

### 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 <input type="text" value="Barstow Community Hospital"/>			Date of Request <input type="text" value="11/19/2020"/>	
License Number <input type="text" value="24000110"/>			Facility Phone <input type="text" value="REDACTED"/>	Facility Fax Number <input type="text" value="REDACTED"/>
Facility Address <input type="text" value="820 E Mountain View"/>			E-Mail Address <input type="text" value="REDACTED"/>	
City <input type="text" value="Barstow"/>	State <input type="text" value="CA"/>	Zip Code <input type="text" value="92311"/>	Contact Person's Name <input type="text" value="REDACTED"/>	

#### Approval Request

Complete one form total per facility

- |  |                                       |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Staffing                       | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Tent use (High patient volume)            | <input type="checkbox"/> Bed Use      |
| <input type="checkbox"/> Space Conversion<br>(other than tent use) | <input type="checkbox"/> Over bedding |

#### Duration of Request

Start Date	<input type="text" value="11/19/2020"/>
End Date	<input type="text" value="2/17/2021"/>

#### 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).

- 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 layoffs since Jan.2020

**Justification for the Request**

- Other:

The facility has experienced a large increase in the number of Covid patients admitted to the hospital. The hospital has been experiencing increased Covid volumes and hospitalizations. we currently have 43% of our inpatient beds occupied by Covid positive patients. The ICU

**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.

The hospital implemented the EOP as well as it's staffing mitigation policy in anticipation of the shortage. We conduct staffing huddles to proactively address any needs and have any shortages covered. We have utilized travelers including Med Surg,ED, OB,ICU and OR. The hospital continues to have multiple nursing vacancies despite our efforts to actively recruit nurses. We have also adopted the Executive Order In March 2020 allowing nurses with out of state license to work in CA. We have not yet had to cancel any of the elective procedures and the schedule is reviewed every day based on our surg status to determine if any cancellation or rescheduling is needed, The hospital has been in constant contact with the surgeons and notification was sent to the medical staff regarding the changing situation explaining the need to implement our surge plan. All Surgeries, including emergency surgery, requiring post IP stay only account for 10% of volume. Elective volume primarily consists of

[Large empty rectangular box for signature or stamp]

[Redacted signature]

CQO

Signature of person requesting program flexibility

Title

[Redacted printed 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: 12/02/2020 to 03/02/2021

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

Comments / Conditions:

APPROVED for 70217(a)(1) ICU; (3) L&D; (4) PostPartum; (8) EMS; 10)Telemetry; (11) Med-Surg nurse-patient ratio. CONDITIONS: Facility will continue to actively look for additional staffing. 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]

[Redacted signature] HFES II  
CDPH CHCQ L&C  
San Bernardino District Office

12/02/2020

L&C District Office Staff Signature

Title

Date