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 - West LA

Date of Request: 7/16/2020

License Number: 930000081

Facility Phone: 3238572000

Facility Fax Number: 3236481378

Facility Address: 6041 Cadillac Avenue

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

City: Los Angeles

State: CA

Zip Code: 90034

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: 7/16/2020

End Date: 10/16/2020

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	930000081	7/16/2020

Justification for the Request

☑ Other:

Governors proclamation of Emergency dated 3/4/2020, COVID19 pandemic

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), Telemetry and Medical/Surgical/Telemetry(MST) staffing due to inability to meet the nurse staffing ratios on a prolonged or sustained basis due to increasing COVID-19 admissions brought about by the unpredictable surge and requiring longer than average length of stay. Current COVID census are above the average daily census especially in ICU where the greatest need of nurse are identified (See Attachment #1). The facility requests to waive the requirements of Title 22 Section 70217- Nursing Service Staff for CDPH approval. The facility will consider the patient's needs, acuity and level of care when assigning a registered nurse or team of nurses to provide nursing care for the patient(s) (See Attachments #2).

The hospital has made the following plans and/or implemented plans to (obtain additional staff) address staffing shortage:

-There has been an increased use of part time and per diem RNs to provide coverage and overtime hours for regular full time nurses.

-The facility has posted twenty (20) seasonal ICU, SDU and MST Registered Nurse positions for recruitment (to start in in November 3, 2020) who may start working by August 2020. In case Covid19 will hit another surge in the winter, the seasonal RNs will be able provide further coverage (See Attachment #3).

-The facility has implemented a new graduate program to supplement staffing in SDU and MST (11 SDU and 18 MST).

-The facility will deploy RNs from the ambulatory setting as necessary and appropriate to supplement staffing with patient care task assignments that is within the scope of RN practice and after providing a just in time training on hospital routines.

-The facility will deploy PACU (Post Anesthesia Care Unit) RNs who have ICU experience in the ICU units and other PACU RNs to SDU and/or MST.

[redacted]
Signature of person requesting program flexibility

Senior VP / Area Manager
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: July 16, 2020 to October 16, 20202

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

Comments / Conditions:

CHCQ Printed Name:

CHCQ Staff Signature:

Date:

[redacted]
L&C District Office Staff Signature

Program Manager Nurse
Title

7/16/2020
Date