

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>

Facility Name Fountain Valley Regional Hospital			Date of Request 07/01/2020	
License Number 060000109			Facility Phone (714)966-7279	Facility Fax Number (714)966-3385
Facility Address 17100 euclid St.			E-mail Address [REDACTED]	
City Fountain Valley	State ca	Zip Code 92708	Contact Person Name [REDACTED]	

Approval Request

Duration of Request

Complete one form for each request

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

Start Date: 07/01/2020
End Date: 09/30/2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 Section 70217

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:

Staffing ratio flex related to an influx of COVID-19 patients.

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:

Facility Name	License Number	Request Date

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:

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.

The facility is requesting a waiver of minimum nurse-to-patient ratios related to an influx of COVID-19 patients and other impacts of COVID-19.

- Over the past 14 days we gone from 29 patients that are pending COVID results or are positive to 65 as of 6/29/2020 with a steady daily increase during this 2 week period.
- 27 self-quarantined employees
- 188 employees on Leave of Absence (LOA). 114 of those are RN's
- Averaging 10-15 nursing sick calls per shift.

The plan to alleviate the shortage is through the use of travelers. Below is our current schedule for on-boarding additional nursing staff.

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The plan to alleviate the shortage is through the use of travelers. Below is our current schedule for on-boarding additional nursing staff.

June 1: we brought on 5 ICU and 8 Telemetry nurses
 June 8: 1 ICU and 1 Telemetry
 June 15: 1 ICU and 1 Telemetry
 June 22: 5 ICU
 June 29: 3 ICU and 8 Telemetry
 July 6: 18 ICU and 2 Telemetry
 July 13: 2 Telemetry

 _____m flexibility

DIRECTOR QUALITY SERVICES
 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 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: 7/1/20 to 9/30/20

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

Comments / conditions: _____

_____, District Manager