

Manisha Juthani, MD Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

FACILITY LICENSING AND INVESTIGATIONS SECTION

BLAST FAX 2022-4

TO: All Acute Care Hospitals

FROM: Manisha Juthani, MD, Commissioner

CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Adelita Orefice, MPM, JD, CHC, Chief of Staff
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch
Donna Ortelle, Section Chief, Facility Licensing and Investigations Section

DATE: January 13, 2022

SUBJECT: Request for Surge Space

As hospitals begin to experience increased census, the Facility Licensing and Investigations Section (FLIS) has been receiving requests to utilize alternative spaces as patient care areas within the hospital. All requests must be entered in the FLIS portal for review and approval at https://dphflisevents.ct.gov. Please note that documents and photographs can be uploaded as necessary and are very supportive for decision making. Once the information has been entered, the information will be reviewed by DPH staff. A Microsoft Teams call may be scheduled and/or an onsite inspection of the proposed area(s) may be conducted. After a determination has been made, an approval/denial for use of the space will be sent to you via email.

Attached are directions on how to enter requests in the portal.

If you are having difficulties with entering the data or questions, please email <u>donna.ortelle@ct.gov.</u>

Thank you for your cooperation.



Phone: (860) 509-7400 • Fax: (860) 509-7543 Telecommunications Relay Service 7-1-1 410 Capitol Avenue, P.O. Box 340308 Hartford, Connecticut 06134-0308 www.ct.gov/dph Affirmative Action/Equal Opportunity Employer



<u>Step1</u>. Once the Hospital user Log-in to the Reportable Portal, they will see the following page:

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<u>Step2</u>: Click the Hospital Bed Count Data collection:

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<u>Step3</u>: Click New Request for Alternate Space/Increase in Licensed Bed button

<u>Step4</u>: Enter the following information:

Select a facility
Select a request Type
12/17/2021
Enter Street, City, Zip and State below if different from the Hospital Addr
○ Yes ○ No.*