

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

JFK Memorial Hospital

Date of Request

6/29/2020

License Number

250000155

Facility Phone

760-775-8060

Facility Fax Number

760-775-8054

Facility Address

47-111 Monroe Street

E-Mail Address

City

Indio

State

CA

Zip Code

92201

Contact Person's Name

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 7/1/2020

End Date 3/1/2021

Program Flex Request

What regulation are you requesting program flexibility for? 70217-Staffing

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

JFK Memorial Hospital

License Number

250000155

Request Date

6/30/2020

Justification for the Request

Other:

COVID-19 National/State and Local County Emergency Pandemic Surge of patients

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.

This request is in alignment with AFL 20-26.1 dated June 26, 2020. We are requesting a temporary waiver for staffing due to the state of emergency related to the Coronavirus Disease emergency pandemic. This hospital is experiencing a continued increase/surge of COVID-19 patients, causing staffing shortages due to community, county and state COVID-19 pandemic. In addition to the COVID-19 patient surge, staffing shortages are also due to employee exposures that have occurred during this pandemic and they unable to come to work. Please see the attached letter that went out to all employee's from our CEO that describes our current state of affairs. This letter also shows a graph of how this pandemic has affected the local hospital's in Coachella Valley.

We have secured traveling nurses to assist in the staffing needs of our hospital. Our emergency preparation team meets daily to implement mitigation plans for staffing throughout the hospital. Our primary focus at this time is to mitigate staffing ratios in our Med/Surg and ICU Units. We intermittently are out of ratio in the med/surg areas of the hospital due to the influx of COVID-19 patients, even after we have followed our internal staffing contingency plans and exhausted the on-call list of nurses and assigning the charge nurse to patient care. All staffing efforts are documented. There have been no patient safety matters reported and the hospital will continue to comply with adverse event reporting, provide necessary care, follow disaster response plan, follow infection control guidelines and directives from the public health department.

[Redacted Signature]

Signature of person requesting program flexibility

Director Clinical Quality

Title

[Redacted Printed Name]

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 1, 2020 to October 1, 2020

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

Comments / Conditions: Your program flex waiver for Title 22 Sec. 70217 Staffing has been reviewed by the CDPH CHCQ Duty Officer [Redacted] Per AFL 20-26.2 Staffing flexibilities can only be for a maximum of 90 days. Your request has been approved until October 1, 2020.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

L&C District Office Staff Signature

HFES

Title

07/02/20

Date