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: Kaiser Foundation Hospital Fontana

Date of Request: July 8, 2020

License Number: 240000159

Facility Phone: (909) 427-7700

Facility Fax Number: (909) 302-7751

Facility Address: 9961 Sierra Ave

E-Mail Address: [redacted]@kp.org

City: Fontana

State: CA

Zip Code: 92335-6720

Contact Person's Name: [redacted]

Approval Request

Complete one form total per facility

- [x] Staffing
- [ ] Tent use (High patient volume)
- [ ] Space Conversion (other than tent use)
- [ ] Other
- [ ] Bed Use
- [ ] Over bedding

Duration of Request

Start Date: 07-08-2020

End Date: 10-08-2020

Program Flex Request

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

Justification for the Request

- [x] 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	License Number	Request Date
Kaiser Foundation Hospital	240000159	July 8, 2020

Justification for the Request

☑ Other:

Governor's proclamation of emergency dated 3-4-20 COVID-19 Pandemic (patient surge) .

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 (M/S/T) 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 was reached with the union for Per Diem and Part Time Nurses to schedule additional hours in the following departments ICU, SDU, and M/S/T.

* The facility has taken the following actions to obtain additional ICU,SDU, and MST staff (see attachment #2). A deficit still exists in the number of nurses needed due to a national shortage and increased volume of COVID-19 patients.

* The facility has also posted seasonal ICU, SDU, and M/S/T Registered Nurse positions to start in October 2020 (44 ICU, 26 M/S/T).

*Agreement reached with union for "Extra Shift Incentive" for hours worked in excess of their current schedule (this is in addition to applicable overtime and differential provisions)
* $ 150.00 for each additional 8 hour shift
* $ 200.00 for each additional 10 hour shift
* $ 250.00 for each additional 12 hour shift

The facility is proposing a "Team Nursing Model" for ICU, SDU, and MST (see attachments #3).

[redacted]

Signature of person requesting program flexibility

Chief Nurse Executive

Title

[redacted]

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:

[X] Permission Granted from: 07/09/2020 to 10/09/2020

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

Comments / Conditions: APPROVED for 70217(a)(1)(9)(10)(11). Nurse-patient ratio for ICU, SDU, and MST

CONDITIONS: Facility will continue to actively look for additional staffing.
Facility must resume mandatory staffing levels as soon as feasible.
Please see next page for other conditions specified in AFL 20-26.3

CHCQ Printed Name:

CHCQ Staff Signature:

Date:

[redacted]

[redacted]

L&C District Office Staff Signature

CDPH CHCQ L&C
San Bernardino District Office

Title

07/09/2020

Date