

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

Huntington Hospital

Date of Request

7/8/20

License Number

930000372

Facility Phone

6263975058

Facility Fax Number

6263972916

Facility Address

100 W. California Blvd

E-Mail Address

[Redacted]

City

Pasadena

State

CA

Zip Code

91105

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 7/8/2020

End Date Unknown

Program Flex Request

What regulation are you requesting program flexibility for? Staffing Ratio

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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License Number

930000372

Request Date

7/8/20

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 for other alternatives]

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 for other accommodations]

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.

Since March 2020, Huntington Hospital has been significantly impacted by COVID-19 admissions, the 4th highest volume in the state based on CA data. Although we saw a drop in COVID admissions in late May, there has been a steady rise in cases over the past month. We have risen back up to volumes both on the Critical Care and Medical units. Additionally, we have committed to assisting the Imperial County surge by accepting patients to both critical care and medical COVID beds. The volume of patients from this county continues to rise, and we recognize the importance of doing all we can to assist those areas and patients in greatest need. Our current capacity is at 68% in the COVID CCU and at 87% in our COVID Medical units with more beds being transitioned to COVID capable to accommodate the anticipated increases. We have employed a modified team model utilizing student nurses under the BRN expanded practice waiver issued on March 31st 2020. With this team model we are able to expand the care delivery and accommodate more patients as we implement our surge plan.

Huntington Hospital has been extremely fortunate to have low rates of employee exposures due in large part to our diligence in adherence to infection prevention practices, availability of PPE, dedication to patient and staff safety and support of near normal staffing ratios. We will continue to maintain ratios to the best of our ability, and at the same time we are asking for your support in the event the increase in cases outnumbers our ability to do so.

We request that in these situations we are approved to continue with implementation of our modified staffing models that have worked so well for us in the past several months.

Senior Vice President, Chief Nursing Officer

Signature of person requesting program flexibility

Title

[Redacted Signature]

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: 8/21/2020 to 11/21/2020

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

Comments / Conditions:

Based on the recommendation below, this is approved.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: _____

Date: [Redacted]

[Redacted Signature]
L&C District Office Staff Signature

Program Manger, Nursing
Title

8/21/2020
Date