Santa Barbara Cottage Hospital

NICU Flex Statement

In keeping with the best practices, the hospital remains current with the AAP Guidelines for Perinatal Care, Eighth Edition (2017), which states that "patient variables that can affect acceptable nurse-patient ratios include birth weight, gestational age, and diagnoses of patients; patient turnover; acuity of patients' conditions; patient or family education needs; bereavement care; mixture of the staff; environment; types of delivery; and use of anesthesia. In addition, all newborns, including well newborns, require the care of a registered nurse, and this should be considered when making nursing staff decisions" (pg. 49). Additionally, the AAP Guidelines state a special care area designed for sick infants who do not require intensive care but who require a higher level of surveillance may be separate from, adjacent to, or combined with a level III NICU in hospitals where these exist (pg. 73).

Santa Barbara Cottage Hospital has a Level III NICU with 22 beds which are distributed in three distinct pods A, B and C. Each pod contains 6 beds. Additionally, there are 2 isolation beds and a twin suite with 2 beds.

The program flex request involves designating 6 NICU beds in Pod A for intermediate and continued care for non-critically ill pediatric patients. The designated beds for non-critically ill pediatric patients will be separate from the NICU and will function as its own unit within the NICU, with its own staffing of 3:1 ratio (patients to nurse).

We have conducted an analysis of the Average Daily Census (ADC) for each acuity level in the NICU. Data showed that our ADC for 3:1 patients was 9 with peaks to 17. Therefore, with that in mind, the following is the requested bed allocation: Beds 14 through 19 (Pod A) will be dedicated as the lower level of care (3:1) NICU beds. Additionally, to accommodate the census surge demands we request beds 7 through 12 (Pod B), and beds 20 and 21 as flex beds. The flex beds will be utilized to comply with unit within the unit requirement without the mixing of patient populations, in accordance with patient acuity level, and subsequent appropriate Title 22 staffing ratios.