

**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](mailto: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 Hi Desert Medical Center			Date of Request 7.15.2020	
License Number 250000231			Facility Phone 760-366-6187	Facility Fax Number 760-366-6251
Facility Address 6601 White Feather Road				
E-mail Address [REDACTED]health.com			Contact Person Name [REDACTED]	
City Joshua Tree	State Ca	Zip Code 92252		

**Approval Request**

Complete one form total per facility

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

**Duration of Request**

Start Date: 7.16.2020  
End Date: 10.13.2020

**Program Flex Request**

What regulation are you requesting program flexibility for? experiencing increased numbers of COVID positive patients

**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 Name	License Number	Request Date
Hi Desert Medical Center	240000231	7.16.2020

**Justification for the Request**

Other:

Increase in the number of positive COVID patients being admitted to Medsurg and ICU, holding in ED.

**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 alternate space.
- The proposed space for care of patients provides sufficient square footage to ensure access for safe care.
- Other: Contract staff have been hired, more are expected in early August.

**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.

Flex request to extend nursing staffing ratios:

Due to COVID pandemic and increased number of COVID positives being admitted to hospital, licensed RN sick calls, leaves of absence and staff with childcare issues, the following ratios will be extended if necessary on a shift by shift basis.

22 CCR § 70217

(1) The licensed nurse-to-patient ratio in a critical care may exceed 1:2 ratio in order to staff patient surges or relieve for necessary breaks during shift

(7) The licensed nurse-to-patient ratio in a postanesthesia recovery unit of the anesthesia service may extended more than 1:2 if the postanesthesia area is used to house overflow patients after recovery from initial anesthesia.

(8) The licensed nurse-to-patient ratio in an emergency department shall be extended to more than 4:1 if needed to cover patient surges or relieve for necessary breaks. The ratio specifically of 1 nurse to 4 "5150" patients may be extended if the patients are cohorted in one area and additional competent CNA's/and or security guards are present.

(10) The licensed nurse-to-patient ratio in a telemetry unit may be extended to more than 1:4 if needed to cover patient surges or relieve for necessary breaks.

(11) The licensed nurse-to-patient ratio in a medical/surgical unit may be extended to more than 1:5 if needed to cover patient surges or relieve for necessary breaks.

\_\_\_\_\_  
Signature of person requesting program flexibility  
\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title *CNO/COO HSMC*

**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: 07/27/2020 to 10/27/2020  
 Permission Denied: Briefly describe why request was denied in comments / conditions below.

Comments / conditions:

APPROVED for 70217(a)(1) ICU; (7) PACU; (8) ED; (10) Telemetry; (11) Med/Surg nurse-patient ratio.  
CONDITIONS: Facility will continue to actively look for additional staffing. Facility must resume mandatory staffing levels as soon as feasible. Please see next page for other conditions specified in AFL 20-26.3.

CHCQ Printed Name: \_\_\_\_\_  
CHCQ Staff Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
L&C District Office Staff Signature

\_\_\_\_\_  
HFES II  
CDPH CHCQ L&C  
San Bernardino District Office  
Title

\_\_\_\_\_  
07/27/2020  
Date