

## PROGRAM FLEX REQUEST- SPACE REQUEST TEMPLATE

Requesting an urgent response within 24 hours

This document is a template guide for submitting your online program flex request. The code sections and descriptions below are examples that may be used depending on the specific conditions or request of the facility.

### KEY:

**Blue** = Headers in RSS    **Black** = Fillable RSS fields

**Green** = Examples of what can go into fillable RSS fields

### GENERAL

Facility:  
District:  
Facility Number:  
Facility Type:  
License ID:  
Phone Number:  
County Name:  
Address:

#### **Applicant Details**

Name:  
Email:

### 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**

Applicant Contact Number:  
Duration of the Request:  
Requested Start Date:  
Requested End Date:

**NOTE:** Typically, program flexes are approved for 90 days.

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#### Specify Type of Request

- Emergent
- 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 of the request

- A disease outbreak (verifiable through sources such as the local emergency medical service agency (LEMSA), local Public Health Officer, CDPH Division of Communicable Disease Control, or the Centers for Disease Control and Prevention) is present in the community where the hospital is located or in a contiguous area(s) causing a rapid influx (surge) of patients to the hospital. Examples of this type of surge include Increased cases of seasonal influenza, onset of a severe acute respiratory syndrome-type or other highly contagious virus requiring acute care, an epidemic/pandemic, a bioterrorism agent, or a declared public health emergency.

#### What regulation are you requesting program flexibility for?

- T22 DIV5 CH1 ART8 70805 Spaces approved for specific uses at the time of licensure shall not be converted to other uses without the written approval of the Department.
- T22 DIV5 CH1 ART8 70809
  - a) No hospital shall have more patients or beds set up for overnight use by patients than the approved licensed bed capacity except in the case of justified emergency when temporary permission may be granted by the Director or his designee. Beds not used for overnight stay such as labor room beds, recovery beds, beds used for admission screening or beds used for diagnostic purposes in X-ray or laboratory departments are not included in the approved licensed bed capacity.
  - b) Five percent of a facility's total licensed bed capacity may be used for a classification other than that designated on the license. Upon application to the Director and a showing that seasonal fluctuations justify, the Director may grant the use of an additional five percent of the beds for other than the classified use.
  - c) Patients shall not be housed in areas which have not been approved by the Department for patient housing and which have not been granted a fire clearance by the State Fire Marshal, except as provided in paragraph (a) above.
  - d) The number of licensed beds shown on a license shall not exceed the number of beds for which the facility meets applicable construction and operational requirements.

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- T22 DIV5 CH1 ART8 70811 (c) Patient rooms which are approved for ambulatory patients only shall not accommodate nonambulatory patients. Before patients are accommodated in ambulatory sections, they shall demonstrate that they are ambulatory, and this shall be noted in the patient's medical record. The hospital shall transfer patients from the ambulatory section when their condition becomes nonambulatory. The ambulatory status of patients shall be demonstrated upon request of the Department.
- T22 DIV5 CH1 ART3 70239(c) Beds in the post anesthesia recovery unit shall not be included in the licensed bed capacity of the hospital.
- T22 DIV5 CH1 ART6 70419(b) Observation beds in the emergency medical service shall not be counted in the total licensed bed capacity of the hospital.
- T22 DIV5 CH1 ART6 70533(e) If beds are provided in the outpatient unit, they shall not be included in the licensed bed capacity.
  - 1) Inpatients shall not be allowed to occupy an outpatient bed.
  - 2) Outpatients shall not be allowed to remain over 24 hours in outpatient beds.

**Specify Area of Flex What regulation are you requesting program flexibility for?**

- Bed Use
- Space

**Request Description**

This flex request is for alternate use of space due to RSV prevalence in the community along with COVID and influenza. Although facility does not have licensed pediatric beds, the ED is impacted with pediatric patients and there are delays transferring pediatric patients to hospitals with available pediatric beds from the ED.

AFL 22-23 references space waiver for COVID, facility is requesting flex due to the census surge from RSV and other respiratory viruses and asking to extend the term of the space alternative concepts past 2/28/22 to 4/30/22; anticipate end of flu season by April 30.

**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 and diagnostic procedures.
- Transferring patients to other beds or discharge as appropriate.
- Establishing clinics for non-emergency cases (if possible).
- Requesting ambulance diversion from LEMSA, if appropriate.
- None
- N/A
- Other:

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**Adequate Staff, Equipment and Space**

- 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 the use of alternate space.
- The proposed space for care of patients provides sufficient square footage to ensure access for safe care.
- None
- N/A
- Other

**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.

**The examples provided below are options that may be used depending on the specific conditions or request of the facility.**

As per the facility disaster response plan, the following space alterations are planned:

70805 & 70809

- Conference rooms A and B will be used for ED waiting room located on first floor near ED.
- 75% of waiting room in the ED space is converted to triage area for ESI 3, 4, 5 patients.
- ED: Tent placed near ED for use as waiting room and triage area.
- ED: Tent placed for use with COVID population that has capabilities to assess, administer needed medications, IV fluids. Will use this tent for triage of stable Ebola patients exclusively if present. The tent size is 18 x 24. Local fire authority clearance obtained.
- Will use PACU bed stations for Med Surg patients. Elective surgeries are cancelled and 100% of the outpatient PACU beds will be used and ½ of inpatient PACU beds will be used for telemetry patients. Staffing will be at nurse-to-patient ratio of 1:5 or less patients for med surg and 1:4 or less patients for telemetry as per state requirements.
- Step down unit converted to ICU beds and now have 5 additional ICU beds for a total of 17 and facility licensed for 13 ICU beds.

70811, 70239(c) & 70533

- Elective surgeries are cancelled and 100% of the outpatient PACU beds will be used. Staffing will be at nurse-to-patient ratio of 1:5 or less patients for med surg and 1:4 or less patients for telemetry.

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70419(b) & 70533

- As per the facility disaster response plan, 4 of the ED observation beds will house pediatric beds. Staffing ratio will meet state requirements.

**Additional Information**

Facility is following its disaster response plan

Current census: \_\_\_\_\_

Current COVID/RSV/Other impacting the community: \_\_\_\_\_

See excerpts from facility disaster response plan attached.

Plan information:

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1. Facility will staff according to staffing requirements in CCR Title 22 section 70217(a).
2. Infection control plan:
  - Infection control procedures updated to be specific to the temporary space and directed by the infection preventionist.
  - Isolation space and procedures directed by infection preventionist.
  - Decontamination procedures for the space updated by the infection preventionist.
3. Space:
  - Term: requesting through the end of flu season, 4/30/22.
  - Facility will provide adequate suction, oxygen, room air equipment for each bed station.
  - Facility will provide sufficient equipment and supplies to adequately care for patients, including appropriate pumps for IV use, ambu bags, and other as appropriate

***Please attach any supporting documentation for the request. More than one document may be uploaded here. Should include items such as org chart, roles and responsibilities of each type of staff.***

Attachments:

- Excerpts from disaster response plan

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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 program flex approval. It will be used to determine whether to approve the request for a program flex or waiver as appropriate.

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