

URGENT

**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](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 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

EAST LOS ANGELES DOCTORS HOSPITAL

Date of Request

06/30/20

License Number

930000049

Facility Phone

323-268-5514

Facility Fax Number

323-260-4274

Facility Address

4060 WHITTIER BLVD

E-Mail Address

[REDACTED]

City

LOS ANGELES

State

CA

Zip Code

90023

Contact Person's Name

[REDACTED]

**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 7/1/20

End Date 9/30/20

**Program Flex Request**

What regulation are you requesting program flexibility for? Staffing flexibility excluding subacute up

**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

EAST LOS ANGELES DOC

License Number

90000049

Request Date

06/30/20

**Justification for the Request**

Other:

[Empty text box for justification]

**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: [Empty text box]

**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: [Empty text box]

**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 the current COVID19 pandemic, there has been an increase in staff sick calls and as a result our hospital is facing staffing shortage.

The number of sick calls are being monitored, families with childcare concerns are being monitored, Staff with potential exposures from outside sources; such as the LAC School system are being monitored by the IP staff. Actively recruiting for additional new hires, working with facility/system recruitment team, as well as contract with an external recruitment team to assist in filling needs. Continue to work with local registries for per diem staffing as well as travel companies for extended contracts.

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: 7/21/2020 to 10/21/2020

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

Temporary approval of the Staffing PF is approved for 90 days except the subacute unit

CHCQ Printed Name:

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

Date:

Program Manager, Nursing 7/21/2020

L&C District Office Staff Signature

Title

Date