

### 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

Victor Valley Acquisition, Inc.

Date of Request

07/02/2020

License Number

240000218

Facility Phone

760-843-6200

Facility Fax Number

760-843-6173

Facility Address

15248 Eleventh Street

E-Mail Address

[Redacted]

City

Victorville

State

CA

Zip Code

92395

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 07/02/2020

End Date 10/02/2020

#### Program Flex Request

What regulation are you requesting program flexibility for? Minimum nurse-to-patient ratios, 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).

Facility

Victor Valley Acquisition, Inc

License Number

240000218

Request Date

07/01/2020

**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

**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.

Victor Valley Global Medical Center (VVGMC) has a designated COVID-19 unit. The facility has experienced an influx of positive and PUI patients. The facility is also experiencing staffing shortages resulting from COVID-19 impacts including but not limited to increasing community spread, increasing need to meet demand for surge, school closures, staffing absenteeism.

At this time, we request a waiver of minimum nurse-to-patient ratios to relieve the influx and COVID impact on our hospital. We understand the reporting conditions when approved and we continue to provide the necessary care in accordance with patient needs while making all reasonable efforts to act in the best interest of the patients.

VVGMC has been able to maintain ratios to-date, however with the surge we anticipate a point at which we may fall outside the minimum nurse-to-patient ratio.

We have implemented our disaster response plan and comply with directives from our local public health department.

[Empty box for content]

Signature of person requesting program flexibility

Res. COO/CNO

Title

[Redacted printed name box]

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:

[X] Permission Granted from: 07/08/2020 to 10/08/2020

[ ] 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: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted signature]

CDPH CHCQ L&C
San Bernardino District Office

07/08/2020

L&C District Office Staff Signature

Title

Date