

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

Methodist Hospital of Sacramento

Date of Request

July 16, 2020

License Number

03000000064

Facility Phone

916-423-5939

Facility Fax Number

916-681-3440

Facility Address

7500 Hospital Drive

E-Mail Address

[redacted]@dignityhealth.org

City

Sacramento

State

CA

Zip Code

85823-5403

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 July 1, 2020

End Date March 31, 2021

Program Flex Request

What regulation are you requesting program flexibility for? 70217(a)(1); 70495(e); ICU-CCU 70217

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)

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.

Methodist Hospital of Sacramento has maintained compliance with all staffing requirements and ratios, however, recently the COVID-19 pandemic has strained our staffing resources. Increasing numbers of staff are out on quarantine or leave of absence based on COVID-19 exposure, testing positive or symptomatic. Sick calls and absenteeism have increased. Many staff are extending leave of absence in order to stay away from the hospital during pandemic. Staff are physically and emotionally exhausted. In addition, supervisory staff are experiencing similar exposures and are out on quarantine and leave of absence. Methodist administration is concerned that under the current pandemic we may not be able to operationally remain in staffing compliance in all patient care areas and are requesting a staffing waiver. To date 103 Registered Nurses and a total of 198 clinical staff have been taken off the staffing schedule due to COVID-19 exposure.

Extreme shortages exist in specialty areas and on night and weekend shifts. The area currently with the most severe shortages are our inpatient operating rooms. We have closed our outpatient surgical services. We have cancelled inpatient surgeries and we have times after hours and weekends that we do not have staff available to take call.

Staffing mitigation and staffing contingency plan efforts to date include:

1. Utilizing our internal float pool and regional staffing services.
2. Daily staffing sheets are sent to the staffing office and we are utilizing float pool staff to backfill our vacant positions.
3. Day shift staff are working alternate shifts including night shift.
4. Increasing our utilization of traveling nurses.
5. Planning with Human Resources to review the number of staff on leave and the impact on operations.
6. Offering increasing monetary incentives for staff to pick up additional shifts.
7. Modifying shifts as incentives for existing staff to work extra shifts and/or optimize the numbers of existing staff to cover nursing units.
8. Floating existing staff within like areas of competency.
9. Orienting existing staff to additional areas to cover vacant shifts

 Signature of person requesting program flexibility

 Interim Director of Quality/Patient Safety Officer
 Title

 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: 7/1/20 to 9/28/20

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

- Comments / Conditions:
1. 70217 (a)(2) is not approved.
 2. The facility shall staff at required ratio whenever possible.
 3. The facility shall document all efforts to meet the required ratio if not met.
 4. All conditions as noted in AFL 20-26.3 are required.

CHCQ Printed Name: _____

CHCQ Staff Signature: _____

Date: 7/17/2020

 L&C District Office Staff Signature

District Administrator
 Title

7/17/2020
 Date