

### 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

Riverside Community Hospital

Date of Request

10/12/2020

License Number

250000194

Facility Phone

951-788-3100

Facility Fax Number

951-788-3494

Facility Address

4445 Magnolia Ave

E-Mail Address

[Redacted]@healthcare.com

City

Riverside

State

CA

Zip Code

92501

Contact Person's Name

[Redacted] NO

#### 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 10/12/2020

End Date 01/12/2021

#### 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).

- 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 staff have been laid off in last 60 days.

**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: Frequent contact with providers to review discharges and downgrades.

**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:

**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. With the upcoming FLU season in combination with COVID-19, we foresee an influx of patients seeking care. 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. This increasing volume is in turn creating demand for critical care staffing. Riverside Community Hospital is requesting that CDPH grant 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 and influenza surge, we will employ prompt efforts to maintain required staffing levels including registry, extra shifts and an 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.

[Redacted Signature]

Chief Nursing Officer, Senior Vice President

Signature of person requesting program flexibility

Title

Annette Greenwood, BSN, MHA, RN

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: 10/12/2020 to 01/12/2021

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

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

D.A.

Title

10/19/2020

Date