

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

Temecula Valley Hospital

Date of Request

7-27-2020

License Number

550002434

Facility Phone

951-331-2216

Facility Fax Number

951-331-2211

Facility Address

31700 Temecula Parkway

E-Mail Address

[Redacted]

City

Temecula

State

CA

Zip Code

92592

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 7/29/2020

End Date 10/29/2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - 70217

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 staff have been laid off within the previous 60 days.

Justification for the Request

- Other:

Current status- what is causing you to go this route?
Recent resignations of staff
The volume of admitted Covid-19 patients

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.

TVH will make every effort to maintain required staffing levels and adhere to the staffing ratios whenever possible but recognizes that this may change at times, based on the COVID-19 pandemic. In order to ensure a safe environment for both the Emergency Department patients and staff, and the patients pending admission, the following alternative plan is proposed: If the patient census warrants and this request is granted, TVH would plan to exceed the nurse staffing ratio requirement for the following patient types:
70217 (a) (1): 70495(e): ICU
70217(a) (9): Step Down Unit
70217(a) (10): Telemetry
70217(a) (11): Med-Surg
Continued:

We would utilizing all of our staffing resources to minimize the time out of ratios and document on a log each time and length of time that this would occur. The proposed alternate method for meeting the intent of the regulation is to extend the current nurse to patient ratio per unit requirement by adding the use of other support staff for a team nursing approach. This will support the ability to move admitted ED patients to the inpatient beds, and allow for more capacity in the ED. Patient acuity and cohorting of similar patient types will be taken into consideration to ensure patient safety. As in our current process, staffing sheets will be maintained for accurate documentation of staffing.

The TVH Surge Capacity plan is being used to ensure patient throughput within the hospital.

TVH currently has 21 nurses on various accommodations due to COVID-19 and 26 nurses out on LOA unable to care for COVID patients for various reasons,

[Redacted Signature]

Chief Executive Officer

Signature of person requesting program flexibility

Title

[Redacted Name]

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: July 29, 2020 to October 29, 2020

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

Comments / Conditions: The CHCQ Duty Officer received your program flex request and has forwarded the request to the Riverside D.O. for review. Your request is approved effective July 29, 2020.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

L&C District Office Staff Signature

HFES

Title

7/29/20

Date