

State of California-Health and Human Resources Agency

California Department of Public Health

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 CHCCDutyOfficer@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/CHCC/LCP/Pages/DistrictOffices.aspx>

Facility Name		Date of Request	
San Geronio Memorial Hospital		07/06/2020	
License Number	Facility Phone	Facility Fax Number	
250000199	951-845-1121	951-846-2836	
Facility Address		E-Mail Address	
600 N. Highland Springs Ave.		[REDACTED]	
City	State	Zip Code	
Banning	CA	92220	
Contact Person's Name		[REDACTED]	

Approval Request

Complete one form total per facility

- | | |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Staffing | <input type="checkbox"/> Other |
| <input checked="" 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	07/06/2020
End Date	07/06/20

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 Sections 70217, 70806, 70809

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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Facility	License Number	Request Date
San Geronio Memorial Ho	250000199	07/06/2020

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

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: 6 foot rule can be maintained in tent space

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.

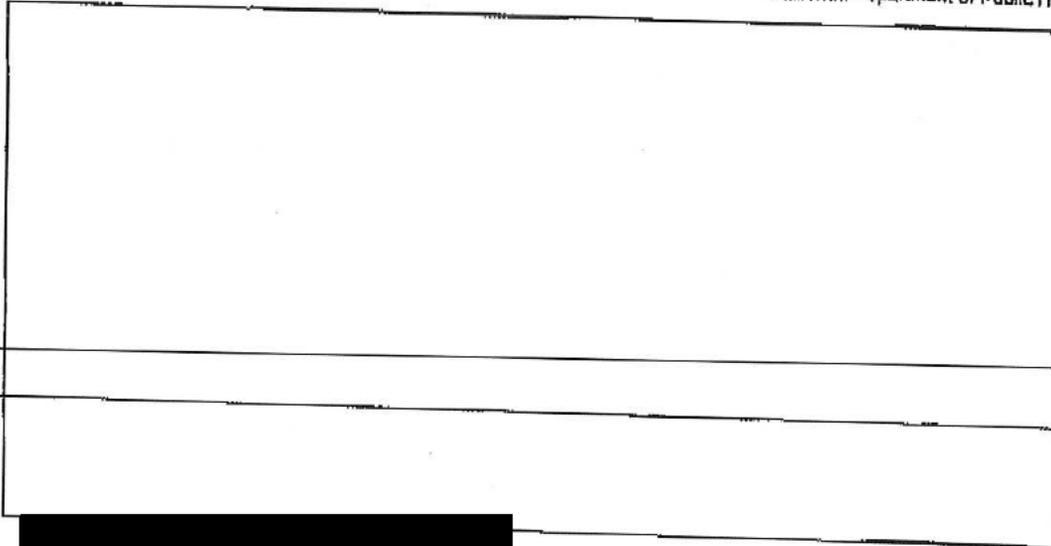
70217 We are seeing a surge in patients and we have staff that are off ill for at least 10-14 days. We are using management staff, floating staff as possible, offering premium pay and using agency staff when available, but, on some shifts we may be out of ratio.

70805 and 70809 We have had an increase in the number of Covid positive patients. May need to re-open our surge tent to triage patients outside the main ED again. (viral vs. non-viral) Also, we have canceled elective surgeries again and may need to use PACU for clean patients. We have also expanded our bed capacity by adding a second bed in some of our largest private ICU rooms to use as needed.

Staffing flex plan would be to maintain ICU ratios, add 1 extra patient to DOU, tele, and med/surg assignments as needed. Also may be out of ratio for breaks and lunches as the charge nurses and resource nurses are, at times, taking patient assignments.

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Signature of person requesting program flexibility

[Redacted Signature]

CNO

Title

Printed Name

[Redacted 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: 07/06/20 to 10/06/20

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

Comments / Conditions: Your program flex has been reviewed to include supportive documentation as indicated on your program flex request. Program flex approved until October 6, 2020.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: 07/06/20 request reviewed by CDPH duty officer

[Redacted Signature]

L&C District Office Staff Signature

HFES

Title

07/07/20

Date