

## Temporary Permission for Program Flexibility for 3.5 and/or 2.4 Staffing Requirements

This form is to be used ONLY for program flexibility requests when hospitals temporarily need to comply with licensing requirements by using alternative concepts, methods, procedures, techniques, equipment, or personnel.

Hospitals are required to submit a program flexibility request to the California Department of Public Health (CDPH), Licensing & Certification (L&C) Program through their local district office (DO) for written approval. This form is a mechanism to expedite the request and approval process in emergency situations.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

Facility Name <input type="text" value="The Orchards Post-Acute"/>			Date of Request <input type="text" value="7/1/2020"/>	
License Number <input type="text" value="120000320"/>			Facility Phone <input type="text" value="6613277687"/>	Facility Fax Number <input type="text" value="6613278409"/>
Facility Address <input type="text" value="730 34th Street"/>			E-mail Address <input type="text" value="██████████orchards.net"/>	
City <input type="text" value="Bakersfield"/>	State <input type="text" value="CA"/>	Zip Code <input type="text" value="93301"/>	Contact Person Name <input type="text" value="██████████"/>	

### Approval Request

Complete one form for each request

- Tent use (High patient volume)       Bed use  
 Space conversion (other than tent use)       Over bedding

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).

**Justification for the Request**

Other:

See attached. #1

**Exhausting Available Alternatives**

The hospital 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: See below

Facility Name	License Number	Request Date

**Adequate Staff, Equipment and Space**

The hospital 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 alternate 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 utilized. Attach additional supporting documentation as needed.

See attached. #2

See attached. #2

  
 \_\_\_\_\_  
 Signature of person requesting program flexibility  
  
 \_\_\_\_\_  
 Printed name

\_\_\_\_\_  
*Administrator*  
 Title

**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 L&C DO; however, a signed written approval must be distributed (faxed) to the hospital and filed in the hospital's facility folder.

For CDPH Use Only:

**CDPH Licensing and Certification Approval:**

Permission Granted from: 8/18/2020 to 11/18/2020

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

Comments / conditions: This program flex is approved effective 8/18/20 for 90 days from the approved date. For regulation Section 72329.2 (all staffing ratios), it is approved with the condition of a minimum 3.2 DHPPD overall staffing.

CGCQ Printed Name: \_\_\_\_\_

CHCQ Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

 RN, BSN, RA

Date: 8/18/2020