

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

Memorial Hospital of Gardena

Date of Request

06/30/20

License Number

930000098

Facility Phone

310-538-6500

Facility Fax Number

310-538-6680

Facility Address

1145 W. Redondo Beach Blvd

E-Mail Address

avantihospitals.com

City

Gardena

State

CA

Zip Code

90247

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 07/09/2020

End Date 10/07/2020

Program Flex Request

What regulation are you requesting program flexibility for? [Redacted]

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

Memorial Hospital of Garde

License Number

930000098

Request Date

06/30/20

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 29, 2020.
2. Since the beginning of the Covid-19 pandemic, our facility has had 29 FTE on Medical leaves of absence due to testing positive for Covid-19.
3. In addition, we have had 14 FTE's on leaves for Covid-19 related needs. This is an impact of 43 FTE's and does not include higher than normal levels of staff sick calls or their canceling of their normal scheduled shifts.
4. As of June 29, 2020, there is a total of 10 FTE's on active Covid-19 leaves of absence
5. To date we have experienced 19 resignations due to Covid-19.
6. For the month of June through June 29th, the facility has had over 100 days of overflow ICU patients exceeding our 10 bed ICU occupancy ability (an average of 3.45 patients over the 10 bed unit size daily). This includes 135 patients positive for Covid-19 and 47 patients under investigation (PUI). Our staffing for this area is based on our 10 bed ICU size.
7. Our 52 bed Med Surg unit has cared for 387 confirmed or PUI for Covid 6/1 to 6/29.

- 8. Our 19 bed Tele Unit has provided care for 127 confirmed or PUI for Covid-19 between 6/1 to 6/29.
- 9. Our 10 bed ED unit has cared for 379 confirmed or PUI Covid-19 patients 6/1 to 6/29.

Given current volumes, our ICU unit has consistently overflowed critical patients to the Tele Unit. The Med Surg unit has consistently overflowed MS patients to the post partum unit.

We have Surge policies in place which support patient movement in the facility. We have had adequate equipment and supplies with daily reports on immediately available items as well as the stock on hand. We have forecasting tools which assist us to plan for future usage needs.

The program flex for staffing will support our facility when staffing becomes challenging. We support the staffing ratio's and have a documentation process to monitoring all episodes in which staffing ratio's are exceeded. A process is in place for all episodes of exceeding staffing ratio's such as charge RN's into ratio, Department directors acting as charge RN's, securing registry staff, and support of an inhouse registry bonus program.

Given the volume of Covid-19 patients requiring care and the high negative impact on limited available staffing as identified above, the facility is requesting a flex of the staffing ratio's


Signature of person requesting program flexibility

Director of Quality & Risk Management
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