

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-Panorama City

Date of Request

July 17, 2020

License Number

930000080

Facility Phone

(818) 375-2000

Facility Fax Number

(818) 375-3480

Facility Address

13652 Cantara St

E-Mail Address

[Redacted]@kp.org

City

Panorama City

State

CA

Zip Code

91402

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 07/17/2020

End Date 10/15/2020

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)

There have not been any clinical staff lay offs in the last 60 days but we are experiencing an increase in leaves of absence (LOA). At this time there are 22 RNs, 7 CNAs and 2 Ward Clerks on extended LOA.

Justification for the Request

Other:

Governor's proclamation of emergency dated 03/04/2020 COVID-19 (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: At least once daily review of inpatient census and level of acuity to determine discharge

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), Definitive Observation Unit (DOU), Short Stay Unit (SSU) 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 brought about by unpredictable surge and requiring longer than average length of stay. Current COVID-19 census are above the average daily census especially ICU where the greatest need of nurses is identified (See attachment #1). The facility requests to waive the requirements of Title 22 Section 70217- Nursing Service Staff for CPDH 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-#4).

