

Temporary Permission for Program Flexibility and for Emergencies

When the MHCC is activated, Providers and DO's 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 (CHCQ) 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 St Francis Medical Center			Date of Request June 29, 2020	
License Number 9340000157			Facility Phone 310-900-8442	Facility Fax Number 310-900-8513
Facility Address 3630 E. Imperial Hwy			E-mail Address [REDACTED]	
City Lynwood	State CA	Zip Code 90262	Contact Person Name [REDACTED]	

Approval Request

Complete one form total per facility

Duration of Request

- Staffing
- Tent use (High patient volume)
- Space conversion (other than tent use)
- Other
- Bed use
- Over bedding

Start Date: July 1, 2020
End Date: October 31, 2020

Program Flex Request

What regulation are you requesting program flexibility for? 70217

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 Name	License Number	Request Date
St Francis Medical Center	9340000157	June 29, 2020

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 alternate 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.

Covid patients make up 30% of our inpatient census and the impact of this pandemic has placed a strain on our staffing abilities. In spite of the difficulties, we continue to be proactive in our approach to maintain safe staffing through the implementation of the staffing waiver.

We are requesting an extension of the Program Flexibility for staffing ratios. The increase in staffing ratios will only occur when all staffing resources have been exhausted. The staffing ratios will remain unchanged for Perinatal Services, the Skilled Nursing Facility, the Operating Room, and the Neonatal Intensive care Unit. The adjusted staffing ratios will be:

Med-Surg - 1:7
 Telemetry - 1:6
 Emergency - 1:5
 Behavioral Health - 1: 8
 ICU - 1-3 only for patients who no longer meet ICU criteria and are pending transfer to a lower level of care.

