



Incomplete Sections

 The following sections need to be completed before proceeding:

- [Evaluation](#)

General

Facility: PROVIDENCE CEDARS-SINAI TARZANA MEDICAL CENTER

District: L.A. Acute/Ancillary Unit

Facility Number: 930000091

Facility Type: GACH

License ID: 930000097

Phone Number: 8187085652

County Name: LOS ANGELES

Address: 18321 Clark St, Tarzana, CA 91356

Applicant Details:

Name: 

Email: 

Assigned Evaluator(s): Ramona Marshall

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



Specify Type of Request

Non-Emergency

- Nursing Service Staff, T22 DIV5 CH1 ART3-70217(a)(1)
- Space Conversion, T22 DIV5 CH1 ART8-70805
- Patient Accommodations, T22 DIV5 CH1 ART8-70809(b)

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

- 1) Designate ICU rooms 330, 331, 332, 333, and 334 as the primary flex rooms to be utilized for either medical-surgical and/or telemetry patients to be staffed by nurses competent at the level-of-care of the patient (med-surg vs. telemetry) and at the level of care staffing ratio (1:5 for medical-surgical and 1:4 for telemetry), unless acuity of patient dictates more stringent staffing needs.
- 2) Designate ICU room 335 with the ability to utilize for med-surg and/or telemetry overflow or for ICU depending on if patient requires dialysis as this room is a dialysis capable room (dialysis equipment plugs)
- 3) Designate ICU rooms 326, 327, 328, 329 as additional back-up flex rooms for medical-surgical and/or telemetry patients to be staffed by nurses competent at the level-of-care of the patient (med-surg vs. telemetry) and at the level of care staffing ratio (1:5 for medical-surgical and 1:4 for telemetry), unless acuity of patient dictates more stringent staffing needs.
- 4) When both medical-surgical and telemetry patients are overflowing into the ICU, patients will be cohorted by level-of-care to keep patient assignments in the same space within the unit.
- 5) ICU patients will take priority for inpatient rooms and overflow of medical-surgical patients will only occur when bed availability allows.

JUSTIFICATION

Describe why program flexibility is needed.

Request for staffing flexibility for med-surg & telemetry overflow into the ICU due to patient saturation and extended boarding LOS of inpatients in the emergency department due to no lower level of care beds available. Currently med-surg and or telemetry patients are being admitted into open ICU beds and cared for by nursing at the level of care needed (e.g. med-surg assigned med-surg nurse and telemetry patients assigned telemetry nurse). However, due to lower level of care patient being housed in the ICU those med-surg and telemetry nurses are currently only being assigned to no more than 2 patients due to CA staffing regulations due to patient location rather than acuity/level of care. Need to allow staffing by level of care for overflow in the ICU to reduce the number of nurses assigned to lower level of care patients so that the additional staff can be redeployed to care for boarding inpatients in the emergency department at the level of care the patient requires. For example: 4 overflow telemetry patients in the ICU would require 2 telemetry nurses to be assigned (1:2) because patient is physically located in the ICU but is not

were at ICU staffing ratio (1:2) based on physical location, not patient need, could then be redeployed to care for telemetry patients that are boarding in the ED because of no other inpatient bed availability.

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.

- 1) Patients overflowing into the ICU will be assigned nurses that are competent at the level-of-care for the patient (medical-surgical vs. telemetry) and staffed within the level-of-care required staffing ratios (1:4 for telemetry and 1:5 for medical surgical), unless acuity of patient dictates more stringent staffing.
- 2) Visitors of patients overflowing into the ICU will be made aware of their location as the facility has visitor check-in and badging at the entry points. Visitors will be given the room number and directions to the unit and room that the patient is housed. Since patients will be in an established unit, they will be able to follow directional signage in the facility for the existing unit.
- 3) The overflow patients are covered by the charge nurse on the telemetry and/or medical-surgical units that also provide breaks/relief for the nurse as needed. Management oversight is provided by the ICU nursing leadership in collaboration with the inpatient (medical-surgical and telemetry) nursing leadership.
- 4) The hospitalists for medical-surgical and telemetry patients would manage these patients.
- 5) Rooms requested have bathrooms in the room. Shower would be available across from rooms 319-320 as needed.

Additional Information

Provide any additional information as desired.

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

[Floor Plan ICU.docx](#)

[FLEX-7996_APPROVED.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.

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- 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