

General

Facility [Santa Clara Valley Medical Center](#)

District: San Jose District Office

Facility Number: 070000149

Facility Type: GACH

License ID 070000085

Phone Number: 

County Name: SANTA CLARA

Address: 751 S Bascom Ave, San Jose, CA 95128

Applicant Details:

Name 

Email: 

Assigned Evaluator(s): Jeanette Grover

Assigned Consultant(s): Jie Wang

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

04/30/2023

Requested End Date

04/30/2024

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

Santa Clara Valley Medical Center (SCVMC) is requesting to renew the approval request for program flexibility for the use of space in Building K, 2nd floor, 2-RTC unit, 8 beds (2K117, 2K118, 2K119, 2K120, 2K121, 2K122, 2K123, and 2K124 see attached Floor Map) to accommodate medical surgical/ medical surgical telemetry patients due to an increase in our in-patient volumes in our Emergency Department. SCVMC received the CDPH approval on April 26, 2019, with an expiration date of April 30, 2023 (please see latest approval letter).

The facility will staff this unit with Medical Surgical/ Med Surgical Telemetry competent nurses and according to Section 70217(a) (8) – Nursing Service Staff – Title 22, California Code of Regulations, and delivery of quality patient care. Nurse-to-patient ratios will be maintained as per Federal and State requirements. Unit orientation for staff before the assignment will be provided.

JUSTIFICATION

Describe why program flexibility is needed.

The program flex is needed to accommodate medical-surgical/ medical-surgical telemetry patients due to an increase in our in-patient volumes in our 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.

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The facility will staff this unit with Medical-Surgical/ Med-Surgical Telemetry competent nurses and according to Section 70217(a) (8) – Nursing Service Staff – Title 22, California Code of Regulations, and delivery of quality patient care Nurse to patient ratios will be maintained as per Federal and State requirements Unit orientation for staff before the assignment will be provided.

Care and services will be provided by the current policies and procedures

Medications will be dispensed per hospital & pharmacy protocols via Pyxis dispensing system.

Unit medication storage and emergency equipment will be appropriate for medical-surgical patients.

The facility will follow all appropriate infection prevention measures.

There is no anticipated impact on patient flow No temporary or interim life safety measures will be required

Additional Information

Provide any additional information as desired.

The program flex is needed to accommodate medical-surgical/ medical-surgical telemetry patients due to an increase in our in-patient volumes in our Emergency Department.

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



[Signed_Renewal_Program_Flex_2nd_floor_Bldg_K_2RTC_cover letter.pdf](#)

Date Attached: Mar 02, 2023



[Signed CDPH 5000 Program Flexibility Request 2KRTC pdf](#)

Date Attached Mar 02, 2023



[Bldg K- West Wing 2nd Floor.pdf](#)

Date Attached: Mar 02, 2023



[2RTC Floor Map - Magnified version.pdf](#)

Date Attached: Mar 02, 2023



[APPROVAL 2022 Renewal Program Flex 2K RTC_Expires 04.30.2023.pdf](#)

Date Attached: Mar 02, 2023

Revise and Update

Add updates to the original application.

March 24, 2023 Request for additional information

1. Can you please provide the definition of your abbreviation for the RTC unit?

Per manager RTC means Rehab Trauma Center, but no longer referred to as RTC. It is now the Intermediate Intensive Care Unit (IICU) stepdown

2. What are these requested beds currently licensed for?

Currently licensed for ICU beds.

3. Can you please address the availability of telemetry equipment in this space and plan for a telemetry monitor tech and notification of staff.

The beds are hardwired for cardiac monitoring and the bedside nurses monitor their own patients.

4. Who will be providing the unit oversight for these patients?

Nurse Managers for Surgical ICU/ Trauma ICU manages and has oversight for the patients on this unit.

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