

### 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			Date of Request	
<input type="text" value="Santa Rosa Memorial Hospital"/>			<input type="text" value="10/05/2020"/>	
License Number			Facility Phone	Facility Fax Number
<input type="text" value="140000648"/>			<input type="text" value="707-525-5300"/>	<input type="text" value="707-547-4637"/>
Facility Address			E-Mail Address	
<input type="text" value="1165 Montgomery Drive"/>			<input type="text" value="[REDACTED]"/>	
City	State	Zip Code	Contact Person's Name	
<input type="text" value="Santa Rosa"/>	<input type="text" value="CA"/>	<input type="text" value="95405"/>	<input type="text" value="[REDACTED]"/>	

**Approval Request**

Complete one form total per facility

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

**Duration of Request**

Start Date	<input type="text" value="10/05/2020"/>
End Date	<input type="text" value="10/19/2020"/>

**Program Flex Request**

What regulation are you requesting program flexibility for?

**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.

**Justification for the Request**

Other:

Santa Rosa Memorial Hospital is requesting a waiver for decreasing staffing ratios for telemetry from a 1:4 to a 1:5, and for medical/surgical from 1:5 to 1:6 ratio until nursing caregivers can return to work. The hospital is having staffing challenges due to wildfires and

**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: Santa Rosa Memorial Hospital is requesting staffing waiver as is experiencing staffing

**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.

Santa Rosa Memorial Hospital(SRMH) is in need of a program flex to go out of Title 22 mandated staffing ratios on the medical/surgical/telemetry units. SRMH continues to see COVID-19 positive patients requiring hospitalization and now increased patient volumes due to the local wildfires and mandatory evacuation requirements. SRMH is experiencing increased nursing leaves or absences due to mandatory evacuation of their homes. As of the date of this request, SRMH has 58 Registered Nurses who are affected by the wildfires, and of those, 7 are lead nurses. Nurse replacements have been requested. Requesting staffing ratio of 1:5 for telemetry patients and 1:6 for medical/surgical patients. The units do have a full time telemetry technician working with nursing.

