

PROGRAM FLEX REQUEST – MODEL TEAM NURSING TEMPLATE

Requesting an urgent response within 24 hours

This document is a template guide for submitting your online program flex request.

KEY:

Blue = Headers in RSS **Black** = Fillable RSS fields

Green = Examples of what can go into RSS fields

GENERAL

Facility:

District:

Facility Number:

Facility Type:

License ID:

Phone Number:

County Name:

Address:

Applicant Details

Name:

Email:

Program Flexibility Application

Please do not include any patient identifying or personnel information in your application. The information in your application is considered public information and may be disclosed as part of a public records act request.

Contact Details

Applicant Contact Number:

Duration of the Request:

Requested Start Date:

Requested End Date:

NOTE: Typically, program flexes are approved for 90 days.

Specify Type of Request

Requesting an urgent response within 24 hours to help address facility capacity concerns during a disease outbreak, patient evacuations during a natural or human-caused disaster, or another similar situation that cannot wait for a response during normal business hours.

Justification of 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

What regulation are you requesting program flexibility for?

Nursing Service Staff, T22 DIVS CHI ART 3 70217(a)

Specify Area of Flex What regulation are you requesting program flexibility for?

Staffing

Request Description

Despite all efforts to meet staffing needs, the hospital continues to face challenges in these unprecedented times.

Exhausting Available Alternatives

The provider must exhaust available alternatives before requesting increased patient accommodations. Check all that apply, none or N/A:

- Rescheduling non-emergent and diagnostic procedures
- Transferring patients to other beds or discharge as appropriate
- Setting clinics for non-emergency cases (if possible)
- Requesting ambulance diversion from LEMSAs, if appropriate
- None
- N/A
- Other:
 - Pediatric bed decompression

Adequate Staff, Equipment and Space

The provider must make arrangements for adequate staffing, equipment and space for increased patient accommodations Check all that apply, none or N/A

N/A

ALTERNATIVE CONCEPT

Describe the proposed alternate method for meeting the intent of the regulation. Include the alternate concepts, methods, procedures, techniques, equipment, personnel qualifications, or the conducting of pilot projects. Include a description of the provisions for safe and adequate care so that the proposed alternative does not compromise patient care.

1. The facility proposes a Team Nursing Model for Pediatrics (PEDs) and (PICU) Pediatric Intensive Care Unit with outlined roles and responsibilities. See attached documents.
2. The hospital is requesting to use team nursing due to a local RSV outbreak.
3. Team responsibilities: Peds RN: team leader, delegation of tasks, 2 patient, oversight of non peds RN up to 3 patients. Non Peds RN: has 3 patients with tasks within scope and competency Total team: up to 5 patients
4. Team responsibilities: Peds ICU RN: team leader, delegation of tasks, 1 patient at level 1:2 acuity, oversight of non peds ICU RN. Performs all critical care duties. Non Ped ICU RN has 2 patients, performs tasks within scope and competency

Example

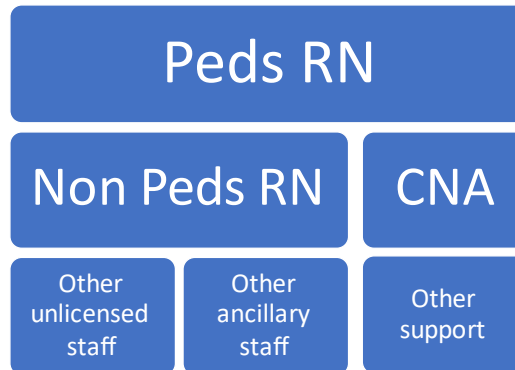
NON-Peds RN Duties: Monitoring, Med administration (Including IVs, injections, blood draw, etc.)

LVN Duties: Vital signs, PO Medications, Injections, Treatments and Devices per scope of practice

CNA Duties – Vital Signs, ADLs, Environment checks, PPE rounds, sitter

Respiratory Duties - blood gas analyses, respiratory monitoring, cardiopulmonary resuscitation, suction, bronchial drainage and percussion, care of the intubated or tracheostomy patient

Pediatric Unit
2RN:5 or less patients
(average RN:patient ratio 1:3)



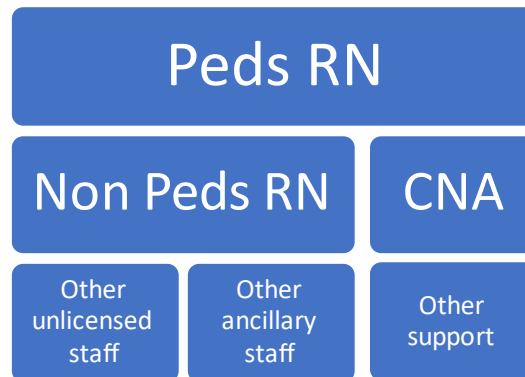
Team responsibilities:

Peds RN: team leader, delegation of tasks, 2 patient, oversight of non peds RN up to 3 patients.

Non Peds RN: has 3 patients with tasks within scope and competency

Total team: up to 5 patients

Pediatric Intensive Care Unit
2RN:3 or less patients
(average RN:patient ratio 1:1.5)



Team responsibilities:

Peds ICU RN: team leader, delegation of tasks, 1 patient at level 1:2 acuity, oversight of non peds ICU RN. Performs all critical care duties.

Non Ped ICU RN: has 2 patients, performs tasks within scope and competency.

Additional Information

Provide any additional information as desired.

The facility is submitting this urgent request for section 70217 (all of Title 22 California Code of Regulations) due to demands from the surge of RSV pediatric patients.

During these extraordinary times, we are executing unprecedented measures to ensure we can provide safe, high quality patient care.

Current census Pediatric: _____

Current census PICU: _____

Further justification may include:

- Utilizing our internal float pool and regional staffing services
- Daily staffing sheets are sent to the staffing office, and we are utilizing float pool staff to backfill vacant positions
- Day shift staff are working alternate shifts including night shift
- Increasing our utilization of traveling nurses
- Planning to review the number of staff on leave and the impact on operations
- Offering increasing monetary incentives for staff to pick up additional shifts
- Modifying shifts as incentives for existing staff to work extra shifts and/or optimize the numbers of existing staff to cover nursing units
- Floating existing staff within like areas of competency
- Orienting existing staff to additional areas to cover vacant shifts
- Utilizing outside staffing registries for supplemental staffing
- Not cancelling staff for house convenience prior to start of shift
- Scheduling per diem staff for additional shifts
- Clinical leaders cover Rapid Response Team and Code Blue when needed and providing direct patient care including break relief
- Nurse leaders from supervisor on up providing direct patient care as necessary
- Transferring patients to other hospitals that have operational capacity
- Denying requests for transfer of patients unless otherwise directed by Medical/Health Operational Area Coordination (MHOAC) Program
- Requesting additional staff from Medical and Health Operational Area Coordinator (MHOAC) and Emergency Medical Services (EMS)
- Daily meeting with Medical Director of Surgical Services and Senior Director of Surgical Services discuss acuity and staffing resources of the scheduled procedures.
- EMS Information updated every 4 hours regarding pre-hospital advisory

Please attach any supporting documentation for the request. More than one document may be uploaded here. Should include items such as org chart, roles and responsibilities of each type of staff.

I agree to submit this application and certify under penalty of perjury that my answers are correct and complete to the best of my knowledge. I also certify that

- I understand the questions and statements on this application.
- I understand the penalties for giving false information.
- I understand that this acknowledgment has the same legal effect and can be enforced in the same way as a written signature.
- I am authorized to submit this application on behalf of the licensee.
- This application does not include any patient identifying or personnel information.

This Information provided on this form is mandatory and is necessary for program flex approval. It will be used to determine whether to approve the request for a program flex or waiver as appropriate.

The information in your application is considered public information and may be disclosed as part of a public records act request.

- I acknowledge and agree to the above Terms of Acceptance