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Anka Ung
Rady Children's Hospital
27700 Medical Center Rd
Mission Viejo, CA 92691

FACILITY: Rady Children's Hospital, LICENSE # 060000348

APPROVAL OF PROGRAM FLEXIBILITY FOR FLEX-13000

Dear Anka Ung,

This letter is in response to the request submitted by **Rady Children's Hospital** for program flexibility for California Code of Regulations T22 DIV5 CH1 ART8-70805.

The alternative means of compliance with T22 DIV5 CH1 ART8-70805 include

RCHM requests to use a separate four-bed room located in its 22-bed NICU to care for PICU patients when the PICU reaches high census status. Examples of high census status include but are not limited to:

- 1) Assigned "ready" time is greater than three (3) hours and multiple patients are awaiting bed placement from any referral source, i.e. ED, PACU/OR, external referrals, and direct admits.
- 2) Availability of beds: two (2) or fewer in PICU.



3) Scheduled Surgical or Procedure Admissions: Ongoing surgery, PACU/OR patients are stable for transfer and are awaiting assigned "ready" room.

RCHM will ensure appropriate equipment and supplies are available, only trained and competent staff are assigned to the patients in the overflow space, and both nursing and medical staff leadership will provide oversight to the patients being cared for in the overflow space. RCHM will continue to provide necessary care in accordance with patient needs and make all reasonable efforts to act in the best interest of patients.

Overall Plan: Request to use NICU beds 1,2,3, and 4 as overflow beds for PICU level diapered and cribbed patients with like diagnoses and staffed by two qualified Registered Nurses (RNs), overseen by the PICU medical provider and nursing leadership. There will be no mixing of patient populations in the flexed NICU space. Specifically, there will be no co-mingling of medical/surgical patients with NICU patients, nor with pediatric intensive care patients. The space will be designated for use by either NICU or PICU patients—or, through a separate flex approval, pediatric medical/surgical patients—but only one patient population will occupy the space at any given time.

Oversight: PICU charge nurse and PICU/hospital nursing leadership. Physician oversight will be provided by the scheduled PICU medical provider.

Hours of operation: 24/7

Capacity: Four patients.

Patient classification: Lower acuity PICU patients who are diapered; sleeping in crib or isolette; with similar diagnoses.

Staffing plan: Two (2) PICU trained RNs at all times; maximum 1:2 RN to patient ratio.

RCHM will provide a unit orientation for staff caring for patients in the surge, flexed space and for staff working in the NICU, including no traffic through the non-flexed NICU space into or out of the activated flexed space. Documentation will be provided to CDPH upon request.

Inclusion criteria: Lower acuity PICU patients such as:

- Respiratory viral illness if like diagnoses
- If non-infectious, diagnoses such as but not limited to failure to thrive, hyperbilirubinemia, brief resolved unexplained event (BRUE) patients, infants requiring high flow nasal cannula, or hypoglycemia

Exclusion criteria:

- Any patient needing to use the bathroom
- Any patient requiring a full-sized bed
- Patients with multi-drug-resistant organisms
- Patients who are unstable or with a deteriorating condition
- Patients on multiple drips and a ventilator

Facilities/Environment:

- Bed spaces: Four NICU bed spaces which are contained in their own room that can be accessed via separate entrance from main corridor. The other door between the four-bed room and the Main NICU will be closed for duration of the waiver.

Bed 1 = 90 square feet

Bed 2 = 90 square feet

Space between Beds 1 and 2 = 5 feet

Bed 3 = 110.25 square feet

Space between Beds 2 and 3 = 4 feet

Bed 4 = 104 square feet

Space between Beds 3 and 4 = 4 feet

- Bed spaces have full ICU capabilities including multiple oxygen and suction setups and bedside monitors connecting to central monitor within the four-bed room. Nurse call lights and Code White buttons in each bed space.

- Headwalls: Each headwall space is 8 feet long. Each NICU bed space headwall has the following:

- 4 oxygen hookups
- 4 air hookups
- 3 suction hookups

There are 16 red outlets and 8 regular outlets per bedspace. See attached photos showing the above.

- Monitoring: The central monitoring system has a satellite station that can be monitored within the overflow unit from Nurse charting area. All 4 beds are displayed on this monitor. The beds will also be viewable in the main NICU, but due to how we limit access between the overflow unit and main NICU they would not be entering the overflow to provide help. The staff in the overflow unit would press the code white button for emergency assistance or call the PICU for general assistance.

- Space for family/visitors – Limited to one family member per patient, space for a recliner chair – parents will also have preferred access to the Ronald McDonald sleep room.

- Privacy measures: Privacy curtains plus newly installed accordion dividers.

- Bathrooms: None in four-bed room; parent bathroom available in hall. Staff bathroom is located in the PICU, adjacent to overflow unit.

- Sinks: Two handwashing sinks available.

- RN work area: Workspace and computers for two RNs.

- Supply area: Fully stocked locked mobile cart restocked from PICU supply room or peds supply room.

Medications: Locked medications drawer with patient cassettes; narcotics obtained from PICU Pyxis; refrigerated meds kept in PICU Pyxis (approximately 15 feet away). RCHM will ensure pharmacy regulations and policies and procedures are followed,

including safe (a) storage, (b) ordering/prescribing, (c) transcribing and verifying, (d) dispensing and delivering, e) administering, and (f) monitoring and reporting.

Breast Milk: Breast milk will be stored in nutrition fridge within the overflow space. This refrigerator can house both breast milk and formula.

Housekeeping: The NICU housekeeping room is separate and within the actual NICU main unit.

Emergency procedures:

- Code White (pediatric Code Blue) and rapid response team responders will be notified upon activation of the overflow space.
- Emergency Department (ED) physician and nursing leadership will be notified upon activation.
- Established Code White procedures will be followed.
- Code carts located close by in NICU and PICU.

Procedures: No procedures will be done at the bedside. Patients requiring a procedure would be moved to the PICU. Our intent is to place lower acuity PICU patients in this space and if escalation of care is required, the patient would be moved to the PICU.

Ancillary services: Includes but not limited to certified child life specialists, laboratory, pharmacy, nutritional service, environmental services, radiology, respiratory care services, and infection prevention. All ancillary services will be notified by RCMH House Supervisor upon opening and closing of overflow area.

Visitor Access: Initial screening & security of all visitors occurs in the Main Lobby with Security. Once screened, parents will be instructed to first go to the main PICU where they will receive the “healthy visitor screening,” banded as parents and then escorted to the overflow area. Once they are bedded in the overflow unit, the nurse will provide instructions to the family on how to go in/out of the overflow unit. The nurses staffed in the overflow unit will have primary oversight to ensure that the family member is banded and monitor for adherence to all visitor policies.

Signage: Will be posted on the door in the hallway denoting "PICU Overflow Beds 1-4" and signage on other side of door that connects with NICU will denote "No Entry - PICU Overflow" to prohibit pass through by staff.

Infection Control: RCHM will follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), and CDPH or local health department.

Your request for program flexibility of **T22 DIV5 CH1 ART8-70805** is approved under the following conditions:

1. Hospital must limit use Neonatal Intensive Care Unit (NICU) beds 1, 2, 3 and 4, a total of four (4) spaces in one room, for the care of up to four (4) lower acuity Pediatric Intensive Care Unit (PICU) patients under 12 months of age, when the surge level is at capacity. At no time will NICU patients and PICU patients be mixed and cared for in this space at the same time. Placement in these spaces will be made in consideration of infection prevention and health and safety of the patients and others in the room.
2. Hospital must limit use of the rooms for PICU when the assigned bed can adequately provide the space and equipment needs of the infant, of the severity of illness, and of the intensity of service.
3. Hospital must maintain signage on the door from the NICU to the alternative PICU space, that restricts use of the door. Hospital shall provide orientation on the use restrictions for this door for all NICU and PICU staff as well as physicians that traverse the NICU.
4. Hospital must provide a unit orientation for staff caring for patients in the alternative PICU space and for staff working in the NICU. Documentation must be provided to CDPH upon request. Hospital must provide orientation to space including sole access through door on main corridor and no cross traffic between NICU and PICU staff.
5. Hospital must conduct and maintain a record of a risk assessment, by April 15, 2025, of the use of the NICU space for PICU services, including a focus on adequate workspace and appropriate PPE donning and doffing locations. The participants in the assessment must include pediatricians,

neonatologists, infection preventionists, nursing staff representatives, person responsible for the service, and other staff as appropriate. A copy of the record must be given to CDPH upon request.

6. Hospital must ensure a safe rapid response/code blue response and maintain age-appropriate crash cart(s) immediately available at all times to address and meet patient needs.
7. Hospital must consider and document the social impact of limiting visitation to one person at a time for each PICU patient using the alternative space.
8. Hospital must follow their written and approved surge and disaster response plan, which defines the bed capacity for each care unit including PICU at which to begin surge planning actions. The surge plan should outline the sequential implementation steps, once maximum capacity is reached. The surge plan may incorporate the use of the PICU flexed overflow locations, contingent upon CDPH licensing program flexibility approval. Hospital must initiate planning prior to critical capacity, which must consider early discharge, transferring patients, rescheduling elective surgeries, and not taking transfers from outside hospitals.
9. Hospital must make every reasonable effort to exhaust available alternatives prior to the implementation of alternative concept, and only when PICU is at maximum bed capacity may alternative concept be implemented.
10. Hospital must ensure ingress and egress in and out of the space and within the space is clear and unobstructed at all times and is compliant with fire code and life safety, for patients, personnel, equipment, and supplies. Hospital must provide adequate workspace appropriate for each licensed nurse and patient considering equipment and visitors in the space.
11. Hospital must ensure medical gases, space, and related equipment are available to provide services to meet each patient's designated level of care in accordance with current policies and procedures and age-appropriate needs of the patient.
12. Hospital must ensure PICU patients admitted to the flexed NICU bed spaces will remain part of the PICU Service for which all PICU care policies apply.

13. Hospital must ensure the space will be staffed per nursing ratios per T22 regulations 70217 for intensive care services, with a minimum of two Pediatric Intensive Care (PICU) trained Registered Nurses present at all times while space allocation is executed.
14. Hospital must ensure that nurses and staff will be assigned tasks within their scope of licensure, experience, training, and competence.
15. Hospital will ensure pharmacy regulations and policies and procedures are followed, including safe (a) storage, (b) ordering/prescribing, (c) transcribing and verifying, (d) dispensing and delivering, (e) administering, and (f) monitoring and reporting.
16. Hospital must ensure a contingency plan is in place to reconvert space to care for NICU patients if census demands.
17. Hospital must notify the Orange District Office for each episode when activating the program flex to admit PICU patients to the flexed NICU bed spaces.
18. Hospital shall follow infection control guidelines from the Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), and CDPH or local health department according to hospital policies and procedures.
19. Hospital must develop and implement a specific PICU policy that designates the conditions and location, admission criteria, and other relevant elements, for when Beds 1, 2, 3, and 4 of the NICU are to be utilized by the PICU supplemental service. The policy shall be incorporated into the hospital's written surge plan with direct approvals by the PICU, NICU, and Pediatric Service directors. The ICNN supplemental service will develop a policy or adjust structure standards to show that 4 of its 22 NICU beds are allowed to be loaned to the PICU service under limited conditions.
20. Hospital must ensure compliance with federal Emergency Medical Treatment and Labor Act (EMTALA) rules for whatever may apply to it as a Specialty Hospital.

21. Hospital shall continue to comply with adverse event and unusual occurrence reporting requirements specified in HSC section 1279.1 and Title 22 CCR Section 70737(a).

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 Jan 17, 2026 until Jan 16, 2029.

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.

Sincerely,



Danielle Boles, Program Manager
Centralized Program Flex Unit