

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. Jude Medical Center

Date of Request

10/5/20

License Number

060000173

Facility Phone

(714)992-3000

Facility Fax Number

(714)446-5119

Facility Address

101 E. Valencia Mesa Drive

E-Mail Address

[Redacted]

City

Fullerton

State

CA

Zip Code

92835

Contact Person's Name

[Redacted]

Approval Request

Complete one form total per facility

- Staffing
- Tent use (High patient volume)
- Space Conversion (other than tent use)
- Other
- Bed Use
- Over bedding

Duration of Request

Start Date 10/1/20

End Date 1/1/21

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 article 3:70217

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).

- 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.

Justification for the Request

- Other:

There has been a steady flow of COVID patients with a continued increase in staff absenteeism related to COVID-19 including but not limited to exposure, medical leave of absence, family leave of absence, and child care related.

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.

Both inpatient and Emergency Departments have been impacted by the increase in COVID-19 patients as well as PUI's. Continued efforts are being made to maintain staffing ratio compliance by utilization of external staffing agencies, staff working extra shifts, utilizing staff on other units where the need is greater, Clinical Coordinator's taking on patient assignment and Managers and leadership assisting with non clinical services. It is anticipated that over the next few weeks as the flu season begins the patient volume will increase thus resulting in a significant amount of inpatients holding in the ED. As a Comprehensive Stroke Receiving center we are unable to go on ambulance diversion. Community facilities such as SNF's and LTCF's continue to be impacted thus affecting patient flow and delays in discharge.

CEO

Signature of person requesting program flexibility

Title

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: 10/1/20 to 12/31/20

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

CHCQ Printed Name:

CHCQ Staff Signature: _____

Date:

L&C District Office Staff Signature

District Manager

Title

10/8/20

Date