

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

Memorial Medical Center

Date of Request

7/14/2020

License Number

030000061

Facility Phone

916-618-3466

Facility Fax Number

209-572-7017

Facility Address

1700 Coffee Rd

E-Mail Address

[Redacted]

City

Modesto

State

CA

Zip Code

95355

Contact Person's Name

[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 7/22/2020
End Date 10/14/2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22, 70419(a), 70809, and 70805

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:

Due to the COVID-19 outbreak and the impact on the workforce and healthcare system.

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.

MMC is experiencing a staffing shortage resulting from impact of COVID-19 related surge of patients. As a result, we are requesting a waiver of minimum nurse-to-patient ratios.

We have re-scheduled non-emergent surgeries, and our perioperative and diagnostic procedure staff are expected to float and take a full assignments following orientation.

We are working with two traveler companies to support our staffing needs. Some travelers have arrived, and we anticipate to have a total of 60 travelers on site by first week of August.

The Director/Manager or nurse in charge reviews acuity, census, and the level of competency required in the selected unit throughout each shift. Staffing patterns are adjusted each shift to provide sufficient numbers/skill mix of qualified staff based on patient acuity, changes in census and variability of available nursing resources (e.g. sick calls). All changes will be recorded on a master staffing form kept in the staffing office.

The practice of cross-utilization of personnel has been deployed. Charge nurses and educators are expected to take patient assignments within their competency. Just in time competency training may be done. Attempts to utilize floating between "like" units will be done first. Staff who are expected to float and take a full assignment will be given an orientation in these units. On-duty staff may be asked to stay while calling in off-duty nurses.

SHVA IQS Operations Director (Acute Care)

Signature of person requesting program flexibility

Title

[Redacted Signature]

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 22, 2020 to Oct. 14, 2020

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

Comments / Conditions:

Please see conditions as listed in approval email.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

HFEM II

8/4/20

L&C District Office Staff Signature

Title

Date