

Incomplete Sections

❗ The following sections need to be completed before proceeding:

- [Evaluation](#)

General ✓

Document Name : FLEX-10550

Facility: [Novato Community Hospital](#)

District: Santa Rosa/Redwood Coast District Office

Facility Number: [REDACTED]

Facility Type: GACH

License ID: [REDACTED]

Phone Number: [REDACTED]

County Name: MARIN

Address: [REDACTED]

Applicant Details:

Name: [REDACTED]

Email: candace.norton@sutterhealth.org

Assigned Evaluator(s): [REDACTED]

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**

05/01/2025

Requested End Date

05/01/2026

Specify Type of Request

Non-Emergency

- Outpatient Service Space, T22 DIV5 CH1 ART6-70533(d)(1)

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

NCH provides perioperative and procedural care to community members that meet admission criteria. We are requesting program flexibility under California Health and Safety Code Section 1277 to utilize the Intensive Care Unit (ICU) as a postoperative extended recovery area during periods of high volume when our designated post anesthesia care unit (PACU) reaches capacity.

Patients are required to remain in the post anesthesia recovery service until they are physiologically stable and safe to be discharged or transferred to another hospital unit. To maintain timely surgical flow and prevent surgical delays or cancellations, we propose that stable postoperative patients who require extended recovery time be cared for in the ICU, when clinically appropriate.

JUSTIFICATION**Describe why program flexibility is needed.**

To maintain timely surgical flow and prevent surgical delays or cancellations, we propose that stable postoperative patients who require extended recovery time be cared for in the ICU, when clinically appropriate. Postoperative patients are required to remain in the PACU until they are physiologically stable for transfer or discharge. We are seeking this flexibility to ensure continuity of care and prevent surgical delays, particularly as we experience a sustained increase in elective surgical cases- most notably orthopedic surgeries - as well as growth in outpatient services, such as transfusion therapy, that utilize PACU space.

Our PACU regularly experiences periods of high occupancy due to a combination of rising surgical case volume and expanded outpatient services. Elective orthopedic procedures have increased by 22% in the past two years, and outpatient transfusion services have also grown, placing additional demand on limited recovery space. These factors create occasional bottlenecks that risk delaying patient care, increasing case backlogs, or even requiring surgical cancellations if recovery beds are unavailable.

By utilizing ICU beds for extended postoperative recovery of stable patients, we can decompress PACU space, maintain surgical schedules, and ensure that patients needing outpatient recovery services are not impacted by capacity constraints. This approach helps us maintain efficient hospital operations while

prioritizing patient safety.

This flexibility will allow us to maintain access to surgical care while ensuring patients continue to receive safe, high-quality recovery care equivalent to that provided in the PACU.

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.

This request applies only when the PACU capacity is exceeded, and strict clinical criteria and safety protocols will be followed to ensure patient safety. PACU staff

Eligible patients would be:

- stable post operative patients who have completed phase 1 recovery (emerged from anesthesia and have stable vital signs)
- Elective orthopedic surgical patients who are expected to require extended recovery but do not need immediate PACU-level interventions
- Patients assessed by anesthesia and the surgical team as appropriate for ICU recovery based on the established criteria.

Staffing and Oversight:

- PACU-trained staff will accompany and continue to care for the patient in the ICU, ensuring continuity of postoperative recovery care. ICU nurses, trained in postanesthesia recovery principles, will collaborate with PACU staff to maintain safe patient monitoring and care.
- Anesthesia providers will remain available for consultation and intervention as needed.
- ICU monitoring equipment is fully capable of supporting extended recovery needs, including continuous monitoring of vital signs, airway, pain, and oxygenation until recovery criteria are met.
- Full monitoring of vital signs, airway, and pain will continue until patients meet recovery and transfer criteria.
- Documentation will follow PACU protocols to maintain regulatory compliance and clear communication.

Additional Information

Provide any additional information as desired.

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

No Attachment

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