

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	
Loma Linda University Med Center- Murrieta			July 22, 2020	
License Number			Facility Phone	Facility Fax Number
550001535			951-290-4026	951-290-4922
Facility Address			E-Mail Address	
28062 Baxter Rd			[REDACTED]	
City	State	Zip Code	Contact Person's Name	
Murrieta	CA	92563	[REDACTED]	

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

End Date

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).

- If you are seeking a staffing waiver, has your facility laid off any clinical staff within the previous 60 days?
If so, please explain (**Note:** Attach supporting documentation if necessary)

No

Justification for the Request

- Other:

Influx of COVID-19 positive and suspect patients affecting inpatient care locations

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.

As of 7/17/20 AM, LLUMC-M has 25 COVID-19 positive patient (including 12 ICU level of care) in inpatient bed locations and additionally created surge beds. LLUMC-M is requesting approval to flex nursing and respiratory care staff ratio in the following areas:

- o 70217(a)(1); 70495(e): ICU-CCU-1:3
- o 70217(a)(8); EMS- 1:6; critical care patients-1:3
- o 70217(a)(9); Step Down Unit- 1:5
- o 70217(a)(10); Telemetry- 1:5
- o 70217(a)(11); Med-Surg- 1:7
- o 70405(g); Respiratory Care- 1:7

All options for staffing shortage according to emergency plans have been implemented, including use of registry, travelers, floating within licensed facility sites.

Mitigation strategies to prevent going out of ratios include:

1. Utilization of positive staffing variance staff through floating. If there are areas where there is excess staff, they are reassigned, if competent in the area requiring additional staff.
2. Use of on call staff. On call staff are called in to cover in areas of competence.
3. Utilization of staff from other Loma Linda licensed sites. This has been utilized to support ED and respiratory care staffing. For example, LLUMC RCP staff have also been utilized to cover LLUMC-M ventilated patients to meet RCP ratios for ventilated patients.
4. Extra shift coverage with additional financial incentive. Central staffing requests staff for areas that are short to work extra or extended shifts.
5. Utilization of SSN (Supplemental Staffing Network). This is a Loma-Linda resource pool of staff that is utilized to provide staff where needed.
6. Use of charge nurses to carry partial or full lists to avoid variance.
7. Use of manager and educator resources to cover lists or employee breaks to avoid variance.
8. Attempt to secure outside registry staff. This activity occurs daily dependent upon the needs of the units. This action is completed by our central staffing department. In areas known to have ongoing need, attempts are made to pre-book outside registry staff for schedules

[Redacted Signature]

Director, Quality and Patient Safety

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 24, 2020 to October 24, 2020

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

Comments / Conditions: The CHCQ Duty Officer has received your program flex request and forwarded the request to the Riverside D.O. for review. Your request is approved effective date July 24, 2020. During onsite visits, the Department may review the facility's adherence to the proposed alternative method of compliance for the above regulations.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: _____

Date: [Redacted]

[Redacted Signature]

HFES

July 27, 2020

L&C District Office Staff Signature

Title

Date