

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			Date of Request	
<input type="text" value="Arrowhead Regional Medical Center"/>			<input type="text" value="07/13/2020"/>	
License Number			Facility Phone	Facility Fax Number
<input type="text" value="240000197"/>			<input type="text" value="909-580-2726"/>	<input type="text" value="909-580-2499"/>
Facility Address			E-Mail Address	
<input type="text" value="400 North Pepper Ave"/>			<input type="text" value="[REDACTED]"/>	
City	State	Zip Code	Contact Person's Name	
<input type="text" value="Colton"/>	<input type="text" value="CA"/>	<input type="text" value="92324-1819"/>	<input type="text" value="[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

End Date

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).

Facility	License Number	Request Date
Arrowhead Regional Medical Center	240000197	07/13/2020

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:

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.

Arrowhead Regional Medical Center (ARMC) strives to maintain compliance with the nurse-to-patient ratios at all time. However, due to the unforeseen challenges presented by COVID-19 (closure of schools, camps, youth recreational programs, increase community spread) and staff exposures (either at work or in the community) has presented daily challenges in maintaining required nurse-to-patient ratios at this time. As of July 13, 2020, ARMC has 60 positive COVID-19 inpatients and 3 PUIs with a census of 387. Arrowhead Regional Medical Center is requesting a Program Flex for Section 70217, Nursing Service Staff, of the California Code of Regulations, Title 22, Division 5, Chapter 1.

Attempts to maintain required staffing levels through the following methods will be utilized prior to the start of the shift and during the shift to prevent the need to increase nurse-to-patient ratios:

- 1) Exhausting the on-call list of nurses and the charge nurse
- 2) Exhausting current nurse registry staff

Documentation of these attempts will be maintained in the staffing office.
 If we are unsuccessful in our attempts to find staffing, we are requesting the following increase to the nurse-to-patient ratios without notification to CDPH:

Critical Care Unit Requesting a nurse-to-patient ratio of 1:3 or fewer at all times instead of 1:2 or fewer at all times if staffing is unable to meet current patient needs.

Post Anesthesia Care Unit Requesting a nurse-to-patient ratio of 1:3 or fewer at all times instead of 1:2 or fewer at all times if staffing is unable to meet current patient needs.

Emergency Services Requesting a nurse-to-patient ratio of 1:6 or fewer at all times instead of 1:4 or fewer at all times if staffing is unable to meet current patient needs.

Trauma Requesting a nurse-to-patient ratio of 1:2 or fewer at all times instead of 1:1 or fewer at all times if staffing is unable to meet current patient needs.

6N/Stroke Requesting a nurse-to-patient ratio of 1:4 or fewer at all times instead of 1:3 or fewer at all times if staffing is unable to meet current patient needs.



 Signature of person requesting program flexibility

Healthcare Program Administrator - Regulatory Compliance

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: APPROVED for 70217(a). Nurse-patient ratio

CONDITIONS: Facility will continue to actively look for additional staffing.

Facility must resume mandatory staffing levels as soon as feasible.

Please see next page for other conditions specified in AFL 20-26.3

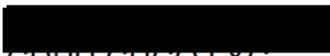
CHCQ Printed Name:

CHCQ Staff Signature: _____

Date:



 L&C District Office Staff Signature



 CDPH CHCQ L&C
 San Bernardino District Office

Title

 Date