

Temporary Permission for Program Flexibility for Increased Patient Accommodations

This form is to be used ONLY for program flexibility requests when hospitals temporarily need to comply with licensing requirements by using alternative concepts, methods, procedures, techniques, equipment, or personnel.

Hospitals are required to submit a program flexibility request to the California Department of Public Health (CDPH), Licensing & Certification (L&C) Program through their local district office (DO) for written approval. This form is a mechanism to expedite the request and approval process in emergency situations.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

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|---|-------------|-------------------|---|-------------------------------------|
| Facility Name Corona Regional Medical Center | | | Date of Request July 13, 2020 | |
| License Number 250000126 | | | Facility Phone 951 736-6275 | Facility Fax Number 951 736-6310 |
| Facility Address 500 South Main St, | | | E-mail Address [REDACTED] | |
| City Corona | State CA | Zip Code 92882 | Contact Person Name [REDACTED] Chief Nursing Officer | |

Approval Request

Complete one form for each request

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

Start Date: 7-13-2020
End Date: End Surge

Program Flex Request

What regulation are you requesting program flexibility for? 70217a(1)(4)(5)(8)(10)(11)

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).

Justification for the Request

Other:

Regional patient surge related to the COVID-19 Pandemic. Quarantine of staff who are experiencing a personal illness, COVID-19 related illness, or live in a household with COVID-19 illnesses. Need to care for the influx of patients presenting to the facility for care and treatment.

Exhausting Available Alternatives

The hospital 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: Utilizing alternate areas to care for inpatients

| Facility Name | License Number | Request Date |
|--------------------------------|----------------|--------------|
| Corona Regional Medical Center | 250000126 | 7-13-2020 |

Adequate Staff, Equipment and Space

The hospital 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: As available, utilizing support nursing staff, overtime, agency, shared staff

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 utilized. Attach additional supporting documentation as needed.

Pursuant to the Governors proclamation of the State emergency related to the COVID-19 pandemic, Corona Regional Medical Center (CRMC) is requesting a waiver for the mandated staffing ratios as required by regulation. CRMC is experiencing a surge of COVID-19 positive and PUI patients through the Emergency Department which have resulted in a high volume of in-patient hospitalizations. We are utilizing all available patient care spaces to deliver care to the patients and are experiencing high census which requires additional staffing to cover patients. This situation is further confounded by the fact that many CRMC nursing staff are sick and have been quarantined by Public Health which has reduced the available workforce, in addition to this, the volume of intensive care patients has substantially increased placing further demand for nurses at the facility. CRMC has designated two COVID units; one that has been set up in a previously closed unit, and the other located in one of the ICU locations. Both locations are consistently full. CRMC attempts to meet the staffing ratio at all times, by utilizing overtime, staff incentives, cross-training from other departments, utilizing agency staff, and management, however, even with utilization of all these methods, finding and obtaining competent RN staff to meet the inpatient ratios 'at all times' is impossible. The result is holding of admissions in the ED which results in a severely overcrowded ED, long EMS wait times, and

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[Redacted Signature]

Chief Nursing Officer

Signature of person requesting program flexibility

Title

[Redacted Name]

chsinc.com 7/13/20

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 L&C DO; however, a signed written approval must be distributed (faxed) to the hospital and filed in the hospital's facility folder.

For CDPH Use Only:
CDPH Licensing and Certification Approval:
 Permission Granted from: July 13, 2020 to October 13, 2020
 Permission Denied: Briefly describe why request was denied in comments / conditions below:
 Comments / conditions: Your program flex request was received by the CHCQ Duty Officer and forwarded to the Riverside D.O. for review. Per AFL 20.26.2 temporary staffing flexibilities can only be for a maximum of 90 days. Your request has been approved through October 13, 2020.
 [Redacted Signature] 7/15/20

Program Flexibility Request: Staffing Waiver Corona Regional Medical Center

Pursuant to the Governors proclamation of the State emergency related to the COVID-19 pandemic, Corona Regional Medical Center (CRMC) is requesting a waiver for the mandated staffing ratios as required by regulation. CRMC is experiencing a surge of COVID-19 positive and PUI patients through the Emergency Department which have resulted in a high volume of in-patient hospitalizations. We are utilizing all available patient care spaces to deliver care to the patients and are experiencing high census which requires additional staffing to cover patients. This situation is further confounded by the fact that many CRMC nursing staff are sick and have been quarantined by Public Health which has reduced the available workforce, in addition to this, the volume of intensive care patients has substantially increased placing further demand for nurses at the facility. CRMC has designated two COVID units; one that has been set up in a previously closed unit, and the other located in one of the ICU locations. Both locations are consistently full. CRMC attempts to meet the staffing ratio at all times, by utilizing overtime, staff incentives, cross-training from other departments, utilizing agency staff, and management, however, even with utilization of all these methods, finding and obtaining competent RN staff to meet the inpatient ratios 'at all times' is impossible. The result is holding of admissions in the ED which results in a severely overcrowded ED, long EMS wait times, and ultimately facility bypass for incoming patients. Holding patients in the ED impedes the ability of the ED staff to care for incoming patients and further taxes an already overcrowded and overwhelmed ED.

In order to provide a safe environment for both the Emergency Department patients and staff, and the patients pending admission, the following alternate staffing plan is proposed: First, we plan to adhere to staffing ratios whenever possible, and are continually working toward that goal, however we request approval to exceed the current statutory regulation when all other methods are exhausted for the following patient types: Emergency Department; Medical-Surgical; Telemetry; Step-down, and postpartum. Extending the current ratios by 2 patients per level of care per nurse, and Intensive Care by 1 patient per nurse. These changes will provide flexibility to move admitted ED patients to the inpatient setting which allows for more capacity to accommodate patients arriving to the facility for emergent treatment. Additional supportive staff will be provided, as able, to support nursing units involved. Patient care assignments will be logged for all staff.

Thank you for consideration, and we anticipate the department's response and approval.