

## 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="Chino Valley Medical Center"/>			<input type="text" value="7/2/20"/>	
License Number			Facility Phone	Facility Fax Number
<input type="text" value="240000125"/>			<input type="text" value="909-464-8600"/>	<input type="text" value="909-464-8882"/>
Facility Address			E-Mail Address	
<input type="text" value="5451 Walnut Ave"/>			<input type="text" value="rimehealthcare.com"/>	
City	State	Zip Code	Contact Person's Name	
<input type="text" value="Chino"/>	<input type="text" value="Ca"/>	<input type="text" value="91710"/>	<input type="text"/>	

### 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="7/3/20"/>
End Date	<input type="text" value="9/30/20"/>

### 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

Chino Valley Medical Center

License Number

240000125

Request Date

7/2/20

**Justification for the Request**

Other:

[Empty text box for justification]

**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:

[Empty text box for other alternatives]

**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:

[Empty text box for other accommodations]

**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.

Chino Valley Medical Center is experiencing a surge of COVID patients. Our overall hospital census has increased as compared to the same time last year. June 2019 our Med/Surg/Tele department had an average daily census of 43 patients. Currently we are at 60 patients. In ICU for June 2019 our Average census was 4 patients. Currently our ICU is at full capacity at 10 patients. We have many employees out on medical leave and quarantine due to COVID. We have seen an increase in unpredictable and unforeseen sick calls within nursing. We have also experienced nursing resignations and difficulty obtaining temporary registry staffing. This is due to the sheer demand on their services. We have cross-trained many nurses including surgical services nurses to ICU. We have offered crisis pay for any additional shifts. We foresee a possibility of going out of nurse: patient staffing ratio in ICU and on Med/Surg/Tele if conditions continue to worsen within this pandemic. We are attaching our staffing policy.

  
 Signature of person requesting program flexibility

**Chief Nursing Officer**  
 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)(1)(10(11)Nurse-patient ratio for ICU/Med-Surg/Telemetry.

CONDITIONS: Facility will continue to actively look for additional staffing. Facility will implement based on submitted policy and plan. Facility must resume mandatory staffing levels as soon as feasible.

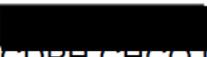
Please see next page for other conditions specified in AFL 20-26.3

CHCQ Printed Name:

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

Date:

  
 L&C District Office Staff Signature

  
 HFES II  
 CDPH CHCQ L&C  
 San Bernardino District Office

Date

CDPH Form 5000 A  
Chino Valley Medical Center  
70217(a)(1)(10)(11) Staffing  
07/06/2020

Reference: AFL 20-26.3

**Staffing**

Hospitals shall bring staffing levels into state ratio compliance within two weeks of this AFL issue date. Only those hospitals experiencing a COVID-19 related surge of patients or staffing shortages resulting from COVID-19 impacts including; increasing community spread, increasing need to meet demand for surge either by regional surge or incoming transfers, daycare or school closures, COVID-19 staffing absenteeism for multiple reasons, or an emergency such as a fire or public safety power shutoff, may request a waiver of minimum nurse-to-patient ratios. A hospital seeking a staffing waiver must submit a [CDPH form 5000A](#) (PDF) and provide supporting documentation to the CHCQ Duty Officer at [CHCQDutyOfficer@cdph.ca.gov](mailto:CHCQDutyOfficer@cdph.ca.gov) and copy the local district office. CHCQ is able to respond quickly to urgent requests from hospitals seeking a waiver 24/7 and should only mark urgent if needed approval within 8 hours. Pursuant to the [Proclamation of Emergency](#) (PDF), all staffing waivers will be posted on the CDPH website. Hospitals must resume mandatory staffing levels as soon as feasible during the waiver period to minimize the need for additional waivers. Temporary staffing waivers will only be approved for 90-days. A hospital may reapply for a waiver if the conditions necessitating the waiver still apply.

**This statewide waiver is approved under the following conditions:**

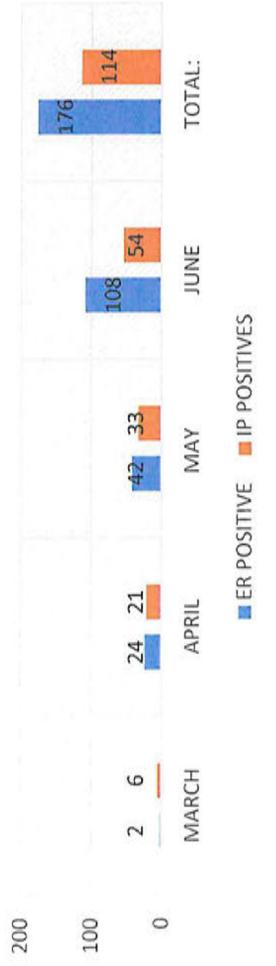
- Hospitals shall continue to comply with adverse event and unusual occurrence reporting requirements specified in HSC section 1279.1 and Title 22 California Code of Regulations section 70737(a).
- Hospitals shall report any substantial staffing or supply shortages that jeopardize patient care or disrupt 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.



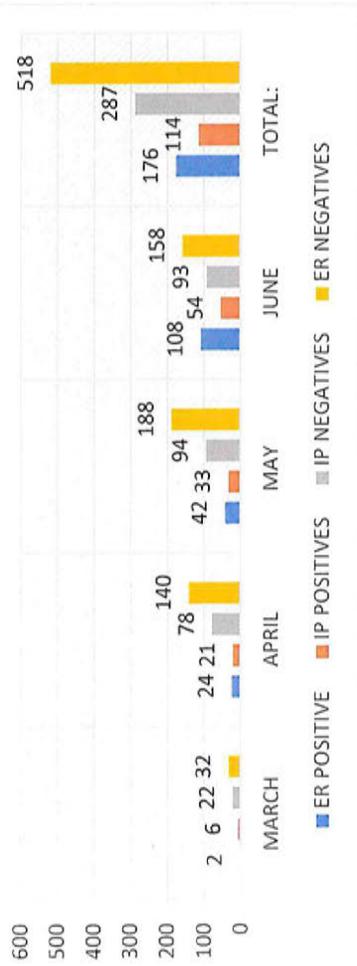
Rubie Morales HFES II  
California Department of Public Health  
CHCQ Licensing & Certification Unit  
San Bernardino District Office

MONTH	ER POSITIVE	IP POSITIVES	IP NEGATIVES	ER NEGATIVES
MARCH	2	6	22	32
APRIL	24	21	78	140
MAY	42	33	94	188
JUNE	108	54	93	158
<b>TOTAL:</b>	<b>176</b>	<b>114</b>	<b>287</b>	<b>518</b>

ER & IP COVID-19 POSITIVES



COVID-19 RESULTS



 <b>Chino Valley Medical Center</b>		<b>Page(s):</b>	<b>1 OF 2</b>
		<b>Saved As:</b>	
<b>Subject:</b>	<b>NURSING STAFFING USING PATIENT ACUITY PLAN 2019</b>		<b>Formulated:</b>
<b>Manual:</b>	<b>PATIENT CARE SERVICES</b>		<b>Reviewed:</b> 2/18, 2/19
<b>Governing Board Approval</b>		<b>Date:</b> 4/19	<b>Revised:</b> 5/17, 2/19

**PURPOSE**

To outline the process of determining adequate staffing for each inpatient department, using mandated nurse-to-patient ratios and a Patient Acuity Classification system, to safely meet the needs of the patients.

**POLICY**

Hospital-wide staffing will be based upon mandated staffing ratios and patient census. A Patient Acuity Classification form, which utilizes measurable criteria to determine patient acuity and complexity of care required by patients, will also be utilized to assist in determining staffing needs for all inpatient units.

**GENERAL PROCEDURE**

The Patient Acuity Classification is used to determine the nursing needs of each individual patient on all inpatient units (ICU and MST). The form includes 8 total categories: 7 unit-specific categories, as well as a Special Needs category, that assists the nurse in objectively assigning each patient an acuity level. These acuities are then used by the House Supervisor to plan staffing for the upcoming shift.

1. Patient acuity is determined each shift by the nurse caring for the patient, using the Patient Acuity Classification form.
2. The Charge nurse will gather, evaluate, and report total acuity scores for each patient on the unit to the House Supervisor.
3. Completed patient acuity scores for each unit are to be available to the House Supervisor by shift change.

**Calculation of Patient Acuity Classification Level**

The nurse caring for the patient will use the Patient Acuity Classification form to calculate the acuity for each of their patients, using the following steps:

1. Document the unit, date, shift, and each patient room number
2. Indicate the appropriate score in each category for each patient
  - a. Chosen indicators must be valid for the next shift for at least four hours
  - b. If a specific category does not apply to a patient, the section should be left blank
3. Once all categories have been given a score, the nurse should select the three (3) most acute category indicators marked. These three numbers are then added to determine the patient's total points and Acuity Level (A-F). Note each patient's Total Points and Acuity Level in the appropriate area.
4. Summarize the total number of patients in each Acuity Level at the bottom of the form.
5. The nurse is then responsible for turning in the completed Patient Acuity Classification form to their unit Charge Nurse.

The Charge Nurse for each unit uses the Patient Acuity Classification form to make recommendations for staffing based upon patient acuity for the upcoming shift, using the following steps:

1. The Charge Nurse (or their designee) collects all Patient Acuity Classification forms once they are completed by the bedside nurses. The Charge Nurse is responsible for assuring that all patients on the unit are assigned a Patient Acuity Level.
2. The Charge Nurse will transcribe each patient's calculated Acuity Level onto a unit census sheet, and provide a copy to the House Supervisor.

The House Supervisor uses the Patient Acuity Classification form to determine staffing needs based upon patient acuity for the upcoming shift, using the following steps:

1. The House Supervisor will determine the staffing levels based on mandated ratios and the Patient Acuity Levels turned in by each unit.
2. The House Supervisor multiplies the total number of patients in each Acuity Level by the indicated hours allocated by each department.

## NURSING STAFFING USING PATIENT ACUITY LEVEL

3. The House Supervisor will then add all hours together, and divide by the average HPPD for each unit to calculate the patient equivalents.
4. The House Supervisor will use the Patient Equivalent number to identify the appropriate number of staff required.
5. These calculations are accomplished by using each unit-specific staffing matrix (located in the staffing binder).
6. If the House Supervisor staffs differently from the calculated total acuity due to anticipated changes, this is identified and reasons for the variance is documented on the Supervisor Shift Report.

### **MAINTENANCE OF RECORDS**

Inter-rater reliability of the Patient Acuity Classification system will be a performance improvement indicator reported on a quarterly basis, and is coordinated between the House Supervisor and each Department Manager/Director. The results are presented to staff members during department staff meetings.

The House Supervisors will file the results in the Nursing Office for reference and comparative analysis one year. After that, the forms are sent to document storage.

### **STAFFING VARIANCES**

Staffing variances will be reported to the House Supervisor and/or Department Director/Manager.

When a surplus of staff is available, staff may be:

- Floated to another department in need (when they have been cross-trained and are competent)
- Sent home and either flexed or placed on call for the department
- Assigned to non-productive duties
- Oriented to other departments

When a shortage of staff is evident, the House Supervisor may:

- Call staff that is on-call to report for duty
- Collaborate with Department Directors/Managers or Charge Nurses to determine if staff is available to cover
- Call employees not currently scheduled to see if they are available
- Ask employees who are currently working to work extra hours
- Call employees who are scheduled for the oncoming shift if they can report to work early
- Call outside agencies for needed personnel
- Review the situation with the Charge Nurse/Director to determine an alternative plan

When all possible staffing resources have been exhausted, the Medical Director of the affected department will be contacted for possible patient transfers, discharges, or cancellation of non-urgent elective surgical cases. If this cannot be achieved, the House Supervisor will contact the Hospital Administrator or Administrator On-Call to discuss possible alternative measures.

The House Supervisor shall document all efforts to resolve staffing shortages, including all attempted or successful contact of employees and outside agencies. The House Supervisor shall maintain daily staffing variance reports.

### **REFERENCES:**

Title 22 California Code of Regulation

### **ATTACHMENTS:**

Acuity Summary Sheet

NURSING STAFFING USING PATIENT ACUITY LEVEL

**ACUITY SUMMARY SHEET**

Shift: AM PM Supervisor:

Day:

Date:

<b>2 SOUTH</b>	<b># of Pts</b>	<b>HPPD</b>	<b>COMMENTS</b>
Category A (12 hour shift)		X 7.0 =	
Category B (12 hour shift)		X 8.0 =	
Category C (12 hour shift)		X 9.0 =	
Category D (12 hour shift)		X 10.0 =	
Category E (12 hour shift)		X 11.0 =	
Category F (12 hour shift)		X 12.0 =	
Total Census:		Total HPPD: ÷ 9.0=	
<b>2 NORTH</b>	<b># of Pts</b>	<b>HPPD</b>	<b>COMMENTS</b>
Category A (12 hour shift)		X 7.0 =	
Category B (12 hour shift)		X 8.0 =	
Category C (12 hour shift)		X 9.0 =	
Category D (12 hour shift)		X 10.0 =	
Category E (12 hour shift)		X 11.0 =	
Category F (12 hour shift)		X 12.0 =	
Total Census:		Total HPPD: ÷ 9.0=	
<b>ICU</b>	<b># of Pts</b>	<b>HPPD</b>	<b>COMMENTS</b>
Category E (12 hour shift)		X 12.0 =	
Category F (12 hour shift)		X 24.0 =	
Total Census:		Total HPPD: ÷ 12.0=	
<b>ED</b>	<b># of Pts</b>	<b>HPPD</b>	<b>COMMENTS</b>
Category C (12 hour shift) -MST		X 9.0 =	
Category F (12 hour shift) -MST		X 10.0 =	
Category E (12 hr. shift)-ICU		X 12.0 =	
Total Census:		Total HPPD: ÷ 9.0= ÷ 10.0= ÷ 12.0=	
<b>Total Hospital Census:</b>			

## NURSING STAFFING USING PATIENT ACUITY LEVEL