

⚠ The following sections needs to be completed before proceeding:

- General ✓

Address: 435 H St, Chula Vista, CA 91910

Assigned Consultant(s):

Program Flexibility Application

Contact Details

Applicant Contact Number

Duration of Request

Requested Start Date

04/21/2024

Requested End Date

04/20/2025

Specify Type of Request

Non-Emergency

- **Medical Service Space, T22 DIV5 CH1 ART3-70209**

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

Hospital to use up to sixteen (16) of the twenty-four (24) single occupancy licensed Intensive Care Unit (ICU) beds as surge/overflow Medical-Surgical-Telemetry (MST) beds to care for up to sixteen (16) MST patients. Hospital to use ICU rooms 9-25 as a surge/overflow Medical-Surgical-Telemetry (MST) beds to care for up to 16 Adult MST patients. Hospital will open and close MST unit as a surge/overflow MST unit. These MST surge/overflow beds may be activated when licensed general medical-surgical/stepdown beds are at and/or near maximum capacity. When a surge/overflow MST tier is activated there will be no mixing of ICU patients.

Overflow/surge ICU beds 9-25 will open as the surge/overflow MST unit in the following tiered approach:

Tier 1: ICU beds (22-25) will open as the primary overflow MST unit.

Tier 2: When the above four (4) ICU beds are occupied with four MST patients, an additional four (4) beds (18-21) may open up to a total of 8 MST beds.

Tier 3: When the above eight (8) ICU beds are occupied with eight MST patients, an additional four (4) beds (14-17) may open up to a total of 12 MST beds.

Tier 4: When the above twelve (12) ICU beds are occupied with twelve MST beds, an additional four (4) beds (9-12) may open to up to a total of 16 MST beds.

Hospital will ensure compliance with nursing unit requirements per Title 22, section 70049.

Hospital will adhere to licensed nurse-to-patient staffing ratios per Title 22 Section 70217. Staffing ratios will be maintained at 4:1 for MST.

Hospital will ensure that nurses and other staff will be assigned tasks within their scope of licensure, experience, training, and competence.

Hospital will ensure MST and ICU leadership oversight for the patients cared for in these rooms.

Hospital will provide an orientation to the unit and furnish documentation of this orientation to the California Department of Public Health (CDPH) upon request.

Hospital will ensure signage is visible placed to clearly designate the flexed space.

Hospital will ensure adequate medical gases, call light/system, space including patient belonging storage space, bathroom accessibility and related equipment to meet the patient's designated level of care.

Hospital will develop a safety plan for the ambulatory MST patient's showering needs. Staff caring for these patients will be in-serviced and this plan will be posted and readily available.

Hospital will ensure that appropriate equipment and supplies are available to provide services in accordance with current policies and procedures.

Hospital will ensure a safe rapid response/code blue response and maintain a crash cart available at all times.

Hospital will ensure pharmacy regulations and policies and procedures are followed, including safe (a) storage, (b) ordering/prescribing, (c) transcribing and verifying, (d) dispensing and delivering, (e) administering, and (f) monitoring and reporting.

Hospital will continue to provide necessary care in accordance with patient needs and make all reasonable efforts to act in the best interest of patients.

Hospital will ensure patient privacy is maintained and clear access and egress of patients, personnel, equipment, and supplies will be maintained at all times.

Hospital will continue to provide necessary care in accordance with patient needs and make all reasonable efforts to act in the best interest of patients.

Hospital will adhere to hospital and unit specific policies and procedures.

Hospital will ensure adequate dietary, nutrition, linen supplies and environmental (housekeeping) services are provided for the MST patients cared for in this space.

Hospital will follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), and CDPH or local health department.

JUSTIFICATION

Describe why program flexibility is needed.

Average daily census for Medical-Surgical-Telemetry and Stepdown patients neared max capacity at our Scripps Mercy Chula Vista campus 12 of the previous 13 months (from December 2022-December 2023).

Maximum capacity was reached for MST and Stepdown patients was exceeded 9 of the previous 13 months, warranting an overflow/surge area to care for MST and Stepdown patients.

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.

See as above

Additional Information

Provide any additional information as desired.

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

[ICU Floor Plan with Highlights.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