

### 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

St. Mary Medical Center

Date of Request

07/10/2020

License Number

240000207

Facility Phone

760.946.8746

Facility Fax Number

760.946.8794

Facility Address

18300 Highway 18

E-Mail Address

[REDACTED]

City

Apple Valley

State

CA

Zip Code

92307

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 7/10/2020

End Date 7/14/2020

#### Program Flex Request

What regulation are you requesting program flexibility for? Nurse to Patient Ratio

#### 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:

Clinical staff call-offs and an unexpected increase in clinical staff LOAs. Surge in patients presenting to ED including COVID-19+, PUIs, and patients seeking treatment for other medical conditions has significantly impacted the ED to due to the number inpatient we are holding in the ED.

**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: Surgeries and procedures post-op admit are evaluated daily to determine criticality and ability to delay.

**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.

Attempts to bring in both resource and employee nurses have been unsuccessful at this time. As the weekend progresses we anticipate the volume of patients presenting to the ED to continue resulting in a significant number of inpatients holding in the ED with a possible increase in COVID-19 and PUIs. Community resources (SNFs & LTCFs) are unavailable in our area resulting in delays in patient flow and discharges. St. Mary Medical Center is a County designated STEMI and stroke receiving center and by contract we are unable to go on ambulance diversion. We are the only nonprofit hospital in our area and patient hospital of choice.

If we are unable to meet the nurse to patient ratio during this timeframe, we will ensure frequent rounding by team leaders, house shift supervisors, rapid response nurse, and nursing leadership is immediately available by phone.



Chief Nursing Officer

Signature of person requesting program flexibility

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: APPROVED for 70217(a). Nurse-patient ratio

CONDITIONS: Facility will continue to actively look for additional staffing.

Facility will implement based on submitted plan. 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:



CDPH CHCQ L&C  
San Bernardino District Office

L&C District Office Staff Signature

Title

Date