

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>

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|---|--------------------|--------------------------|--|--|
| Facility Name Santa Monica Health Care Center | | | Date of Request 09/28/2020 | |
| License Number 9 1 0 0 0 0 9 6 | | | Facility Phone (310) 829 - 4301 | Facility Fax Number (310) 829 - 0813 |
| Facility Address 1320 20th Street | | | E-Mail Address [REDACTED] | |
| City Santa Monica | State CA | Zip Code 90404 | 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 **10/01/2020**
 End Date **12/31/2020**

Program Flex Request

What regulation are you requesting program flexibility for? **Title 22 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).

Facility

Santa Monica Health Care

License Number

9 1 0 0 0 0 9 6

Request Date

09/28/2020

Justification for the Request

Other:

Local school closed and restricting staff with respiratory symptoms has caused a shortage of

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:

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.

*Due to closure of our local school districts and the restriction of symptomatic staff to stay away from work, we have a critical shortage of qualified direct care staff and we can't remedy the situation through recall and other staffing solutions. We are asking that CDPH waive the requirement to meet 3.5/2.4 for the duration of this event or until we can maintain minimal staffing.

*Immediately stop new admissions-unless CDPH approves for hospital surge needs.

*IDT and the facility medical director will communicate daily on staffing issues.

*Communicate with CDPH district's office regarding staffing levels and follow guidance given by CDPH

*DON and other assigned RN will assess residents every shift for any change of condition and implement change of condition policy as needed.

*Social Service Director/Designee will communicate with residents frequently and bring any grievances or concerns to the IDT to address.

*Call in any available non direct care staff and assign them duties to assist in resident safety, dietary and activity needs.
 *Continue to exhaust all measure to meet 3.5 and 2.4 staffing requirements.
 *Notify residents and responsible party for staffing plan and changed as needed.

[Redacted Signature]

Administrator

Signature of person requesting program flexibility

Title

[Redacted Printed Name]

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: 10-01-2020 to 01-01-2021

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

Comments / Conditions: This program flex is approved with the condition that the facility utilizes its' Mitigation Plan by utilizing staffing agencies prior to flexing the staffing regulation. The facility must meet the 3.2 NHPPD requirement.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

L&C District Office Staff Signature

Program Manager

Title

09-29-2020

Date