

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

Coast Plaza Hospital

Date of Request

July 2, 2020

License Number

9300000162

Facility Phone

562-868-3751 ext 2

Facility Fax Number

562-207-2330

Facility Address

Coast Plaza Hospital

E-Mail Address

avantihospitals.com

City

Norwalk

State

CA

Zip Code

90650

Contact Person's Name

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 July 2, 2020

End Date October 1, 2020

Program Flex Request

What regulation are you requesting program flexibility for? Title 22 - section 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).

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Request Date

July 2, 2020

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.

Due to local school closures and the restriction on symptomatic staff to stay away from work we have a critical shortage of qualified direct care staff and we cannot remedy the situation through staff recall and other staffing solutions. We are asking that CDPH waive the requirement to meet nursing to patient ratios (ICU 1:2, Telemetry 1:4, Medical/Surgical 1:5, ED 1:4, PACU 1:2) for the duration of this event or until we can maintain minimal staffing.

- Immediately stop new admissions-unless CDPH approves for hospital surge needs.
- CNO and the facility medical director will communicate daily on staffing issues.
- CNO and other assigned RN will assess patients every shift for any change of condition and implement their change of condition policy as needed.
- Social Services/Case Management will communicate with patients frequently and bring any grievances or concerns to the CNO to address.
- Call in any available non direct care staff and assign them duties to assist in patients safety, dietary, hydration and activity needs.
- Communicate with CDPH district office regarding staffing levels and follow CDPH guidance.

-Continue to exhaust all measure to meet staffing requirements.
 -Notify patients and responsible party of staffing plan and changes as needed.

Signature of person requesting program flexibility

Title

[Signature Box]

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: [July 2, 2020] to [October 2, 2020]

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

Comments / Conditions:

CHCQ Printed Name: []

CHCQ Staff Signature: _____

Date: []

[Redacted Signature]

L&C District Office Staff Signature

[Program Manager Nurse]

Title

[7/5/2020]

Date