

Incomplete Sections

 The following sections need to be completed before proceeding:

- [Evaluation](#)
- [Post Decision](#)

General

Facility: [Mercy San Juan Medical Center](#)

District: Sacramento District Office

Facility Number: 030000127

Facility Type: GACH

License ID: 030000063

County Name: SACRAMENTO

Address: 6501 Coyle Avenue, Carmichael, CA 95608

Applicant Details:

Assigned Evaluator(s): Jeanette Grover

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
06/06/2024

Requested End Date
06/06/2027

Specify Type of Request

Non-Emergency

- Intensive Care Newborn Nursery Service Staff, T22 DIV5 CH1 ART6-70485(d)

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

Mercy San Juan Medical Center is requesting renewal flexibility for Title 22, section 70485(d). The same flex was approved in 2021 by Jacqueline Phillips.

The regulation requires, "A ratio of one registered nurse to two or fewer intensive care infants shall be maintained".

Renewed approval is requested to care for Level I (continuing) and Level II (intermediate) in the NICU as well as Level III (intensive) neonates/infants in the NICU under the following conditions:

A ratio of one registered nurse to one intensive care neonates/ infants (Level IV) will be maintained.

A ratio of one registered nurse to two or fewer intensive care neonates/ infants (Level III) will be maintained.

Staffing ratios for Level I (continuing) and Level II (intermediate) will be maintained. The staffing ratios for Level I (continuing) and Level II (intermediate) are:

Level II (intermediate): 1 Registered Nurse to 2-3 neonates/ infants

Level I (continuing): 1 Registered Nurse to 3-4 of fewer neonates/ infants

Staffing ratios will be maintained at the highest level of care if nurses are assigned to care for neonates/infants classified at different levels simultaneously. For example, if a nurse is assigned a Level I and Level III neonate/infant, the staffing ratio will be 1 RN to 2 neonates/ infants.

JUSTIFICATION

Describe why program flexibility is needed.

To provide a staffing model to optimize operational staffing flexibility in the NICU.

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.

1. An infant acuity assessment tool will be used to determine staffing ratios.

2. The acuity levels for each infant shall be recorded on the NICU Nurse Staff Assignment Sheets.
3. The methodology used in the development of the nurse staffing system in the NICU shall be based on predetermined clinically valid criteria and assessment of patient care needs consistent with requirements of Section 70053.2(a)(1-6) of Title 22.
4. Nurses assigned to the NICU will meet the training, experience and duty requirements outlined in 70485 of Title 22.
5. The combined (Level I, Level II, Level III, Level IV) census capacity in the NICU (McAuley NICU) shall not exceed 40.

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.

[pt assignment worksheet.pdf](#)

[NICU Patient Classification Tool.docx.pdf](#)

[Patient Classification System \(Acuity\) - NICU.pdf](#)

[NICU Scope of Services Grid .pdf](#)

[3rd Floor Map New NICU_.pdf](#)

Revise and Update

Add updates to the original application.

Changed the answer for "Is this request related to a GACH designating a bed, or beds, in a critical care unit as requiring a lower level of care?" from No to Yes.

Attached a detailed map of your NICU, but we do not have a map that identifies the specific bed numbers for the different level of care requested. We use all NICU beds for the different levels of care, there are not specific beds designated for different levels.

I have reached out to Jeanette Grover for the requested screening meeting.

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