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State Public Health Officer & Director

State of California—Health and Human Services Agency  
**California Department of Public Health**



GAVIN NEWSOM  
Governor

Nov 29, 2022

[REDACTED]  
Children's Hospital at Mission  
27700 Medical Center Rd  
Mission Viejo, CA 92691

**APPROVAL OF PROGRAM FLEXIBILITY**

Dear [REDACTED],

This letter is in response to the request submitted by **Children's Hospital at Mission** for program flexibility for California Code of Regulations T22 DIV5 CH1 ART6-70485(d).

The alternative means of compliance with T22 DIV5 CH1 ART6-70485(d) include

The following list of NICU patients may be assigned to a 1:3 nurse patient ratio:

1. Saline lock IVs for medications, including IV antibiotics.
2. Phototherapy.
3. Vital signs every three to four hours.
4. Temperature stability.
5. No apnea in the previous 48 hours or more.
6. Minor dressing changes.
7. Urine/stool testing every six hours or frequent bedside monitoring of glucose levels two to three times per shift.

Center for Health Care Quality  
Centralized Program Flex Unit (CPFU)  
P.O. Box 997377 MS 3405 Sacramento, CA 95899-7377  
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8. Growing premature infant who requires oxygen with feeding or oxygen vial low flow nasal cannula.
9. PO feeding slowness that takes 20 to 30 minutes per feeding.
10. G-tube feedings or routine gavage feeding every three to four hours.
11. Stable chronic conditions with emphasis on discharge and parent teaching.
12. Infants following step progression of feeding guidelines working on advancing oral feedings.
13. Nasal cannula equal or less than two liters per minute.

Your request for program flexibility of **T22 DIV5 CH1 ART6-70485(d)** is approved under the following conditions:

1. Staffing ratios in the NICU will meet the following requirements based on infant acuity (per the hospital's patient classification system): 1 RN to 3 infants or less infants - intermediate and Continuing Care. All intensive and critical level of care infants will be staffed according to the facility acuity system and at all times no less than a ratio of one registered nurse to two or fewer infants.
2. The methodology used in development of the nurse staffing system in the Intensive Care Newborn Nursery shall be based on predetermined clinically valid criteria and assessment of patient needs consistent with the requirements of Sections 70053.2(a) (1-6) and 70217(a)(b) and (c).
3. The facility will be licensed as an Intensive Care Newborn Nursery with mixed utilization of intensive, intermediate and continuing care babies. The maximum licensed capacity is 22 infants.
4. Facility shall follow HSC 1255.5(f) regarding NICU policies, procedures and space requirements.
5. Facility will adhere to the facility NICU staffing and patient classification policies and procedures.
6. Facility will group or cohort in same vicinity patients assigned to one nurse if the nurse has a staff to patient ratio of 1:3.
7. All NICU staff shall meet the certification, experience, training and duty requirements of Section 70485.

8. If the policies and procedures dealing with NICU staffing are significantly amended, the Department of Public Health must be notified for subsequent approval.
9. The facility must maintain records of dates, shifts, bed stations, units, and names of RN assigned when the alternative concept is implemented. A copy of this record will be kept on file and available for the Department to review upon request.
10. The facility shall follow the nurse assignment process such that the infants assigned to a nurse with a 1:3 nurse to patient staff ratio shall meet the criteria listed above in the alternative concept.

Either this letter or a true copy thereof shall be posted immediately adjacent to the facility's license.

This approval shall remain in effect from Aug 17, 2022 until Aug 17, 2023.

**NOTE:** The Department may revoke the program flexibility if the licensee does not comply with the conditions set forth in the approval or if the department determines the proposed alternative does not adequately meet the intent of the regulations.

If you have any questions, please contact Centralized Program Flex Unit at (916) 323-5053 or by email at [CentralizedProgramFlex@cdph.ca.gov](mailto:CentralizedProgramFlex@cdph.ca.gov).

Sincerely,



Sevrine A. Banks, Program Manager  
Centralized Program Flex Unit