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



GAVIN NEWSOM
Governor

Mar 20, 2023

[REDACTED]
LAC+USC Medical Center
1200 N State St
Los Angeles, CA 90033

APPROVAL OF PROGRAM FLEXIBILITY

Dear [REDACTED]

This letter is in response to the request submitted by **LAC+USC Medical Center** for program flexibility for California Code of Regulations T22 DIV5 CH1 ART3-70217(a)(1), T22 DIV5 CH1 ART6-70485(d).

The alternative means of compliance with T22 DIV5 CH1 ART3-70217(a)(1), T22 DIV5 CH1 ART6-70485(d) include

1. The NICU continues to be a 40-bed unit with all beds meeting the highest level of care.
2. Intensive care infants continue to have a registered nurse available at a 1:2 or fewer nurse-to-infant ratio as determined by patient classification system. A total of 22 beds are used for 1:2 ratio which include Bed 122, 3H201 Beds 11-16, and 3H404 Beds 23-37. Depending on the infants' acuity for transmission-based precautions, the 1:2 ratio should be in effect.
3. Intermediate care infants continue to have a registered nurse available at 1:3 or fewer nurse-to-infant ratio as determined by patient classification system. A total of 18 beds used for 1:3 ratio which include Bed 116, Bed 118, 3H202 Beds 1-7, 3H201 Beds 8-10, and 3H403 Beds 17-22.
4. The following treatment/condition continue to be assigned as a 1:3 ratio:
 - Saline lock IVs for medications, including antibiotics

Center for Health Care Quality
Centralized Program Flex Unit (CPFU)
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- Phototherapy
- Temperature instability
- Self-resolving desaturation, and no apnea in previous 48 hours or more
- Minor dressing changes
- Neonatal Abstinence Syndrome scoring < 8
- Point of Care Testing (POCT) glucose, hemoglobin, stool testing 1 per shift
- Growing premature infant who requires oxygen with feeding
- PO feeding slowness that takes 20 to 30 minutes per feeding
- Gastrostomy-tube (G-tube) feedings or routine gavage feeding every 3 to 4 hours
- Infants following step progression of feeding guidelines working on advancing PO feedings
- Nasal cannula oxygen less than or equal to 2 liters per minute

5. Required square feet of space per infant bed continues to be maintained.

6. All intensive care newborn nursery staff continue to be educated in the above conditions.

Your request for program flexibility of **T22 DIV5 CH1 ART3-70217(a)(1), T22 DIV5 CH1 ART6-70485(d)** is approved under the following conditions:

1. Medical Center will remain licensed as an Intensive Care Newborn Nursery (NICU) with a maximum capacity is 40 (forty) infants.
2. Medical Center will ensure intensive care infants will have a registered nurse assigned to a 1:2 or fewer nurse-to-infant ratio as determined by patient classification system, including the following beds 11-16, 23 -37, and 122.
3. Medical Center will ensure that intermediate care infants will have a registered nurse assigned to a 1:3 or fewer nurse-to-infant ratio as determined by patient classification system, including the following beds 1-10, 17-22, 116, and 118.
4. Medical Center will use the methodology development for the nurse staffing system in the Intensive Care Newborn Nursery, which shall be based upon 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).

5. Medical Center's NICU staff who have demonstrated competency with the patient classification tool shall assess each infant's acuity every eight (8) hours to determine staffing needs per unit policy.
6. Medical Center will ensure that ICU staff will be educated on the above conditions and meet the certification, experience, training, and duty requirements to provide care in this unit, which is consistent with Title 22, Division 5, Chapter 1, Article 6, Section 70485.
7. Medical Center will ensure pharmacy regulations and hospital policies and procedures are followed, including safe (a) storage, (b) ordering/prescribing, (c) transcribing and verifying, (d) dispensing and delivering, (e) administering, and (f) monitoring and reporting.
8. Medical Center will ensure a safe rapid response/code blue response and maintain a crash cart in this area at all times, which is age appropriate.
9. Medical Center will ensure that equipment, supplies, and space are available to provide services in accordance with current policies and procedures, Title 22, Division 5, Chapter 1, Article 6, Sections 70487 and 70489.
10. Medical Center shall follow HSC 1255.5(f) regarding NICU policies, procedures, and space requirements.
11. Medical Center shall follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), and CDPH or local health department.
12. Medical Center will maintain records of unit, dates, shifts, bed numbers, acuity scores, and RN assignments, which will be kept on file and available upon the California Department of Public Health request.

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 Mar 20, 2023 until Mar 19, 2024.

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.

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

Sincerely,



Sevrine A. Banks, Program Manager
Centralized Program Flex Unit

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