

Incomplete Sections

! The following sections needs to be completed before proceeding:

- Application Screening
- Evaluation
- Post Decision

General ✓

Facility: Children's Hospital at Mission

District: Orange County District Office

Facility Number: 060001207

Facility Type: GACH

License ID: 060000348

[REDACTED]

County Name: ORANGE

Address: Floor 5 27700 Medical Center Rd, Mission Viejo, CA 92691

Applicant Details:

[REDACTED]

[REDACTED]

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

760-470-7606

Duration of Request**Requested Start Date**

06/06/2024

Requested End Date

06/10/2024

Specify Type of Request

Non-Emergency

- 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

Children's Hospital at Mission (CHM)'s pediatric unit will be accepting pediatric acute care overflow patients from Children's Hospital of Orange County (CHOC) between 6/6/24 and 6/10/24 while CHOC's air handler will be down for repair. In order to accommodate as many patients as possible from CHOC during this downtime, CHM is requesting to flex four NICU bed spaces as overflow space for (4) acute care pediatric patients with like diagnoses. Cross reference Flex 9402.

JUSTIFICATION**Describe why program flexibility is needed.**

CHOC must schedule refurbishment of its air handler servicing inpatient units 4W and 5W or risk the handler failing while patients are being cared for in these two units. To do this, all patients must be relocated. CHM will be receiving transfers to its pediatric unit from CHOC to help relocate patients from 4W and 5W during this time; however, more space will be needed than the existing CHM pediatric beds. To ensure all pediatric patients continue to receive safe care, CHM requests to use four NICU bed spaces for acute care pediatric patients between 6/6/24 and 6/10/24.

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.

Patient Placement: CHM will use Neonatal Intensive Care Unit (NICU) beds 1, 2, 3 and 4, a total of four (4) spaces in one room, for the care of up to four (4) pediatric acute care (med/surg) patients under 12 months of age. At no time will NICU patients and acute care patients be mixed and cared for in this space at the same time. Placement in these spaces will be made in consideration of infection prevention and health and safety of the patients and others in the room.

Inclusion Criteria: Pediatric unit level acuity patients such as those with Respiratory viral illness (if like diagnoses) -If non-infectious, diagnoses such as but not limited to failure to thrive, hyperbilirubinemia, hypoglycemia, and trauma.

Exclusion Criteria: Any patient needing isolation, is immunosuppressed, needing to use the bathroom, requiring a full-sized bed, infected with multi-drug resistant organisms, who are unstable or with a deteriorating condition.

Signage: CHM will ensure signage is visibly placed to clearly designate the flexed space entrance and traffic patterns.

Orientation to Space: CHM will provide orientation to space including sole access through door on main corridor and no cross traffic between NICU and overflow unit staff.

Privacy and Access: CHM will ensure medical gases, space, and related equipment are available to provide services to meet each patient's designated level of care in accordance with current policies and procedures and age-appropriate needs of the patient.

Standards of Care: CHM will ensure pediatric acute care patients admitted to the flexed NICU bed spaces will remain part of the pediatric acute care service for which all pediatric standards of care and policies apply.

Staffing Ratios: CHM will ensure the space will be staffed per nursing ratios per T22 regulations 70217, with a minimum of two acute care pediatric trained Registered Nurses present at all times while space allocation is executed.

RN Competencies: CHM will ensure that nurses and staff will be assigned tasks within their scope of licensure, experience, training, and competence.

Medical Emergency Procedures: CHM will ensure a safe rapid response/code white response and maintain a crash cart available at all times, which are age appropriate.

Medication Management: CHM 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.

Infection Prevention: CHM will 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 according to hospital policies and procedures.

Additional Information

Provide any additional information as desired.

Overall Plan: Request to use NICU beds 1-4 as overflow beds for acute care (med/surg) level diapered and cribbed patients aged 0-12 months with like diagnoses and staffed by two pediatric RNs, overseen by the pediatric hospitalist and nursing leadership.

Oversight: Pediatric unit charge nurse and hospital and nursing leadership.

Hours of operation: 24/7

Capacity: Four patients.

Patient classification: 12 months and under; diapered; sleeping in crib or isolette; with like diagnoses.

Staffing plan: Pediatric unit charge nurse and two pediatric unit trained RNs at all times.

Facilities/Environment: Bed spaces: Four NICU bed spaces which are contained in their own room that can be accessed via separate entrance from main corridor. The other door between the four-bed room and the Main NICU will be closed for duration of the waiver. Bed spaces have full ICU capabilities including dual oxygen, dual suction, bedside monitor connecting to central monitor within the four-bed room. Nurse call lights and Code White buttons in each bed space.

Space for family/visitors – limited to one family member, space for a recliner chair, families will also have access to the Ronald McDonald sleep room.

Privacy measures: privacy curtains plus newly installed accordion dividers.

Bathrooms: none in four-bed room; parent bathroom available in hall.

Sinks: one handwashing sink available.

RN work area: workspace and computers for two RNs.

Supply area: fully stocked locked mobile cart restocked from pediatric unit supply room.

Medications: locked med drawer with patient cassettes; narcotics obtained from PICU Pyxis; refrigerated meds kept in PICU Pyxis (approximately 15 feet away).

Breast Milk: breast milk will be stored in PICU BM refrigerator.

Nourishment: refrigerator and pantry located in PICU.

Emergency procedures: -Code White (pediatric Code Blue) and rapid response team responders will be notified upon activation of the overflow space -Emergency Department (ED) physician and nursing leadership will be notified upon activation -Established Code White procedures will be followed -Code carts located close by in NICU and PICU.

Ancillary services: Includes but not limited to certified child life specialists, laboratory, pharmacy, nutritional service, environmental services, radiology, respiratory care services, and infection prevention.

Signage: will be posted on the door in the hallway denoting "Pediatric Unit Overflow Beds 1-4" and signage on other side of door that connects with NICU will denote "No Entry - Pediatric Unit Overflow" to prohibit pass through by staff.

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

[**Photos Flex 9403.docx**](#)

[**9403 - Measurements NICU Bed Spaces 1-4.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