

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.

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

Facility Name Riverside Community Hospital			Date of Request 07/02/2020	
License Number 250000194			Facility Phone 951-788-3100	Facility Fax Number 951-788-3494
Facility Address 4445 Magnolia Avenue				
City Riverside	State CA	Zip Code 92501	E-mail Address [REDACTED]	
			Contact Person Name [REDACTED]	

Approval Request

Complete one form total per facility

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Staffing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tent use (High patient volume) | <input type="checkbox"/> Bed use |
| <input checked="" type="checkbox"/> Space conversion (other than tent use) | <input type="checkbox"/> Over bedding |

Duration of Request

Start Date: 07/02/2020
 End Date: 10/02/2020

Program Flex Request

What regulation are you requesting program flexibility for? CCR, Title 22, Section 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).

Facility Name	License Number	Request Date
Riverside Community Hospital	250000194	07/02/2020

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 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.

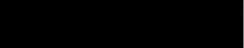
The COVID 19 Pandemic has caused undo stress to our facility, Riverside Community Hospital. The increase in active and PUI COVID 19 cases as well as staff exposure and/or increased risk factors has resulted in a reduction in available work force members, through furloughs and staff members calling out of scheduled shifts. This problem has been exacerbated by the closure of schools in Riverside County. We are working to create alternate care locations to provide additional Intensive Care and other bed capacity to meet the rapidly increasing demand for care and to meet the health care needs of our community. We may separately follow-up with a request for additional flexibility related to bed capacity. This increasing volume is in turn creating demand for critical care staffing. Riverside Community Hospital is requesting that CDPH grant it program flexibility to increase RN to Patient ratios for the following levels of care: Increase ICU RN to patient ratio to 1:3, Increase RN Step Down/Intermediate Care Ratio to 1:4, Increase Telemetry RN to patient ratio 1:5, Increase Med/Surg RN to patient ratio 1:6 and ED RN to patient ratio to 1:5. We anticipate that these ratio variations would only be used when we experience an unusually high surge in patient volume and/or lack of staffing due to surge or illness making it impossible to meet Title 22 standards. A review of acuity will be factored into each decision to provide care outside of Title 22 standards and patients will continue to be assigned based on acuity to minimize care impact. Upon approval we will implement this action only if: the fluctuation in required staffing levels is not predicted and is not controllable due to COVID 19 surge, we will employ prompt efforts to maintain required staffing levels including registry, extra shifts and all other available staffing resource options including the use of on call nurses, charge nurses and only after we have exhausted all options for staffing. We will maintain a record of all nurse to patient staffing ratios as required.



Chief Nursing Officer

Signature of person requesting program flexibility

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: July 2, 2020 to July 3, 2020

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

Comments / conditions: Your program flex waiver for Title 22 Sec.70217-Staffing was received by the CHCQ Duty Officer and forward to the Riverside D.O. for approval. Per AFL 20.26.2 staffing flexibilities can only be for a maximum of 90 days. Your request has been approved until October 2, 2020.

CHCQ Printed Name: _____

CHCQ Staff Signature: _____

Date: _____



HFES

07/03/20

L&C District Office Staff Signature

Title

Date