

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*



07/09/2024

08/01/2025

Specify Type of Request*

Emergency Non-Emergency



What regulation(s) are you requesting program flexibility for?*



Select Facility Type

General Acute Care Hospital

Search Regulations by Title or Regulation Number

Selected Regulations

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

(d) A ratio of one registered nurse to two or fewer intensive care infants shall be maintained.

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 No N/A (Non-GACH Facility)

Request Description



The facility is requesting to flex Title 22 Section 70425(d) to allow NICU RNs care for lower-level of care patients during high volume periods.

JUSTIFICATION

Describe why program flexibility is needed.*

Our facility is a licensed 9-bed level 2C NICU that frequently experiences over bedding in high-volume periods due to external barriers such as geographical constraints, transferring barriers, attempts for discharges, and with the exponential community growth Kern County has experienced since the beginning of the pandemic, the county's healthcare infrastructure has been met with complex challenges meeting this need.

In 2020, the facility's total service population amounted to 780,000 and since then has exponentially increased. Aggregate data from the facility's 2022 community health needs assessment shows about 70% of the service population are representative of young adults and families.

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.*

In efforts to address these barriers, the facility enacted an escalation plan during high volume periods (see **FACILITY POLICY: NICU ESCALATION DURING HIGH VOLUME PERIODS**). Moreover, if NICU patients are able to downgrade to a lower level acuity, but not medically cleared for discharge, the facility is requesting for NICU nursing staff to manage a 1:3 ratio assignment for NICU patients that meet this criteria.

Additional Information



Provide any additional information as desired.

The second attached document demonstrates instances where we had a high census, and efforts made to discharge, transfer, and/or downgrade.



Please attach any supporting documentation for the request.

More than one document may be uploaded here.



FACILITY POLICY NICU ESCALATION DURING HIGH VOLUME PERIODS.pdf

Date Attached: Jul 05, 2024



NICU DC-TX-Downgrades 5.11.2024-5.15.2024.docx

Date Attached: Jul 09, 2024



Revise and Update

Add updates to the original application.



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