

Incomplete Sections

 The following sections need to be completed before proceeding:

- [Evaluation](#)

General

Facility: [University of California Davis Medical Center](#)

District: Sacramento District Office

Facility Number: 030000113

Facility Type: GACH

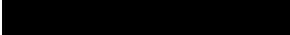
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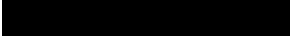
Phone Number: 

County Name: SACRAMENTO

Address: 2315 Stockton Boulevard, Sacramento, CA 95817

Applicant Details:

Name: 

Email: 

Assigned Evaluator(s): 

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

11/28/2024

Requested End Date

11/28/2027

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

To continue to utilize 30 NICU Beds for intermediate/continued care patients and to establish that the nurse-to-patient ratio for intermediate/continued care patients will be a minimum of one to three infants, based on the acuity of the patient. This is a renewal of FLEX-6927.

JUSTIFICATION

Describe why program flexibility is needed.

The purpose of this program flex request is to continue use of 30 NICU beds for intermediate/continued care patients and establish that the nurse-to-patient ratio for intermediate/continued care patients will be a minimum of one to three infants, based on the acuity of the patient.

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.

Since 2005, thirty of our 49 licensed NICU beds have been approved for use as Intermediate /Continued Care Beds in the NICU. These beds are identified on the attached floor plan and are all of the beds located in rooms 5759, 5757, 5822, and 5818.

The nurse-to-patient ratio for intermediate/continued care patients will be a minimum of one to three infants, based on the acuity of the patient. The staffing in the NICU meets the recommendations in the Guidelines for Perinatal Care, eighth edition. UCDMC utilizes an acuity system which is consistent with Title 22, CCR Sections 70053.2(a)(1-6) and 70215(a)(1) to determine the appropriate numbers of nurses needed to staff the unit and prepare individual nursing assignments consistent with patient care needs. The level of nursing care required by patients is ordered by the physician and documented in the medical record. The acuity levels for each infant are documented on the nursing staff assignment sheets, which are kept on file and available for CDPH to review upon request.

All rooms in the NICU meet or exceed the Intensive Care Nursery requirements for space, physical environment, equipment, and supplies as required in Title 22, CCR Sections 70487 and 70489. All NICU registered nurses are qualified neonatal nurses who are trained and experienced to treat patients who are receiving intensive care, intermediate care, or continued care. Additionally, staff is educated to the NICU

Structure Standards, which include these staffing requirements. The UCDCM Policies and Procedures are approved by the Governing Body and Medical Staff, as appropriate. Periodic evaluation of the effectiveness of the staffing ratios in the NICU is included in the performance improvement activities of Patient Care Services and the Department of Pediatrics.

Additional Information

Provide any additional information as desired.

Last year, this Flex was resubmitted as urgent (Flex 6624) and subsequently approved (Flex 6927) to allow for continued use during the comment period. There have been no changes since the previous request.

Please attach any supporting documentation for the request. More than one document may be uploaded here.

[Neonatal Unit Structure Standards.pdf](#)

[NICU staffing 2006 Approval.pdf](#)

[D5Capture.jpg](#)

[FLEX-6927_APPROVED.pdf](#)

[FLEX-6624_APPROVED Emergent.pdf](#)

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