


Incomplete Sections

 The following sections need to be completed before proceeding:

- [Evaluation](#)
- [Post Decision](#)

General

Facility: [Kaiser Foundation Hospital - Orange County - Irvine](#)

District: Orange County District Office

Facility Number: 630011745

Facility Type GACH

License ID: 060000091

Phone Number: 

County Name: ORANGE

Address 6640 Alton Pkwy, Irvine, CA 92618

Applicant Details

Name: 

Email: 

Assigned Evaluator(s): Jeanette Grover

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

03/01/2024

Requested End Date

03/01/2027

Specify Type of Request

Non Emergency

- Intensive Care Service Staff, T22 DIV5 CH1 ART6 70495(e)
- 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

Request to continue previously approved program flexibility for sections 70495(e) and 70217 (a)(1) of Title 22, California Code of Regulations for the use of 10 beds in the Intensive Care Unit (ICU) for lower acuity step down patients and maintaining a minimum nurse-to-patient staffing ratio of 1:3.

JUSTIFICATION

Describe why program flexibility is needed.

In our efforts to improve patient flow we are requesting a continuation of previously approved program flexibility under sections 70495(e) and 70217 (a)(1) of Title 22, California Code of Regulations for the use of 10 beds in the Intensive Care Unit (ICU) for lower acuity step-down patients and maintaining a minimum nurse-to-patient staffing ratio of 1:3.

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.

Request to continue previously approved program flexibility for sections 70495(e) and 70217 (a)(1) of Title 22, California Code of Regulations for the use of 10 beds in the Intensive Care Unit (ICU) for lower acuity step-down patients and maintaining a minimum nurse-to-patient staffing ratio of 1:3.

- Currently, rooms 235-244 are licensed as ICU beds
- Request to continue using beds 225-234 as step-down
- Patients utilizing the flexed ICU beds are those specified in the policy and procedure titled "Admission Criteria to Definitive Observation Unit (DOU) or Stepdown Unit (SDU)"
- Staffing for step-down patients will be maintained as 1:3 or fewer as required
- Permanent signage to denote the designated lower acuity patient area from designated ICU beds is maintained

- The ICU visiting guidelines are maintained in both the ICU and designated Step-Down beds
- Documentation is available within the ICU at all times showing staffing on all shifts, denoting the patient acuity/classification of all patients in the ICU (ICU and step-down patients)
- There is no mixing of nurse/patient assignments between the ICU and the step-down beds
- The current hospital's processes are implemented to transfer all lower acuity patients to the appropriate floors if the flexed beds in the ICU are needed for ICU patients.
- The step-down is staffed by ICU-trained and competent nurses to ensure staffing for the ICU ratios on a 24-hour 7-day week basis in case the flexed ICU beds need to be converted back for use by ICU patients.

Additional Information

Provide any additional information as desired.

Attached approval letter and policy

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

[22 OCI-10 ICU beds step down DOU -Approval Letter 5.13.22.pdf](#)

[Admission Criteria to Definitive Observation Unit \(DOU\) or.pdf](#)

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