



- ☐ 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

CCU lower level of care request

- **Space Conversion, T22 DIV5 CH1 ART8-70805**

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

The flex request is to utilize the Intervention Intensive Care Unit as a combined unit for Telemetry and Intensive Care patients. The level of care for the unit would be based on the patient's needs and staffed according to Title 22 requirements.

## Exhausting Available Alternatives

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

- ☒
- Other

Trying to prevent ED borders.

## 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:

- ☒ The proposed space for care of patients provides sufficient square footage to ensure access for safe 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.

**Department Direction:** The Director, a Registered Nurse, assumes responsibility for the effective organization and management of the unit, including provision of services, personnel, material resources and nances. A Nurse Manager who is an RN and maintains 24-hour accountability for unit operations will oversee the staff. The Telemetry Manager will oversee the Telemetry staff, and the ICU Manager will oversee the ICU staff. A Charge Nurse is assigned each shift to facilitate unit communication, coordination, and delivery of patient care. There will be a Telemetry Charge RN assigned for Telemetry patients and an ICU Charge RN assigned for ICU patients.

### Patient Population:

Telemetry Patients: Patients admitted or transferred to this unit include medical patients 18 years of age and older with a medical primary diagnosis requiring telemetry monitoring as defined in the admission criteria. Typical diagnoses include:

- Sepsis
- Pulmonary
- Endocrine
- Medical diagnosis with psychiatric conditions
- CHF
- Alcohol toxicity
- Drug toxicity
- UTI
- Gastrointestinal

**Intensive Care Patients:** The ICU provides care for critically ill adults and geriatric patients. These patients receive supportive care for neurological, cardiac, pulmonary, or medical-surgical diagnoses requiring advanced levels of invasive monitoring. The Intensive Care staff is responsible for the assessment, treatment and care of patients and is competent in the following as appropriate to the ages of the patients served (adult and geriatric):

- 1.Ability to obtain information and interpret information in the terms of patients' needs.
- 2. Understanding the range of treatment needed by these patients.

**Staffing:** All Title 22 staffing ratios will be adhered to based on the level of care required for the patient. The unit is staffed with registered nurses trained in ACLS and have completed dysrhythmia monitoring. Patient care technicians, telemetry technicians and unit coordinators also staff the unit. There will be a Charge RN to oversee the unit's care based on the level of care of the patients. The Telemetry Charge RN will oversee the Telemetry patients in the unit and the ICU Charge RN will oversee ICU patients in the unit.

Licensed nursing and Medical Staff Support: Intensive care patients will be staffed with 1 Critical Care trained nurse for up to 2 patients. Telemetry patients will be staffed with 1 Telemetry trained nurse for up to 4 patients.

Facilities Environment: The ICU is a self-contained unit accessed by badge access only. There is a call system available for family members to request access for visitation. Within the unit, there is a bay area that can hold up to 6 patients separated by privacy curtains. There are an additional 8 private rooms that have negative pressure capabilities. This unit is marked with proper signage and is located on the 1st oor Hospital Pavilion.

Equipment: All equipment needed to care for both Telemetry and Intensive Care Unit patients will be available on the unit. This equipment includes VS monitoring equipment, telemetry, IV pumps, and pulse oximetry, suction and medical gases for each patient. A crash cart is available on the unit.

Medications: There is a secure Medication room that is badge accessed, that includes a fully stocked Pyxis storage. The Medication room has a refrigerator available.

Medical Supplies: Medical Supplies are stored in the unit supply room containing. The supply room contains all the necessary patient supplies necessary to care for Telemetry and ICU level patients.

Policies: All hospital standards, policies and procedures will be followed.

Support Services- Unit to be supported by EVS, pharmacy, lab, respiratory services, nutritional care services, central supply, and facilities.

Infection Control- Please see the attached hospital Infection Prevention Plan.

### Additional Information

**Provide any additional information as desired.**

## 90 Day emergent request for CCU

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

CY 2023 Providence Mission and Mission Laguna Beach Infection Prevention Program Plan  
Evaluation.pdf

CY 2024 Providence Mission and Mission Laguna Beach Infection Prevention Program 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