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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

Jun 16, 2023

[REDACTED]  
Sutter Medical Center, Sacramento  
2825 Capitol Avenue  
Sacramento, CA 95816

**APPROVAL OF PROGRAM FLEXIBILITY**

Dear [REDACTED],

This letter is in response to the request submitted by **Sutter Medical Center, Sacramento** 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

for the dedication of fifteen (15) inpatient beds for transitional level of care to infants who no longer require the intensity of services that our NICU provides, but who are not yet ready for discharge. The model allows SMCS to flex these 15 beds dedicated to the care of these patients; these beds are all located within one specific area within the NICU. This model works very well and allows for a more consistent and stable staffing model for our nursing staff. In addition, the model allows for greater connection between parents whose infants are progressing towards a safe discharge.

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. The NICU will adhere to policies and procedures titled, "Structure Standards Neonatal Intensive Care Unit", (section VIII. Staffing, a supplement to SMCS Nursing Service Structure Standards,)

Center for Health Care Quality  
Centralized Program Flex Unit (CPFU)  
P.O. Box 997377 MS 3405 Sacramento, CA 95899-7377  
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2. Facility shall follow HSC 1255.5(f) regarding NICU policies, procedures, and space requirements.
3. The NICU will adhere to the alternative concept, policies and procedures submitted with the program flex application.
4. Staffing ratios will meet the following requirements based on infant acuity (per the hospital's patient classification system): a. 2 RNs to 1 infant-ECMO/Post-Op Open Heart b. 1 RN to 2 infants or less infants - Intensive Care c. 1 RN to 3 infants or less infants - intermediate and Continuing Care.
5. 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 for three years.
6. 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 needs consistent with the requirements of Title 22 Section 70053.2(a) (1-6) and Section 70217 (b)(c) and (d).
7. The hospital will remain licensed as an Intensive Care Newborn Nursery (NICU), given that with mixed utilization of intensive, intermediate, and continuing care, the maximum licensed capacity is sixty-one (61) infants and at no time shall it exceed this capacity.
8. The hospital will utilize the proposed model of designating 15 specific beds within the NICU to provide a transitional level of care as noted in the program flex request. The specific 15 beds are in sections A, B, C, and O: 7801, 7802, 7803, 7804, 7805, 7806, 7807, 7808, 7809, 7810, 7811, 7812, 7704, 7705, 7706
9. Facility shall follow the nurse assignment process such that bed stations in sections A, B, C, and O: 7801, 7802, 7803, 7804, 7805, 7806, 7807, 7808, 7809, 7810, 7811, 7812, 7704, 7705, 7706 are limited to infants assigned to a nurse with a 1:3 nurse to patient staff ratio. Facility shall not assign the nurse assigned to a bed station listed in this section, an intensive or critical care bed station.
10. The infants in bed stations in sections A, B, C, and O: 7801, 7802, 7803, 7804, 7805, 7806, 7807, 7808, 7809, 7810, 7811, 7812, 7704, 7705, 7706 shall meet the continuing care or intermediate care type requirement.
11. This program flex ends on the date listed below or the date that an infant requiring intensive care is assigned to bed station in sections A, B, C, and O: 7801, 7802, 7803, 7804, 7805, 7806, 7807, 7808, 7809, 7810, 7811, 7812, 7704, 7705, 7706.

12. 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 level of care infants will be always staffed according to the facility acuity system and no less than a ratio of one registered nurse to two or fewer infants.

13. All NICU staff shall meet the certification, experience, training, and duty requirements of Section 70485.

14. If the policies and procedures dealing with NICU staffing are significantly amended, the Department of Public Health must be notified for subsequent approval.

15. The hospital has had California Children's Services (CCS) approval and has provided a Regional Tertiary level of newborn care since 1986.

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 Jun 16, 2023 until Jun 15, 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.

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

Sincerely,

[REDACTED]

Sevrine A. Banks, Program Manager  
Centralized Program Flex Unit

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