

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

Sierra View Medical Center

Date of Request

July 21, 2020

License Number

120000584

Facility Phone

559-788-6182

Facility Fax Number

559-788-6135

Facility Address

465 W Putnam Ave

E-Mail Address

[Redacted]

City

Porterville

State

CA

Zip Code

93257

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 July 21, 2020

End Date September 30, 2020

Title 22 CCR 70217

Program Flex Request

What regulation are you requesting program flexibility for? AFL 20-26; HSC Section 1279.1 & Title 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)

Justification for the Request

Other:

Surge for Covid positive and suspect patients exceeds normal and flex staffing capabilities on the inpatient units and emergency department.

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.

Surge capacity is beyond staff availability in inpatient nursing units and the emergency department at times. ED has had significant increase in patients seeking care due to the covid illness which has lead to ambulance delays of greater than 1.5 hours; wait times in the ED of greater than 9 hours. Not enough nurses to staff additoinal open beds with full-time, per-diem and travel nurses. Non-clinical nurses have been recalled to the bedside to assist in caring for patients across the organization. No elective surgery cases, only medically necessary and medically indicated surgeries. Nurses from surgery, endo, cath lab, interventional radiology, education, informatics have been trained and/or recalled to support inpatient nursing staff in caring for patients outside of their area.

An alternative care site for patients has been set up by the state in our community, and we are receiving 911 transfers to our facility from that ACS.

Incentive pay has been used to fill vacant shifts. Travelers have been recruited and additional traveler RNs are in the pipeline for starting an assignment.

We engage with the County Public Health Department, Regional CDPH Field Director, and County CNOs twice a week to discuss status, capacity, and regulatory situations.

**A flex waiver is needed in the event we are unable to get enough staff to fill vacant shifts to distribute the patient load across the organization to decompress the Emergency Department and/or to accommodate inpatient area surges, such as the critical care department when it is saturated to create additional space and nurses needed when that is not possible. Every attempt is made each and every shift to operate in the nurse to patient ratio.

[Redacted Signature] _____
S _____ gram flexibility

Vice President/CNE

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: to

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

Comments / Conditions:

Title 22 CCR 70217

CHCQ Printed Name:

CHCQ Staff Signature: _____

Date:

[Redacted Signature] _____
L&C District Office Staff Signature

Title

Date