

### 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

Dameron Hospital Association

Date of Request

7/18/2020

License Number

030000024

Facility Phone

209-944-5550

Facility Fax Number

209-461-7578

Facility Address

525 W. Acacia St, Stockton, CA, 95203

E-Mail Address

[Redacted] g

City

Stockton

State

CA

Zip Code

95203

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

End Date

#### 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).

- 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:

Significant community spread of COVID-19 has caused a surge in hospital volume. The COVID-19 patient surge has caused a significant increase in volume of patients requiring a high acuity of care. Currently there are no ICU beds available and Med/surg/tele beds are

**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**

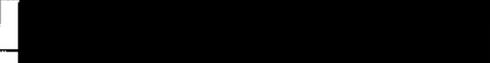
Provide a brief description of your conditions and explain the need for program flexibility. Provide a brief description of the alternative concepts, methods, procedures, techniques, equipment or personnel to be used, and the conditions under which this program flexibility will be used. Attach additional supporting documentation as needed.

- Describe contact with CDPH or local health departments for staffing resources
  - o We are in continuous communication with county EMS authority regarding staffing needs and requests. The DOD has supplied Dameron with a team of 11 RNs, 2 RTs, and 2 ICU techs to assist with staffing, however, our inpatient census has doubled from an average daily census of 35 to 70. We are continuing to communicate staffing needs to EMS.
- Describe the staffing contingency plan
  - o Staffing contingency plan includes:
    - Maximize use of DOD staff to fill staffing shortages
    - Increase RN travelers up to 20 additional RNs to cover ICU, M/S, Tele, and ED volumes
    - Use support staff resources as needed and according to scope of practice

Describe transferring or discharging of patients that has occurred or will

- o The nursing teams work with utilization management daily to evaluate discharges in a safe manner. On 7/15/20 we discharged 29 patients, however, our census has remained between 65-70 with consistent discharging of 10-20 patients per day. Our utilization management team remains engaged with local skilled nursing facilities, county resources to facilitate homeless patient discharges, and other resources to facilitate safe patient transitions from the hospital.
- o Dameron has also engaged with Adventist Health facilities to transfer patients when at capacity.
- Describe efforts to manage short and long term vacancies in staffing
- o We have engaged with various staffing agencies to fill both short and long term vacancies. Dameron also continues to interview and hire qualified applicants. However, the COVID surge has made locating staff difficult and reduced availability of traveler applicants significantly.
- Describe staffing agencies that have been contacted
- o Dameron has a contract with the staffing agency Medical Solutions. Medical solutions works with various staffing agencies around the nation to source traveling nurse staff.
- o Dameron has requested travelers through the Adventist Health float pool which also

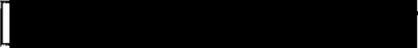
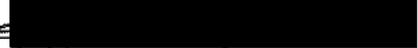

CNO  
 Signature of person requesting program flexibility Title

  
 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: 7/18/20 to 10/15/20  
 Permission Denied: Briefly describe why request was denied in comments / conditions below:  
 Comments / Conditions:

CHCQ Printed Name:   
 CHCQ Staff Signature:   
 Date: 7/21/2020


HFEM II
7/21/2020  
 L&C District Office Staff Signature Title Date