

Incomplete Sections

❗ The following sections need to be completed before proceeding:

- Evaluation

General ✓

Facility: Kaweah Health Medical Center

District: Bakersfield District Office

Facility Number: 120001444

Facility Type: GACH

License ID: 120000580

Phone Number: 5596242000

County Name: TULARE

Address: 400 W Mineral King Ave, Visalia, CA 93291

Applicant Details:

Name:

Email:

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

03/01/2023

Requested End Date

02/29/2024

Specify Type of Request

Non-Emergency

- Bed Classification, T22 DIV5 CH1 ART2-70114(a)

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

Requesting Adult Critical Care beds to flex to Adult Med Surg beds.

JUSTIFICATION

Describe why program flexibility is needed.

Continue to work within the organization with all disciplines on appropriate reasons for admission and timely discharge planning. Census and occupancy continue to regularly be high making our medical surgical bed occupancy greater than 100%. Critical care capacity is typically 60% or less of licensed space. COVID requirements in the community delay discharge at times. We would like to continue to use licensed patient care space in pediatrics, critical care and intermediate critical care for medical surgical patient care when medical surgical care space is at capacity. Using this space allows for patient care space to be opened and staffed with licensed nursing staff with patient care workflows already in place. The expanded areas will free up capacity in the Emergency Department as patients have admit orders and waiting for a medical surgical bed.

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.

Early discharges, improved discharge of patient in observation status using medical/surgical bed spaces, movement to community skilled nursing facilities, same day discharge as appropriate for procedural interventions.

Additional Information

Provide any additional information as desired.

Inpatient census and occupancy volumes for adult patients continue to be at high levels, over 100%, at regular intervals. With the state of emergency waiver for space conversion ending 2/28/23, the need to adapt where care is provided remains needed. The facility focus remains on providing safe patient care and request the support to continue use of alternative spaces. This will allow the Emergency Department and surgical areas to move patients in order to care for their target demographic.

This program flex request is for patient care space to be used after all medical/surgical beds have been

occupied and allow for dual level of care/flex licensure in the following locations: Observation or Inpatient Adolescent or Adult ICCU (ratio 1:3) or Medical/Surgical (ratio 1:4 or 1:5) patients in ICU Rooms 15-21 and CVICU Rooms 1301-1308. The flex would not be used if there are available beds in designated medical surgical space.

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



[Program Flex Space KHMC ICU.CVICU signed - Request 2.27.23.pdf](#)

Date Attached: Feb 27, 2023

Revise and Update

Add updates to the original application.

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