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State Public Health Officer & Director

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



GAVIN NEWSOM
Governor

Jan 17, 2024

[REDACTED]
Kaiser Foundation Hospital - Vacaville
1 Quality Dr
Vacaville, CA 95688

FACILITY: Kaiser Foundation Hospital - Vacaville, LICENSE # 550001207

APPROVAL OF PROGRAM FLEXIBILITY FOR FLEX-7564

Dear [REDACTED]

This letter is in response to the request submitted by **Kaiser Foundation Hospital - Vacaville** for program flexibility for California Code of Regulations T22 DIV5 CH1 ART3-70217(a)(1), T22 DIV5 CH1 ART8-70809(b), T22 DIV5 CH1 ART8-70805.

The alternative means of compliance with T22 DIV5 CH1 ART3-70217(a)(1), T22 DIV5 CH1 ART8-70809(b), T22 DIV5 CH1 ART8-70805 include

The rooms within the ICU to be dedicated for med/surg/tele patient's use are 225, 226, 227, 228, 229, 230, 231, and 232. These rooms are located on one side of the ICU and can be segregated from the other ICU rooms. This specific rooms when in use will be clearly marked by signage outside the rooms within the unit itself. The nursing care assignment will not be mixed, and nurses will care for med/surg/tele patients and ICU patient in separate assignments.

Nursing administration (Adult Services Director or designee) will verify that all med/surg/tele beds are occupied prior to any non-ICU patient being admitted to the ICU flex bed.

Center for Health Care Quality
Centralized Program Flex Unit (CPFU)
P.O. Box 997377 MS 3405 Sacramento, CA 95899-7377
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The types of patients that would utilize the flex beds would be any patient that would normally be managed on the med/surg/tele units 2B or 4B, 3A or 3B. This would include medical, orthopedic, and surgical cases. The exception would be any patient requiring a negative pressure room.

Although the patients will be on the ICU unit they will be managed as med/surg/tele/ patients. The documentation, rounding, and care provided will be based on standards for med/surg/tele patients and the care provided will be provided by med/surg/tele nurses. They will be identified through the electronic medical record, KP HealthConnect, as being med/surg/tele patients for purposes of billing and Quality Assurance.

If a med/surg/tele patient is admitted to an ICU flex bed they will be cared for by med/surg/tele RN staff. The licensed nurse-to-patient ratio for medical/surgical patients shall be 1:5 at all times and 1:4 for telemetry patients at all times. The Assistant Manager is the resource for the unit in the absence of the Manager. Staffing is adjusted according to the patient care requirements and resources available utilizing the KP Acuity system. A list of qualified RNs is maintained in the staffing office. Identified RNs (per diem, regular RN availability for extra shifts) are called to fill any last-minute needs. Additional qualified RNs are included in core staffing levels to provide break relief and to ensure nurse/patient ratios are maintained. Trained nursing department managers may be utilized for this purpose when necessary. Missed meal and rest periods are reimbursed in accordance with state regulations. Contingency plans such as unit closure to admissions, float staff oriented to the unit from other areas of the hospital or externally, and implementation of the internal disaster plan may be activated in the event of serious staffing or bed shortages.

Med/surg/tele nurses will be sent to the ICU flex beds to care for only med/surg/tele/ patients. The med/surg/tele nurses will not be providing care for the ICU patients or combination of ICU. Also, they will only be caring for patients within the ICU flex bed area.

Although the patients in the overflow area will be managed as med/surg/tele patients the visitor policy will remain consistent with what is currently being practiced in the ICU. Family members will be notified of this upon admission or transfer to a flex bed.

It is the expectation that all other policies or procedures regarding operations within the ICU will be followed. Any temporary modifications will be reviewed on a case-by-case basis.

Patients admitted to the ICU flex beds would be transferred back to the med/surg/tele floor if a bed becomes available.

Reutilization of ICU Rooms

If at any time a flex bed is needed for an ICU patient, and there were no patients currently using the flex beds, the flex bed would immediately be re-designated for ICU use.

If at any time a flex bed is needed for an ICU patient, and there were patients using the flex beds, every attempt would be made to make space on the floor by early discharge or canceling elective admissions to allow transfer of the non-ICU patient back to the floor. At this point the flex beds would be re-designated for ICU patients.

If the space could not be made available to allow transfer of the non-ICU patients out of the flex bed the new ICU admission may have to be transferred to another facility, most likely Kaiser Vallejo. However, because of the criticality of ICU patients these cases would be reviewed by onsite Medical Leadership to review the plan of care, safety of the patient, and alternative options.

Once the flex bed has been re-designated for ICU patients they will be staffed and operated according to rules and regulations pertaining to an ICU, while ICU level of care patients occupies the room.

Your request for program flexibility of **T22 DIV5 CH1 ART3-70217(a)(1), T22 DIV5 CH1 ART8-70809(b), T22 DIV5 CH1 ART8-70805** is approved under the following conditions:

- Hospital may use the following single intensive care unit (ICU) occupancy rooms, 225, 226, 227, 228, 229, 230, 231, and 232, for the care of the adult medical-surgical/telemetry patients when the total number of the medical-surgical/telemetry patients has exceeded the total number of medical-surgical/tele beds available. Placement in these rooms will be made in consideration of infection prevention and health and safety of the patients and others in each room.
- Hospital will ensure that there will not be any mixing of ICU with medical-surgical/telemetry patients.
- Hospital will ensure all staff will be knowledgeable of the inclusion and exclusion criteria:

Inclusion criteria: Patients who are normally admitted and cared on the medical-surgical/telemetry units.

Exclusion criteria: Patients requiring a negative pressure room or patients requiring after hour postoperative care.

- Hospital will ensure the patients in this area will be under the oversight of medical-surgical/telemetry nursing and medical leadership for this unit.
- Hospital will ensure signage is visible placed to clearly designate the flexed space. Ensure movement in, out, and around the room is clear and unobstructed.

- 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 ensure medical gases, call light, space, and related equipment to meet each patient's designated level of care.
- 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 compliance with nursing unit requirements per Title 22, section 70049.
- Hospital will ensure the unit will be staffed per nursing staff Title 22, section 70217. Staffing ratios for the specific medical-surgical/telemetry patients will be at a minimum ratio of the following: 1:4 for telemetry patients and 1:5 for medical-surgical patients not requiring telemetry.
- Hospital will ensure the nursing care assignment will not be mixed, and nurses will care for medical-surgical/telemetry patients and ICU patients in separate assignments.
- Hospital will ensure that nurses and staff will be assigned tasks and patient care assignments within their scope of licensure, experience, training, and competence.
- 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 always maintain a crash cart available.
- 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 shall 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.
- 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 the ICU visiting hour policy will remain in effect for all beds in the ICU unit. Families will be informed of the visiting hour policy.

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 Jan 16, 2024 until Apr 15, 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sevrine A. Banks', with a stylized flourish at the end.

Sevrine A. Banks, Program Manager
Centralized Program Flex Unit

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