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: Barstow Community Hospital

Date of Request: 8/18/2020

License Number: 24000110

Facility Phone: 760-957-3000

Facility Fax Number: 760-957-3048

Facility Address: 820 E Mountain View

E-Mail Address: [redacted]vohospital.com

City: Barstow

State: CA

Zip Code: 92311

Contact Person's Name: [redacted]

Approval Request

Complete one form total per facility

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

Duration of Request

Start Date: 8/18/2020

End Date: 11/16/2020

Program Flex Request

What regulation are you requesting program flexibility for? 70217

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.
- [x] 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 layoffs

Justification for the Request

☐ Other:

Surg in Covid patients
increase in staff leaving
increase in sick utilization

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.

he hospital has experienced a surg in Covid 19 positive patients. We have 7 nurses on different types of leave. We had 9 nurses leaving due to various reasons including resignation, moving , and personal reasons. the hospital has also experienced a tremendous increase in the number of call offs due to self illness, family illness, kin care, schooling .We are currently within ratios, but any staff emergency/ call off has the potential to change that if the hospital is unable to replace that staff member. the hospital is working diligently on recruiting and keeping the staff safe.
The hospital implemented many strategies to help mitigate the shortage including but not limited to:
Use of agency staff
Use of travelers

To date the hospital has contracted :

Med Surg:3 Contracted; 2 in process
ICU: 3 contracted; 5 in process
ED: 3 Contracted
OB: 3 Contracted

[redacted] CQO

Signature of person requesting program flexibility Title

[redacted]

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:

[X] Permission Granted from: 08/29/2020 to 11/29/2020

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

Comments / Conditions:

APPROVED for 70217(a)(1)ICU; (8)Emergency Dept; (10)Telemetry; (11)Med-Surg 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:

[redacted] [redacted] 08/29/2020

L&C District Office Staff Signature Title Date