

### 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](mailto: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			Date of Request	
<input type="text" value="Adventist Health and Rideout"/>			<input type="text" value="7/24/2020"/>	
License Number			Facility Phone	Facility Fax Number
<input type="text" value="230000126"/>			<input type="text" value="530-749-4363"/>	<input type="text" value="530-749-4375"/>
Facility Address			E-Mail Address	
<input type="text" value="726 4th St."/>			<input type="text" value=""/>	
City	State	Zip Code	Contact Person's Name	
<input type="text" value="Marysville"/>	<input type="text" value="CA"/>	<input type="text" value="95901"/>	<input type="text" value=""/>	

#### Approval Request

Complete one form total per facility

- |  |                                       |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Staffing                       | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Tent use (High patient volume)            | <input type="checkbox"/> Bed Use      |
| <input type="checkbox"/> Space Conversion<br>(other than tent use) | <input type="checkbox"/> Over bedding |

#### Duration of Request

Start Date	<input type="text" value="7/24/2020"/>
End Date	<input type="text" value="Duration of Surge"/>

#### Program Flex Request

What regulation are you requesting program flexibility for?

#### 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 Critical Care or Emergency Department registered nurses have been laid off within the previous 60 days

**Justification for the Request**

- Other:

**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: see "Additional Information"

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**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.

Our intensive care unit is currently at maximum patient census, as is our intermediate care (step down) unit. Due to influx of COVID-19 and/or critically ill patients, the Emergency Department is currently holding multiple critical care patients and may be at risk of going out of ratio should inter and intrafacility transfers not occur timely. Attempts to obtain additional staff members have included: activation of recall lists; requests made to temporary staffing agencies; activation of voluntary overtime; evaluating patients for transfer (either to outside facility or different level of care within the facility as appropriate). Temporary proposed modifications to nurse:patient ratios would be as follows: stable behavioral health holds - 6:1 (still in alignment with Title 22 requirement for psychiatric level of care occurring in the inpatient setting); Intensive care - 3:1 (also in alignment with program flexibility request filed 7/24/2020 at 15:20). Med/Surg - 5:1 (still in alignment with Title 22 CONTINUED

CONTINUED for med/surg level of care occurring in the inpatient setting). Low acuity ESI 4 and 5 - 6:1. The provision of care will also be supplemented with support personnel including but not limited sitters and emergency technicians whenever possible, and ratio will only be flexed if absolutely necessary and on a time limited basis.

\*Hospitals shall continue to comply with adverse event and unusual occurrence reporting requirements specified in HSC section 1279.1 and Title 22 California Code of Regulations section 70737(a). \*Hospitals shall report any substantial staffing or supply shortages that jeopardize patient care or disrupt operations. \*Hospitals shall continue to provide necessary care in accordance with patient needs and make all reasonable efforts to act in the best interest of patients. \*Hospitals shall follow their disaster response plan. \*Hospitals shall follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) related to COVID-19. \*Hospitals shall comply with directives from their local public health department, to the extent that there is no conflict with federal or state law or directives or CDPH AFLs.

*7/28/2020-Amended to include AFL reporting language (\*paragraph) at request of Chico District Office. JAE*

\_\_\_\_\_  
Signature of person requesting program flexibility

*Director - Quality and Risk Management*  
\_\_\_\_\_  
Title

\_\_\_\_\_  
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:  to

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

CHCQ Printed Name:

CHCQ Staff Signature: \_\_\_\_\_

Date:

\_\_\_\_\_  
L&C District Office Staff Signature

Title

Date