

### 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

Adventist Health and Rideout

Date of Request

11/30/2020

License Number

230000126

Facility Phone

530-749-4363

Facility Fax Number

530-749-4375

Facility Address

726 4th St

E-Mail Address

[Redacted]

City

Marysville

State

CA

Zip Code

95901

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 11/30/2020

End Date 02/28/2021

#### Program Flex Request

What regulation are you requesting program flexibility for? 70217 Section 1

#### 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 lay offs within the previous 60 days

**Justification for the Request**

- Other:

Inpatient census remains at a high level of acuity, which is limiting the ability to safely discharge to home or find accepting facility

**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: see "Additional Information"

**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.

Increasing community spread of COVID-19 has created a surge scenario. High volume of critical care level nurses are furloughed (exposure to COVID-19 and/or positive result of COVID-19), and our inpatient and ED census remains high due to COVID-19 and multiple high acuity patients. The workforce is also impacted by social issues (such as: ongoing child care needs/distance learning) and attrition (to other facilities or leaving the workforce entirely). Attempts to obtain critical care level nurses has included: activation of recall lists; requests made with temporary staffing agencies; requests made with float pool; activation of voluntary overtime; offering of incentive pay; evaluating patients for transfer (either to outside facility or to different level of care within the facility as appropriate). We are also assessing education classes, those on orientation, and redistribution of licensed personnel working in non-clinical areas to cross-train to other departments CONTINUED ON NEXT PAGE

and assist with needs. Request: increase nurse:patient ratio from 1:2 to 1:3 for critical care level patients. We will continually assess capability and capacity and only utilize this program flexibility if other options have been evaluated/exhausted. Adventist Health and Rideout request this waiver be approved, and will continue to comply with the following conditions-Hospitals shall continue to comply with adverse event and unusual occurrence reporting requirements specified in HSC section 1279.1 and Title 22 California Code of Regulations section 70737(a). -Hospitals shall report any substantial staffing or supply shortages that jeopardize patient care or disrupt operations. -Hospitals shall continue to provide necessary care in accordance with patient needs and make all reasonable efforts to act in the best interest of patients. -Hospitals shall follow their disaster response plan. -Hospitals shall follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) related to COVID-19. -Hospitals shall comply with directives from their local public health department, to the extent that there is no conflict with federal or state law or directives or CDPH AFLs.

[Redacted Signature]

Director - Quality & Risk

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: 11/30/2020 to 2/28/2021

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

Comments / Conditions:

CHCQ Printed Name:

[Redacted Name and Signature]

CHCQ Staff Signature:

Date: 12/1/2020

[Redacted Signature]

RN, HFES.

12/1/2020

L&C District Office Staff Signature

Title

Date