



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



Apr 09, 2024

[REDACTED]
Kaiser Foundation Hospital - Santa Rosa
401 Bicentennial Way
Santa Rosa, CA 95403

FACILITY: Kaiser Foundation Hospital - Santa Rosa, LICENSE # 110000213

APPROVAL OF PROGRAM FLEXIBILITY FOR FLEX-8838

Dear [REDACTED]

This letter is in response to the request submitted by **Kaiser Foundation Hospital - Santa Rosa** 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

Staffing ratio will provide a minimum of one Registered Nurse to two-three infants for Level II (Intermediate Care Neonates) per shift and a minimum of one Registered Nurse to three infants for Level I (Continuing Care Neonates) per shift.

Staffing ratio for Level III (Intensive Care Neonates) will remain at one Registered Nurse to one-two infants.

NICU policies and procedures related to staffing will include the conditions above and will define criteria for admission to Intermediated and Continuing Care.

All Neonatal Intensive Care staff will be educated to these requirements.

Center for Health Care Quality
Centralized Program Flex Unit (CPFU)
P.O. Box 997377 MS 3405 Sacramento, CA 95899-7377
e-mail: CentralizedProgramFlex@cdph.ca.gov



Policies and procedures will include the above conditions and be approved by the Governing Body of the Medical Staff.

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

- Hospital will remain licensed as an Intensive Care Newborn Nursery (NICU); the maximum licensed capacity is ten (10) infants.
- 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).
- Hospital will ensure intensive care infants will have a registered nurse (RN) assigned to a 1:2 or fewer nurse-to-infant ratio as determined by patient classification system.
- Hospital will ensure that intermediate care infants will have a registered nurse (RN) assigned to a 1:2-3 nurse-to-infant ratio, and continuing care infants will have a RN assigned to a 1:3 or fewer nurse-to-infant ratio as determined by patient classification system for all beds/infants in the unit.
- Hospital is approved for emergent care, if at any time a continuing or intermittent bed is needed for an unexpected ICU level of care placement, the hospital may use the bed for 1:1-2 to provide emergent intensive care as a temporary measure until a safe transfer into a NICU 1:1-2 bed.
- Hospital shall follow Health and Safety Code (HSC) 1255.5(f) and Title 22, sections 70487 and 70489 regarding NICU policies, procedures, equipment, supplies, and space requirements.
- Hospital will provide that NICU nursing staff shall meet the certification, experience, training, and duty requirements of Title 22, Section 70485.
- Hospital will ensure that NICU staff, who have demonstrated competency with the patient classification tool. The training records will be available to CDPH upon

request.

- Hospital will maintain records of unit, dates, shifts, bed numbers, acuity scores, and RN assignments, which will be kept on file and available upon CDPH request.
- Hospital will ensure that staffing policies - with definitions for each category of neonatal care - intensive care, intermediate care, and continuing care - are consistent with the current edition of the American Academy of Pediatrics-American College of Obstetricians and Gynecologists (AAP-ACOG) Perinatal Guidelines, related regulatory & statutory requirements, and professional organization guidelines, and the policies will remain current and approved by the health care professionals working in this area and hospital governing board.
- Hospital shall educate neonatal intensive care nursing staff about the alternative concept and requirements of this approved program flexibility 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 Apr 09, 2024 until Jul 08, 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 (916) 323-5053 or by email at CentralizedProgramFlex@cdph.ca.gov.

Sincerely,

[Redacted Signature]

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