

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

Community Hospital of Huntington Park

Date of Request

June 30th 2020

License Number

930000038

Facility Phone

(323)583-1931

Facility Fax Number

(323)587-0892

Facility Address

2623 E. Slauson Avenue

E-Mail Address

@avantihospitals.com

City

Huntington Park

State

CA

Zip Code

90255

Contact Person's Name

CNO

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 1, 2020

End Date September 30, 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).

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. We have not laid off any clinical staff.

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.

- 1) LA County has had 100,772 confirmed Covid-19 cases through June 29th, 2020
- 2) Community Hospital of Huntington Park (CHHP) is a small 81 bed safety net hospital serving an underserved community and consist of an Emergency Department, MS/TELE, and ICU.
- 3) CHHP has tested 1049 patients for Covid since March 1st with 520 confirmed positives.
- 4) CHHP currently has 13 staff on Covid Related LOA which has placed a huge burden on our staffing.
- 5) CHHP is currently utilizing all available agencies to supplement staff with registries and travelers. (AMP, Medical Solutions, Fastaff, ESP, RN Network, Approved Nursing Solutions, Medipro, Nurses R Special, Paramount, Urgent, Platinum Healthcare Staffing)
- 6) CHHP has not laid off any licensed nurses and have floated nurses to assist in staffing

- 7) CHHP has daily rounds where it meets with nursing leaders, physicians, and the medical staff to evaluate patient status and discharge/transfer patients as needed safely and when appropriate
- 8) Nursing leadership is always communicating with staff and administration to update hospital volume and patient load
- 9) Nursing leadership communicates regularly with the CNO to review staffing and patient load
- 10) Nursing coordinator and staffer communicates regularly with staff and nursing agencies to secure available staff and registry nurses continually 24 hours/day/7 days a week


 Signature of person requesting program flexibility

Chief Nursing Officer
 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: to

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

Title

Date