

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

St. Mary Medical Center

Date of Request

December 3, 2020

License Number

930000012

Facility Phone

562-491-9891

Facility Fax Number

562-491-9085

Facility Address

1050 Linden Avenue

E-Mail Address

[Redacted]

City

Long Beach

State

CA

Zip Code

90813

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 12/5/2020

End Date 3/1/2021

Program Flex Request

What regulation are you requesting program flexibility for? Title 22, Div 5, 70217 (a), 70495 (c), (e)

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)

No lay offs in the previous 60 days.

Justification for the Request

- Other:

St. Mary Medical Center service area has a average of 39.5% daily new case rate, over the last 60 days positive test increased from 4% to 6.3% and is located in the zip code of 90813, the Long Beach zip code with the highest case rate. Increasing number of staff call offs due

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:

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.

St. Mary Medical Center provides service to patients 70% at the poverty level, 20% above and 10% below the poverty level. Over the past year our average daily census in the ICU has increased from 22 to 28 and our overall acute inpatient average daily census has increased by 20 from the last fiscal year.

Following the Thanksgiving holiday we have reached an historical census of 36 in the ICU which includes our eight bed COVID module. Our COVID census continues are increasing daily. Our leave of absence and staff call offs are increasing, based upon the current community case rates we anticipate increased staff call offs and leaves of absences. Our COVID census continues to increase following holidays, with upcoming holidays we anticipate that trend to continue.

To supplement nurses we obtained travelers and registry nurses. but continue to have daily

The facility shall staff to the required ratio whenever possible. The facility shall document and maintain records of all efforts to meet the required ratio if not met. The facility shall comply with all conditions as noted in AFL 20-26.3. Therefore, we are requesting a staffing ratio waiver for the following:

- o 70217(a)(1)/70495(e): ICU/CCU Ratio 1:2 or fewer
- o 70495(c) All licensed nurses shall have training and experience in intensive care nursing.
- o 70217(a)(4); Post-Partum Ratio 1:4 couplets 1:6 mothers only
- o 70217(a)(8); EMS Ratio 1:4 or 1:2 for critical care
- o 70217(a)(10); Telemetry Ratio 1:4
- o 70217(a)(11); Med-Surg Ratio 1:5

See attachment for additional descriptions.

Signature of person requesting program flexibility

Title

[Signature box]

Printed Name

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: 12/5/2020 to 3/31/2021

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

Comments / Conditions:

Based on the information provided, this PF request is approved for 90 days effective 12/3/202

CHCQ Printed Name: []

CHCQ Staff Signature: _____

Date: []



L&C District Office Staff Signature

Program Manager Nurse

Title

12/12/2020

Date