

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

Northern Inyo Healthcarre District

Date of Request

08/02/2020

License Number

24-000179

Facility Phone

760.873.5811

Facility Fax Number

Facility Address

150 Pioneer Lane

E-Mail Address

h.org

City

Bishop

State

CA

Zip Code

93514

Contact Person's Name

CNO

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 08/02/2020

End Date 11/01/2020

Program Flex Request

What regulation are you requesting program flexibility for? Staffing Ratio in ICU converted to RCU

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, NIHD has not had any reduction in force (RIF) in the past year.

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: As a CAH in a frontier location, we do NOT have registry. No hospital to divert EMS.

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: We converted ICU to RCU, now has med/surg patients in this space (CO-19 +)

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.

We are asking for a waiver to not staff the RCU with ICU ratios, as it is filled with med/surg level patient (2 on comfort care) that are COVID positive. We have moved our ICU to the Med/Surg floor in order to separate positives from non-COVID patients. If we have an ICU level COVID-19 patient, we would staff at ICU level.

NIHD has sent out requests to RNs via our staffing/scheduling software, but are having difficulty finding RNs to come in extra. We are able to utilize an RN, LVN and CNA to manage the RCU patients (RN & CNA on direct patient care and LVN as monitor tech.) This would be up to 4 med/surg level patients.

NIHD is located in rural Bishop, CA. Staffing options for registry are not available. Diversion to other facilities is not available. Concern with local SNF having 3 staff and 1 student test positive and now 3 positive patients leaves us at risk for further positive admissions.

COVID-19 plan has been established and further surge bed will be opened with the reduction of surgeries. Waiver request to use creative, safe staffing to meet the influx of COVID-19, while separating these patients from the non-COVID patients is planned. Staffing waiver will allow for better utilization of staffing patterns to meet the patient needs.

[Redacted Signature]

Chief Nursing Officer

Signature of person requesting program flexibility

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: 08/10/2020 to 11/10/2020

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

Comments / Conditions: APPROVED for 70217(a)(11) Med-Surg nurse-patient ratio.

This flex include the Medical-Surgical patients located in Respiratory Care Unit.

CONDITIONS: Facility will continue to actively look for additional staffing. Facility must resume mandatory staffing levels as soon as feasible. Please see next page for other conditions specified in AFL 20-26.3

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

HFES II
CDPH CHCQ I&C

San Bernardino District Office

08/10/2020

L&C District Office Staff Signature

Title

Date