

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

Eisenhower Medical Center

Date of Request

November 12, 2020

License Number

250000142

Facility Phone

760-837-8330

Facility Fax Number

760-773-4336

Facility Address

39000 Bob Hope Drive

E-Mail Address

[REDACTED]g

City

Rancho Mirage

State

CA

Zip Code

92270

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 November 12, 2020

End Date February 12, 2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22, Section 70217(a)

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)

Justification for the Request

☐ Other:

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.

Staffing: Eisenhower Medical Center requests a temporary 90-day staffing waiver in response to COVID-19 related impacts.

Space: Temporary reconfiguration and use of physical space and classification of beds in a hospital. Eisenhower Medical Center requests flexibility to configure space as needed to accommodate observed or predicted patient surge, patient co-horting, adherence to CDC infection and source control procedures and other COVID-19 related mitigation strategies.

Please also see the attached document.

Pertaining to Title 22, we are specifically requesting the allowance, only as needed, of exceeding 1 patient over nursing ratio for the Medical/Surgical, Telemetry, and Emergency Department units.

Med-Surg RN Ratio Increase 6:1 vs 5:1

Tele RN Ratio Increase 5:1 vs 4:1

ED General Population RN Ratio Increase 5:1 vs 4:1

The purpose of this request is that a large number of admitted COVID-19 patients at Eisenhower Medical Center are nursing resource intensive requiring adjustment of the COVID RN Unit patient ratio down from 4:1 to 3:1. In the ED, when rapid COVID testing is not available, some patients may need to be held while awaiting the results of their COVID test results. Permitting Tele, Med-Surg, and ED lower acuity patient RN assignments to increase by 1 patient as illustrated above, and only as needed, will provide for appropriate nurse staffing for the growing COVID patient population.

Signature of person requesting program flexibility

VICE PRESIDENT QUALITY & PI

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: **November 12, 2020** to **February 12, 2021**

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

Comments / Conditions: Your program flex request for Title 22 Section 70217(a) has been reviewed and approved. Space conversion is excluded from this waiver.

CHCQ Printed Name:

CHCQ Staff Signature:

Date:

L&C District Office Staff Signature

HFES

Title

November 18, 2020

Date