

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			Date of Request
St. Bernardine Medical Center			7/20/2020
License Number	Facility Phone	Facility Fax Number	
240000206	909-883-8711	909-881-7692	
Facility Address			E-Mail Address
2101 N. Waterman Ave			
City	State	Zip Code	Contact Person's Name
San Bernardino	CA	92404	

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
(other than tent use) | <input type="checkbox"/> Over bedding |

Duration of Request

Start Date 7/20/2020

End Date 3/31/2021

Program Flex Request

What regulation are you requesting program flexibility for? Title 22, Div 5, §70217. Nursing Service

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	License Number	Request Date
St. Bernardine Medical Cent	240000206	7/20/2020

Justification for the Request Other:

SBMC is in zip code 92404 with a very high rate of COVID impacting the hospital. See below

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: A high sustained COVID census and anticipated to continue to increase.

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.

The community we serve is 60.5% Latino who have a higher than usual incidence of Covid-19. The average number of COVID patients in the hospital for April was 45 with 50% in the intensive care unit (ICU). The number of patients remained constant in May and then began increasing again in the month of June with an average of 65 patients. As of June 30th the hospital experienced its highest number of 71 COVID positive inpatients. Currently July, 20th the COVID census has reached 71 with 92% capacity of ICU, telemetry and medical surgical bed status. The second quarter of this year we are experiencing high numbers for leaves of absences for the nursing department (77), it is unclear how many will return and by what date. To supplement nurses we hired travelers and registry nurses, but continue to have daily staffing challenges. In addition, although we obtained approval to hire additional nurses; it will take months to post, hire and train those professionals. We are cross training appropriate nurses to work in ICU. Leadership conducts staffing review multiple times a day to adjust as needed to meet emergency demands. The hospital COVID census continues to increase on a daily basis and we are concerned that while we will meet the patient care demands, we may be unable to meet mandated staffing ratios.

St. Bernardine Medical Center (SBMC) is utilizing leadership with clinical licenses to assist with patient care and case management to assist with patient care services, as needed, from entry in the ED, through admission to discharge. Nurse staffing continues to be based on mandated staffing ratios and patient care acuity. However given the increasing census and higher than usual absence of staff there are many daily challenges impacting timely admissions, discharges and bed management. The CNEO, nursing leadership and hospital administration receive written reports at least two times daily in addition to multiple verbal reports 24 hours each day. Despite our best efforts there may be days we will be unable to sustain nurse to patient ratios over the coming weeks and months. SBMC respectfully requests a waiver to the nurse staffing ratios requirements through March 31, 2021.


Signature of person requesting program flexibility

Director, Quality Management
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: 07/23/2020 to 10/23/2020

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

Comments / Conditions:

Approved for 70217(a)(1) ICU, 70217(a)(10) Telemetry, 70217(a)(11) Med-Surg Ratio
CONDITIONS: Facility will continue to actively look for additional staffing. Facility must resume mandatory staffing levels as soon as feasible. Please see next page for other conditions specified in AFL 20-26.3.

CHCQ Printed Name:

CHCQ Staff Signature: _____

Date:


L&C District Office Staff Signature


CDPH CHCQ L&C
San Bernardino District Office
Title

07/23/2020
Date