

## 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\*

11/18/2024



Requested



End Date\*

11/17/2025



### Specify Type of

Request\*

Emergency



Non-Emergency



What regulation(s) are you

requesting program flexibility for? (i)



\*

Select Facility Type

General Acute Care Hospital ▾

Search Regulations by Title or Regulation Number

### Selected Regulations

## Nursing Service Staff, T22 DIV5 CH1 ART3-70217(a)(1)

(1) The licensed nurse-to-patient ratio in a critical care unit shall be 1:2 or fewer at all times. "Critical care unit" means a nursing unit of a general acute care hospital which provides one of the following services: an intensive care service, a burn center, a coronary care service, an acute respiratory service, or an intensive care newborn nursery service. In the intensive care newborn nursery service, the ratio shall be 1 registered nurse: 2 or fewer patients at all times.

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 i  
lower level of care?\*

Yes  No  N/A (Non-GACH Facility)



### Request



### Description

Request permission to staff NICU patients at a 1:3 nurse to patient ratio as appropriate to optimize patient care. Implementing a 1:3 nursing ratio when necessary, allows us to optimize staffing flexibility while maintaining quality care. By adjusting the ratio, we can ensure that our resources are allocated more efficiently during times of lower patient acuity or census fluctuations. This approach provides the team with the ability to meet patient needs without compromising safety or care standards.

### JUSTIFICATION

Describe why program flexibility is needed.\*

Due to individual neonatal patient needs, we match nurse-to-patient(s) based on the needs of each patient, including family needs, and the unit census, overall acuity mix on a shift-by-shift basis. The goal is to optimize required RN/patient match as well as optimal workflow and to mitigate any safety issues related to bed spaces or unnecessary bed moves.

### 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.\*

CHOC at Mission has successfully implemented 1:3 RN to patient ratio in such a way that is ideal from a safety standpoint, workflow standpoint, and balancing of assignments across the team of that shift (We do not support 1:4 assignments).

In our NICU, we utilize Daily Assignment sheets for each shift which notes which babies are assigned to any given RN; this notebook is easily accessible to the NICU team, and one can clearly and easily see the

acuity for each patient that shift. Due to the configuration of our unit, and lack of single rooms, we do not support a visual system at each bedside related to acuity due to fear of potential HIPAA violation (some parents pass by other patient's bedspaces to get to their baby's bedspace).

## Additional Information



Provide any additional information as desired.

Staffing ratios in the NICU will be based on infant acuity per the hospital's patient classification system. Nurse staffing will be based on clinically valid criteria and assessment of patient needs.

When assigning nurses, we will ensure patients are in close proximity to one another to enhance patient safety and ensure that nurses can provide more efficient, focused care.

CCMH will be licensed as an Intensive Care Newborn Nursery with mixed utilization of intermediate and continuing care babies.

CCMH will adhere to HSC 1255.5(f) regarding NICU Policy and Procedures and space requirements.



Please attach any supporting documentation for the request.

More than one document may be uploaded here.



CCMH Flex 6998.pdf

Date Attached: Sep 12, 2024



Plan for the Provision of Patient Care.pdf

Date Attached: Sep 12, 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