we vaccinate increasingly more Californians, the number of individuals who contract the virus could still increase. As a result, a number of projections put the next surge of COVID-19 cases occurring as early as late March.

We seek to meet with you and your team to begin planning now. Specifically, we propose:

- 1) A *kick-off meeting* with you and leaders from the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) to reflect, hear your thoughts on these recommendations, and identify any others to work through
- 2) Subsequent, ongoing *weekly meetings with CDPH and EMSA* on their respective elements of the response, with participation from your team at the California Health and Human Services Agency, until the end of the Governor's state of emergency

In preparation, we offer these recommendations. Undergirding all of them is our view that pandemic preparations must be maintained through the end of 2021. To that end, it is critical that we:

- 1) Align the Governor's state of emergency with the federal public health emergency
- 2) Conform the timeframe for the space flexibilities established by CDPH
- 3) Address when nursing supply is not enough to meet patient demand
- 4) Obtain operational patient movement guidance from EMSA
- 5) Manage scheduled admissions to increase inpatient capacity

Below are additional details on each of these recommendations.

- 1) Align the Governor's State of Emergency with the Federal Public Health Emergency: The U.S. Department of Health and Human Services, which has extended the federal public health emergency consistently in the 90-day increments it is afforded, has stated it plans to continue it through 2021. It has also assured the public that any discontinuation would be provided with 60 days' notice. In California, the Governor's State of Emergency for COVID-19 could be rescinded at any point. **In order to optimally care for patients, the health care delivery system needs California to adopt a consistent approach. This would entail the Governor committing to retain the current state of emergency until the end of 2021, and give 60 days' notice before ending it, as has been done at the federal level.** Doing so will give health care providers and other partners the ability to plan with the supports in place through executive orders, so they can continue significant modifications they have made in hospital operations.
- 2) Conform the Timeframe for Space Flexibilities Established by CDPH: CDPH's All Facilities Letter (AFL) 20-26.6 removed the previous March 1 expiration date for space flexibilities. This was a positive step to remove an artificial deadline. However, CDPH could rescind this AFL at any time. **Like the state of emergency, this needs to align with the federal public health emergency and remain in effect through the end of 2021, and with 60 days' advance notice prior to ending.** That certainty will allow hospitals and health systems to continue to maintain converted spaces until they are no longer needed, and then have the time needed to convert spaces back to their original uses.
- 3) Address When Nursing Supply is Not Enough to Meet Patient Demand: The state is deploying over 2,000 nurses to California hospitals this month as hospitals' current nurse staffing ratio waivers wind down. These staff have helped bridge the gap between the supply of nurses and patient demand in our hospitals in the short term. However, current experienced Registered Nurses (RNs) are seeking alternative employment, early retirement, and leaves of absences. Additionally, there is lower new graduate RN availability than in the past. These fluctuations may lead to another situation where patient demand exceeds the supply of nurses. While our association has helped amplify the need for cross training to prepare nurses for critical care areas, many times contracts have limited hospitals' ability to redeploy staff into critical care areas. **In order to plan now for future surges, we would appreciate the opportunity to work together to reach a shared understanding of the combination of strategies to be used should we experience future staffing shortages. Those strategies include travel nurses, state staffing contracts, team nursing and other approaches, staffing ratio waivers and others. It would be helpful to discuss metrics for evaluating staffing shortages and needs and how strategies are best deployed accordingly.**
- 4) Obtain Operational Patient Movement Guidance from EMSA: The State Health Order on Hospital Surge offered high-level rules of the road for when EMSA, local emergency medical services agencies, and hospitals should transfer patients and how to load balance among hospitals. However, that order has been rescinded. And operationally implementing patient transfers even with the order was a challenge. The rules of road were not always clear. **As such, we would like to work jointly with EMSA to develop operational guidance for future surges — clearly defining who is responsible for patient load balancing across hospitals – county, region, or**

EMSA (through the All-Access Transfer Center) – and define clear protocols to help make it possible for patients to receive the best care possible.

- 5) Manage Scheduled Admissions to Increase Inpatient Capacity: Another component of the State Health Order on Hospital Surge was postponing scheduled admissions. To the degree that such a postponement is considered again, it is critical that it be focused on the goal of increasing inpatient capacity. Prior to the amendments made Jan. 15, the order applied broadly to inpatient and outpatient procedures, many of which need not have been delayed. Doing so only increased patient pain and risk of disability, while not increasing capacity to care for hospitalized patients. **We would like to work together to ensure that any future need to temporarily suspend non-essential services will not delay outpatient surgeries, which does not contribute to inpatient capacity.**

We look forward to hearing from you on this request for a kick-off meeting and ongoing meetings with your team, CDPH, and EMSA. We hope these forums will be opportunities to discuss lessons learned and begin tackling the unfinished business that will be so key if there is another surge.

Sincerely,



Carmela Coyle
President & CEO

cc: Michelle Baass, Undersecretary, California Health and Human Services Agency
Elizabeth Basnett, Assistant Secretary, California Health and Human Services Agency
Tomás Aragón, Director, California Department of Public Health
Dave Duncan, Director, Emergency Medical Services Authority
Heidi Steinecker, Deputy Director, California Department of Public Health