

General

Document Name : FLEX-10490

Facility: [Children's Hospital at Mission](#)

District: Orange County District Office

Facility Number: 060001207

Facility Type: GACH

License ID: 060000348

County Name: ORANGE

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

Applicant Details:

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

Duration of Request

Requested Start Date

12/17/2024

Requested End Date

03/17/2025

Specify Type of Request

Emergency

- ☒ Requesting an urgent response within 24 hours to help address facility capacity concerns during a disease outbreak, patient evacuations during a natural or human-caused disaster, or another similar situation that cannot wait for a response during normal business hours.

Justification for the Request

- ☒ Other

Please explain other justification

Children's Hospital at Mission (CHM) must quickly prepare for the winter viral surge that is ramping up now to ensure pediatric med/surg patients receive the highest level of care in the most optimal environment. Using the separate four-bed room located in the NICU as overflow space for diapered and cribbed med/surg patients will allow CHM to care for an overflow of med/surg patients during the anticipated surge. CHM is a co-located hospital located on the 5th floor of Providence Mission Hospital and the separate four-bed room in the NICU is the only available overflow space to care for CHM pediatric patients during surge conditions. The number of pediatric patients presenting to the CHM emergency department (ED) has increased by 12% in early December 2024 and is trending up daily. Additionally, the admissions are remaining in the ED for 22% longer (1.5 hours) than prior months demonstrating delays in assigning beds. Admitting diapered and cribbed patients into the four-bed room will enhance patient flow, minimize boarding times for pediatric patients in the ED, and ensure that children in our community receive timely and effective care.

CHM previously submitted a non-emergency waiver request (please refer to 10267) for both PICU and peds overflow back in October 2024 in anticipation of the annual winter viral surge. After discussion with the evaluator, it was determined a separate application should be submitted for peds overflow. There was an administrative delay in processing the flex waiver, and now the volumes in the ED and inpatient units have increased as expected. CHM would like to have this waiver request considered as an emergency as the standard 60-day review period would not allow for an appropriate response to the increasing surge.

- 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) requests to use a four-bed room located within the 22 bed NICU as overflow space for diapered and cribbed pediatric medical/surgical patients of like diagnoses when the pediatric unit reaches a high census status to accommodate a surge in patient admissions due to the winter viral surge.

Exhausting Available Alternatives

The provider must exhaust available alternatives before requesting increased patient accommodations. Check all that apply, none or N/A:

- ☒ Rescheduling non-emergent surgeries and diagnostic procedures.
- ☒ Transferring patients to other beds or discharge as appropriate.
- ☒ Requesting ambulance diversion from LEMSA, if appropriate.

Adequate Staff, Equipment and Space

The provider must make arrangements for adequate staffing, equipment and space for increased patient accommodations. Check all that apply, none or N/A:

- ☒ A plan is in place for staff if the request is for use of alternate space.
- ☒ A plan is in place for equipment if the request is for use of alternative space.
- ☒ The proposed space for care of patients provides sufficient square footage to ensure access for safe care.

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.

Children's Hospital at Mission (CHM) requests to use a separate four-bed room located in its 22 bed NICU to care for lower-acuity pediatric med/surg patients when the unit reaches high census status. Examples of high census status include but are not limited to:

1. Assigned "ready" time is greater than three (3) hours and multiple patients are awaiting bed placement from any referral source, i.e. ED, PACU/OR, external referrals, direct admits.
2. Availability of beds: Three (3) or fewer in Peds.
3. Scheduled Surgical or Procedure Admissions: Ongoing surgery, PACU/OR patients are stable for transfer and are awaiting assigned "ready" room.

CHM will ensure appropriate equipment and supplies are available, only trained and competent staff are assigned to the patients in the overflow space, and both nursing and medical staff leadership will provide oversight to the patients being cared for in the overflow space.

Additional Information

Provide any additional information as desired.

Bed numbers propose to flex and bed number of those not flexing, along with the unit name, and types of services that will be provided.

- Bed numbers proposed to flex: NICU beds 1, 2, 3, and 4. Service to be provided: Pediatric med/surg level of care
- Bed numbers not flexing: NICU beds 5 through 22. Service to be provided: NICU level of care

Space information: Double occupancy rooms or single occupancy rooms, original space licensed or unlicensed, diagrams clearly marked to indicate room numbers - surrounding space use - badge access doors

- One large 4-bed room licensed as NICU space. This room was added on to the original NICU and has its own air handler and is separated by a door from the main NICU. This door will be locked and there will be no traffic between the flexed space and the main NICU.
- The door in the hallway has been unlocked and will serve as entrance to the flexed space. All visitors will be directed to check in at the main Pediatric med/surg unit.
- See attached diagrams and photos showing clearly marked room numbers for the entire NICU.

If hospital beds or gurney will be used and the patient and staff bathroom access and access to showers

- Only Isolettes, cribs, or cribettes will be used in the space to allow for ample room around each bed and to provide space for a parent.
- There is no bathroom in the space; all patients will be diapered; there is a bathroom in the hallway for parents and a shower available in the Ronald McDonald room. Staff will use PICU staff bathrooms.

Fire, ingress and egress, and any documentation of clearance from your local or state fire marshal if beds are rearranged or increased

- There will be no rearrangement or increase in the number of beds in the space
- Only isolettes, cribs, or cribettes will be used in the space

Overall Plan: Request to use NICU beds 1-4 as overflow beds for pediatric med/surg level diapered and cribbed patients with like diagnoses and staffed by two qualified RNs, overseen by the Peds Hospitalist and nursing leadership.

Oversight: Pediatric charge nurse and Pediatric/hospital nursing leadership. Physician oversight will be the Pediatric Hospitalist.

Hours of operation: 24/7

Capacity: Four patients.

Patient classification: Med/surg patients who are diapered; sleeping in crib or isolette; with like diagnoses.

Staffing plan: Two (2) pediatric trained RNs at all times; maximum 1:2 RN to patient ratio. While the maximum staffing ratio for pediatric patients is typically 1:4, we will implement a maximum ratio of 1:2 in this designated area to ensure two nurses are present at all times.

Inclusion criteria: Med/surg patients such as:

- Respiratory viral illness if like diagnoses
- If non-infectious, diagnoses such as but not limited to failure to thrive, hyperbilirubinemia, brief resolved unexplained event (BRUE) patients, infants requiring high flow nasal cannula, or hypoglycemia

Exclusion criteria:

- Any patient needing to use the bathroom
- Any patient requiring a full-sized bed
- Patients with multi-drug-resistant organisms
- Patients who are unstable or with a deteriorating condition
- Patients on multiple drips and a ventilator

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.

Headwalls: Each 8-foot NICU bed space headwall has the following:

- 4 oxygen hookups
- 4 air hookups
- 3 suction hookups
- There are 16 red outlets and 8 regular outlets per bedspace. See attached photos showing the above.

Bed Space Measurements:

Bed 1 = 90 square feet

Bed 2 = 90 square feet

Bed 3 = 110.25 square feet

Bed 4 = 104 square feet

Space Between Beds:

Between beds 1-2 = 5 feet
between beds 2-3 = 4 feet,
between 3-4 = 4 feet
between beds 3-4 = 4 feet.

PPE Station: The PPE station is at the end of the walkway leading into the main area of the room (there is hard portable screening on either side creating the walkway). Placing the PPE station, at the end of the walkway, near the entrance of the room would allow easy access for donning and doffing.

NICU Housekeeping process: the NICU housekeeping room is separate and within the actual NICU main unit (beds 5-22). These supplies always remain in the main NICU and are not shared with other units.

-Monitoring: The central monitoring system has a satellite station that can be monitored within the overflow unit from Nurse charting area. All 4 beds are displayed at this monitor. The beds will also be viewable in the main NICU, but due to how we limit access between the overflow unit and main NICU they would not be entering the overflow to provide help. The staff in the overflow unit would press the code white button for emergency assistance or call to the PICU/peds for general assistance.

-Space for family/visitors – limited to one family member per patient, space for a recliner chair – parents will also have preferred 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. Staff bathroom is located in the PICU, adjacent to overflow unit.

-Sinks: Two handwashing sinks available

-RN work area: workspace and computers for two RNs

-Supply area: fully stocked locked mobile cart restocked from peds supply room

-Medications: locked med drawer with patient cassettes; narcotics obtained from PICU Pyxis; refrigerated meds kept in PICU Pyxis (approximately 15 feet away). For pediatric patients, meds are kept in a separate, clearly marked container in the PICU refrigerator.

-Breast Milk: breast milk will be stored in PICU BM refrigerator. For pediatric patients, BM is kept in a separate, clearly marked container in the PICU BM refrigerator

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

Procedures: No procedures will be done at the bedside. Patients requiring a procedure would be moved back to the main med/surg unit. Our intent is to place lower acuity med/surg patients in this space and if escalation of care is required, the patient would be moved back to the main med/surg unit.

Ancillary services: Includes but not limited to certified child life specialists, laboratory, pharmacy, nutritional service, environmental services, radiology, respiratory care services, and infection prevention. All ancillary services will be notified by CMH House Supervisor upon opening and closing of overflow area.

-Visitor Access: Initial screening & security of all visitors occurs in the Main Lobby with Security. Once screened, parents will be instructed to first go to the main peds med/surg unit where they will receive the "healthy visitor screening," banded as parents and then escorted to the overflow area. Once they are bedded in the overflow unit, the nurse will provide instructions to the family on how to go in/out of the overflow unit. The nurses staffed in the overflow unit will have primary oversight for ensuring that the family member is banded and monitor for adherence to all visitor policies.

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

See attached PDF with measurements showing space within each privacy curtain.

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

[10490 - Measurements NICU Bed Spaces 1-4.pdf](#)

[10490 - NICU Floor Plan Beds 1-4 Outlined.docx](#)

[Flex 10490 Pathway from NICU Flex area to PICU.docx](#)

[Patient Flow-Admitting and Overflow Policy \(1\).pdf](#)

[Photos Flex 10490.docx](#)

[Previous Approval for NICU Overflow.pdf](#)

Revise and Update

Add updates to the original application.

12/19/24: In response to request for additional information on 12/19/24

- Can the door between the main NICU and the front room be locked?
 - o It is uncertain if this can be done per the fire and life safety code.

Currently, it does not lock as part of a contiguous unit. When PICNIC is open, we place signage on both sides of the door to prevent usage, but also place items, such as linen carts, etc in front of the door on both sides to act as a barrier to use.

- Can either or both doors be badge access (of course within Fire and LSC)? Neither have badge access (each of those units cost about \$8-9K to install)
- If no to the above, what other strategies can you implement to ensure safety and security of the patients in the space?

- ☒ Visitors are not allowed to free roam any area of Mission Hospital including our floor
- ☒ Everyone entering the main hospital (Mission Hospital) needs to be checked in via Security
- ☒ For CHOC visitors/parents, we did specify that they need to go to the PICU first, so that we knew they were present, and then go to the overflow unit
- ☒ There are several phones in the room to call out
- ☒ Each bed has Code White buttons
- ☒ Each RN usually has their own cell phone handy
- ☒ There is a parent call light at each bed space that calls into NICU

12/18/24: Staff notified, link provided for public comment, and application posted per HSC 1276 (e) and (f)(2).

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