

- ☐ Requesting an urgent response within 24 hours to help address facility capacity concerns during a disease outbreak, patient evacuations during a natural or human-caused disaster, or another similar situation that cannot wait for a response during normal business hours.

Justification for the Request

- ☒
- Other

Please explain other justification

Request for staffing flexibility for med-surg & telemetry and intermediate own level of care 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) and downgraded ICU patients are staying in ICU until a bed becomes available. 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 an ICU level of care. Staffing flex is being requested so that 1 telemetry nurse can be assigned to those 4 patients (1:4) in accordance with staffing ratio regulations, applicable any acuity needs that may dictate any additional staffing needs. The 2nd telemetry nurse that would have been assigned to the ICU if we 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.

- **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 205, 206, 207, 208, 209, 210, 211 and 212 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) When medical-surgical, telemetry and intermediate 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.
- 3) ICU patients will take priority for inpatient rooms and overflow of medical-surgical patients will only occur when bed availability allows.

Exhausting Available Alternatives

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