

Temporary Permission for Program Flexibility and for Emergencies

When the Medical Health Coordination Center (MHCC) is activated, Providers and District Offices (DOs) will submit requests to CHCQDutyOfficer@cdph.ca.gov

This form is to be used ONLY for program flexibility requests when providers temporarily need to comply with licensing requirements by using alternative concepts, methods, procedures, techniques, equipment, or personnel.

Providers are required to submit a program flexibility request to the California Department of Public Health (CDPH), Center for Health Care Quality for approval. This form is a mechanism to expedite the request directly to the Medical Health Coordination Center (MHCC) for approval in emergency situations.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

Facility Name

Palmdale Regional Medical Center

Date of Request

10/09/2020

License Number

9830000085

Facility Phone

661-382-5530

Facility Fax Number

661-382-5552

Facility Address

38600 Medical Center Drive

E-Mail Address

[Redacted]

City

Palmdale

State

CA

Zip Code

93551

Contact Person's Name

[Redacted]

Approval Request

Complete one form total per facility

- Staffing Other
- Tent use (High patient volume) Bed Use
- Space Conversion (other than tent use) Over bedding

Duration of Request

Start Date 10/09/2020

End Date 01/09/2021

Program Flex Request

What regulation are you requesting program flexibility for? 70217a (1) (4) (5) (8) (9) (10) (11)

Justification for the Request

- A disease outbreak (verifiable through sources such as the local emergency medical service agency (LEMSA), local Public Health Officer, CDPH Division of Communicable Disease Control, the Centers for Disease Control and Prevention) is present in the community where the hospital is located or in a contiguous area(s) causing a rapid influx (surge) of patients to the hospital. Examples of this type of surge include: Increased cases of seasonal influenza, onset of a severe acute respiratory syndrome-type or other highly contagious virus requiring acute care, an epidemic/pandemic, a bioterrorism agent, or a declared public health emergency.
- An emergency resulting in the need for increased patient accommodations has occurred in the community where the hospital is located or in a contiguous area(s) causing a rapid influx (surge) of patients to the hospital. Examples of this type of surge include: A natural or human-caused disaster, a crime incident or transportation accident resulting in numerous mass casualties, an emergency causing the evacuation of patients or diversions from another hospital (LEMSA diversion has been implemented).

If you are seeking a staffing waiver, has your facility laid off any clinical staff within the previous 60 days? If so, please explain (Note: Attach supporting documentation if necessary)

Justification for the Request

Other:

Actual recent surge in Covid-19 and Covid-19 R/O Outpatient & Inpatients.

Exhausting Available Alternatives

The provider must exhaust available alternatives before requesting increased patient accommodations. Check all that apply:

- Rescheduling non-emergent surgeries and diagnostic procedures.
- Transferring patients to other beds or discharge as appropriate.
- Setting clinics for non-emergency cases (if possible).
- Requesting ambulance diversion from LEMSA, if appropriate.

Other: Utilizing contract and ancillary staff when available.

Adequate Staff, Equipment and Space

The provider must make arrangements for adequate staffing, equipment and space for increased patient accommodations. Check all that apply:

- A plan is in place for staff if the request is for use of alternate space.
- A plan is in place for equipment if the request is for use of alternative space.
- The proposed space for care of patients provides sufficient square footage to ensure access for safe care.
- Other:

Additional Information

Provide a brief description of your conditions and explain the need for program flexibility. Provide a brief description of the alternative concepts, methods, procedures, techniques, equipment or personnel to be used, and the conditions under which this program flexibility will be used. Attach additional supporting documentation as needed.

Palmdale Regional Medical Center has continued with its ongoing activation of the Emergency Preparedness Plan initiated on March 9, 2020. The surge of our Covid-19 patients are progressively increasing again, in response to the surge Palmdale Regional Medical Center would like to request an additional extension in our program flex in regards to the California staffing ratio Title 22 CCR Section 70217 a (1) (4) (5) (8) (9) (10) (11).

Palmdale Regional Medical Center has recently had multiple staff quarantined and unavailable to work for numerous days. This concern has been intensified by staff absences due to ill children and /or lack of child care, along with personal illnesses. The hospital does attempt to cover shifts with overtime, utilizing staff from other departments, staff incentives, contract labor, utilization of supervisors, managers,

as well as modifications of schedules to accommodate the volume. However, because of the extenuating circumstances surrounding the Covid-19 pandemic, finding staff to meet the ratio on the inpatient nursing units as well as the ED may not be possible. This problem contributes to the concerns we are facing in the Emergency Department. The patients that could be moved to an open bed on the nursing units are held in the Emergency Department until the staffing ratios can be met

In order to provide a safer environment for both the Emergency Department, patients, and staff, the following alternate plan is proposed: First, we plan to adhere to the staffing ratio whenever possible, however we request to exceed the current statutory regulation with respect to nurse to patient ratios for the following type: Emergency Department, Medical/ Surgical, Telemetry, and ICU. Extending the current ratios by a maximum of 2 patients per nurse will provide flexibility to move admitted patients from the Emergency Department to the inpatient bed, therefore allowing for more capacity in the Emergency Department. ICU staffing will have up to 3 non vented patients with the agreement of the intensivist. Additional support staff will be provided when possible to support the nursing units. We will also keep a log of patient assignments that exceed the normal staffing ratio.

[Redacted Signature]

Director of Risk Management
Title

Signature of person requesting program flexibility

[Redacted Signature]

10-9-20

NOTE: Approval for tent use, space conversion, bed use and over-bedding will be time limited and dependent on the facts presented that substantiate the emergency. Initial approval may be given verbally by the local DO; however, a signed written approval must be distributed (faxed) to the facility and filed in the facility's folder.

For CDPH Use Only

Center for Health Care Quality Approval:

Permission Granted from: 10/6/2020 to 11/6/2020

Permission Denied: Briefly describe why request was denied in comments / conditions below:

Comments / Conditions:

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

[Redacted Signature]

Title

[Redacted Signature]

Date