

### 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

Kaiser Foundation Hospital Harbor City

Date of Request

8/3/2020

License Number

930000079

Facility Phone

13103255111

Facility Fax Number

3105172234

Facility Address

25825 S. Vermont Ave

E-Mail Address

[Redacted]

City

Harbor City

State

CA

Zip Code

Contact Person's Name

[Redacted]

#### 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 8/6/2020

End Date 11/5/2020

#### Program Flex Request

What regulation are you requesting program flexibility for? 70217(a)(1)(9)(10)(11)

#### 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)

**Justification for the Request**

Other:

Governor's proclamation of emergency reinstated on July 25, 2020 COVID-19 pandemic (patient surge). Facility has issued "No beds" and has had ED boarders during the past several weeks. July ED Boarding 48 hours average.

**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 facility is requesting a program flex for Intensive care unit (ICU), Step down unit (SDU) and Medical/surgical/telemetry (MST) staffing due to the inability to meet the nurse staffing ratios on a prolonged or sustained basis due to COVID-19 volume, current numbers are above normal staffing (patient surge). See attachment #1 for current COVID-19 census. Waiver to include that patients will be staffed according to acuity and bed status regardless of location.

The hospital has made the following prompt efforts to obtain additional staff.

- An agreement with the union has been reached for per diem and part time nurses to schedule additional hours in the following departments: ICU, SDU, and MST.
- An agreement with the union has been reached to provide additional incentive pay for additional hours worked in excess of regularly scheduled hours. Agreement for incentive pay is valid from 7/3/20-8/31/20
- The facility has taken steps to secure additional registry and travel nursing staff (20 ICU/SDU and 49 MST). A deficit still exists in the number of ICU and MST RNs needed due to a national shortage and increased volume of COVID-19 patients.
- The facility has also posted seasonal MST RN positions to start as early as 8/31/20 (35 MST RNs)
- The facility has transferred 2 RNS from KP Hawaii to KP South Bay.

The facility is requesting an increase in nurse to patient ratios in order to accommodate COVID-19 surge when staffing options are exhausted and one or more of the following conditions have been met:

- Six or more boarders in the ED
- the ICU reaches 12 patients and/or 10 or more ICU patients with multiple 1:1s
- the SDU reaches 12 patients
- Med/surg/tele capacity beyond 135 patients

ICU 1:3  
 SDU: 1:4  
 Tele: 1:5  
 M/S: 1:6

At the point where the above staffing ratios are exhausted on a specific level of care the following team-based nursing model will be implemented. Specific details of the roles and responsibilities of each team member is included in the attachments to this application.

ICU 1:4 1 ICU RN and 1 Med/Surg/Tele RN  
 SDU: 1:6 1 SDU RN and 1 LVN  
 M/S/Tele: 1:8 1 Tele RN and 1 LVN

[Redacted Signature]

Chief Nurse Executive

Signature of person requesting program flexibility

Title

[Redacted Name]

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: 8/6/2020 to 11/6/2020

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

Comments / Conditions:

Based on the recommendations provided by the RN Program Flex-Waiver Unit, this PF was approved for 90 days effective 8/6/2020.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]  
L&C District Office Staff Signature

Program Manager, NUrning

Title

8/7/2020

Date