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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-13096

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 lower-acuity pediatric medical/surgical patients when the dedicated pediatric medical/surgical unit 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. Three (3) or fewer in Peds.



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 pediatric medical/surgical level diapered and cribbed patients with like diagnoses and staffed by two qualified Registered Nurses (RNs), overseen by the Peds Hospitalist 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 (PICU) patients. The space will be designated for use by either NICU or Pediatric medical/surgical patients—or, through a separate flex approval, PICU patients—but only one patient population will occupy the space at any given time.

Oversight: For pediatric medical/surgical patients: Pediatric charge nurse and Pediatric/hospital nursing leadership. Physician oversight will be the Peds Hospitalist.

Hours of operation: 24/7

Capacity: Four patients.

Patient classification: Medical/surgical patients who are diapered; sleeping in crib or isolette; with like diagnoses.

Staffing plan: For pediatric med/surg patients: Two (2) pediatric trained RNs at all times; maximum 1:2 RN to patient ratio. While the maximum staffing ratio for pediatric patients is typically 1:4, we will implement a maximum ratio of 1:2 in this designated area to ensure two nurses are present at all times.

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 medical/surgical level 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 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 PICU BM refrigerator.

There is a nutrition refrigerator in that room that 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 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 Peds med/surg floor, 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 "Peds Med/Surg Overflow Beds 1-4" and signage on other side of door that connects with NICU will denote "No Entry - Peds Med/Surg 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 is approved to use Neonatal Intensive Care Unit (NICU) beds 1, 2, 3, and 4 for a total of four (4) spaces in one room to care for up to 4 (four) pediatric medical-surgical (MS) patients during surge conditions. Placement of patients in these flexed spaces will be done in consideration of the health and safety of the patients, family, visitors, and others in the space, including infection control. Patients who require the use of the bathroom or a full-sized bed will not be placed in the flexed area. There will be no mixing of MS patients with NICU patients or mixing of MS patients with Pediatric Intensive Care Unit (PICU) patients. The space will be used for either NICU or pediatric MS (or PICU by a separate flex) at any one time. There will be no mixing of patient populations.
2. Hospital will ensure that the Chief Nursing Officer, or designee, is responsible for the activation and deactivation of the space. Hospital will maintain a record of: (a) the census of the NICU, PICU, and MS units; (b) staffing of each unit; and (c) rationale for each activation and deactivation of the use of this space for MS. A copy of this record will be made available to California Department of Public Health (CDPH) upon request.
3. Hospital will ensure the safety and security of all patients, families, and staff in this area and flexed/surge space, including NICU and MS specifically for

this flex.

4. Hospital will ensure there is a plan to meet the needs of the MS patients if the space/rooms are needed to care for NICU patients.
5. Hospital will ensure MS nursing and physician leadership and oversight for the patients cared for in this space during surge/flex, which will be done in collaboration with the NICU and PICU nursing and physician leadership.
6. Hospital will ensure signage is visible placed to clearly designate the flexed space and that 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.
7. Hospital will ensure compliance with nursing unit requirements per Title 22 Section 70049.
8. Hospital will adhere to licensed nurse-to-patient medical surgical staffing ratios per Title 22 Section 70217. There will be two licensed staff with competencies to care for these patients in the space at all times.
9. Hospital will ensure that nurses and staff will be assigned tasks and/or patient care within their scope of licensure, experience, training, and competence. Documentation will be made available to CDPH upon request.
10. Hospital 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.
11. Hospital will ensure medical gases, electrical, call light/system, space, equipment, and supplies to meet the patient's age and designated level of care. There will be portable oxygen and suction immediately available as needed.
12. Hospital will 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.

13. Hospital will adhere to hospital and unit specific policies and procedures.
14. Hospital will ensure patient privacy is maintained and implement a plan to allow visitors.
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 will ensure that the electronic medical record and other electronic system configurations are in place to allow staff to provide communication between clinical care team members, meet the needs to patient care, and follow hospital policy and procedures.
17. Hospital 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.
18. Hospital will continue to provide necessary care in accordance with patient needs and make all reasonable efforts to act in the best interest 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 18, 2025 until Dec 17, 2028.

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

Danielle Boles, Program Manager
Centralized Program Flex Unit

