

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

Community Regional Medical Center (CRMC)

Date of Request

9/30/2020

License Number

040000101

Facility Phone

559-459-6000

Facility Fax Number

Facility Address

2823 Fresno Street

E-Mail Address

cal.org

City

Fresno

State

CA

Zip Code

93721

Contact Person's Name

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

9/30/2020

End Date

12/31/2020

Program Flex Request

What regulation are you requesting program flexibility for? §70217. Nursing Service Staff

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 nurses laid off due to volume or budgetary concerns.

Justification for the Request

- ☒ Other:

See attached letter

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

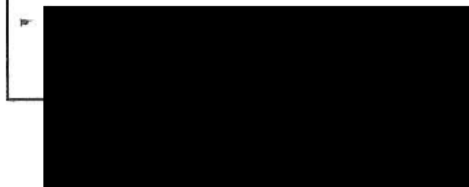
The provider must make arrangements for adequate staffing, equipment and space for increased patient accommodations. Check all that apply:

- ☐ 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.

See attached letter



Assistant Chief Nursing Officer

Signature of person requesting program flexibility

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: 09/30/2020 to 12/31/2020☐ Permission Denied: Briefly describe why request was denied in comments / conditions below:

Comments / Conditions:

Please see conditions as listed in approval email.

CHCQ Printed Name: CHCQ Staff Signature: Date: 
L&C District Office Staff Signature

HFEM II

Title

10/16/20

Date

September 28, 2020



CHCQ Duty Officer
Center for Health Care Quality, MS 0512
P.O. Box 997377
Sacramento, CA 95899-7377
(916) 324-6630
(916) 324-4820 FAX

Re: Request Program Flexibility Extension for Title 22 §70217 Nursing Services

Community Regional Medical Center (CRMC) is requesting a program flexibility extension for nursing staff ratios detailed in section §70217 Nursing Service Staff that was previously granted from July 1, 2020 to September 29, 2020 (approved on July 21, 2020). This request for an extension program flexibility of licensed nursing ratios is in conjunction with the Governor of the state of California's declaration of a statewide Public Health Emergency and Presidential Declaration of a National Emergency. CRMC has continued working within an activated Code Triage status and is operating within the Emergency Operations Plan to effectively manage the local pandemic.

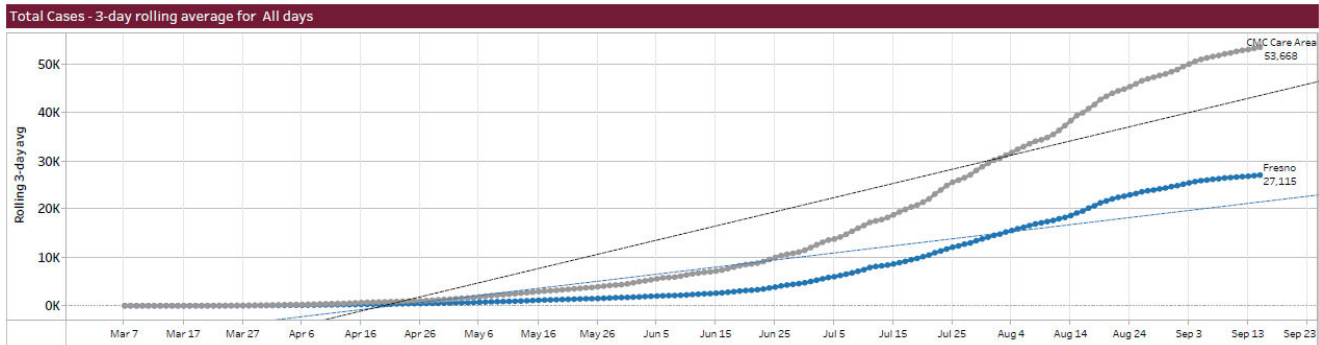
Prior to the 4th of July holiday, the Community Medical Centers (CMC) total census of COVID+ patients were trending very steady around 70-80 patients per day, but slowly creeping up. However, within 14 days following the 4th of July holiday, the confirmed positive COVID cases increased exponentially to 170 positive patients on July 18th, ultimately to a max of 187 on July 26th. As a result of over 125% increase in such a short period of time in COVID cases within our own facilities and in our community, we began to see the negative impacts to our workforce, due to quarantine related to COVID; nearly 200 staff on sick leave for several weeks. Our workforce was not only limited by COVID illness, but also restrictions of some of our staff at highest risk and impacts caused by the school districts not allowing in-person attendance and now some staff have been affected by the California wildfires.

Our patient census remained elevated through August and has now slowly started decreasing, likely in part due to additional county restrictions that were put into place to help reduce the spread. This has allowed us to continue to care for not only COVID patients, but also our normal patient population that is served by our three acute care facilities (CRMC, CCMC, FHS). As of September 28th, Fresno County remains in the Tier 1 (purple tier) which is the most restrictive of four levels that limit the types of businesses that can be reopened. If our COVID-19 cases continue to improve, it is possible that Fresno County may advance to Tier 2 (red tier) as early as this week. In Tier 2 this would mean some businesses allowing indoor operations, including restaurants, gyms and churches. To be properly prepared, we are anticipating a surge in our COVID suspected/positive patients and staff as evidenced by prior trends in community spread following easing of restrictions. This is expected at the beginning of October and will start overlapping with Flu season. In previous years the surge of Flu cases had a significant impact on our facilities. Based on last year, our facilities see and treat 100+ influenza patients weekly. This has also increased over the years and we expect this year to increase as well. See graphs below for trend. For example, in our busiest Emergency Department at CRMC, total patient registrations were up 12% in January from the previous year.

We anticipate that CRMC's workforce will continue to be overwhelmed as more health workers become ill and the hospital continues to surge with inpatients due to COVID and the Flu season overlapping. This will continue to impact operations within our facilities.

We continuously evaluate options to support our workforce, including, staffing requests with our float pool/ registry service, cross coverage from other units/services, while considering infection prevention strategies.

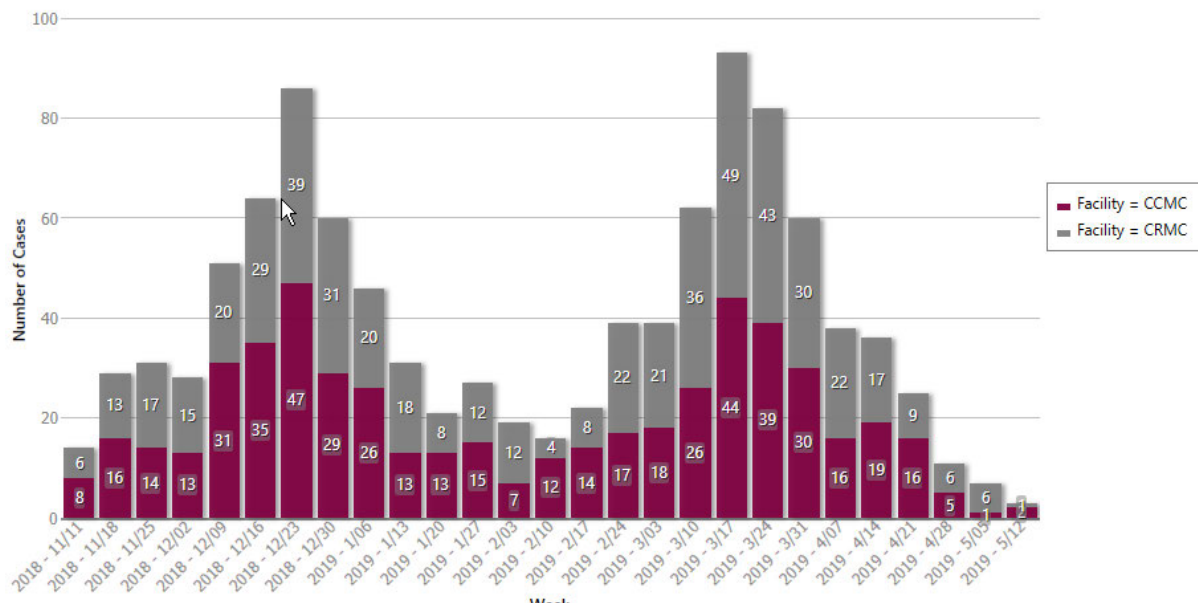
Below is the Community Medical Center (CMC) service care area in comparison to Fresno County. CMC supports a larger area spanning over several counties. Updated 9/16/2020.



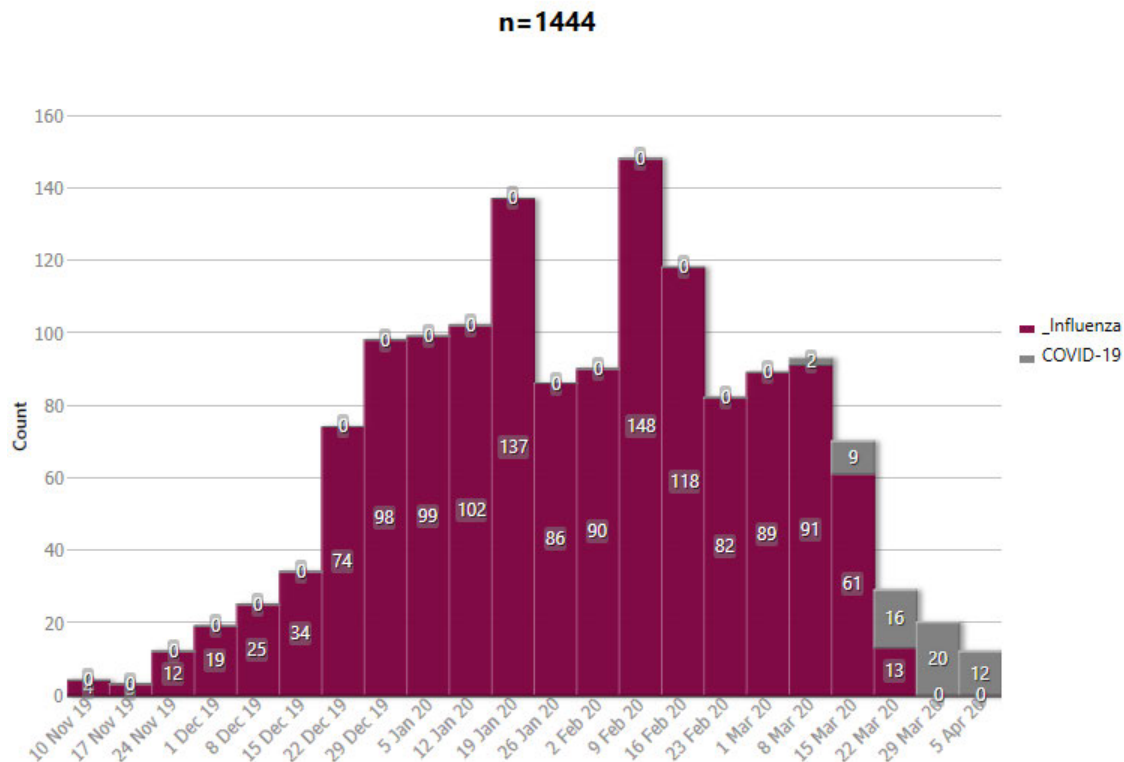
CMC 2018 – 2019 Flu Season

CMC Flu Cases by Week

n = 1040



CMC 2019 – 2020 Flu Season



The following outlines the request to continue temporarily flex nursing ratios for section §70217 Nursing Service Staff to manage the increasing patient flow during high census, the novel coronavirus (COVID-19) pandemic, and the influenza season.

§70217 Nursing Service Staff request:

Emergency Department – (basic emergency medical services or comprehensive emergency medical services) licensed nurse-to-patient ratio 1:4

- Requesting flex to 1:5 nurse-to-patient ratio for non-critical care patients

Telemetry unit licensed nurse-to-patient ratio 1:4

- Requesting flex to 1:5 nurse-to-patient ratio

Medical/Surgical care units licensed nurse-to-patient ratio 1:5

- Requesting flex to 1:6 nurse-to-patient ratio

Critical Care units licensed nurse-to-patient ratio 1:2 or fewer

- Requesting flex to 1:3 nurse-to-patient ratio

Step Down units licensed nurse-to-patient ratio 1:3 or fewer

- Requesting flex to 1:4 nurse-to-patient ratio

This flex is requested for the duration of the COVID-19 pandemic and Flu season. During this program flex period every patient will have a registered nurse assigned for their care.

The following staffing policies have been reviewed and will continue to be followed:

- Patient Classification, Staffing and Assignment of Patient Care (ID #23860)
- Staffing and Scheduling (ID# 12025)

Thank you for your consideration and support in reviewing the application for Program Flexibility.

Sincerely,

Tina B. Gulbronsen, MSN, RN
Assistant Chief Nursing Officer - Vice President
Community Regional Medical Center
2823 Fresno St. – Vice President Suite
Fresno, CA 93721
Office x56444 | (559) 459-6444

cc: California Department of Public Health Fresno District Office - Fresno