

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

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 Santa Cruz Post Acute			Date of Request 8/3/2020	
License Number 070000059			Facility Phone 8314754055	Facility Fax Number 8314629812
Facility Address 1115 Capitola Road			E-Mail Address [REDACTED]	
City Santa Cruz	State CA	Zip Code 95062	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	7/10/2020
End Date	10/6/2020

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

AUG 5 - 2020

L & C DIVISION SAN JOSE

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - section 72329.1 and 72329.2

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)

Yes, we have had many resignations during this pandemic. These staff felt that it was for their best interest to leave. No layoffs have occurred.

Justification for the Request

- Other:

Nursing school and exams closure, distance learning, staff moving, staff leaving for work at the hospitals, staff exposure in the community and other employment, false positive COVID case.

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: Traveling registry, 1.5x pay for ISO units, OT, registry staffing, two full-time staffers.

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.

Context
 Santa Cruz Post Acute has always taken pride in the care that we provide for our residents. As a 4-star facility, our staff have always been an integral part of this superior care we provide. Since the COVID-19 pandemic began, we have seen a significant loss in staffing (see clinical staff departures list in the last 60 days). COVID-19 has had a direct impact on these staffing issues. Here at Santa Cruz Post Acute we have seen Nursing/CNA employees moving out of the area due to rent issues and/or leaving for higher paying jobs at the hospital, false positive COVID-19 case on 6/30 causing exposed staff to stay home, staff asked to quarantine due to exposure at other facilities or in the community. All the while, schools have been closed, causing a need for our staff to focus primarily on childcare due to distance learning.

Lastly, closure of Nursing schools has led to the supply of nurses to be significantly hindered. Our demand for nurses has arguably increased, while our supply has decreased. Our facility in Santa Cruz County was declared a probable 3.5 and 2.4 shortage area. We have two full-time staffers, a full-time recruiter, use traveling registry, are paying 1.5x regular pay for employees working on the ISO unit with the "now" false positive COVID case, and will continue to use contracted registry (Primetime Healthcare, Medical Solutions, Maxim Health, Interim Healthcare Staffing, and United Healthcare Staffing) so our staffing does not hinder our 4-star care. Despite our best efforts, our staffing is in need of additional help.



Administrator

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: 7/10/2020 to 10/6/2020

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

CHCQ Printed Name:

CHCQ Staff Signature: _____

Date:



HFEM I

8/6/2020

L&C District Office Staff Signature

Title

Date