## **Incomplete Sections**

- The following sections needs to be completed before proceeding:
- Application Screening
- Evaluation

## General 🗸

Document Name: FLEX-11963

Facility: Clovis Community Medical Center

District: Fresno District Office

Facility Number:

Facility Type: GACH

License ID:

Phone Number:

County Name: FRESNO

Address: 2755 Herndon Ave, Clovis, CA 93611

### **Applicant Details:**

Name:

Email: cpowell2@communitymedical.org

Assigned Evaluator(s):

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 5597244420

**Duration of Request** 

Requested Start Date

Requested End Date

07/28/2025

07/28/2028

## **Specify Type of Request**

Non-Emergency

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**

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#### **JUSTIFICATION**

Describe why program flexibility is needed.

Clovis Community Medical Center (CCMC) is requesting renewal for program flexibility to convert space within the critical care unit under section § 70805. Space Conversion. We request the flexibility to allow patients in a stepdown level of care to be placed within the Intensive Care Units licensed critical care beds when the census allows.

#### **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.

We respectfully request approval for program flexibility renewal (RSS #8364, expiring 7/28/2025) to convert space within the Intensive Care Units (ICUs) allowing Stepdown patients in existing licensed critical care bed space. Each ICU has 24 beds (total 48 beds combined) and is equipped with all the necessary medical equipment to care for any level of patient care.

The attached map shows the designated beds requested for flexibility. Those are as follows: For the Medical ICU on the 1st floor, Tower 2 (MICU), we would like to flex the designate rooms 2107, 2108, 2109, 2110, 2111 and 2112. For the Surgical ICU on the 2nd floor, Tower 3 (SICU), we would like to flex the designate rooms 3213, 3214, 3215, 3216, 3217, 3218, 3219, 3220, 3221, 3222, 3223, 3224. This equates to a total of eighteen (18) ICU beds that would be flexed for stepdown patients.

The following beds will remain critical care beds within (beds not flexed): For the MICU on the 1st floor, Tower 2, we will not flex and remain ICU beds: 2101, 2102, 2103, 2104, 2105, 2106, 2113, 2114, 2115, 2116,

2117, 2118, 2119, 2120, 2121, 2122, 2123 and 2124. For the SICU on the 2nd floor, Tower 3, we will not flex and remain ICU beds: 3201, 3202, 3203, 3204, 3205, 3206, 3207, 3208, 3209, 3210, 3211 and 3212. This equates to a total of thirty (30) ICU beds that would remain for critical care patients and is adequate for the average daily census.

The Staff providing care to patients in these flex beds will be oriented and trained on equipment in this space to care for the patients to their scope of practice and will be competent in stepdown care. Our current population of patients is comprised of adult and elderly patients requiring hemodynamic monitoring, critical care interventions or procedures. Allowing other patient acuity levels in this unit will offload the impacted Emergency Department of inpatient admissions holding for an inpatient room on Step-down floors.

#### CCMC ICUs ensure:

- · When in use each bed will have visible signage placed to clearly designate flex space as a Stepdown bed.
- · Care will continue to be provided by Registered Nurses with Advanced Cardiac Life Support to care for all patients regardless of acuity status.
- · All nurses and staff will be assigned tasks within their scope of licensure, experience, training, and competence.
- · Patients classified as needing intensive care will be staffed at 1:2 or fewer at all times. Patients qualifying for Step-Down status will be staffed at 1:3 or fewer at all times.
- o Staff are assigned based on the patient stability, acuity and the hospitals' patient classification system (Optilink Acuity Rationales). The Optilink criteria helps determine staffing by evaluating other factors of the patient needs.
- · Patients are placed in rooms based on individual needs with consideration taken for age, sex, infection control needs, and overall acuity.
- · To ensure compliance, nursing staff ratios in ICUs are monitored by the leadership for compliance.
- · Documentation is kept identifying the acuity of the patients on each shift, separating the number of ICU patients and the number of step-down patients. Billing for the patient acuity level is separate and distinct to each level of care.
- · Patient privacy is maintained, and clear access and egress of patients, personnel, equipment and supplies will adhered to at all times.
- · Medical gases, call light, space, and related equipment meet each patient's designed level of care.
- · Appropriate equipment and supplies are available to provide services in accordance with current policies and procedures needs for the patient.
- · Safe rapid response/code blue response and maintain a crash cart at all times.
- · Pharmacy regulations and policies and procedures are followed, including safe (a) storage, (b) ordering/prescribing, (c) transcribing and verifying, (d) dispensing and delivering, (e) administering, and (f) morning and reporting.
- · Infection control guidelines are followed.

· Continue to provide necessary care in accordance with patient needs and make reasonable efforts to act in the best interest of the patient.

Thank you for your consideration in reviewing this request application for Program Flexibility.

#### **Additional Information**

Provide any additional information as desired.

Including the following attachments:

- Previously approved program flexibility letter #8364
- · ICU Floor Plan Outlining the flexed rooms
- Policy 23860 Patient Classification, Staffing and Assignment of Patient Care
- Policy 25695 Infection Prevention Plan CMC

A copy of the critical care unit program flexibility application and a notice has been posted next the state license to comply with HSC 1276 (e) and (f)(2).

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

FLEX-8364\_APPROVED ICU Space Thru 07282025.pdf

ICU Floor Plan Space Flex.pdf

Policy 23860 - Patient Classification, Staffing and Assignment of Patient Care.pdf

Policy 25695 - Infection Prevention Plan - CMC.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