

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

Doctors Medical Center

Date of Request

7-8-2020

License Number

030000026

Facility Phone

209-576-3601

Facility Fax Number

209-576-3680

Facility Address

1441 Florida Avenue

E-Mail Address

[Redacted]

City

Modesto

State

CA

Zip Code

95350

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 7-13-2020

End Date 10-10-2020

Program Flex Request

What regulation are you requesting program flexibility for? Minimum Nurse-to-patient Ratios

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)

We have not laid off any clinical staff who could work the bedside. We did furlough some clinical staff who could not or would not be retrained to work the bedside. That furlough ends 7-10-20.

Justification for the Request

- Other:

An increase in employee leave of absences, along with the increase in COVID+ patients and our regular patient care needs has resulted challenges in meeting the nurse-to-patient ratios at all times. Stanislaus County is experiencing a spike in COVID+ patients.

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: Requesting travelers (contract labor) at an incentive rate

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.

Stanislaus County has seen a spike in COVID+ patients. Per our County Public Health, this upward trend is expected to continue through August and potentially through the fall flu season. In addition, patients who delayed seeking care during the Spring months due to the stay-at-home orders and fear of COVID have come seeking medical care resulting in an increase in census.

Doctors Medical Center is a referral center for higher level of care for several of our surrounding hospitals. We are the only Joint Commission Comprehensive Stroke Center within an 80 mile radius. We are also a Stemi Receiving Center, Level II Trauma Center. We are also capable of providing ECMO to patients which can be a life saving treatment for COVID+ patients.

In addition, several clinical bedside staff are out on protected Leave of Absences. We also have several bedside staff who are quarantined at home due to residing with a family member who is COVID+.

We are currently offering an incentive rate for contract labor to work the bedside. We are competing for this contract labor pool with other locations across the nation who are also experiencing COVID surges and employee leave of absences.

We offer our own staff who choose to work an extra shift an incentive of \$20.25 per hour in addition to their regular/overtime hourly rate in an effort to encourage them to work an extra shift.

We have accepted offers of employment for 66 new grad RNs. They are scheduled to start the end of August following successful completion of their ENCLEX. This group of new grad nurses will not be off orientation and able to be in the nurse-to-patient ratio count until late November. This will not solve our ICU RN staffing shortages.

If approved, we are considering alternative staffing models. One such staffing model is

[Redacted Signature]

Chief Nursing Officer

Signature of person requesting program flexibility

Title

[Redacted Printed Name]

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: Jul 8, 2020 to Oct 8, 2020

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

Comments / Conditions:

Please see conditions as listed in the approval email.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]
L&C District Office Staff Signature

HFEM II
Title

7/21/20
Date