

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 *



10/26/2024

Requested End
Date *



10/26/2026

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.

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



On behalf of Loma Linda University Medical Center ("LLUMC"), enclosed please find a program flexibility request for Loma Linda University Surgical Hospital ("Surgical Hospital"). Surgical Hospital is owned and operated by LLUMC under its consolidated general acute care hospital license. A copy of the consolidated license is enclosed for your reference.

Surgical Hospital is licensed to provide outpatient infusion services at 26780 Barton Road in Redlands. Surgical Hospital operates an Ambulatory Infusion Center ("AIC") within its perioperative services department, which is located on the lower level of the hospital. The AIC occupies 7 rooms, specifically rooms 1021-1027. The types of infusion services provided at the AIC include, but are not limited to, IV fluids, blood product, Intravenous Immunoglobulin (IVIG), and chemo agents. Such infusion services can range from 1-5 hours or greater.

The AIC has been experiencing an increase in patient need from several services lines, specifically the rheumatology and neurology departments. Treatment modalities for certain disease processes are standard of care with infusion therapy. Due to the increase in patient need, the AIC currently has a backlog of approximately 8 weeks out. Consequently, the AIC has had to turn away patients who require infusion

JUSTIFICATION

Describe why program flexibility is needed. *

The Ambulatory Infusion Center does not currently have adequate space to meet the community's increased need for infusion services.

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. *

Surgical Hospital is requesting to utilize space in the Intensive Care Unit (specifically, rooms 2202 and 2203) located on the upper floor of the hospital for outpatient infusion services. Rooms 2202 and 2203 would be used only when they are underutilized and there is no demand at Surgical Hospital for ICU patient beds. Rooms 2202 and 2203 would continue to be classified as ICU patient beds; however, when there is a need at Surgical Hospital for Ambulatory Infusion Services, and rooms 2202 and 2203 are available, either room could be used for infusion services. If available, rooms 2202 and 2203 would be utilized for infusion services Monday through Friday from 8 a.m. to 8 p.m.

By way of process flow, patients would register at the front desk lobby and they and their family members would wait in the lobby area. A patient and his/her family member would then be escorted by guest relations from the lobby to the AIC area or to ICU rooms 2202/2203, depending on where the patient is scheduled to receive infusion services.

The following equipment and supplies are necessary for infusion services:

- IV pumps
- Avalo medical cart which includes dressings, IV catheters and tubing
- Acudose for medications
- Blood pressure machine for vitals

Rooms 2202 and 2203 are currently equipped with such supplies; no new equipment is required.

Staff from the AIC would perform the infusion services. The nurse-to-patient ratio for rooms 2202 and 2203 would be maintained at 1:3, including a unit secretary. Two patients would receive infusion services in each room. Surgical Hospital estimates that on a weekly basis, approximately 50-75 patients may receive infusion services in rooms 2202 and 2203.

Surgical Hospital is requesting use of rooms 2202 and 2203 on an as-needed basis for the next 12 months while it explores relocating infusion services to a larger space to accommodate the higher patient volume. A floor plan identifying the AIC and rooms 2202 and 2203 is enclosed for your review.

Average visits per day: 45-47

Long term plan: Currently, LLUMC has a project to relocate its Ambulatory Infusion Center into a larger space to accommodate the number of patients requiring infusion services. The project is in city plan review process and working on Backcheck comments for resubmission.

Additional Information



Provide any additional information as desired.

Enclosed are the following items:

1. Copy of LLUMC's consolidated license;
2. LLUMC's Plan for Providing Care, Ambulatory Infusion Center;
3. Floor plan depicting ICU beds 2202 and 2203;
4. Floor plan depicting Ambulatory Infusion Center rooms 1021-1027.



Please attach any supporting documentation for the request.

More than one document may be uploaded here.



LLUMC_GACH License.pdf

Date Attached: Oct 25, 2024



PPC AIC.pdf

Date Attached: Oct 25, 2024



LLUSH-2 ICU 2200.pdf

Date Attached: Oct 25, 2024



LLUSH-1 AIC.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