



State of New Jersey
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Guidance 09-CNHFL-01

November 12, 2009

TO: New Jersey Hospital Administrators and CEOs
FROM: Heather Howard, Commissioner
SUBJECT: Alternative Screening Sites

The Department of Health and Senior Services (Department) is aware of increased demand for services due to H1N1 influenza. The purpose of this memo is to provide guidance for all general hospitals licensed pursuant to N.J.S.A. 26:2H-1 et seq. and N.J.A.C. 8:43G-1.1 et seq. concerning the ability to set up and utilize alternative screening sites for screening of influenza-like illnesses (ILI).

Effective immediately through 4/30/10, unless rescinded, amended or superseded, the Department will not require prior Department approval or completion of a N.J.A.C. 8:43G-2 licensure application for expanded facilities for the establishment of alternative sites for screening and assessing patients with ILI. Hospitals are not required to file requests for temporary waivers of licensing requirements for such sites, subject to the conditions noted below. Hospitals are expected to review, update and comply with the facility's disaster plan pursuant to N.J.A.C. 8:43G-5.16 and/or facility pandemic flu response plans.

Background

On April 26, 2009, and renewed twice, on July 24, 2009, and October 1, 2009, the Secretary of Health and Human Services declared a public health emergency under section 319 of the Public Health Service Act, 42 U.S.C. 247d, in response to the 2009 H1N1 influenza virus. President Obama issued a Declaration of a National Emergency with respect to the 2009 H1N1 Influenza Pandemic on October 24, 2009. In New Jersey, the Influenza Activity Level has increased from regional to widespread. See <http://nj.gov/health/flu/fluinfo.shtml>

The Secretary of Health and Human Services, issued a October 27, 2009 - Waiver or Modification of Requirements under Section 1135 of the Social Security Act. The alternative screening site(s) authorized pursuant to this guidance, are subject to

CMS S&C Letter 09-52 Options for Managing Extraordinary ED Surges Under Existing EMTALA Requirements (No Waiver Required). See http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09_52.pdf

Departmental Guidance

In response to the above-referenced declarations and H1N1 activity within New Jersey, this Departmental Guidance shall assist hospitals in planning related to an immediate short term surge and a sustained response for extended periods in response to ambulatory patients exhibiting ILI. Alternative site screening locations are intended to maintain an effective and efficient response to a public health demand and to allow essential functions of the general hospital, the ED, and ED personnel pursuant to N.J.A.C. 8:43G-12. In the event of the facility's documented surge in patients presenting to ED with ILI, the Department authorizes the use of alternative screening sites to triage ambulatory patients for screening, evaluation, and treatment of ILI. The documentation requested infra at paragraph 2(A)iii shall include ED ILI activity (may reference HIPPOCRATES Survey), status of activation of the facility's disaster plan specifically as it relates to the ED and/or pandemic flu response plan, ED divert status, and occupancy.

The Department will permit the establishment of alternative screening sites without prior Department approval with the following conditions:

1. The hospital may establish such sites including on-campus tents, use of other available space within the hospital, or through use of off-campus, hospital controlled buildings within close proximity of the hospital when it determines that ED visits by patients with ILI threaten the safe and efficient operations of the ED and standards of patient care.
2. The hospital shall notify the Department's Office of Certificate of Need and Healthcare Facility Licensure (CNHFL) via e-mail sent to the Director's Office at John.Calabria@doh.state.nj.us with a subject line Alternative Screening Site with the following information:
 - A. At least 24 hours prior to the commencing operations of the site, written notice shall be sent to the Director, with information
 - i. specifying the location and hours of operations of the alternative screening site(s);
 - ii. a CEO's written attestation that the hospital complies with all conditions noted in this Guidance 09-CNHFL-01, and,
 - iii. a brief explanation of the circumstances/surge which led to the establishment of the alternative screening site.

- B. Within 24 hours of ceasing operation, provide written notice to the Director, that the circumstances/surge that led to the opening of the alternative site(s) are no longer present and the alternative screening site(s) is closed.
3. The hospital shall not hold the alternative screening site out to the public as a location that provides emergency medical care in general on an urgent, unscheduled basis. As noted above, the alternative screening site is to be limited to the conditions established in this guidance and consistent with the Options for Managing Extraordinary ED Surges Under Existing EMTALA Requirements (No Waiver Required). See CMS Fact Sheet Emergency Medical Treatment and Labor Act (EMTALA) & Surges in Demand for Emergency Department (ED) Services During a Pandemic. http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter09_52.pdf. Note: This guidance does not address requests to operate under Section 1135 of the Social Security Act waiver authority, or for other relief that may be possible to various Federal regulatory requirements.
4. The alternative screening site(s) shall provide appropriate and necessary services to all who present without discrimination based on race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay, or source of payment.
5. Prior to opening any alternative screening site(s), the hospital shall have written administrative and general hospital operational policies and procedures appropriate to the alternative screening site. A facility may use current ED policies as long as each current policy is deemed fully applicable to the alternative screening site or is modified, as necessary. The written administrative and general hospital operational policies and procedures appropriate to the alternative screening site shall not require Department approval. The required policies list below is not inclusive as requirements are unique to each facility based on services and site, however, this list should provide a frame of reference, as the minimum required by the Department.
 - A. Patient selection criteria for screening in alternative space;
 - B. Triage, screening, evaluation, and treatment, including
 - i. obtaining patient's written consent for all medical treatment,
 - ii. reasonable privacy controls,
 - iii. waiting areas and toilet facilities, and
 - iv. medical recordkeeping;
 - C. Central Service and Infection Control;

- D. Housekeeping and Sanitation;
 - E. Staffing and Staff Qualifications, including appropriate orientation and training;
 - F. Mandatory equipment and supplies, as necessary;
 - G. Referral and transport of patients requiring additional inpatient/ED care; and
 - H. Response to Emergency Situations at the site(s), including those involving clinical, equipment, and the physical plant and for all age groups.
6. The alternative screening site(s) shall comply with local ordinances and/or codes including, as applicable, fire safety, building code, permits, and have the structural soundness and capacity to provide services.
7. The hospital shall post appropriate signage to direct patients to alternative screening site(s).

On a case-by-case basis, the Department may investigate complaints made against the alternative screening site(s). One significant aspect of any investigation will be compliance with the operational policies and procedures developed by the hospital, as required above.

It is the Department's expectation that a hospital will establish such alternative screening site(s) only after it has determined that these are necessary to provide appropriate screening of ILI or influenza, to address increased demand, and to maintain the necessary and efficient functioning of its ED and standards of patient care.

I believe that this Departmental Guidance will provide hospitals with sufficient flexibility to quickly respond to any unexpected and urgent demand related to ILI. By June 2010 or earlier if this Department Guidance is terminated, hospitals shall provide a written report to the Department's CNHFL detailing actions taken by the hospital and positive and negative outcomes attributable to those actions for future policy consideration.

Please direct any questions regarding the above to John Calabria, Director, Certificate of Need and Healthcare Facility Licensure at 609-292-8773.



Matthew D'Oria for
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Commissioner