

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

Capital Transitional Care

Date of Request

7/10/20

License Number

10000398

Facility Phone

916-391-6011

Facility Fax Number

916-391-1245

Facility Address

6821 24th Street

E-Mail Address

[REDACTED]@com

City

Sacramento

State

CA

Zip Code

95822

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 07/10/20

End Date 10/10/20

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - 72329.2

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

Justification for the Request

Other:

We are experiencing challenges meeting 3.5/2.4 requirements as the result of implementing CDC and CDPH guidance advising work restrictions for symptomatic employees and actual or suspected COVID-19 exposure instances (explained below); and continued school

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.

Since entering Incident Command on March 4, 2020, Capital Transitional Care has experienced significant staffing challenges including difficulty recruiting replacement workers. In the last 60 days, 44 nurses, 21 CNAs, and 26 essential staff. We have had a significant increase in sick calls related to the virus. Of the full-time staff two have changed to on call status. Currently we have 4 essential staff on extended leave. We have been able to secure only 5 agency nurses and 3 agency CNAs, but we have an open request ongoing and follow up frequently. The facility has shifted staff to fill essential COVID management positions and engage in additional activities that are not counted in direct care NHPPDs, such as door screeners, full-time Infection Preventionist, PPE manager, PPE coaches, and those who validate and verify environmental disinfection practices. As a part of our mitigation plan and as outlined in our facility incident action plan (IAP), we have trained non nursing staff to

Losing 26 essential staff has affected the shifting of duties as 20 were respiratory therapist who were able to augment duties reserved for CNAs and 6 who could also work as NAs. (Following the Mitigation Plan's outline for staffing contingency.) We are in the process of changing to 12-hour shifts, actively hiring housekeeping staff for additional cleaning rounds on all shifts and have our non-nursing management team filling positions until we can hire more staff. For example, our receptionist is also our door screener and our DON is also maintaining the PPE supplies. There has been an increase in cleaning rounds on all units. With the additions of a Welcome Unit and COVID Unit along with our general population, we have dedicated staff to work on each unit. Due to increased community-based transmission and as recognized in weekly testing, we have recognized unexpected staff quarantines and additional isolation burdens. In our Welcome Unit and as noted in our Mitigation Plan, all residents are screened for signs and symptoms of COVID-19 and have their vitals monitored, including oxygen saturation and temperature checks at a minimum of two times per day and documented in the clinical record. Residents with any suspected respiratory or infection illness are assessed, including documentation of respiratory rate, temperature, and oxygen saturation at least twice per shift, during the day and evening shifts, to help quickly identify residents who require transfer to a higher level of care. We have not had to discharge or transfer patients due to staffing shortages at this point.


 Signature of person requesting program flexibility

Director of Nursing
 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

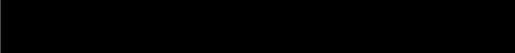
Center for Health Care Quality Approval:

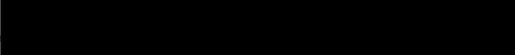
Permission Granted from: 07/01/20 to 09/28/20

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

Comments / Conditions:

Approval is limited to the regulation of 72329.2.

CHCQ Printed Name: 

CHCQ Staff Signature: 

Date: 8/10/2020


 L&C District Office Staff Signature

HFCM II
 Title

8/10/2020
 Date