



## Temporary Permission for Program Flexibility and for Emergencies Attachment A

Due to the increased in acuity and volume in the community, this has caused a higher census of patients requiring admissions at Hoag Hospital Irvine. Hoag Hospital Irvine has experienced emergency saturations on a regular basis for the last 13 months.

Please refer below for Hoag Hospital Irvine's chart of boarding hours and patients requiring admissions from January 2023 – January 2024.

### Hoag Hospital Irvine – Holding/Boarding Hours

Date	ED Admit Census	Admit % of Total Census	% of Admits In ED >2 hrs.	Total Inpatient Holding/Boarding in Hours
Jan-23	707	16%	59%	5627
Feb-23	656	16%	59%	4632
Mar-23	742	16%	53%	4154
Apr-23	742	17%	50%	3608
May-23	799	16%	29%	1520
Jun-23	752	17%	42%	2616
Jul-23	789	16%	42%	2817
Aug-23	753	16%	27%	1011
Sep-23	772	16%	39%	2098
Oct-23	750	16%	41%	2222
Nov-23	723	15%	45%	2681
Dec-23	831	16%	54%	3871
Jan-24	Jan 1-29 = 804	Jan 1-29 = 17.2%	Jan 1-28 = 54%	Jan 1-28 = 4917

### Hoag Hospital Irvine – Diversion Hours

Date	# of Hours on Diversion due to ED Saturation
Jan-23	117
Feb-23	124
Mar-23	75
Apr-23	66
May-23	32
Jun-23	30
Jul-23	57
Aug-23	49
Sep-23	47
Oct-23	47
Nov-23	40
Dec-23	121
Jan-24	Jan 1-30 = 121



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Below is an excerpt from Dr. Carl H. Schultz, EMS Medical Director and Deputy County Health Officer from the Orange County Health Care Agency requesting immediate action from Hoag Hospital Irvine with the concern.

*"I am contacting you in regards to the recent increase in your emergency department's EMS ambulance diversion hours.*

*It is important to take immediate steps to reduce these significantly increased hours down to no more than 200 per month, as this is what most hospitals request. If diversion hours exceed 200 per month, it puts increasing strain on remaining hospitals and we see a domino effect. If hospitals are unable to reduce their diversion hours by implementing new strategies over the next month or two, OCEMS may be forced to restrict their hours using the ReddiNet. As you can imagine, we would much prefer not to do this. Rather, it would be best if each hospital evaluates their own situation and takes appropriate action."*

Additionally, to continue to be able to meet the standards of AB 40 to ensure EMS units are not holding the wall "APOT" to ensure EMS personnel are available to the committee.

To alleviate these emergency saturations, Hoag Hospital Irvine has activated wall and hallway beds, staffed the emergency department with medical/surgical nurses, and transferred Hoag Hospital Irvine patients to Hoag Hospital Newport Beach when there are beds available. Hoag Hospital Irvine has exhausted all available options including diversion to other hospitals.

Hoag Hospital Irvine currently has 36 licensed treatment areas in the Emergency Department and 36 licensed medical/surgical beds on the Fifth Floor and 28 licensed medical/surgical beds on the Sixth Floor. Hoag Hospital Irvine also has 12 licensed intensive care beds on the Second Floor. Despite extensive efforts to decrease patient length of stay as appropriate, address hospital throughput challenges and other initiatives, Hoag Hospital Irvine cannot accommodate the current volume of patient admissions. Additionally, Hoag Hospital Irvine has 10 flex beds on the Third Floor of Hoag Orthopedic Institute hospital through a CDPH program flex.

The Critical Care Unit does not regularly require all 12 intensive care beds for critical care patients.

██████████ Care Unit is staffed for all 12 intensive care beds. Therefore, Hoag Hospital Irvine is requesting temporary use of twelve (12) licensed intensive care beds and spaces located on the Second Floor of Hoag Hospital Irvine (HHI) for admitted sub intensive care and telemetry patients as needed. This area will be used in an urgent/emergent overflow situation when inpatient beds are not available on other Hoag Hospital Irvine floors due to capacity. The length of time the patient will be in this space would vary depending on length of stay.

### **ACTIVATION OF SPACE**

When the Critical Care Department has a census of 6 or less and the Emergency Department is boarding 10 or more patients, the House Supervisor will discuss with the Critical Care Director the potential use of the beds and space.

### **TYPE OF PATIENTS**

Intensive care, sub intensive care (step down) and telemetry patients will be treated in this space.



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### **STAFFING PLAN**

Staffing will be according to Title 22 staffing ratio. Hoag Hospital Irvine Critical Care and/or Float Pool nurses who are already familiar with the space and emergency procedures will care for patients in this area. Additionally, hospitalists and specialists on the Hoag Medical Staff will be assigned to patients in this space.

Census	Charge Nurse	Registered Nurse (RN)	Patient Care Assistant (PCA)
0	0	0	0
1	1	1	0
2	1	1	0
3	1	1	1

### **EQUIPMENT AND SUPPLIES**

All required equipment and supplies are in the department and will be utilized. No additional equipment or supplies are required.

### **PATIENT FLOW**

Patients will be triaged in the Emergency Department (ED). Depending on their status after assessment in the ED, patients would be either treated and discharged, or admitted. The intensive care beds would be utilized when maximum capacity is reached for inpatient Hoag Hospital Irvine beds.

### **POLICIES AND PROCEDURES**

All current Hoag Hospital Irvine policies and procedures will apply to this temporary space.

Hoag Hospital Irvine would like to continue serving the needs of the community. These additional rooms will give us the space needed to provide the continuum of care needed for our patients and keep the Emergency Department off of diversion.

Thank you for your consideration and we hope to hear from you soon.

[Redacted Signature]

Feb 1, 2024

[Redacted Title]

Senior Vice President & Chief Hospital Operations Officer  
**Hoag Memorial Hospital Presbyterian**

# CDPH 5000a Program Flex Attachment A - HHI Emergency Room 02.24

Final Audit Report

2024-02-01

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