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

Emergency

Non-Emergency

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 End Requested Start Date* Date * 03/01/2025 03/31/2028 **Specify Type of** Request*

What regulation(s) are you requesting program flexibility for? *	(i)				
General Acute Care Hospital	Search Regulations I	by Title or Regulati	on Number		
Selected Regulations					
Intensive Care Service Staff, T22 DIV5 (e) The nurse:patient ratio shall be 1:2	` '		al nurses may cons	titute up to 50 percent of	the licensed nurses.
Nursing Service Staff, T22 DIV5 CH1 A (1) The licensed nurse-to-patient ratio acute care hospital which provides one respiratory service, or an intensive care nurse: 2 or fewer patients at all times.	in a critical care unit s e of the following serv	vices: an intensive	care service, a burn	center, a coronary care s	ervice, an acute
Effective January 1, 2023, HSC 1276 (e) (GACH), that allows the facility to design	* *				te care hospital
Is this request related to a GACH design beds, in a critical care unit as requiring a care?*	•	(i)			
Yes No N/A (Nor	n-GACH Facility)				
Request Description					
Kaiser Foundation Hospital-Orange Cosections 70495(e) and 70217 (a)(1) o acuity step-down patients and mainta	f Title 22, California C	Code of Regulation	s for the use of 20 b		

JUSTIFICATION

Describe why program flexibility is needed. *

In our efforts to improve patient flow we are requesting a continuation of previously approved program flexibility under sections 70495(e) and 70217 (a)(1) of Title 22, California Code of Regulations for the use of 20 beds in the Intensive Care Unit (ICU) for lower acuity step-down patients and maintaining a minimum nurse-to-patient staffing ratio of 1:3.

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.*

Kaiser Foundation Hospital-Orange County – Anaheim Medical Center is requesting to continue previously approved program flexibility for sections 70495(e) and 70217 (a)(1) of Title 22, California Code of Regulations for the use of 20 beds in the Intensive Care Unit (ICU) for lower acuity step-down patients and maintaining a minimum nurse-to-patient staffing ratio of 1:3

- Currently, rooms 201-240 are licensed as ICU beds
- Request to continue using beds 201-220 as step-down
- Patients utilizing the flexed ICU beds are those specified in the policy and procedure titled "Admission Criteria to Definitive Observation Unit (DOU) or Stepdown Unit (SDU)"
- Staffing for step-down patients will be maintained as 1:3 or fewer as required
- Permanent signage to denote the designated lower acuity patient area from designated ICU beds is maintained
- The ICU visiting guidelines are maintained in both the ICU and designated Step-Down beds
- Documentation is available within the ICU at all times showing staffing on all shifts, denoting the patient acuity/classification of all patients in the ICU (ICU and step-down patients)
- There is no mixing of nurse/patient assignments between the ICU and the step-down beds
- The current hospital's processes are implemented to transfer all lower acuity patients to the appropriate floors if the flexed beds in the ICU are needed for ICU patients.

• The step-down is staffed by ICU-trained and competent nurses to ensure staffing for the ICU ratios on a 24-hour 7-day week basis in case the flexed ICU beds need to be converted back for use by ICU patients.

Additional Information



Provide any additional information as desired.



Please attach any supporting documentation for the request.

More than one document may be uploaded here.

Admission Criteria to Definitive Observation Unit (DOU) or.pdf

Date Attached: Oct 31, 2023

23-OCA-ICU 20 Beds Stepdown DOU Approval.pdf

Date Attached: Nov 29, 2024

OCA-ICU-Floor Plan.jpg

Date Attached: Dec 03, 2024

Revise and Update



Add updates to the original application.

I agree to submit this application and certify under penalty of perjury that my answers

• I understand the questions and statements on this application.

are correct and complete to the best of my knowledge. I also certify that:

- 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