General ✓

Facility: West Anaheim Medical Center

District: Orange County District Office

Facility Number: 060000016

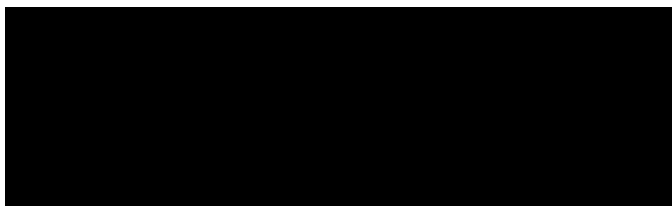Facility Type: GACH

License ID: 060000182

Phone Number: 7142294000

County Name: ORANGE

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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.

███████████████

Duration of Request

Requested Start Date
03/01/2023

Requested End Date
03/01/2024

Specify Type of Request
Non-Emergency

- **Space Conversion, T22 DIV5 CH1 ART8-70805**

- Application Required, T22 DIV5 CH1 ART2-70105(a)(8)

- Nursing Service Staff, T22 DIV5 CH1 ART3-70217(a)(1)

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

WAMC requests to allow us to designate a bed or multiple beds in a critical care unit and step-down unit as requiring a lower level of care, including, but not limited to, the level of care provided in an intermediate care, step-down, telemetry, medical-surgical, staff these beds at a 3:1, 4:1 or 5:1 ratio based on level of care.

JUSTIFICATION

Describe why program flexibility is needed.

WAMC often has patients in our CCU/ICU and DOU that are downgraded to DOU or Tele level of care, but are unable to move them due to our DOU/Tele units being full. We would like to staff these patients at the state required ratios for DOU, Tele patients in order to move critically patients into our ICU from the Emergency Department.

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.

If we must staff these lower level of care patients in the CCU/ICU at the 2:1 ratio, we may not be able to take sicker patients out of the Emergency Room to the CCU/ICU.

Physicians, Case Manages, the CNO, charge nurses and CEO meet daily to review appropriate level of care for all patients in order to properly utilize our telemetry monitors. These downgraded patients in the CCU/ICU are transferred to the DOU/Tele unit when beds become available.

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.

No Attachment

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**