

### 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](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 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

Lakewood Regional Medical Center

Date of Request

7/6/2020

License Number

930000046

Facility Phone

562-602-6797

Facility Fax Number

562-602-0083

Facility Address

3700 E. South Street

E-Mail Address

[REDACTED]@com

City

Lakewood

State

CA

Zip Code

90712

Contact Person's Name

[REDACTED]

#### 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 07/06/2020

End Date 10/05/2020

#### Program Flex Request

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

Facility

Lakewood Regional Medica

License Number

930000046

Request Date

7/6/2020

**Justification for the Request**

Other:

**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.

Lakewood Regional Medical Center (LRMC) strives to maintain compliance with the nurse-to-patient ratios at all time. However, due to the unforeseen challenges presented by COVID-19 (closure of schools, camps, youth recreational programs, increase community spread) and staff exposures (either at work or in the community) has presented daily challenges in maintaining required nurse-to-patient ratios at this time. As of July 6, 2020, LRMC has 34 positive COVID inpatients with a census of 137. Lakewood Regional Medical Center is requesting a Program Flex for Section 70217, Nursing Service Staff, of the California Code of Regulations, Title 22, Division 5, Chapter 1.

Attempts to maintain required staffing levels through the following methods will be utilized prior to the start of the shift and during the shift to prevent the need to increase nurse-to-patient ratios:

- 1) Exhausting the on-call list of nurses and the charge nurse
- 2) Exhausting current nurse registry staff

Documentation of these attempts will be maintained in the staffing office.

If we are unsuccessful in our attempts to find staffing, we are requesting the following

increase to the nurse-to-patient ratios without notification to CDPH:  
 Critical Care Unit & Post Anesthesia Care Unit  
 Requesting a nurse-to-patient ratio of 1:3 or fewer at all times instead of 1:2 or fewer at all times if staffing is unable to meet current patient needs.  
 Emergency Services  
 Requesting a nurse-to-patient ratio of 1:6 or fewer at all times instead of 1:4 or fewer at all times if staffing is unable to meet current patient needs.  
 Step Down Unit  
 Requesting a nurse-to-patient ratio of 1:4 or fewer at all times instead of 1:3 or fewer at all times if staffing is unable to meet current patient needs.  
 Telemetry Unit  
 Requesting a nurse-to-patient ratio of 1:6 or fewer at all times instead of 1:4 or fewer at all times if staffing is unable to meet current patient needs.  
 Medical/Surgical Unit  
 Requesting a nurse-to-patient ratio of 1:7 or fewer at all times instead of 1:5 or fewer at all times if staffing is unable to meet current patient needs.  
 Any increase in nurse-to-patient ratios other than what is presented above will need approval from CDPH.

[Redacted Signature]

Chief Quality Officer

Signature of person requesting program flexibility

Title

[Redacted 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 6, 2020 to October 6, 2020

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

Comments / Conditions:

CHCQ Printed Name:

CHCQ Staff Signature: \_\_\_\_\_

Date:

[Redacted Signature]

Program Manager Nurse

7/6/2020

L&C District Office Staff Signature

Title

Date