6 CCR 1009-5 PREPARATIONS FOR A BIOTERRORIST EVENT, PANDEMIC INFLUENZA, OR AN OUTBREAK BY A NOVEL AND HIGHLY FATAL INFECTIOUS AGENT OR BIOLOGICAL TOXIN

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Regulation 2. Preparations by General or Critical Access Hospitals for ENHANCED SITUATIONAL AWARENESS, EMERGENCY PREPAREDNESS, AND EMERGENCY RESPONSE ~~an Emergency Epidemic~~

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4. MANDATORY HOSPITAL REPORTING

A) "STAFFED-BED CAPACITY" MEANS THE TOTAL NUMBER OF ALL STAFFED ACUTE CARE INPATIENT BEDS.

i) FOR PURPOSES OF THIS DEFINITION, "STAFFED" MEANS A BED, IN AN INPATIENT UNIT, THAT A FACILITY CAN STAFF WITH THE APPROPRIATE PERSONNEL, IN ACCORDANCE WITH THE FACILITY'S UNIT-SPECIFIC NURSE STAFFING PLAN.

ii) ACUTE CARE BEDS INCLUDED IN THIS COUNT MAY INCLUDE:

(a) INTENSIVE CARE UNIT (ICU);

(b) PROGRESSIVE CARE UNIT (PCU)/STEPDOWN;

(c) MED/SURG./TELE;

(d) SURGE/OVERFLOW;

B) CERTIFIED CRITICAL ACCESS HOSPITALS (CAHS) SHALL NOT INCLUDE SWING BEDS IN ITS STAFFED-BED CAPACITY.

C) THE MANDATORY HOSPITAL REPORTING REQUIREMENTS DETAILED IN THIS RULE DO NOT APPLY TO LICENSED REHABILITATION HOSPITALS, PSYCHIATRIC HOSPITALS, HOSPITAL UNITS, LONG-TERM CARE HOSPITALS, AS DEFINED AT 42 U.S.C. 1395X(CCC), AND SPECIALTY HOSPITALS.

D) CALCULATING STAFFED BED CAPACITY - BEGINNING SEPTEMBER 1, 2022, A HOSPITAL'S BASELINE STAFFED-BED CAPACITY SHALL BE CALCULATED USING THE AVERAGE NUMBER OF STAFFED BEDS REPORTED TO THE DEPARTMENT BY THE HOSPITAL BETWEEN JANUARY 1, 2022, AND JUNE 30, 2022.

(i) THE HOSPITAL'S BASELINE STAFFED-BED CAPACITY SHALL BE COMMUNICATED TO THE HOSPITAL IN A FORM AND MANNER DETERMINED BY THE DEPARTMENT.

(ii) A HOSPITAL SHALL HAVE THIRTY (30) DAYS FROM NOTIFICATION OF ITS BASELINE STAFFED-BED CAPACITY TO CONTACT THE DEPARTMENT AND REQUEST A RECALCULATION OF ITS BASELINE STAFFED-BED CAPACITY.

(a) THE HOSPITAL SHALL SUBMIT SUPPORTING DATA AND OTHER INFORMATION IN A FORM AND MANNER DETERMINED BY THE DEPARTMENT.

(iii) ONCE INITIALLY ESTABLISHED, THE HOSPITAL'S BASELINE STAFFED-BED CAPACITY MAY BE RECALCULATED ANNUALLY.

(a) THE HOSPITAL SHALL ARTICULATE IN ITS EMERGENCY MANAGEMENT PLAN, AS SET FORTH IN 6 CCR 1011-1, CHAPTER 4, A PROCESS FOR RECALCULATING THE HOSPITAL'S ORIGINAL BASELINE STAFFED-BED CAPACITY. SUCH RECALCULATION MAY BE AN ANNUAL RECALCULATION, BE BASED ON THE HOSPITAL'S ADJUSTMENT FOR A MINIMUM OF 2 AND A MAXIMUM OF 4 SEASONAL VARIANCES, AND/OR BASED ON OTHER ANTICIPATED FACTORS AFFECTING STAFFED-BED CAPACITY.

E) REQUIRED REPORTING - STAFFED-BED CAPACITY

(i) EACH HOSPITAL SHALL REPORT ITS CURRENT STAFFED-BED CAPACITY, IN THE FORM AND MANNER DETERMINED BY THE DEPARTMENT.

(ii) IF A HOSPITAL'S ABILITY TO MEET STAFFED-BED CAPACITY FALLS BELOW EIGHTY (80) PERCENT OF THE HOSPITAL'S REPORTED BASELINE FOR NO LESS THAN SEVEN (7) AND NO MORE THAN FOURTEEN (14) CONSECUTIVE DAYS, THE HOSPITAL SHALL NOTIFY THE DEPARTMENT AND SUBMIT THE FOLLOWING:

(a) A PLAN TO ENSURE STAFF IS AVAILABLE, WITHIN THIRTY (30) DAYS, TO RETURN TO A STAFFED-BED CAPACITY LEVEL THAT IS EIGHTY (80) PERCENT OF THE REPORTED BASELINE; OR

(b) A REQUEST FOR A WAIVER DUE TO A HARDSHIP, WHICH REQUEST ARTICULATES WHY THE HOSPITAL IS UNABLE TO

MEET THE REQUIRED STAFFED-BED CAPACITY IF:

(1) THE HOSPITAL'S CURRENT STAFFED-BED CAPACITY FALLS BELOW EIGHTY (80) PERCENT OF THE HOSPITAL'S REPORTED BASELINE FOR NO LESS THAN SEVEN (7) AND NO MORE THAN FOURTEEN (14) CONSECUTIVE DAYS, OR

(2) THE HOSPITALS' CURRENT STAFFED-BED CAPACITY THREATENS PUBLIC HEALTH.

F. REQUIRED REPORTING - ADDITIONAL DATA - IN ADDITION TO THE REPORTING STAFFED BED CAPACITY, ALL LICENSED HEALTH FACILITIES ARE REQUIRED TO REPORT ANY DATA DEEMED NECESSARY FOR SITUATIONAL AWARENESS AND EMERGENCY PREPAREDNESS AND RESPONSE, INCLUDING:

i. THE DAILY MAXIMUM NUMBER OF ADULT AND PEDIATRIC BEDS THAT ARE CURRENTLY OR CAN BE MADE AVAILABLE WITHIN 24 HOURS FOR PATIENTS IN NEED OF INTENSIVE CARE UNIT LEVEL CARE. REPORTING SHALL BE MADE IN THE FORM AND MANNER DETERMINED BY THE DEPARTMENT.

ii. THE DAILY MAXIMUM NUMBER OF ALL STAFFED ACUTE CARE BEDS, INCLUDING INTENSIVE CARE UNIT BEDS, AVAILABLE FOR PATIENTS IN NEED OF NON-INTENSIVE CARE UNIT HOSPITALIZATION. REPORTING SHALL BE MADE IN THE FORM AND MANNER DETERMINED BY THE DEPARTMENT.

iii. THE DAILY MAXIMUM NUMBER OF ALL ADULT AND PEDIATRIC MED/SURGICAL BEDS, AVAILABLE FOR PATIENTS IN NEED OF NON-INTENSIVE CARE UNIT HOSPITALIZATION. REPORTING SHALL BE MADE IN THE FORM AND MANNER DETERMINED BY THE DEPARTMENT.

iv. THE DEPARTMENT MAY REQUIRE ADDITIONAL CRISIS-SPECIFIC REPORTING AS NECESSARY FOR SITUATIONAL AWARENESS OR FOR EMERGENCY PREPAREDNESS, AND RESPONSE PURPOSES ON AN ONGOING BASIS.

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G. SURGE CAPACITY REPORTING

(i) EACH HOSPITAL WITH MORE THAN TWENTY-FIVE (25) BEDS SHALL ARTICULATE IN ITS EMERGENCY MANAGEMENT PLAN A

DEMONSTRATED ABILITY TO EXPAND THE HOSPITAL'S STAFFED-BED CAPACITY IN COMPLIANCE WITH REGULATIONS SET FORTH IN 6 CCR 1011-1, CHAPTER 4.

H. ANY HOSPITAL THAT FAILS TO COMPLY WITH THESE REQUIREMENTS SHALL BE SUBJECT TO ENFORCEMENT BY THE DEPARTMENT PURSUANT TO 6 CCR 1011-1, CHAPTER 2 AND CHAPTER 4, AND SECTION 25-3-128(5)(D), C.R.S.

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