Incomplete Sections

⊘ **The following sections needs to be completed before proceeding:**

- Evaluation

General ✓

Facility: LAC+USC Medical Center

District: Orange County District Office

Facility Number: 060000040

Facility Type: GACH

License ID: 060000130

████████████████████████

County Name: LOS ANGELES

Address: Room C2K100 1200 N State St, Los Angeles, CA 90033

Applicant Details:

████████████████████████

████████████████████████

Assigned Evaluator(s):

Assigned Consultant(s):

Program Flexibility Application ✓

Please do not include any patient identifying or personnel information in your application. The information in your application is considered public information and may be disclosed as part of a public records act request.

Contact Details

Please provide the applicant's direct number should the Centralized Program Flex Unit have any questions regarding your application.

Applicant Contact Number

████████████

Duration of Request

Requested Start Date
02/22/2023

Requested End Date
02/21/2025

Specify Type of Request
Non-Emergency

- Space Conversion, T22 DIV5 CH1 ART8-70805

Effective January 1, 2023, HSC 1276 (e) and (f) references a new category for a program flexibility request, for a **general acute care hospital (GACH)**, that allows the facility to designate a bed, or beds, in a critical care unit as requiring a lower level of care.

Is this request related to a GACH designating a bed, or beds, in a critical care unit as requiring a lower level of care?
Yes

Request Description

JUSTIFICATION

Describe why program flexibility is needed.

LAC+USC Medical Center is requesting program flexibility to use ten (10) of the twenty (20) licensed ICU beds located in the C4C Neuro ICU unit as progressive care unit (PCU) beds.

ALTERNATIVE CONCEPT

Describe the proposed alternate method for meeting the intent of the regulation. Include the alternate concepts, methods, procedures, techniques, equipment, personnel qualifications, or the conducting of pilot projects. Include a description of the provisions for safe and adequate care so that the proposed alternative does not compromise patient care.

LAC+USC Medical Center is requesting program flexibility to use ten (10) of the twenty (20) licensed ICU beds located on the fourth floor in the C4C Neuro ICU unit as progressive care unit (PCU) beds.

1. The ten beds designated and used as progressive care beds will include 134A, 136A, 138A, 140A, 142A, 144A, 146A, 148A, 150A, and 152A.

2. The beds will be used for Progressive Care patients who do not require continuous, non-invasive or invasive monitoring. The Unit Structure Standards for 4F policy will be followed.

3. Permanent signage will denote the designated Progressive Care Unit patient area from the designated ICU beds.

4. The PCU will provide nursing care to adolescent patients 14-18 years and adult patients.

5. Rooms for adolescent patients will be separate from those of adult patients; safeguards are maintained.

6. The rooms for adolescent patients will be located near the nurse's station to provide adequate observation by nursing and other personnel.

7. At least quarterly, an appropriate committee of the medial staff will evaluate the services provided to the adolescent patients and make appropriate recommendations to the executive committee of the medical staff and administration.

8. Patients who are hemodynamically unstable, medically complex patients requiring higher level intensive care are not admitted to the PCU.

9. The patient classification system will be used to determine the patient acuity and staffing needs for the PCU.

10. The staffing ratio of 1 nurse to 3 patients will be maintained.

11. The existing policies and procedures for other progressive care units in the hospital, including adolescent health policies and procedures, will be adhered to.

12. All staff will be provided with a unit specific orientation. A record of staff orientation and date will be maintained.

13. All PCU nurses will demonstrate competency in a wide range of skills in PCU and adolescent health, including different diagnosis, developmental stages of children, and psychosocial needs of the patient/guardian.

14. The facility will provide and document evidence of age specific adolescent health continuing education and training to the nursing staff caring for adolescent patients.

15. Sufficient equipment and supplies will be provided to adequately care for adolescent and adult patients. This will include a full range of sizes and modifications suitable for use with adolescent patients.

16. A specific rapid/response to identify the specific bed number and type of response age appropriate and level of care needed will be implemented and followed.

17. The facility will ensure compliance with T22 Section 70049 nursing unit requirements.

18. The facility will notify the California Department of Public Health immediately for any requested changes to approval conditions.

Additional Information

Provide any additional information as desired.

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Please attach any supporting documentation for the request. More than one document may be uploaded here.

📎 4F- PCU Unit Structure Standards.pdf
Date Attached: Jan 13, 2023

Revise and Update

Add updates to the original application.

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I agree to submit this application and certify under penalty of perjury that my answers are correct and complete to the best of my knowledge. I also certify that:

- I understand the questions and statements on this application.

- I understand the penalties for giving false information.

- I understand that this acknowledgment has the same legal effect and can be enforced in the same way as a written signature.

- I am authorized to submit this application on behalf of the licensee.

- This application does not include any patient identifying or personnel information.

This Information provided on this form is mandatory and is necessary for waiver approval. It will be used to determine whether to approve the request for a waiver. **The information in your application is considered public information and may be disclosed as part of a public records act request.**

☑ I acknowledge and agree to the above Terms of Acceptance