

### 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 <input type="text" value="Los Alamitos Medical Center"/>			Date of Request <input type="text" value="July 10, 2020"/>	
License Number <input type="text" value="060000142"/>			Facility Phone <input type="text" value="562-598-1311"/>	Facility Fax Number <input type="text" value="562-799-3562"/>
Facility Address <input type="text" value="3751 Katella Ave."/>			E-Mail Address <input type="text" value="██████████enethealth.com"/>	
City <input type="text" value="Los Alamitos"/>	State <input type="text" value="CA"/>	Zip Code <input type="text" value="90720"/>	Contact Person's Name <input type="text" value="██████████"/>	

#### 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

End Date

#### Program Flex Request

What regulation are you requesting program flexibility for?

#### 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)

The facility has not laid off clinical staff within the previous 60 days.

**Justification for the Request**

- Other:

Continued increasing numbers of COVID-19 patients and concern that LAMC may not be able to meet current staffing ratios at all times.

**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:

Flex approval for staffing ratio adjustments due to COVID-19

**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.

Los Alamitos Medical Center (LAMC) is experiencing increased staffing challenges due to the effects of the COVID-19 pandemic. Although the hospital strives to always meet the RN staffing mandates, the increasing numbers of COVID-19 patients and the potential illness of staff due to this pandemic has caused LAMC to realize that the demands for RN staffing will continue to increase. As of July 9, 2020, LAMC has up to 28 positive COVID inpatients with many more seen in the ED. Based on our assessment of this continued trajectory, Los Alamitos Medical Center is requesting a Program Flex for Section 70217, Nursing Service Staff, of the California Code of Regulations, Title 22, Division 5, Chapter 1. Attempts to maintain required staffing levels through the following methods will be utilized prior to the start of the shift and during the shift to prevent the need to increase nurse-to-patient ratios. LAMC will exhaust the on-call list of nurses and the charge nurse and nurse registry staff.

Ratios being requested:

Critical Care Unit

Requesting a nurse-to-patient ratio of 1:3 or fewer at all times instead of 1:2 or fewer at all times if staffing is unable to meet current patient needs.

Post Anesthesia Care Unit

Requesting a nurse-to-patient ratio of 1:3 or fewer at all times instead of 1:2 or fewer at all times if staffing is unable to meet current patient needs. Emergency Services

Emergency Services

Requesting a nurse-to-patient ratio of 1:6 or fewer at all times instead of 1:4 or fewer at all times if staffing is unable to meet current patient needs.

Telemetry Unit

Requesting a nurse-to-patient ratio of 1:6 or fewer at all times instead of 1:4 or fewer at all times if staffing is unable to meet current patient needs.

  
Signature of person requesting program flexibility

CNO  
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: 7/1/20 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 Manager  
Title

7/29/20  
Date