

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 San Joaquin General Hospital			Date of Request July 17, 2020	
License Number 30000087			Facility Phone 209-468-6600	Facility Fax Number 209468-6136
Facility Address 500 W. Hospital Road			E-Mail Address info@sjgh.org	
City French Camp	State CA	Zip Code 95231	Contact Person's Name [REDACTED]	

Approval Request

Complete one form total per facility

- | | |
|--|---|
| <input checked="" type="checkbox"/> Staffing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tent use (High patient volume) | <input checked="" type="checkbox"/> Bed Use |
| <input checked="" type="checkbox"/> Space Conversion (other than tent use) | <input type="checkbox"/> Over bedding |

Duration of Request

Start Date	July 17, 2020
End Date	October 16, 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).

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)

No.

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.

The hospital is impacted with patients. We have ordered more traveling nurses but won't have additional nurses until after July 27th, with all onboarded by August 17, 2020. Nurses from administrative areas are being pulled to assist in patient care. Currently the hospital is short almost every shift in ICU, Family Maternity and Medical Surgical units. The hospital has opened up the wards which were closed due to seismic considerations at the start of the calendar year. All other area hospitals have been impacted and are not able to take San Joaquin General Hospital patients. Staffing is assessed every four hours by the house supervisors with overtime opportunities posted. Elective surgeries have been postponed. The hospital leadership meets twice daily to address and mitigate any situations which arise from the pandemic. Due to the weather, the hospital has converted inside space to treat patients who present to the Emergency Department with respiratory symptoms. Previously, this service was provided in a tent outside the Emergency Department.


 Signature of person requesting program flexibility

Deputy Director
 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

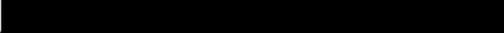
Center for Health Care Quality Approval:

Permission Granted from: July 17, 2020 to October 15, 2020

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

Comments / Conditions: 1. Approval is for 70217(a)(1), 70495(e), 70217(a)(8), 70217(a)(9), 70217(a)(10), & 70217(a)(11) only. 2. The facility shall staff at required ratio; whenever possible. 3. The facility shall document all efforts to meet the required ratio; if not met. 4. The facility shall comply with all conditions as noted in AFL 20-26.3.

CHCQ Printed Name: 

CHCQ Staff Signature: 

Date: 7/23/2020


 Signature

HFCM II
 Title

7/23/2020
 Date