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: Chapman Global Medical Center

Date of Request: 7.2.20

License Number: 060000097

Facility Phone: 714-633-0011

Facility Fax Number:

Facility Address: 2601 E. Chapman Ave

E-Mail Address: [redacted]@kpchealth.com

City: Orange

State: CA

Zip Code: 92869

Contact Person's Name: [redacted]

Approval Request

Complete one form total per facility

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

Duration of Request

Start Date: 7.2.20

End Date: 9.30.20

Program Flex Request

What regulation are you requesting program flexibility for? Staffing Ratios

Justification for the Request

- [x] 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:

With the increase in community spread of COVID-19, South Coast Global Medical Center is experiencing a surge in patients In addition, we have 25 employees on Medical Leave of Absence. We are requesting a temporary waiver for staffing ratios to enable us to provide the care our community requires.

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.

We are in the process of securing long term contingent labor to include contact of EMS/MHOAC. We utilize Westways, Certified, Healthcare Pros, and Aya staffing agencies. Staffing mitigation strategies also include monetary incentives above our contractual agreements with our labor partners to facilitate extra shifts from regular staff. Part of daily operation to minimize staffing out of ratio include Charge Nurses taking patients, and leveraging other hospitals for bed capacity. We transfer patients to our sister facilities to include Orange County Global, Anaheim Global and South Coast Global as well as UCI, Fountain Valley, and Foothill. GACH T22 staffing regulation per specific clinical areas being requested include.

70217(a)(1); 70495(e): ICU-CCU

70217(a)(8); EMS
70217(a)(10); Telemetry
70217(a)(11); Med-Surg

[redacted]

Signature of person requesting program flexibility

CWD

Title

[redacted]

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: 7/1/20 to 9/30/20

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

Comments / Conditions:

CHCQ Printed Name:

CHCQ Staff Signature:

Date:

[redacted]

L&C District Office Staff Signature

District Manager

Title

7/27/20

Date