



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

Jun 28, 2023

[REDACTED]
Methodist Hospital of Sacramento
7500 Hospital Drive
Sacramento, CA 95823

APPROVAL OF PROGRAM FLEXIBILITY

Dear [REDACTED]

This letter is in response to the request submitted by **Methodist Hospital of Sacramento** for program flexibility for California Code of Regulations T22 DIV5 CH1 ART3-70217(a)(1), 1276.(b).

The alternative means of compliance with T22 DIV5 CH1 ART3-70217(a)(1), 1276.(b) include

- The intensive care unit at Methodist hospital has 20 beds with an average census of 10 or less. 8 out of the 20 rooms will be assigned to house the patients transferred from Kaiser Permanente as part of the agreement. The rooms assigned will be sequential rooms on one side of the hallway with room numbers 101, 102, 103, 104, 105, 106, 107, and 108. These rooms will be static. The rooms will be identified with a signage outside each room to distinctly identify it from the other ICU rooms. A lay out of the ICU area with beds assigned for telemetry highlighted is attached.
- The patients assigned to these beds will be telemetry or medical surgical acuity level with no isolation upon admission to Methodist. The equipment to care for the clinically appropriate lower acuity patients is readily available in the medical intensive care unit and meets all the regulatory requirements. Patients requiring telemetry would not need to utilize the telemetry boxes currently used for the general acute care beds because of central monitoring capacity in the intensive care unit, thereby increasing our cardiac monitoring capability. Staffing for the telemetry beds will be addressed by hiring staff as needed. Compliance to AB394 will be maintained and these 8

Center for Health Care Quality
Centralized Program Flex Unit (CPFU)
P.O. Box 997377 MS 3405 Sacramento, CA 95899-7377
e-mail: CentralizedProgramFlex@cdph.ca.gov



designated beds will be staffed 1:4. RNs caring for these patients will be competent to provide telemetry level care. Visitation to the rooms will be in accordance with the hospital's patient visitation policy and any applicable state & local regulations. The operations such as staffing ratio and staff assignment for telemetry beds will be managed by the manager of the definitive Observation unit and records will be maintained. These records will be available readily upon request.

- ICU census and anticipated ICU admissions will be monitored daily as part of operations by the ICU department manager and if ICU census exceeds 12 beds, the alternate acute care beds in ICU will be converted back to medical intensive care unit beds and other telemetry beds within the facility will be utilized to continue to care for telemetry level patients. The staffing for additional ICU nurses, in the event of an increase in ICU census will be managed through existing staffing methods such as staffing office, float pool system, and contract staff.
- The staffing for telemetry beds and ICU beds will be managed by two different department managers and staffing will not be mixed between the two groups of patients. In the event of an increase in ICU census, where the ICU census is more than 12, telemetry beds from the definitive observation unit and med – surg beds from surgical acute unit (2nd floor) will be used to move patients out of the telemetry flex beds in ICU. Beds assigned in the ICU under program flex for telemetry patients will be kept open (without placing ICU patients) until all the remaining ICU beds are occupied by ICU patients.
- The facility acknowledges that if the beds designated for lower acuity patients become needed to accommodate ICU patients, and the lower acuity patients are transferred to other units, the program flexibility approval will be void and the approval withdrawn. The hospital will not be allowed to practice a “swing bed” concept or use the ICU beds interchangeably for ICU patients and/or lower acuity patients at will.

Your request for program flexibility of **T22 DIV5 CH1 ART3-70217(a)(1), 1276.(b)** is approved under the following conditions:

1. If the beds designated for lower acuity patients become needed to accommodate ICU patients, and the lower acuity patients are transferred to other units, the program flexibility approval will be null and void. The hospital will not be allowed to practice a “swing bed” concept or use the ICU beds interchangeably for ICU patients and/or lower acuity patients at will.
2. If a hospital is found in violation of the approved program flexibility, then the program flexibility approval will be immediately revoked, and the hospital will be required to utilize the

Center for Health Care Quality
Centralized Program Flex Unit (CPFU)
P.O. Box 997377 MS 3405 Sacramento, CA 95899-7377
e-mail: CentralizedProgramFlex@cdph.ca.gov



beds as ICU beds with appropriate ICU staffing ratios.

3. Facility will allow visitors to telemetry bed stations located in these ICU beds the same as allowed at telemetry level of care in other units at the facility, while allowing for monitored access to the ICU space.
4. Facility shall follow California Code of Regulations Title 22 section 70217(d) for all licensed ICU bed stations including those used for telemetry level of care.
5. Facility shall staff beds 101 - 108 at the ratio of 1:2 or less RN to patient staff ratio, if any one of these beds are held by an ICU level of care patient during the term of this program flex approval.
6. HSC 1276(e) and (f) requires
 - Facility shall not jeopardize the health, safety, and well-being of patients by using the alternative concept.
 - Facility shall limit the use of the concept to when it is needed for increased operational efficiency.
 - Facility shall (i) Conspicuously post the critical care unit program flexibility request form and
 - Facility shall post a notice next to its license stating that a critical care unit program flexibility request and supporting evidence have been submitted to the department.
 - Facility shall have made its best effort to notify affected employees and employee representatives of the critical care unit program flexibility request and direction to where to find the request and supporting evidence, and where to provide public comment.

Either this letter or a true copy thereof shall be posted immediately adjacent to the facility's license.

This approval shall remain in effect from Jul 01, 2023 until Jun 30, 2024.

NOTE: The Department may revoke the program flexibility if the licensee does not comply with the conditions set forth in the approval or if the department determines the proposed alternative does not adequately meet the intent of the regulations.

If you have any questions, please contact Centralized Program Flex Unit at (916) 323-5053 or by email at CentralizedProgramFlex@cdph.ca.gov.

Center for Health Care Quality
Centralized Program Flex Unit (CPFU)
P.O. Box 997377 MS 3405 Sacramento, CA 95899-7377
e-mail: CentralizedProgramFlex@cdph.ca.gov



Sincerely,

A handwritten signature in black ink, appearing to read 'Sevrine A. Banks'.

Sevrine A. Banks, Program Manager

Centralized Program Flex Unit

Center for Health Care Quality
Centralized Program Flex Unit (CPFU)
P.O. Box 997377 MS 3405 Sacramento, CA 95899-7377
e-mail: CentralizedProgramFlex@cdph.ca.gov

