

### Temporary Permission for Program Flexibility and for Emergencies

When the MHCC is activated, Providers and DO's 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 (CHCQ) 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>

<b>Facility Name</b> Community Hospital of San Bernardino (CHSB)			<b>Date of Request</b> 7/30/2020	
<b>License Number</b> 240000198			<b>Facility Phone</b> 909-887-6333 ext. 1256	<b>Facility Fax Number</b> 909-806-2106
<b>Facility Address</b> 1805 Medical Center Drive			<b>E-mail Address</b> [REDACTED]@DignityHealth.org	
<b>City</b> San Bernardino	<b>State</b> CA	<b>Zip Code</b> 92411	<b>Contact Person Name</b> [REDACTED]	

#### Approval Request

Complete one form total per facility

#### Duration of Request

- Staffing
- Tent use (High patient volume)
- Space conversion (other than tent use)
- Other
- Bed use
- Over bedding

Start Date: 7/30/2020  
 End Date: 3/31/2021

#### Program Flex Request

What regulation are you requesting program flexibility for? Title 22, Div5, §70217. Nursing Service

#### 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 Name	License Number	Request Date
Community Hospital of San Bernardino (CHSB)	240000198	7/30/2020

**Justification for the Request**

Other:

CHSB is in zip code 92411 with a very high rate of COVID-19 impacting the hospital. See below.

**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 alternate space.
- The proposed space for care of patients provides sufficient square footage to ensure access for safe care.
- Other: A high sustained COVID-19 census and anticipated to continue to increase.

**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.

The community we serve is 62% Latino who have a higher than usual incidence of COVID-19. The average daily census in the hospital for April was 13.75 patients with an average of 3.13 ICU patients. The number of patients declined slightly in May with an average daily census of 9.23 inpatients and 1.5 patient in ICU. In the month of June we saw an increase in the average daily census to 13.93 inpatients and average ICU census of 5 patients. As of July 27 the hospital has experienced its highest number COVID-19 positive in-patients, the average daily census is 26.83 inpatients and 6.67 ICU patients. The second quarter of this year we are experiencing three times the number of leaves of absences for the nursing department than in the past - it is unclear how many will return. To supplement nurses we hired travelers and registry nurses, but continue to have daily staffing challenges. In addition, although we obtained approval to hire additional nurses; it will take months to post, hire and train those professionals. We are cross training appropriate nurses to work in ICU. Leadership conducts staffing review multiple times a day to adjust as needed to meet emergency demands. The hospital COVID-19 census continues to increase on a daily basis and we are concerned that while we will meet the patient care demands, we may be unable to meet mandated staffing ratios.

Community Hospital of San Bernardino (CHSB) is utilizing leadership with clinical licenses to assist with patient care and case management to assist with patient care services, as needed, from entry in the ED, through admission to discharge. However, given the increasing census and higher than usual absence of staff there are many daily challenges impacting timely admissions, discharges and bed management. The CNEO, nursing leadership and hospital administration receive written reports at least two times daily in addition to multiple verbal reports 24 hours each day. Despite our best efforts there may be days we will be unable to sustain nurse to patient ratios over the coming weeks and months. CHSB respectfully request a waiver to the nurse staffing ratios requirements through March 21, 2021.

Additional information:

Units for staffing waiver: All intensive care units, telemetry units and medical/surgical units

Clinical staff layoff in the last 60 days:

1. No clinical staff layoffs

Specific staffing mitigation strategies including staffing contingency plans:

1. To supplement nurses we have hired traveler nurses and registry nurses

2. We have nursing positions posted to hire

3. Cross training for all perioperative staff to provide direct patient care

4. Utilize leadership as well as clinical educators with clinical licenses to assist with patient care

Description of the transferring and or discharging of patients as appropriate:

1. Case management and physician meet to plan for discharges to home or extended care facilities

2. COVID-19 positive patients are being re-tested to expedite transferring to another facility if appropriate

3. Currently we have not required the assistance of ICEMA for going on diversion. We will use this process should the need arise by consulting with our Executive Leadership Team prior to making that determination.

4. Currently the plan is in place to pause surgeries again, however at this time we have not initiated that plan.

List of Contracted staffing agencies:

1. AHP Registry (Allied Health Professionals)

2. CORE Medstaff,

3. MSP (Medical Solution Plus)

4. HRN (Accountable Healthcare)

COVID-19 related absenteeism:

1. Currently 92 Nurses on MLOA (mix of COVID-19 related and non-COVID-19 related) RN's (53), LVN's (17), C.N.A.'s (19), EMT's (3)

2. Total of 33 MLOA positive COVID-19 related (mix of staff types)

[Redacted Signature]

Signature of person requesting program flexibility

Director of Patient Relations & Risk Management Patient Safety Officer

Title

[Redacted Name] RN, MSN, APPRC

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: 08/04/2020 to 11/04/2020

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

Comments / conditions: APPROVED for 70217(a)(1) ICU; (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 Signature]

L&C District Office Staff Signature

[Redacted Name] HFES II  
CDPH CHCQ L&C  
San Bernardino District Office

Title

08/04/2020

Date

CDPH Form 5000 A  
Community Hospital of San Bernardino  
70217(a)(1)(10)(11) - Staffing  
08/04/2020

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