

## 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

Mission Hospital

Date of Request

July 1, 2020

License Number

060000146

Facility Phone

949-364-1400

Facility Fax Number

949-364-2056

Facility Address

27700 Medical Center Road

E-Mail Address

@stjoe.org

City

Mission Viejo

State

CA

Zip Code

92691

Contact Person's Name

### 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 July 1, 2020

End Date October 1, 2020

### Program Flex Request

What regulation are you requesting program flexibility for? 70217 (a)(1)

### 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

Mission Hospital

License Number

060000146

Request Date

July 1, 2020

**Justification for the Request**

Other:

Mission Hospital is requesting a program flexibility for Title 22, Section 70217 related to nurse:patient ratios (a)(1)

**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.

This request is being made because our COVID-19 positive patient population is again increasing (since our initial surge in March 2020), and a moderate number of our staff nurses are on leave of absences making it difficult to meet the nurse:patient ratios. Additionally, as community prevalence increases, staff members are exposed through means unrelated to the work environment but nonetheless impact their ability to work.

We have worked to extend traveler nurses at our facility as well as acquire new traveler nurses. We are actively engaged in a Nursing Transition in Practice (TIPs) program that provides preceptor style orientation and on-the-job training and support for new nurses or nurses new to a clinical practice setting, and anticipate new TIPs nurses will graduate from this program over the course of the next several months.

If we needed to practice outside of established nurse:patient ratios, we propose going from 1:5 to 1:6-8 patients. For critical care patients we would propose going to 1:3 ratios while also bringing nursing staff from medical surgical units to provide

additional support for the critical care nursing staff.

  
Signature of person requesting program flexibility

Executive Director, Quality and Safety  
Title

 RN, MPH, MA  
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