

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 Ontario

Date of Request

July 8, 2020

License Number

240000159

Facility Phone

(909) 724-2900

Facility Fax Number

(909) 302-7751

Facility Address

2295 S Vineyard

E-Mail Address

@kp.org

City

Ontario

State

CA

Zip Code

91761-7925

Contact Person's Name

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 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

- 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

Kaiser Foundation Hospital

License Number

240000159

Request Date

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 (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.

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

* The facility has also posted seasonal ICU, SDU, & MST Registered Nurse positions to start in October 2020 (17 ICU, 23 MST).

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, & MST (see attachments 3).

[Redacted Signature]

Chief Nurse Executive

Signature of person requesting program flexibility

Title

[Redacted Signature]

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: 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, 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 20-26.3.

CHCQ Printed Name: [Redacted]

CHCQ Staff Signature: [Redacted]

Date: [Redacted]

[Redacted Signature]

[Redacted] HFES II
CDPH CHCQ L&C
San Bernardino District Office

07/09/2020

L&C District Office Staff Signature

Title

Date