

Temporary Permission for Program Flexibility and for Emergencies

When the MHCC is activated, Providers and DO's 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 (CHCQ) for approval. This form is a mechanism to expedite the request directly to the Medical Health Coordination Center (MHCC) for approval in emergency situations.

sent 7/21/20 2020

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

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|----------------------------------------------------------|--------------------|--------------------------|------------------------------------------|--------------------------------------------|
| Facility Name Palmdale Regional Medical Center | | | Date of Request 07/9/2020 | |
| License Number 9830000085 | | | Facility Phone 61-382-55 30 | Facility Fax Number 661-382-5552 |
| Facility Address 38600 Medical Center Drive | | | E-mail Address [REDACTED] | |
| City Palmdale | State CA | Zip Code 93551 | Contact Person Name [REDACTED] | |

Approval Request

Complete one form total per facility

Duration of Request

- Staffing
- Tent use (High patient volume)
- Space conversion (other than tent use)
- Other
- Bed use
- Over bedding

Start Date: **7/9/2020**
 End Date: **10/9/2020**

Program Flex Request

What regulation are you requesting program flexibility for? **70217a (1) (4) (5) (8) (9) (10) (11)**

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 Name | License Number | Request Date |
| Palmdale Regional Medical Center | 9830000085 | 07/9/2020 |

Justification for the Request

Other:

Actual surge of Covid-19 Outpatients & Inpatients.

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: utilizing contract staffing when available.

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 alternate 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.

Palmdale Regional Medical Center has continued with its ongoing activation of the Emergency Preparedness Plan initiated on March 9, 2020. In response to the surge of our COVID-19 patient volume, we would like to request an extension in our program flex in regards to the California staffing ratio Title 22, CCR, Section 70217 a (1) (4) (5) (8) (9) (10) (11).

Palmdale Regional Medical Center has had multiple staff furloughed, quarantined and unavailable to work for multiple days. This is exacerbated by staff absences due to personal illnesses, ill children and/or lack of childcare. The hospital does attempt to cover shifts with overtime, staff incentives, utilizing staff from other departments, contract labor, utilization of supervisor and managers as well as modification of schedules to accommodate the volume. However, because of the extenuating circumstances surrounding the COVID-19 pandemic, finding staff to meet the ratio on the inpatient nursing units as well as the ED may not be possible. This problem contributes to the issues we are facing in the Emergency Department. Patients that could be moved to an open bed on the nursing units, are held in the Emergency department until the staffing ratios can be met.

In order to provide a safer environment for both the Emergency Department patients and staff, the following alternate plan is proposed: First, we plan to adhere to the staffing ratio whenever possible, however we request to exceed the current statutory regulation with respect to nurse to patient ratios for the following patient types: Emergency Department, Medical /surgical, Telemetry, ICU. Extending the current ratios by a maximum 2 patients per nurse will provide flexibility to move admitted patients from the Emergency Department to the inpatient beds, therefore allowing for more capacity in the Emergency Department. ICU staffing will have up to 3 non vented patients with the agreement of the intensivist. Additional supportive staff will be provided, when possible, to support the nursing units. We will also keep a log of patient assignments that exceed the normal staffing ratio.

Thank you for your consideration and we anticipate the departments response and continued approval.

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Signature of person requesting program flexibility

Director of Risk Management

Title

[Redacted printed name area]

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: 7/9/2020 to 10/9/2020

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

Comments / conditions:

This is approved as temporary PF for 90 days.

CHCQ Printed Name:

CHCQ Staff Signature: _____

Date:

[Redacted signature area]

L&C District Office Staff Signature

Program Manager Nurse

Title

July 13, 2020

Date