

### 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

Paradise Valley Hospital

Date of Request

July 1, 2020

License Number

090000086

Facility Phone

619-470-4115

Facility Fax Number

619-470-4124

Facility Address

2400 East 4th Street

E-Mail Address

[Redacted]@imehealthcare.com

City

National City

State

CA

Zip Code

91950

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 14, 2020  
End Date Sept. 30, 2020

#### Program Flex Request

What regulation are you requesting program flexibility for? Nurse-Patient Ratio

#### 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).

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License Number

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Request Date

July 1, 2020

**Justification for the Request**

Other:

[Empty text box for justification]

**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

[Empty text box for other alternatives]

**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:

[Empty text box for other accommodations]

**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.

In the past 2 months we have experienced an increase in patient admission, most especially COVID-19 patients. We support the El Centro Hospital with their COVID-19 patients (33 COVID-19 patients admitted from El Centro). Lately, we are admitting more COVID-19 patients not just from El Centro but also locally (total COVID-19 admission is 125 since 3/30/2020). Located in the South Bay area, Paradise Valley Hospital is in the "hot spot" of COVID-19 cases in San Diego, with neighboring Skilled Nursing Facilities with COVID-19 outbreak.

We work hard to stay within the Nurse-Patient ratio mandate, but as this Pandemic takes a toll on our staff, we are experiencing an increase in staffing challenges. Due to our current situation, we will be unable to consistently comply with the staffing ratios. PVH acute ADC for calendar year 2019 was 49.4, with an ICU ADC of 4.3. Since the Pandemic, PVH acute ADC is at 51.1, and the ICU ADC is 6.9, with May jumping up to 9.0. Currently, our ICU patients have a 25 and above length of stay.

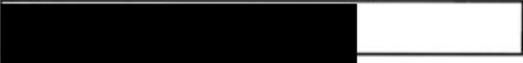
We are continuing to cross train staff members to support other units. We have on-boarded Travelers,, especially in ICU and continue the use of Registry nurses. However, these two pools of nursing resources

are also running dry. Overtime is high but the increased acuity is taking a toll on staff. Currently we are working with our immigration team to onboard 14 experienced foreign nurses that we sponsored since last year. We continue to hire, but most candidates are new-grad's and are taking longer orientation time.

In an effort to consistently comply with the nurse-patient ratio mandate, Paradise Valley Hospital will need time to on-board, cross-train, and orient nursing staff to care for our increasing patient population.

  
 Signature of person requesting program flexibility

Chief Nursing 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:  to

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

Comments / Conditions:

CHCQ Printed Name:

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

Date:

  
 L&C District Office Staff Signature

Health Facilities Evaluator Manager I  
 Title

August 5, 2020  
 Date