

**Temporary Permission for Program Flexibility and for Emergencies**

When the MHCC is activated, Providers and DO's 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 (CHCQ) 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 <b>Coventry Court Health Center</b>			Date of Request <b>7/10/2020</b>	
License Number <b>060000002</b>			Facility Phone <b>(714) 636-2800</b>	Facility Fax Number <b>(714) 636-0609</b>
Facility Address <b>2040 S Euclid St</b>				
City <b>Anaheim</b>	State <b>CA</b>	Zip Code <b>92802</b>	E-mail Address [REDACTED]	
			Contact Person Name [REDACTED]	

**Approval Request**

Complete one form total per facility

**Duration of Request**

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

Start Date: **07/10/2020**

End Date: **07/09/2020**

**Program Flex Request**

What regulation are you requesting program flexibility for? **Staffing**

**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).

Facility Name	License Number	Request Date
Coventry Court Health Center	060000002	07/10/2020

**Justification for the Request**

Other:

Due to the significant consequences of the COVID-19 pandemic, we are requesting a staffing waiver. We have a COVID unit here, and while YTD we are compliant with the required staffing hours, we are taking the precautionary measure if we continue to lose staff due to fear and/or other reasons due to the pandemic.

**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: STAFFING

**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 alternate space.
- The proposed space for care of patients provides sufficient square footage to ensure access for safe care.

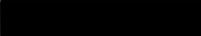
Other: STAFFING, see below

**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.

At this time we have had a significant number of staff test positive for COVID, many others who have went from full time or part time to on call or on leave, and others who have resigned due to fear of working in a building with a COVID unit. Many will come back but only until the pandemic has officially ended. As part of our mitigation plan we have initiated contracts with over half a dozen registry agencies for staffing support. Additionally we have worked with several local sister facilities in the county to help our staffing situation.

We are taking this precaution in case we run into a situation where all plans aren't enough. Thank you for your consideration.

  
 \_\_\_\_\_  
 Signature of person requesting program flexibility  
  
 \_\_\_\_\_  
 Printed name

Administrator  
 \_\_\_\_\_  
 Title

**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: 7/10/20 to 9/30/20

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

Comments / conditions: \_\_\_\_\_

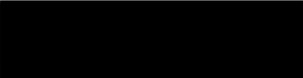
\_\_\_\_\_

\_\_\_\_\_

CHCQ Printed Name: \_\_\_\_\_

CHCQ Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

  
 \_\_\_\_\_  
 L&C District Office Staff Signature

District Manger  
 \_\_\_\_\_  
 Title

9/1/20  
 \_\_\_\_\_  
 Date