

### 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

Pacific Heights Transitional Care

Date of Request

07/1/2020

License Number

220000077

Facility Phone

415-563-7600

Facility Fax Number

415-299-8184

Facility Address

2707 Pine Street

E-Mail Address

[Redacted]

City

San Francisco

State

CA

Zip Code

94115

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 07/01/2020

End Date 09/30/2020

#### Program Flex Request

What regulation are you requesting program flexibility for? CCR22 72329, 72381, 72329

#### 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

Pacific Heights Transitional

License Number

220000077

Request Date

07/01/2020

**Justification for the Request**

Other:

March 4, 2020 Governor Gavin Newsom declared a state of emergency in state of California.

**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 Use of on-call staff. Use of Registry staff upon availability

**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: Use of on-call staff. Use of Registry staff upon availability

**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.

Pacific Heights Transitional Care is requesting for a Staffing Waiver, to help provide the best possible care to the residents in our facility during this COVID-19 pandemic and considering our current situation and circumstance. We continue to screen all staff prior to their shifts at our facility entrance. Staff are not permitted to work if they have any symptoms of COVID-19 and o work at another facility that has and is treating active COVID-19 patients. Since all of our residents have now tested negative our staff members are the ones that could transmit COVID-19 to our patients. Pacific Heights Transitional Care continues to screen staff members prior to beginning their shift by taking sub-lingual temperatures and if temperature is less than 100 degrees they are allowed to work. If it is over this temperature we send them home. We also include screening questions including if they have any signs or symptoms of respiratory infection, in last 14 days have they travelled to other countries, in last 14 days have they had contact with someone that has or is under investigation for COVID-19 and if they live in a community where the spread of COVID-19 is occurring. If we notice staff with symptoms while at work we will send them home to self quarantine.

We have had a difficult time trying to replace staff that have either retired, quit or cannot work due to family obligations with current economic conditions. We also have a tough time replacing staff with registry when we get call offs due to short time frame to replace them. Furthermore our regular staff are being asked to work overtime daily to meet the staffing regulations. Our nursing overtime is almost 20% in June. We have staffed regular shifts ongoing with registry to fill staffing requirements which is difficult due to registry not having ample staff to send us during this surge as some are already working in other facilities.

Pacific Heights steps we have used during this pandemic period.

1. Implementing our staff recall policy
2. Asking nursing staff to work overtime and double shifts.
3. Utilizing the five registry companies we have contracts with to fill our staffing needs.
4. Restricting access to patients with only essential personnel.
5. Screening on staff who work in the facility daily prior to start of their shift
6. Using other staff to help nursing personnel with items that do not require a license to perform.

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[Redacted Signature]

[Redacted Title]

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: 7/01/2020 to 9/30/2020

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

Comments / Conditions: *See attached facility's Mitigation Plan.*

CHCQ Printed Name: [Redacted]

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

Date: [Redacted]

[Redacted Signature]

L&C District Office/Staff Signature

H F E M T L

Title

7/06/20

Date