

Incomplete Sections

 The following sections need to be completed before proceeding:

- Evaluation

General

Facility: Good Samaritan Hospital

District: San Jose District Office

Facility Number: 070000153

Facility Type: GACH

License ID: 070000048

County Name: SANTA CLARA

Address: 2425 Samaritan Dr, San Jose, CA 95124

Applicant Details:

Assigned Evaluator(s): Ramona Marshall

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

Requested End Date

Specify Type of Request

Non-Emergency

- Nursing Service Staff, T22 DIV5 CH1 ART3-70217(a)(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

The purpose of this letter is to request a Program Flex extension for our NICU staffing ratios. Alternative means of compliance with Title 22 CCR section T22 DIV 5 ART3 70217(a)(1) include having 1:3 nurse to patient ratio for non-critical Level 2 newborns in the NICU.

JUSTIFICATION

Describe why program flexibility is needed.

NICU staffing ratios are based on the care needs of each infant as determined by acuity criteria and hospital policy.

We have some of our NICU babies that are feeder/growers and do not require the same level of care as the critical patients but currently required by State Law that they are cared for at a staff ratio of 1:2. We are requesting this Program Flex to allow for a 1:3 staffing ratio for these specialty care babies.

All current NICU and hospital policies will continue to be adhered to for the provision of patient safety and delivery of quality patient care. This is not in response to RSV or Covid.

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.

Level 3 staffing ratio will be 1:1 or 1:2 based on infant acuity. The infant is moderately unstable requiring above-average care with vital signs, medications, frequent interventions every 1-2 hours, and possible isolation. Frequent interventions may be focused on maintaining cardiovascular and respiratory stability. The infant may have an umbilical or central line, IV infusions, weaning or maintenance of titratable drips, complex respiratory care/treatments including NAVA/HFOV, dressing changes, wound care, tube/drain management, and developmental or comfort care.

Level 2 staffing ratio will be 1:3. Infant is stable to slightly unstable requiring routine nursing assessment and/or intervention every 2-3 hours. The infant may be in isolation and may have an IV line, IV infusion/medications, oxygen via nasal cannula, intervention for up to 4 apnea or bradycardia episodes per shift, phototherapy, and gavage feedings.

Please see attached acuity assignment document.

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.

[Guidelines of Care 2.6.2023 NICU - Final \(3\).docx](#)

[NICU Beds by Acuity.docx](#)

[NICU Floor Plan 2023.pdf](#)

[FLEX-3986_APPROVED 2023 ex 3.15.2024.pdf](#)

Revise and Update

Add updates to the original application.

Yes, we have 45 total beds.

22 of those beds are level 2 staffed at a 1:3 patient assignment.

23 of those beds are level 3 staffed at a 1:2 or less patient assignment.

The architectural layout of Room 7 beds (35-45) clearly delineates level 3 and level 2 babies. The level 3 babies are kept in proximity to the negative pressure isolation room (beds 35-39). Level 2 babies are on the opposite side of the space (beds 40-45). In addition, staff assignments are clearly communicated with each shift or change in acuity.

The map attached shows the room assignments and crash cart locations. Nurses complete charting at bedside computer stations. There is a nurse breakroom across the hallway from the isolation room.

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