

Temporary Permission for Program Flexibility and for Emergencies

When the MHCC is activated, Providers and DO's 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 (CHCQ) 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 dba Emanuel Medical Center			Date of Request 7/6/2020	
License Number 030000035			Facility Phone 209-664-2859	Facility Fax Number 209-664-2857
Facility Address 825 Delbon Ave			E-mail Address [REDACTED]	
City Turlock	State Ca	Zip Code 95382	Contact Person Name [REDACTED]	

Approval Request

Complete one form total per facility

Duration of Request

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

Start Date: 7/6/2020
 End Date: 10/6/2020

Program Flex Request

What regulation are you requesting program flexibility for? 70217(a) 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).

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Justification for the Request

Other:

Due to COVID pandemic and rapid and variable influx of infected patients, Emanuel Medical Center requires staffing flexibility

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: Utilization of available contracted RN staffing. Availability has diminished

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 alternate 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.

Emanuel Medical Center requests program flexibility for California nurse to patient ratios. Although we are currently able to fully and appropriately staff our facility as per nurse to patient ratios and EMC staffing plans, we anticipate this may not consistently be the case in the days and weeks to come. Due to an increase in community transmission, we have recently experienced a significant influx of critically ill patients who are either COVID-19 positive or suspected of having COVID-19 and are pending test results. Additionally, we are experiencing an increase in other critically ill patients. This increase in patient census and acuity combined with diminished staff availability due to illness and other factors requires that we request ongoing temporary program flexibility for those situations in which we are unable to maintain compliance with required state nurse to patient ratios.

We will continue to make every effort to staff our patient care units daily according to staffing plans and state mandated ratios by reviewing and adjusting staffing throughout the shift every shift. In addition, to our regularly assigned departmental staff, we are utilizing our internal float pool nursing staff who are trained and competent. We perform internal reassignment as appropriate. We are also utilizing temporary contract staff who are trained and competent and we continue to work to onboard additional contract RNs as they become available to us. We will maintain required nurse to patient ratios whenever possible and will resume mandatory staffing levels as soon as feasible if and when we are required to provide care out of mandated ratios.

 RN
Signature of person requesting program flexibility

DCQI, RN
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: July 6, 2020 to Oct 6, 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

7/21/20

Date