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*Governor*

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JUDITH M. PERSICHILLI, RN, BSN, MA
*Commissioner*

# EXECUTIVE DIRECTIVE NO. 20-007

## Authorization for New Jersey's Level I Trauma Centers to Coordinate Regional Efforts Related to COVID-19 Surge Planning & Expanding Hospital Bed Capacity

**WHEREAS**, Coronavirus disease 2019 ("COVID-19") is a contagious, and at times fatal, respiratory disease caused by the SARS-CoV-2 virus; and

**WHEREAS**, COVID-19 is responsible for the 2019 novel coronavirus outbreak, which was first identified in Wuhan, the People's Republic of China in December 2019 and quickly spread throughout the Hubei Province and multiple other countries, including the United States; and

**WHEREAS**, on January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a "public health emergency of international concern," which means "an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response," and thereafter raised its global risk assessment of COVID-19 from "high" to "very high"; and

**WHEREAS**, on January 31, 2020, the Secretary of the United States Department of Health and Human Services declared a public health emergency for the United States to aid the nation's healthcare community in responding to COVID-19; and

**WHEREAS**, on March 9, 2020, Governor Philip D. Murphy issued Executive Order 103, declaring a Public Health Emergency, pursuant to the Emergency Health Powers Act (EHPA), N.J.S.A. 26:13-1 et seq, and a State of Emergency, pursuant to the Disaster Control Act, in the State of New Jersey for COVID-19; and

**WHEREAS**, on April 7, 2020, Governor Philip D. Murphy issued Executive Order 119 extending the Public Health Emergency declared on March 9, 2020; and

**WHEREAS**, under the declared public health emergency, the Commissioner of the Department of Health (DOH) is empowered, pursuant to N.J.S.A. 26:13-12, to take all reasonable and necessary measures to prevent the transmission of infectious disease and apply proper controls and treatment for infectious disease; and

**WHEREAS**, pursuant to N.J.S.A. 26:13-3, the Commissioner of DOH is charged with coordinating all matters pertaining to the public health response to a public health emergency; and

**WHEREAS**, pursuant to N.J.S.A. 26:13-14, the Commissioner of DOH may require, direct, provide, specify or arrange for the treatment of persons exposed to or infected with disease; and

**WHEREAS,** as of April 11, 2020, there were at least 58,151 positive cases of COVID-19 in New Jersey and at least 2,183 of those cases having resulted in death; and

**WHEREAS**, the Centers for Disease Control and Prevention (CDC) expects that additional cases of COVID-19 will be identified in the coming days, including more cases in the United States, and that person-to-person spread is likely to continue to occur; and

**WHEREAS**, projections indicate that the number of COVID-19 cases may continue to increase to proportions that will strain existing hospital bed capacity in the State; and

**WHEREAS**, the CDC estimated that between February 12, 2020 and March 16, 2020, an estimated 21% to 31% of U.S. COVID-19 patients required hospitalization, with 5% to 12% admitted to an intensive care unit; and

**WHEREAS**, the State currently has 18,416 acute care beds across its hospitals and 1,983 of those beds are critical care beds; and

**WHEREAS**, it is critical to ensure that there are an adequate number of hospital beds throughout the State for the increasing number of COVID-19 patients presenting in New Jersey that require hospitalization as well as non-COVID-19 hospital patients; and

**WHEREAS,** there are three hospitals in the State designated as Level I Trauma Centers: (1) University Hospital, Newark; (2) Robert Wood Johnson University Hospital, New Brunswick ("RWJ Hospital"); and (3) Cooper Hospital/University Medical Center, Camden (collectively, "Level I Hospitals"); and

**WHEREAS,** the Level I Hospitals are located in the North, Central and South regions of the State, respectively; and

**WHEREAS**, the allocation of healthcare and other medical resources in response to the COVID-19 public health emergency must be coordinated among hospitals, hospital systems, field hospitals, and other health care facilities; and

**WHEREAS**, University Hospital, Newark has been designated as the umbrella entity for all field hospitals stood up by DOH as part of the response to the public health emergency; and

**WHEREAS**, the EHPA vests authority in the Commissioner of DOH to coordinate all matters pertaining to the public health response to the public health emergency; and

**WHEREAS**, I deem it reasonable and necessary to respond to the COVID-19 public health emergency through an organized and comprehensive regionalized approach for surge planning and expanding hospital bed capacity; and

**WHEREAS**, the designation of Level I Hospitals as Regional Coordinator Hospitals will enhance the State's response to the COVID-19 outbreak by fostering increased coordination between and among the various hospitals, hospital systems, field hospitals, and healthcare facilities across New Jersey;

**NOW, THEREFORE, I, JUDITH PERSICHILLI**, Commissioner of DOH, pursuant to the powers afforded to me under the Emergency Health Powers Act and other applicable authority, hereby **ORDER and DIRECT** the following:

1. For purposes of this Order and to address COVID-19 surge planning and expanded hospital bed capacity, DOH has divided the State into three regions:

    a. North Region: Sussex, Passaic, Bergen, Morris, Essex, Hudson, Union, Warren, Hunterdon;
    b. Central Region: Somerset, Middlesex, Mercer, Monmouth, Ocean;
    c. South Region: Burlington, Camden, Gloucester, Salem, Atlantic, Cumberland, and Cape May.

2. For purposes of this Executive Directive, the following Level 1 Hospitals, through their Chief Executive Officers and/or designees are hereby designated and shall serve as Regional Coordinator Hospitals for efforts related to COVID-19 surge planning and expanding hospital bed capacity.

    a. North Region: University Hospital, Newark
    b. Central Region: RWJ Hospital
    c. South Region: Cooper Hospital/University Medical Center

3. All general acute care hospitals throughout the State must first contact and collaborate with the identified contact at their respective Regional Coordinator Hospital before doing any of the following:

    a. Transferring any patient within or outside of their Region; or
    b. Going on divert status such that it would impact the orderly flow of patients within the acute care system.

4. Subject to ongoing consultation with DOH, each Regional Coordinator is hereby directed to perform the following duties within its Region:

a. Identify opportunities to maximize space and bed capacity across all acute care hospitals within the Region.
b. Regularly communicate with all acute care hospitals within each Coordinator's Region, and if requested, assist the acute care hospitals in taking immediate measures to maximize the number of available Medical/Surgical and Critical Care Unit beds.
c. Develop a strategy for priority allocation of patients within the Region or, if necessary, across Regions as critical care beds are filled.
d. Ensure that all acute care hospitals within the Region maintain constant communication with NJOEM as to bed capacity, personal protective equipment, ventilators, and other data that NJOEM determines necessary.
e. Provide ongoing input to a medical and professional advisory Committee as established by DOH.
f. Provide transportation with existing hospital resources and/or coordinate with County and Municipal Offices of Emergency Management to transport patients in furtherance of COVID-19 surge planning and response.
g. Communicate with DOH and, as requested, facilitate the transfer of data to the department or its appointed entity to track data related to daily bed census, COVID-19 diagnosed patients, and Persons Under Investigation for COVID-19.

5. The Regional CEOs for the respective Regional Coordinator Hospitals and/or their designees shall coordinate with DOH and NJOEM as necessary to carry out the responsibilities set forth herein.

6. In accordance with applicable law and regulations, DOH, the New Jersey State Police, and NJOEM shall maintain communication with the Regional Coordinator Hospitals to implement appropriate surge planning.

7. Nothing in this Directive shall be construed to mean that Level I Hospitals, by virtue of their designation as Regional Coordinator Hospitals, are intended to be the exclusive providers of treatment for patients who have tested positive for COVID-19 or who are suspected to have COVID-19. All acute care hospitals in the State are expected to continue to treat patients who have tested positive for COVID-19 or who are suspected to have COVID-19.

This Directive shall take effect immediately. The provisions of this Directive shall remain in force and effect for the duration of the Public Health Emergency originally declared in Executive Order No. 103 (2020) pursuant to the New Jersey Emergency

Health Powers Act, N.J.S.A. 26:13-1 et seq., unless modified, supplemented and/or rescinded.

Judith Persichilli

Judith Persichilli, R.N., B.S.N., M.A.
Commissioner

4/11/2020
Date