



Dec 17, 2024

Cheryl Zuniga  
Children's Hospital of Orange County  
1201 W La Veta Ave  
Orange, CA 92868

**FACILITY: Children's Hospital of Orange County, LICENSE # 060000011**

**APPROVAL OF PROGRAM FLEXIBILITY FOR FLEX-10289**

Dear Cheryl Zuniga,

This letter is in response to the request submitted by **Children's Hospital of Orange County** for program flexibility for California Code of Regulations T22 DIV5 CH1 ART6-70483(a)(4).

The alternative means of compliance with T22 DIV5 CH1 ART6-70483(a)(4) include

To promote safety related to each neonatal transport case, as well as ensure the ability to safely service a high transport demand in the surrounding community, Children's Hospital of Orange County (CHOC) proposes to have the attending neonatologist in collaboration with the emergency transport service continue to determine the composition of the neonatal transport team for each patient based on the diagnosis and current condition of the neonate. The transport team will include a transport physician for high-risk patients who are determined to be medically unstable and/or clinically deteriorating. Stable patients may be managed by a neonatal nurse practitioner (NNP) or an advanced scope RN and advanced scope respiratory care provider (RCP). The NNP or advanced scope RN and advanced scope



RCP must demonstrate competence per CHOC policies and established IDPC approved protocols and procedures. NICU Transport team members must demonstrate annual competency of skill validation and standardized procedures under the guidance of the NICU Transport Medical director.

Your request for program flexibility of **T22 DIV5 CH1 ART6-70483(a)(4)** is approved under the following conditions:

- Hospital is approved to waive the transport team physician requirement for low-risk medical complexity neonates. The transport team physician requirement is not waived for neonates to be high risk for medical complications or deterioration, unstable conditions, and/or conditions of high medical complexity.
- Hospital NICU transport program policies and procedures must define low-risk and high-risk medical complexity. The hospital will ensure these policies are developed in alignment with the American Academy of Pediatrics neonatal curriculum and policies. The facility policies must be adopted by the facility in conjunction with nursing directors and neonatal physician medical directors. These NICU transport program policies and procedures will be approved by the hospital's Medical Executive Committee and Governing Body.
- For patients identified (by a qualified physician in accordance with hospital policies and procedures) to be high risk for medical complications or deterioration, unstable conditions, and/or conditions of high-medical complexity, the composition of the neonatal transport team shall include a qualified transport physician.
- For patients identified (by a qualified physician in accordance with hospital policies and procedures) to be stable, low risk for complications or deterioration and/or low-risk medical complexity, the physician requirement may be waived and replaced with a qualified physician assistant, nurse practitioner or registered nurse for patient conditions that do not require real-time in-person physician medical decisions, practice and/or treatments. The second member of the neonatal transport team may include a registered nurse/nurse practitioner/physician assistant or a respiratory therapist.

- Hospital will provide Governing Body and Medical Staff Leadership oversight to ensure the Neonatal Intensive Care Unit (NICU) transport team will be overseen and directed by a neonatal trained physician. The daily assigned NICU transport team neonatal trained physician will accept, provide oversight, and ensure responsibility for all NICU transports.
- The Governing Body and Medical Staff Leadership will ensure medical decisions are made in the best interest of the patient and will act as a patient advocate for all NICU transport patients.
- Hospital will ensure that the daily assigned NICU transport team neonatal trained physician's decisions, regarding the NICU transport team composition, are tailored to the medical complexity and anticipated specialized needs of the neonatal patient.
- Hospital's neonatal transport team upon arrival to the transferring facility will conduct a through assessment regarding the stability of the neonate and the neonatal transport team will make every reasonable effort to provide available treatment to stabilize the neonates condition prior to and during transport to the receiving facility.
- If the neonate's condition is found to be more critical than initially communicated by the referring hospital or the neonate's condition has deteriorated, the NICU transport team lead will immediately notify the NICU team's attending or responsible neonatal trained physician and request further assistance from the physician to assist with the transport.
- When the physician is not present for NICU transports, the assigned attending neonatal trained physician will be readily available for communication at all times. The assigned NICU transport team members will remain in continuous two-way communication with the assigned attending neonatal physician during all phases of the transport. If there is any change in the patient's status or escalation in patient needs, the NICU transport team members will contact the assigned attending neonatal trained physician immediately.
- When the physician is not present, the hospital will ensure the NICU transport team members will possess advanced technical and stabilization skills for

unexpected or emergent events during transport of a low-risk neonate.

- Hospital will develop and ensure NICU transport policies and procedures which define scope of practice and required skills for each level of transport team members.
- Hospital will ensure NICU transport team members demonstrate annual competencies, including skills validation and standardized procedures based upon licensing scope of practice. The method for determining competence should be recognized or endorsed by the American Academy of Pediatrics. Written documentation of annual competencies records will be maintained and documented for all NICU team members.
- Hospital will ensure a quality assurance and improvement of organizational performance (IOP) process for all NICU transports and hold regular multi-disciplinary transport meetings. The hospital will audit and document their NICU transport processes and outcomes.
- Hospital shall ensure the alternative concept will not jeopardize the health, safety, and well-being of patients.

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 Dec 21, 2024 until Dec 20, 2027.

**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](mailto:CentralizedProgramFlex@cdph.ca.gov).

Sincerely,

*Danielle Boles*

Danielle Boles, Program Manager  
Centralized Program Flex Unit

