

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 | | | Date of Request | |
| <input type="text" value="Hemet Global Medical Center"/> | | | <input type="text" value="07/06/2020"/> | |
| License Number | | | Facility Phone | Facility Fax Number |
| <input type="text" value="250000145"/> | | | <input type="text" value="951-652-2811"/> | <input type="text" value="951-765-4716"/> |
| Facility Address | | | E-Mail Address | |
| <input type="text" value="1117 E Devonshire Ave"/> | | | <input type="text" value="██████████@phh.ms"/> | |
| City | State | Zip Code | Contact Person's Name | |
| <input type="text" value="Hemet"/> | <input type="text" value="CA"/> | <input type="text" value="92543"/> | <input type="text" value="██████████ COO/CNO"/> | |

Approval Request

Complete one form total per facility

- | | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Staffing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tent use (High patient volume) | <input type="checkbox"/> Bed Use |
| <input type="checkbox"/> Space Conversion (other than tent use) | <input type="checkbox"/> Over bedding |

Duration of Request

| | |
|------------|---|
| Start Date | <input type="text" value="07/06/2020"/> |
| End Date | <input type="text" value="10/06/2020"/> |

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).

Facility

Hemet Global Medical Ctr

License Number

250000145

Request Date

07/06/2020

Justification for the Request

Other:

[Empty text box for justification]

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:

[Empty text box for other alternatives]

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:

[Empty text box for other accommodations]

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.

Hemet Global Medical Center has three separate COVID-19 units. The facility manages critical care, step-down, tele and med/surg COVID-19 positive patients with 15 positives and 21 PUIs this morning. We currently have 19 patients on ventilator support.

This request is for staffing waiver excluding the COVID 19 units. Rather for non-COVID-19 Step-down, telemetry and medical/surgical care units. The facility is experiencing staffing shortages resulting from COVID-19 impacts including but not limited to increasing community spread, increasing need to meet demand for surg, school closures, staff absenteeism. At the current time we have 84 healthcare workers absent from work. We have been able to maintain minimum nurse-to-patient ratios throughout this crisis however, with the increase in positives from the community and healthcare worker absences we anticipate periods of time where we will be out of ratio in the units listed above. Due to the nature of the care of the COVID-19 positive and PUI patients we do not anticipate moving outside the minimum nurse-to-patient ratios and continue to strive to have improved ratios in those areas due time.

Regional COO/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: July 6, 2020 to October 6, 2020

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

Comments / Conditions: Your program flex request for Title 22 Sec. 2017- staffing and supporting documentation has been reviewed. Your request has been approved until October 6, 2020.

CHCQ Printed Name:

CHCQ Staff Signature: _____

Date:

L&C District Office Staff Signature

HFES

Title

07/06/20

Date