

## 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 \*



11/16/2024

Requested  
End Date \*



12/31/2025

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

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

Providence St. Joseph Hospital of Orange would like to request the department's approval for a program flexibility for 24 months, Title 22 DIV5 CH1 70805, for CVICU - Care Licensed Bed use as Emergency Department Expansion.

### JUSTIFICATION

Describe why program flexibility is needed. \*

In planning and preparing for the increased emergency department volumes, increased hospital census and with the winter season upon us, need we have identified the need to convert 12 CVICU beds into ED overflow Beds. This change will allow us to better meet the needs of our patient and the community and provide the necessary emergency care services. The need for better volume planning and addressing extended wait times this to ongoing efforts to improve APOT Ambulance Patient

### 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. \*

12 CV-ICU beds will be the designated as an expansion of the emergency department located on the hospital's 1st floor.

CVICU bed 1- 12 will be resigned to the following:

1. Patient Room - Overflow ED BED 80
2. Patient Room - Overflow ED BED 81
3. Patient Room - Overflow ED BED 82

4. Patient Room - Overflow ED BED 83
5. Patient Room - Overflow ED BED 84
6. Patient Room - Overflow ED BED 85
7. Patient Room - Overflow ED BED 86
8. Patient Room - Overflow ED BED 87
9. Patient Room - Overflow ED BED 88
10. Patient Room - Overflow ED BED 89
11. Patient Room - Overflow ED BED 90
12. Patient Room - Overflow ED BED 91

The hospital will have clear signage designating the area as and emergency department overflow unit.

Management: The unit will be managed by the Emergency department leadership team

The emergency care overflow unit will service patients throughout the continuum of life from birth to death, all age ranges. It is a 24- hour Basic Emergency Medical Service and is designated by the Orange County EMS as a Paramedic, Stroke and Cardiovascular Receiving Center. For a complete list of services please refer to the scope of service. The need as described is around planning for volumes. I would add that there is a current need now with extended wait times. This request is also connected to our continued action towards APOT improvement. the importance of addressing current challenges with extended wait times and connecting this to ongoing efforts to improve Ambulance Patient Offload Times (APOT).

Policies and procedure will be available in the ED Units in accordance with Title 22, California Code of Regulations Section 70413.

There will be terminal cleaning in place.

The hospital's visitation policy will be implemented in these areas.

Staffing will be maintained at a ratio 1:4 nurse to patient ratio for general patients and 1:2 for critically ill patients in accordance with Title 22, California Code of Regulations Section 70217(a)(8). Staffing will be increased or decreased to accommodate fluctuating volume and acuity. The following plan is in place for increases in patient census and acuity:

- a. Utilizing per diem RN's
- b. Utilizing nursing staff from other units, competent to work in the unit.
- c. Requesting existing staff to work additional shifts.
- d. Requesting support from agency personnel.

The hospital will ensure that the staff caring for the patients in these units are competent and in compliance with the requirements outlined for an emergency care department according to Title 22, California Code of Regulations Section 70217(a)(9).

All required emergency equipment, in accordance with Title 22, California Code of Regulations Section 70417, will be located in this unit.

Emergency response and all other basic and supplemental hospital services, providing patient care needs, will be provided through the current Emergency Care center established guidelines.

### Additional Information



Provide any additional information as desired.

We would like this flex to go into effect starting December 6, 2024, if possible.



Please attach any supporting documentation for the request.

More than one document may be uploaded here.



Scope of Service & Emergency Care Center Operations Concept- DO 1-0.pdf

Date Attached: Nov 16, 2024



CVICU- ED Floor Map 11.11.2024.pdf

Date Attached: Nov 16, 2024

### Revise and Update



Add updates to the original application.

n/a

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