

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 <input type="text" value="Kaiser Foundation Hospital - Riverside"/>			Date of Request <input type="text" value="7/10/2020"/>	
License Number <input type="text" value="250000327"/>			Facility Phone <input type="text" value="(951) 741-5017"/>	Facility Fax Number <input type="text" value="(951) 353-3068"/>
Facility Address <input type="text" value="10800 Magnolia Avenue"/>			E-Mail Address <input type="text" value="██████████@kp.org"/>	
City <input type="text" value="Riverside"/>	State <input type="text" value="CA"/>	Zip Code <input type="text" value="92505"/>	Contact Person's Name <input type="text" value="████████████████████"/>	

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

End Date

Program Flex Request

What regulation are you requesting program flexibility for?

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 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 an urgent program flex for Intensive Care Unit (ICU), Step Down Unit (SDU) and Medical/Surgical/Telemetry (MST) staffing to implement Team Nursing Model 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). Please see Attachment A for current COVID-9 census. Waiver to include that patients will be staffed according to acuity and bed status regardless of location.

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

Currently, the facility has postings for seasonal ICU, SDU, & MST Registered Nurse positions.

Other attached supporting documents:

- Attachment C: ICU Census
- Attachment D: SDU Census
- Attachment E: MST Census
- Attachment F: Team Nursing Staffing Model
- Attachment G: Inpatient Critical Care Team Roles
- Attachment H: ICU Nursing Team Roles and Responsibilities


 Signature of person requesting program flexibility

Chief Nurse Executive

Title

 RN

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: July 10, 2020 to October 10, 2020

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

Comments / Conditions: The CHCQ Duty Officer has received your program flex request and supportive documentation for Title 22 70217- Staffing and forwarded the documents to Riverside D.O. for review. Your request has been reviewed and approved, effective date July 10, 2020.

CHCQ Printed Name: 

CHCQ Staff Signature: _____

Date: 


L&C District Office Staff Signature

HFES

Title

7/13/20

Date