



Kaiser Foundation Hospital - Vallejo
975 Sereno Drive
Vallejo, California 94589
(707) 651-1300

██████████
Sr. Vice President / Area Manager
Hospital Administrator

██████████, M.D.
Physician-in-Chief/ Chief of Staff

January 4, 2016

Dana Forney
California Department of Public Health
Licensing and Certification
2170 Northpoint Parkway
Santa Rosa, Ca, 95407

Re: Request for Temporary Program Flex: Title 22, s70217 Nursing Service Staff

Dear Ms. Forney,

Our KFH-Vallejo Medical Center provides care for primarily an X population. We expect this population to experience a higher rate of illness during the winter season and try to plan accordingly. However, we have recently experienced an influx of patients with respiratory and other illnesses who have pushed our census to maximum capacity. We have initiated procedures to decrease our census where possible. We are currently operating at X capacity for our med/surg/tele patients. We are licensed for 128 med/surg/tele beds and currently have an average daily census of 84 med/surg/tele patients.

Because of the acute influx of med/surg/tele patients we are requesting a temporary program flex of Title 22 Regulation 70217 Nursing Service Staff. We are requesting to set aside 8 ICU rooms as flex beds for med/surg/tele patients, and to staff according to med/surg/tele standards. The ICU has 24 beds with an average daily census of 9.7 patients. The flex beds would only be used when the total number of med/surg/tele patients has exceeded operational capacity.

The requested time frame for this program flex would be January 11, 2016 through March 31, 2016.

The rooms within the ICU to be dedicated for med/surg/tele patient's use are 2017, 2018, 2019, 2020, 2021, 2022, 2023, and 2024. These rooms are located in the ICU North unit and can be segregated from the other ICU rooms. The specific area where these rooms are located will be clearly marked by signage outside the unit and within the unit itself. The signage will identify the area and rooms designated for only med/surg/tele patients. There will not be a mix of ICU and lower acuity patients in the identified rooms.

A log will be kept of all med/surg/tele patients admitted to the ICU flex beds. The log will include name, medical record number, bed assignment, acuity level, and RN's that provided care (attachment 1). The log will be reviewed daily by the Adult Services Director or designee to verify appropriate staffing and utilization of the flex beds. Use of the flex beds will be reported to and reviewed by Hospital Administration.

The types of patients that would utilize the flex beds would be any patient that would normally be managed on the med/surg/tele units, 4 East, 4 West, 5 East and 5 West. These would include medical, orthopedic, and surgical cases. Also, the flex beds would not be used for the recovery of after hour post-operative patients.

Although the patients will be on the ICU unit, they will be managed as med/surg/tele/patients. The documentation, rounding, and care provided will be based on standards for med/surg/tele patients and nursing care will be provided by med/surg/tele nurses. Patients in flex beds will also be identified through the electronic medical record, KP HealthConnect, as being med/surg/tele patients for purposes of billing and Quality Assurance. The staffing ratios will be a minimum of 1:4 for telemetry patients and 1:5 for med/surg patients not requiring telemetry.

Med/surg/tele nurses will be sent to the ICU flex beds to care for only med/surg/tele/ patients. The med/surg/tele nurses will not be providing care for the ICU patients or combination of ICU and lower acuity patients. Also, they will only be caring for patients within the ICU flex bed area.

Although the patients in the ICU flex bed area will be managed as med/surg/tele patients the visitor policy will remain consistent with what is currently being practiced in the ICU. Family members will be notified of this upon admission or transfer to a flex bed.

It is the expectation that all other policies or procedures regarding operations within the ICU will be followed. Any temporary modifications will be reviewed on a case by case basis.

Patients admitted to the ICU flex beds would be transferred back to the med/surg/tele floor if a bed becomes available.

Reutilization of ICU Rooms

If at any time a flex bed is needed for an ICU patient, and there were no patients currently using the flex beds, the flex beds would immediately be re-designated for ICU use.

If at any time a flex bed is needed for an ICU patient, and there were patients using the flex beds, every attempt would be made to make space on the floor by early discharge or canceling elective admissions to allow transfer of the non-ICU patient(s) back to the floor. At this point the flex beds would be re-designated for ICU patients.

If the space could not be made available to allow transfer of the non-ICU patients out of the flex bed, the patient requiring ICU admission may have to be transferred to another facility, most likely Kaiser Foundation Hospital – Vacaville. However because of the criticality of ICU patients, these cases would be reviewed by onsite Medical Leadership to review the plan of care, safety of the patient, and alternative options. At this point, Hospital Leadership will also review the need for the ICU flex beds.

Once the flex beds have been re-designated for ICU patients they will be staffed and operated according to all rules and regulations pertaining to an ICU.

It is the understanding of this facility that once any ICU flex bed is used for an ICU patient, then the program flex for that bed is voided.

If it is determined that there is no longer a need for the flex beds, this facility will notify California Department of Public Health, Santa Rosa Redwood Coast District Office.

If there are any questions please feel free to contact me at [REDACTED].

Sincerely,

[REDACTED], DPT, MHA
Associate Area Quality Leader
Kaiser Permanente Napa-Solano Service Area