



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

Mission Hospital Laguna Beach requests the renewal of the original Program Flex that was approved on 11/7/2017 which takes six (6) of the ten (10) licensed ICU beds for additional medical-surgical or telemetry patients. The nurse-to-patient ratio will remain 1:4 or fewer for telemetry patients and 1:5 or fewer for medical/surgical patients.

## JUSTIFICATION

**Describe why program flexibility is needed.**

Mission Hospital Laguna Beach has used this flex since 11/2017 because there is a greater need for Medical Surgical and Telemetry beds to accommodate that specific patient level of care needs than ICU beds. By increasing the capacity of the above mentioned level of care Mission Hospital Laguna Beach will be able to meet the needs of the community seeking care through the emergency room. The additional bed availability expedites patient flow to the desired level of care.

## 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.

The hospital will be in compliance with the requirements outlined in 70217(a)(10) for telemetry patients and 70217(a)(11) for medical-surgical patients. The original Program Flex has allowed the hospital to utilize the six (6) extra beds to accomodate the level of care in the highest demand. The increased bed availability has improved patient flow, decreased ambulance wait times and improved patient satisfaction.

### Additional Information

**Provide any additional information as desired.**

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

70217 ICU med surg CDPH 11.7.17 - Program Flex.pdf

## Revise and Update

## Add updates to the original application.

No updates to the original application that was submitted in 2017.

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