

State of California-Health and Human Resources Agency

California Department of Public Health

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

St. Joseph's Medical Center Stockton

Date of Request

Original request was on June 30, 2020 and

License Number

030000284

Facility Phone

209-943-2000

Facility Fax Number

209-461-3299

Facility Address

1800 N. California

E-Mail Address

dignityhealth.org

City

Stockton

State

CA

Zip Code

95204

Contact Person's Name

DNP RN

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

End Date

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).

RECEIVED
 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
 2020 JUL 13 AM 9:12

State of California-Health and Human Resources Agency

California Department of Public Health

- 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 layoffs in previous 60 days

Justification for the Request

- Other:

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: However our County EMS does not allow diversion. They did allow temporary redirec

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 comprehensive Surge and Response plan has been developed that describes expa

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.

In the past month we have seen a steady surge of COVID positive patients in our community with the majority of these patients being cared for at St. Joseph's Medical Center, Stockton. In addition, we continue to see that these patients have high acuity with long hospitalizations including longer lengths of stay in the ICUs. We are using all our beds and have begun to cohort COVID + patients using CDC guidelines for matching patients. In our community many SNFs/ECFs have had COVID outbreaks and have closed to admissions making it difficult to place patients after their acute episode of care. We are discharging as many patients as possible to home with home health when additional support is needed. Our Emergency Department is holding inpatients every day and currently is holding over 50 inpatients, which are ICU and Telemetry status and more than half being COVID +. We have been able to staff within ratio during the COVID pandemic, but we now are experiencing staff

State of California-Health and Human Resources Agency

California Department of Public Health

sick calls and leaves related to COVID infection or exposures and traveler who are not showing up for assignments. We do have our own internal float pool and have continued to request and schedule traveler, but the staffing need is beginning to exceed the staff available. We anticipate in the next 3 months that there will continue to be an increase in the census and that at times to accommodate care we will be out of compliance with the state mandated ratio numbers, despite all our efforts to stay within the staffing ratios. We will continue to use our own staff, our internal Float Pool and travelers going forward but we predict that even with those factors in place the staffing will not be adequate to fulfill the ratio requirement.

We have a detailed Pandemic Emergency Response Plan with scenario based responses that describe Please attached documentation regarding current status of San Joaquin County and additional documentation for St. Joseph's Medical Center.

- GACH T22 staffing regulation per clinical areas
 - o 70217(a)(1); 70495(e): ICU-CCU 1:3
 - o 70217(a)(10); Telemetry 1:5
 - o 70217(a)(11); Med-Surg 1:6
 - o 70217(a)(12); Specialty Unit Oncology 1:5

Vice President and Chief Nurse Officer

Signature of person requesting program flexibility

Title

[Redacted] DNP RN

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: 7/1/20 to 9/30/20

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

- Comments / Conditions:
1. Per facility request 70217(a)(8) waiver is also approved as described in the documentation.
 2. The facility shall staff at required ratio whenever possible.
 3. The facility shall document all efforts to meet the required ratio if not met.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: 7/17/2020

[Redacted] District Administrator 7/17/2020

L&C District Office Staff Signature

Title

Date