

## Program Flex Template For Temporarily Adding Pediatric Services to a GACH License 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 fillable 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

Emergent

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.

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### 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, or 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?

- 70105 (a) A verified application shall be forwarded to the Department whenever any of the following circumstances occur:
  - o (2) Increase or decrease of licensed bed capacity.
  - o (3) Added service or change from one service to another.
  - o (8) Change of bed classification.
- 70215(d) Information related to the patient's initial assessment and reassessments, nursing diagnosis, plan, intervention, evaluation, and patient advocacy shall be permanently recorded in the patient's medical record.
- 70303 Any licensee desiring approval for a supplemental service shall file with the Department an application on forms furnished by the Department.
- 70305 (a) The Department shall list on the hospital license each supplemental service for which approval is granted.
- 70537 (c) A pediatric nursing unit shall be provided if the hospital has eight or more licensed pediatric beds.
- 70537(d) Facility beyond the age of 13 shall not be admitted to or cared for in spaces approved for pediatric beds unless approved by the pediatrician in unusual circumstances and the reason documented in the patient's medical record.
- 70537 (e) An activity program appropriate to the needs of the patients and the scope of the service shall be provided. Participation in such program shall be with the approval of the attending physician. The activity program shall be under the direction of a designated member of the hospital staff.
- 70537 (g) Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.
- 70543 (a) Beds in the pediatric unit, including bassinets, cribs, and youth beds, shall be included in the total licensed bed capacity of the hospital.
  - o (e) An examination and treatment room shall be located in or adjacent to the pediatric unit.
  - o (f) A play area of sufficient size should be provided.

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

Special Permit of Supplemental Services

### Request Description

Flex for a temporary pediatric unit for influx of pediatric RSV patients related to a local RSV outbreak.

Facility will fully meet requirements described in: CCR Title 22 sections 70539, 70537(a)(1-8), 70537(f), 70543(b,c,d), 70541.

### 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.
- Establishing clinics for non-emergency cases (if possible).
- Requesting ambulance diversion from LEMSA, if appropriate.
- None
- N/A
- Other:

### Adequate Staff, Equipment and.

- 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 the use of alternate space.
- The proposed space for care of patients provides sufficient square footage to ensure access for safe care.
- None
- N/A
- Other

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### 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. Plan for temporary pediatric supplemental bed stations during the local RSV surge. (70543(a)(c))
2. During this time and for the pediatric unit: Implement contingency and crisis surge capacity standards of nursing patient care documentation. (70215(d))
3. Play activity will be limited to the patient rooms. (70543(f))
4. Facility will provide the pediatric care and service daily oversight, leadership and collaboration in nursing, ancillary, governance, pharmacy, and medical staff. (70537(g))
5. Treatments will be in a designated room when available or in each bed station area as appropriate. (70543(d))

### Additional Information

Current Pediatric census: \_\_\_\_\_

Current pediatric need in the community: \_\_\_\_\_

Plan information:

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1. Disaster: facility is following its disaster response plan
2. Pharmacy support and governance:
  - Facility has adequate pediatric pharmaceutical competence and supplies based on emergency service policies for pediatric pharmacy.
  - Pediatric crash cart color coded tape/intubation/needles are on each floor with a pediatric patient.
3. Staffing: facility will staff according to pediatric staffing requirements in CCR Title 22 section 70217(a)(6).
4. Infection control plan:
  - Infection control procedures updated to be specific to the temporary space and directed by the infection preventionist.
  - Infection control procedures updated to be specific to pediatric care and directed by the infection preventionist.
  - Isolation space and procedures directed by infection preventionist.
  - Decontamination procedures for the pediatric space updated by the infection preventionist.

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5. Space: already have waiver per AFL 22-23
  - Pediatric bed stations will be in one area and cohorted.
  - Infants will have appropriate bedding, such as crib.
  - Facility will provide adequate suction, oxygen, room air equipment for each bed station.
  - Facility will ensure privacy by using room dividers, as needed.
  - Facility will provide adequate hand washing stations.
  - Facility will provide adequate electrical support.
  - Facility will meet fully CCR Title 22 section 70541. Sufficient equipment and supplies shall be provided to adequately care for pediatric patients. This shall include a full range of sizes and modifications suitable for use with infants and small children, including:
    - Appropriate pumps for IV use
    - Ambu bags
  - Nurse station or nurses and staff are able to view into rooms from the hall.
6. Medical staff – physicians:
  - Consult services will be virtually available.
  - Medical staff will provide daily oversight and review of pediatric service.
  - Consult with pediatrician and intensivist are available to medical staff.
  - Agreement with children’s hospital or a GACH with licensed pediatric supplemental services to operate a Pediatric Service or Pediatric ICU for telehealth, as needed.
  - Physicians with pediatric knowledge and experience will lead team.
  - Credentialing and privileging of pediatricians are expedited.
7. Nursing leadership / experience / knowledge:
  - A PALS (pediatric advanced life support) trained nurse will be available at all times.
  - Age-appropriate advanced life support trained staff as appropriate for newborns, such as NALS (neonatal advanced life support – for physicians) or NRP (neonatal resuscitation program -for staff) will be available if caring for newborns.
  - Each nurse team leader for each shift will have pediatric competence and experience.
  - Any clinician working on unit will have basic pediatric competencies. Staff in training will be paired with a clinician with basic pediatric competencies.
  - Every shift will have an experienced pediatric RN on duty.
8. Respiratory Therapy (RT) – has pediatric focused experience:
  - RT provides education and training to nurses.
  - RT specified tasks for assessment and treatment during care of pediatric patients.

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### 9. Medication administration & fluid maintenance:

- Competency validated for nursing and RT staff for pediatrics drug administration.

### 10. Documentation:

- Pediatric specific documentation will be included in the medical-record.
  - For example, specific documentation may include notes related to retractions, cyanosis, weight in kg, wnl (within normal limits) parameters.
- 70215(d) flex requested for care plan documentation, to chart by exceptions.
  - CONCEPT: To implement surge standards of patient care related documentation, whereby documentation will focus on only the most critical information needed to provide an accurate picture of the patient condition, reflect the plan of care, and demonstrate the care provided. Surge documentation standards implementation shall be determined by CNO/designee and shall be implemented only after all other internal mechanisms for support have been exhausted.

### 11. Care coordination:

- Virtual consults will be available for various specialties.
- Case management / discharge planning and utilization review will follow pediatric utilization and coordination specific standards.
- Transfer agreement in place to stabilize and transfer.
  - Facility has established a process to prioritize transfers of children to children's hospital or a GACH with licensed pediatric supplemental services.
  - Disaster preparedness plan options for destination facilities:
    - 1<sup>st</sup> \_\_\_\_\_, 2<sup>nd</sup> \_\_\_\_\_, 3<sup>rd</sup> \_\_\_\_\_
  - Destination facility transport team coordination. Facility has access to two destination facilities that have a transport team.

### 12. Security:

- Abduction code announcement procedures in place.
- Nurses and staff will have observation of rooms / halls to prevent abduction or abuse.
- Facility will cohort adolescents who are in pediatric bed stations.
- Facility will cohort under 3 years of age from older children.
- Facility has a process for parent / guardian / another visitation check in that regulates visitors.

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***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.***

**Attachments:**

- Nursing crises documentation policy or description to flex 70215(d) (if applicable).
- Attestation for policies and procedures to comply with 70537(a)(1-8).
- List of minimum competencies of nursing staff, physicians, ancillary staff.
- Attestation of transfer agreements with a children's hospital or a GACH with licensed pediatric supplemental services to operate a Pediatric Service or Pediatric ICU.
- Attestation of infection control plan for temporary pediatric supplemental service.

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