

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

St. John's Pleasant Valley

Date of Request

December 16, 2020

License Number

050000064

Facility Phone

[Redacted]

Facility Fax Number

[Redacted]

Facility Address

2309 Antonio Avenue

E-Mail Address

[Redacted]

City

Camarillo

State

CA

Zip Code

93010

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 12/16/20

End Date 02/16/21

Program Flex Request

What regulation are you requesting program flexibility for? 70217 - Nursing Service Staff

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)

SJRMCM has NOT laid off any clinical staff within the previous 60 days.

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.

SJRMCM is requesting a staffing ratio waiver of minimum nurse-to-patient ratio due to the increasing need/demand related to COVID-19 inpatient admissions/surge and/or related staffing absenteeism.

The hospital will resume mandatory staffing levels periodically as able during the waiver period.

The facility will meet the intent of the regulation in the following manner:

- *Care to be provided in the emergency department with qualified nursing staff at a ratio of 1:5.
- *Critical patients will be prioritized during the stabilization period at a ratio of 1:2 or 1:1 as appropriate. Stable patients will be managed at a ratio of 1:4 when able but may be at a ratio of 1:5 during times of peak or surge in census.

*The charge nurse may delegate nursing care and duties to another nurse (RN, LVN, CNA) qualified and competent to perform those duties (for example: ADL's, hygiene care, toileting, medication administration)

*The Emergency Department nurse will supervise the overall implementation of the plan of care

* RN's, LVN's and CNA's will have documented qualifications and competencies to perform duties within their scope of practice according to facility policy and procedure

*Medications will be administered to emergency patients in accordance with facility and Emergency Department Unit policy and procedures.

*Acuity and patient care need will be evaluated and considered in determining appropriate competency and skill required.

[Redacted Signature]

CNO

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: 12/16/20 to 2/16/2021

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

Comments / Conditions:

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

HFEM - II

Title

12/16/20

Date

L&C

CDP