General <

Facility: PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER TORRANCE

District: L.A. Acute/Ancillary Unit

Facility Number: 930000081

Facility Type: GACH

License ID: 930000089

Phone Number:

County Name: LOS ANGELES

Address: 4101 Torrance Blvd, Torrance, CA 90503

Applicant Details:

Name: Email:

Assigned Evaluator(s):

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

Duration of Request

Requested Start Date 03/29/2024

Requested End Date 06/30/2025

Specify Type of Request

Emergency

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. medsurg 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

The provider must exhaust available alternatives before requesting increased patient accommodations. Check all that apply, none or N/A:



N/A

Adequate Staff, Equipment and Space

The provider must make arrangements for adequate staffing, equipment and space for increased patient accommodations. Check all that apply, none or N/A:



N/A

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 (1:3 for step down, 1:4 for telemetry and 1:5 for medical surgical), unless acuity of patient dictates more stringent staffing.
- 2) Vistors of patients overflowing into the ICU will be made aware of their location as the facility has visitor check-in 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 intermediated (stepdown), 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 (stepdown, medical-surgical and telemetry) nursing leadership.
- 4) The hospitalists for step down, medical-surgical and telemetry patients would manage these patients.
- 5) Rooms requested have bathrooms in the room. There is a shower across from room S202 see floor plan attchment

Additional Information

Provide any additional information as desired.

I am requesting for Toni Christopherson to review this flex application. Additionally, the ICU leadership would like to discuss the flex application if possible.

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

Code Blue (1).pdf

ICU Floor Plan.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