

## 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 \*



09/02/2024

Requested End Date \*



03/08/2025

Specify Type of Request \*



☐ Emergency ☒ Non-Emergency

What regulation(s) are you requesting program flexibility for? \*



Select Facility Type

General Acute Care Hospital

Search Regulations by Title or Regulation Number

### Selected Regulations

Space Conversion, T22 DIV5 CH1 ART8-70805  
Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the written approval of the Department.

Intensive Care Service Staff, T22 DIV5 CH1 ART6-70495(f)

(f) An inhalation therapist, physical therapist and other supportive service staff shall be available depending upon the requirements of the service.

Intensive Care Service Staff, T22 DIV5 CH1 ART6-70495(e)

(e) The nurse:patient ratio shall be 1:2 or fewer at all times. Licensed vocational nurses may constitute up to 50 percent of the licensed nurses.

HSC Section 1276, 1276.4(j)

(j) The regulations adopted by the department shall not replace existing licensed staff-to-patient ratios for hospitals operated by the State Department of Mental Health.

HSC Section 1276, 1276.4(f)

(f) The written policies and procedures for orientation of nursing staff shall require that all temporary personnel shall receive orientation and be subject to competency validation consistent with Sections 70016.1 and 70214 of Title 22 of the California Code of Regulations.

HSC Section 1276, 1276.4(h)

(h) In case of conflict between this section and any provision or regulation defining the scope of nursing practice, the scope of practice provisions shall control.

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 ☐ No ☐ N/A (Non-GACH Facility)

### Request Description



We have 40 Intensive Care Unit (ICU) beds, 5 modules with 8 beds. Our average daily census (ADC) for the ICU is 24. Our two 47 bed Telemetry units have an ADC of 46. The ICU patients will continue to be staffed 2:1. The request is program flex for Telemetry overflow in the underutilized ICU module with staffing 4:1.

### JUSTIFICATION

Describe why program flexibility is needed. \*

The ICU beds are not filled to capacity the greater need is for Telemetry. This request is to improve Throughput by reallocating 8 of the ICU beds/ for Telemetry overflow with a 4:1 staffing based upon an ICU ADC of 24, 8 beds will be available for ICU patients if indicated.

### 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 ICU beds are not filled to capacity the greater need is for Telemetry downgrades. This request is to improve Throughput by reallocating a maximum of 8 of the ICU beds/ for Telemetry overflow with a 4:1 staffing. With an ICU ADC of 24. The request is to use Module 1 for Tele overflow patients waiting for available Telemetry beds. From January to April we boarded 515 patients over 7000 hours.

### Additional Information



Provide any additional information as desired.

Currently have 40 ICU beds, Module 1 has 8 beds. All Modules have 8 beds  
Module 1 is Room 1097 Bed numbers A03, A04, A05, A06, A07, A08, A09 A10 Proposed Module is listed on the license  
Remaining ICU Modules  
Module 3 is Room 1091 Bed numbers A03, A04, A05, A06, A07, A08, A09 A10  
Module 4 is Room 1089 Bed numbers A03, A04, A05, A06, A07, A08, A09 A10  
Module 5 is Room 1087 Bed numbers A03, A04, A05, A06, A07, A08, A09 A10  
Module 6 is room 1085 Bed numbers A03, A04, A05, A06, A07, A08, A09 A10  
The same centralized monitoring is in the module at the desk and mounted in the rooms.  
Module 2 is not licensed as a patient care module  
The EHR Project was with the initial EHR conversion. That project has concluded. Our long term plan is to continue using the ICU space as we increase volume with our existing programs Neuro/Stroke and Cardiac Cath Services

ICU Module 2 was an 8 bed Pediatric Intensive Care Unit that was closed in 2008. When the ICU Modules received a nurse call upgrade, module 2 was left out of the project due to inactivity. Millers Children's Hospital was built in 2007. With the Electronic Health Record Project, there was a need for space in the ICU area for an Intermediate Distribution Area. The southeast portion of module 2 was



Please attach any supporting documentation for the request.

More than one document may be uploaded here.



ICU Module Map.pdf

Date Attached: Apr 18, 2023

### Revise and Update



Add updates to the original application.

ICU Module 2 was an 8 bed Pediatric Intensive Care Unit that was closed in 2008. When the ICU Modules received a nurse call upgrade, module 2 was left out of the project due to inactivity. Millers Children's Hospital was built in 2007. With the Electronic Health Record Project, there was a need for space in the ICU area for an Intermediate Distribution Area. The southeast portion of module 2 was selected by the design professionals as the best location due to its proximity. This was an



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