

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

Arkansas Neonatal and Maternal Levels of Care Regulations for Levels 1, 2, 3A, 3B and 4

	LEVELS OF CARE				
Neonatal <u>and</u> Maternal	<u>Level I</u> (Basic) Community-Based Maternal-Newborn Service	<u>Level II</u> (Specialty) Community-Based Maternal-Newborn Service with a Special Care Nursery	<u>Level III A</u> (Subspecialty) Perinatal Care Center and Neonatal Intensive Care Unit	<u>Level III B</u> (Subspecialty) Perinatal Care Center and Neonatal Intensive Care Unit with Neonatal Subspecialty Service	<u>Level IV</u> Perinatal care center or Freestanding Pediatric Hospital with Neonatal Subspecialty Service
	PATIENTS POPULATION				
Minimum Number of VLBW or infants <32 weeks gestation per year	N/A	N/A	25* *The volume requirement should be based on the previous year, averaged over the previous 2 years, or if the volume requirement would reasonably be expected to be reached in the next year	75* *The volume requirement should be based on the previous year, averaged over the previous 2 years, or if the volume requirement would reasonably be expected to be reached in the next year	N/A
Neonatal					
Gestation/weight/risk	<u>Level I</u> Greater or equal to 35 weeks gestation in pregnancies unlikely to deliver before 35 weeks gestation that have a low likelihood of neonatal or maternal morbidity. Care of the physiologically stable infants and normal newborns	<u>Level II</u> Greater than 32 weeks gestation and weighing more than 1,500 grams (uncomplicated preterm infant)	<u>Level IIIA</u> Level II + 26 weeks or greater gestation and weighing 750 grams or more	<u>Level IIIB</u> Level III A + Less than 26 weeks gestation or weighing less than 750 grams or who have severe or complex illnesses	<u>Level IV</u> All neonates who have severe or complex illnesses
Maternal					
Gestation/weight/risk	<u>Level I</u> Pregnancies > 35 weeks gestation in pregnancies unlikely to deliver before 35	<u>Level II</u> Pregnancies >32 weeks gestation and fetus >1500 grams in selected high-risk	<u>Level III A</u> Pregnancies >25 weeks gestation and fetus >750 grams in women without	<u>Level III B</u> Pregnancies all gestational ages and all maternal conditions, i.e <26 week	<u>Level IV</u> N/A

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

	weeks gestation that have low likelihood of neonatal or maternal morbidity	pregnancy conditions judged unlikely to deliver before 33 weeks with low risk of neonatal or maternal morbidity	significant co-morbidities	gestational age, fetus < 750 grams, severe maternal complex illness	
	SURGERIES/PROCEDURES				
Neonatal					
Intensive care support	<u>Level I</u> Stabilization of sick newborn infants until transfer <ol style="list-style-type: none"> 1. Somebody trained in NRP will attend every delivery 2. Annual NRP update will be available for training hospital personnel. Surgery: NA	<u>Level II</u> Level I + CPAP as needed and mechanical ventilation for less than 24 hours Surgery: NA	<u>Level III A</u> Level II + CPAP and prolonged mechanical ventilation inhaled nitric oxide (iNO) for those who are not ECMO candidates. Consider consultation and transfer to an ECMO center for high levels of ventilatory support (e.g, an OI >25). Surgery: minor – central line and hernia repair	<u>Level III B</u> Level III A + inhaled nitric oxide (iNO) for those who are not ECMO candidates. Consider consultation and transfer to an ECMO center for high levels of ventilatory support (e.g, an OI >25). Surgery: minor – central line and hernia repair. Surgical consultation may be obtained via telemedicine or telephone as appropriate	<u>Level IV</u> All patients requiring surgery including complex surgery by surgical subspecialists including cardiovascular, urological, neurological, otolaryngology and pediatric orthopedic, and GI surgery and ECMO (Extracorporeal membrane oxygenation) and cardiac surgery.
Maternal					
Triage System	<u>Level I</u> Experienced obstetric Registered Nurse with physician availability within 30 minutes	<u>Level II</u> Experienced obstetric Registered Nurse with physician availability within 30 minutes	<u>Level III A</u> Experienced obstetric Registered Nurse with physician available for consult or directly providing service. Midlevel care provider (CNM, APN, RNP, or PA) or physician is available 24/7 within 30 minutes to triage patients transferred from lower level health care facility.	<u>Level III B</u> Experienced obstetric Registered Nurse with physician available in hospital for consult or directly providing service. Midlevel care provider (CNM, APN, RNP, or PA) or physician is available 24/7 in house to triage patients transferred from lower level health care	<u>Level IV</u> N/A

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

				facility.	
Cesarean Section	<u>Level I</u> Within 30 minutes of decision and appropriate to the current clinical situation	<u>Level II</u> Within 30 minutes of decision and appropriate to the current clinical situation	<u>Level III A</u> Within 30 minutes of decision and appropriate to the current clinical situation	<u>Level III B</u> Within 30 minutes of decision and appropriate to the current clinical situation	<u>Level IV</u> N/A
Intensive Care Support	No	No	No	Required (does not require a dedicated obstetric unit)	Required (does not require a dedicated obstetric unit)
	HOSPITAL ORGANIZATION				
Neonatal and Maternal					
Organization	<p><u>All Levels</u> Hospital's Board of Directors, administration, and medical and nursing staff shall demonstrate commitment to its specific level of perinatal center designation and to care of perinatal patients. This commitment shall be demonstrated by:</p> <ol style="list-style-type: none"> 1. A Board resolution that the hospital agrees to meet the Arkansas Department of Health Standards for its specific level of designation. 2. Assurance that all perinatal patients shall receive medical care commensurate with the level of the hospital's designation. 3. The hospital will commit to these standards by board resolution and designate a perinatal budget to commit to the standards designated by the Arkansas Department of Health. Participation in the Arkansas Perinatal System Standards as described by this document including submission of clinical outcome data as defined by the Arkansas Department of Health as appropriate for system and quality management. 4. These standards will be surveyed as part of the biannual survey conducted by the Arkansas Department of Health 				
Neonatal					
Transport	<p><u>All Levels</u> will conform to the standards set forth in Guidelines for Perinatal Care, 7th ed (AAP, ACOG and MOD, 2012, pp 87-91). Additionally:</p> <ol style="list-style-type: none"> 1. Hospital nurseries will communicate and facilitate transfer to the most appropriate level of care. Transfer agreements will be in place for transport 2. Ensure a provider's continuing responsibility for care until transport team assumes full responsibility. 3. Provide communication (as defined by memorandum of transfer by EMTALA) regarding patient care at transfer. 4. If maternal or neonatal air transports are accepted, then the hospital shall have a heliport, helipad, or access to a helicopter landing site near the hospital. <p>Patients whose condition has stabilized and no longer require specialized services should be considered for transporting back to the referring hospital.</p>				
NICU Transition and Discharge	<u>Level I</u> Must have a relationship or memorandum of understanding with a NICU follow-up clinic	<u>Level II</u> Must have a relationship or memorandum of understanding with a NICU follow-up clinic	<u>Level III A</u> Must have a relationship or memorandum of understanding with a NICU follow-up clinic	<u>Level III B.</u> Must have a relationship or memorandum of understanding with a NICU follow-up clinic	<u>Level IV</u> Must have a NICU follow-up clinic within the hospital system

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

<p>Education for the Region: The staff of regional centers shall provide perinatal educational programs in both maternal and neonatal care in the region on a regular basis</p>		<p><u>Level II</u> N/A</p>	<p><u>Level III A</u> N/A</p>	<p><u>Level III B</u> N/A</p>	<p><u>Level IV</u> Requirement for regional perinatal center:</p> <ol style="list-style-type: none"> 1. Review major perinatal conditions, their medical treatment and nursing care for the region 2. Review of perinatal complications via chosen outcomes for the region with input by the Arkansas Department of Health 3. Feedback to referring hospitals for transports regarding outcomes
<p>Maternal</p>					
<p>Transport</p>	<p><u>Level I</u> Relationship with Level 2B, 3A or 3B hospitals to facilitate/coordinate maternal transport out; responsibility for care continues until care assumed by receiving hospital -Stabilization and transport for unexpected maternal problems consistent with ACOG guidelines -Establish guidelines /procedures for identifying patients at risk who should be transferred -Transfer via advanced life support if felt appropriate to the clinical situation</p>	<p><u>Level II</u> Relationship with levels. 3A and B hospitals to facilitate/coordinate maternal transport out; and with Level 1 hospitals for transport in. Responsibility for care continues until care assumed by receiving hospital -Stabilization and transport for unexpected maternal problems consistent with ACOG guidelines -Establish guidelines /procedures for identifying patients at risk who should be transferred and (in case of diversion) for necessary communication from between units -Transfer via advanced life</p>	<p><u>Level III A</u> Relationship with Level 3B hospitals to facilitate/coordinate transport out and with Levels 1 and 2 for transport in; responsibility for care continues by referring hospital until care assumed by receiving hospital - Maintain 24 hour system for reliable comprehensive communications between hospitals for immediate consultation and approval of transports - Establish guidelines /procedures for identifying patients at risk who should be transferred and (in case of diversion)</p>	<p><u>Level III B</u> Relationship with Levels 1, 2 and 3 A to facilitate/coordinate maternal transport in; responsibility for care continues by referring hospital until care assumed by receiving hospital - Maintain 24 hour system for reliable comprehensive communications within and between hospitals for immediate consultation and approval of transports and within systems (i.e., EMS) - Involvement in statewide perinatal educational outreach programs in both OB and neonatal specialties in collaboration with the Arkansas Dept of Health</p>	<p><u>Level IV</u> N/A</p>

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

		support if felt appropriate to the clinical situation	necessary communication from upper level to lower level unit - Involvement in statewide perinatal educational outreach programs in both OB and neonatal specialties in collaboration with the Arkansas Dept of Health		
	UNIT CAPABILITY				
Neonatal					
Equipment, Supplies, and Personnel (The hospital shall demonstrate its capability of providing uncomplicated and complicated neonatal care through written standards, protocols, or guidelines.)	<u>Level I</u> Resuscitation and stabilization of unexpected neonatal problems according to most current Neonatal Resuscitation Program (NRP) guidelines. 1. Selection and management of neonatal patients at a neonatal risk level appropriate to its capability - <ul style="list-style-type: none"> • Antibiotic administration, • Glucose management, • IV fluid administration, • Oxygen administration, • Thermoregulation, • Sepsis Evaluation (blood draws, lumbar puncture), • Cardiorespiratory monitoring Provision for parental contact	<u>Level II</u> Level 1 + Capability to include 1. Mechanical ventilation (<24 hrs) and nCPAP. 2. Umbilical lines	<u>Level III A</u> Level II + 1. Capability for prolonged mechanical ventilation 2. May have capability for minor surgery – central line placement or inguinal hernia repair	<u>Level III B</u> Level III A + 1. Management of all neonatal patients, including those requiring advanced modes of neonatal ventilation and life support, pediatric subspecialty services, 3. Development and evaluation of new technology and therapy	<u>Level IV</u> Pediatric subspecialty medical, surgical and anesthesiology services such as pediatric cardio-thoracic open-heart surgery, pediatric organ transplant, urology, and neurosurgery, ECMO, genetics, cardiology, neurology, nephrology, gastroenterology, hematology, infectious disease, immunology, ophthalmology, pulmonary and developmental pediatrics will be available although not necessarily in house. Pediatric anesthesiology will be available in house 24/7

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

	prior to transfer etc.				
Maternal					
Labor and Delivery	<p><u>Level I</u> Electronic fetal monitoring capabilities</p> <p><u>Level I</u> Ultrasound (US) available to delivery area with appropriate support staff and equipment</p>	<p><u>Level II</u> Electronic fetal monitoring capabilities</p> <p><u>Level II</u> Ultrasound (US) available to delivery area with appropriate support staff and equipment</p>	<p><u>Level III A</u> Electronic fetal monitoring capabilities</p> <p><u>Level III A</u> - US available in L&D -Advanced level ultrasound available on-site</p>	<p><u>Level III B</u> Electronic fetal monitoring capabilities</p> <p><u>Level III B</u> - US available in L&D -Advanced level ultrasound available on-site</p>	<p><u>Level IV</u> N/A</p>
	PERSONNEL				
Neonatal					
Leadership (Medical Director)	<p><u>Level I</u> Physician board-certified in pediatrics, med-peds, neonatal-perinatal medicine or family medicine</p>	<p><u>Level II</u> Physician board-certified in pediatrics, med-peds or in neonatal-perinatal medicine</p>	<p><u>Level III A</u> Physician board-certified in neonatal-perinatal medicine</p>	<p><u>Level III B</u> Physician board-certified in neonatal-perinatal medicine</p>	<p><u>Level IV</u> Physician board-certified in neonatal-perinatal medicine</p>
Coverage for Urgent Neonatal Issues	<p><u>Level I</u> Physician board-certified in pediatrics, med-peds, family medicine, NNP, or APN available within 30 minutes</p>	<p><u>Level II</u> Pediatrician, med-peds, NNP, family medicine or APN available within 30 minutes*. *Any patient requiring advanced respiratory support (i.e. CPAP, CMV) or advanced neonatal procedures (i.e., UAC, UVC, PICC) will require direct supervision by health care providers experienced in such care as determined by hospital policy</p>	<p><u>Level III A.</u> Neonatologist to be available in house within 30 minutes</p>	<p><u>Level III B</u> Neonatologist, Pediatrician, med-peds, APN, NNP or neonatal fellow to be available in house 24/7. Neonatologist to be available in house within 30 minutes. This requirement to be in place by 2017</p>	<p><u>Level IV</u> Neonatologist or upper level neonatal fellow to be available in house 24/7.</p>

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

Subspecialty Staff	<p><u>Level 1</u> The hospital shall have ready access (e.g. telephone, Telemedicine) to pediatric subspecialty care</p>	<p><u>Level II</u> The hospital shall have ready access (e.g. telephone, Telemedicine) to pediatric subspecialty care</p>	<p><u>Level III A</u> The hospital shall have on staff an ophthalmologist or the ability to perform ROP screening exams through electronic means with experience in neonatal retinal examination The hospital shall have ready access (e.g. telephone, Telemedicine) to pediatric subspecialty care</p>	<p><u>Level III B</u> The hospital shall have the following pediatric specialists on staff, in active practice and, if needed, in-house within 30 minutes or be urgently available at a closely related institution in person. If not on staff, agreements will be in place by telemedicine or telephone for consultation and/or transfer to a higher level of care.: <u>Pediatric subspecialists:</u> Pediatric surgical subspecialists: pediatric surgery, neurosurgery, cardiothoracic surgery, orthopedic surgery, plastic surgery, urology, ophthalmology and ECMO team, pediatric anesthesiology, and pediatric subspecialists: genetics, cardiology, pulmonology, nephrology, endocrinology, neurology, and pediatric radiology</p>	<p><u>Level IV</u> The hospital shall have the following pediatric specialties on staff, in active practice, and, if needed, in house within 30 minutes: Pediatric surgical subspecialists: pediatric surgery, neurosurgery, cardiothoracic surgery, orthopedic surgery, plastic surgery, urology, ophthalmology and ECMO team, pediatric anesthesiology, and pediatric subspecialists: genetics, cardiology, pulmonology, nephrology, endocrinology, neurology, and pediatric radiology</p>
<p>Nursing Staff</p> <p>Meet the requirements of the most current version of the Guidelines for Perinatal Care (6th Edition, chapter 2)</p>	<p><u>All Levels</u></p> <ol style="list-style-type: none"> 1. A registered nurse skilled in the recognition and management of complications in newborns readily available to the Mother-Baby unit 24 hours a day. 2. A registered nurse with demonstrated training and experience in the assessment, evaluation, and care of newborns readily available to the neonatal unit 24 hours a day. 3. All nurses caring for ill newborns must possess demonstrated knowledge in observation and treatment of newborn to the appropriate level of care. <p>Registered nurses in the NICU should have specialty certification or advanced training and experience in the nursing management of neonates at high risk, including stabilization of all neonates, management of multi-organ system problems and support of their families.</p>				
Nursing – Neonatal Surgery		<p><u>Level II NA</u></p>	<p><u>Level III A</u> A hospital perinatal program that performs neonatal surgery shall have nurses on staff with</p>	<p><u>Level III B</u> A hospital perinatal program that performs neonatal surgery shall have nurses on staff with special expertise in</p>	<p><u>Level IV</u> A hospital perinatal program that performs neonatal surgery shall have nurses on staff with special expertise in</p>

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

			special expertise in perioperative management of neonates. Lactation consultation shall be readily available	perioperative management of neonates. Lactation consultation shall be readily available	perioperative management of neonates. Lactation consultation shall be readily available
Nurse-Patient Ratio All levels: Appropriately qualified nurses must be available in adequate numbers to deliver safe and effective care to each patient			1.	1.	1.
Administrative Nursing Staff	<u>Level I</u> BSN optimal; RN as licensed by the State of Arkansas required for programmatic responsibility for the neonatal services	<u>Level II</u> BSN required for programmatic responsibility for the neonatal services with experience in maternal and neonatal services	<u>Level III A</u> Shall have administrative staff, a RN with BSN preferably with a Master's or higher degree in nursing or a health related field and experience with high-risk neonatal nursing who shall have programmatic responsibility for the neonatal nursing services.	<u>Level III B</u> Shall have administrative staff, a RN with BSN preferably with a Master's or higher degree in nursing or a health related field and experience with high-risk neonatal nursing who shall have programmatic responsibility for the neonatal nursing services.	<u>Level IV</u> Shall have administrative staff, a RN with BSN preferably with a Master's or higher degree in nursing or a health related field and experience with high-risk neonatal nursing who shall have programmatic responsibility for the neonatal nursing services
Maternal					
L&D Medical Director	<u>Level I</u> Board certified or active candidate for board certification in Family Practice or OB/GYN	<u>Level II</u> Board certified or active candidate in OB/GYN or Family Practice with demonstrated knowledge and experience in Obstetrics and Current	<u>Level III A</u> Board certified or active candidate in OB/GYN	<u>Level III B</u> Board certified or active candidate in MFM	<u>Level IV</u> N/A

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

		CME in Obstetrics (see competencies) .			
Hospital medical Obstetric Care Providers on Staff	<u>Level I</u> Family practice physician (with cesarean section privileges or general surgeon available for c/s in 30 minutes) Or Ob/Gyn or CNM with C/S back-up; Health care provider to be available in house within 30 minutes	<u>Level II</u> Obstetrician (Board certified or active candidate with ACOG or ACOOG). Health care provider to be available in house within 30 minutes +	<u>Level III A,</u> Obstetrician (Board certified or active candidate with ACOG or ACOOG) + Level 2. Health care provider to be available in house within 30 minutes	<u>Level III B</u> Maternal-Fetal Medicine on staff (Board certified or active candidate with ACOG or ACOOG) + Level 3A; physician is in house 24/7	<u>Level IV</u> N/A
Maternal-Fetal Medicine support	<u>Level I</u> Relationship allowing telephone consultation for immediate support as needed	<u>Level II</u> Formalized working consultative relationship	<u>Level III A</u> Maternal-Fetal Medicine on staff for consultation or co-management with privileges and credentialing (telemedicine consultation with MFM acceptable) All pregnancies <32 weeks gestational; age or <1500 grams will have MFM consultation	<u>Level III B</u> Maternal-Fetal Medicine on staff (practice 75% time at this hospital) for co-management, consultation, or bedside management	<u>Level IV</u> <u>N/A</u>
Administrative Nursing Staff	<u>Level I</u> BSN optimal; RN required for programmatic responsibility for the obstetrical and neonatal nursing services	<u>Level II</u> BSN	<u>Level III A</u> BSN	<u>Level III B</u> BSN	<u>Level IV</u> <u>N/A</u>
	OTHER PERSONEL				
ANESTHESIA					
Neonatal	<u>Level I</u> NA	<u>Level II</u> NA	<u>Level III A</u> If the hospital performs neonatal surgery, then a board-certified	<u>Level III B</u> If the hospital performs neonatal surgery, then a board-certified	<u>Level IV</u> Anesthesiologist with experience in neonatal anesthesia shall be present for every surgery.

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

			anesthesiologist with experience in neonatal anesthesia shall be present for every surgery.	anesthesiologist with experience in neonatal anesthesia shall be present for every surgery.	
Maternal	<u>Level I</u> Anesthesia available to begin c/s within 30 minutes of notification	<u>Level II</u> Anesthesia available to begin c/s within 30 minutes of notification.	<u>Level III A</u> Level 1 + 24/7 in house anesthesia with board certified or active candidate in anesthesiology or CRNA readily available to delivery area	<u>Level III B</u> Level 1 +Dedicated obstetric anesthesia team	<u>Level IV</u> N/A
RADIOLOGY SERVICES					
Neonatal	<u>Level I –</u> Staff radiologist on call with daily availability	<u>Level II</u> - Staff radiologist on call with daily availability	<u>Level I III A</u> - Staff radiologist on call with daily availability	<u>Level III B</u> The hospital shall have a physician on the medical staff or at a closely related institution with privileges for providing critical interventional radiology services.	<u>Level IV</u> The hospital shall have 24/7 coverage available within 30 minutes. The hospital shall have a physician on the medical staff with privileges for providing critical interventional radiology services.
Maternal	<u>Level I</u> Staff radiologist on call with daily availability	<u>Level II</u> Staff radiologist on call with daily availability	<u>Level I III A</u> -Staff radiologist on call with daily availability	<u>Level III B</u> Staff radiologist on call with daily availability	<u>Level IV</u> N/A
DIETICIAN					
Neonatal	<u>Level I</u> Optional	<u>Level II</u> Optional	<u>Level III A</u> The hospital shall have a registered dietician or other health care professional with knowledge of and experience in neonatal parenteral/enteral management on staff.	<u>Level III B</u> The hospital shall have a registered dietician or other health care professional with knowledge of and experience in neonatal parenteral/enteral management on staff.	<u>Level IV</u> The hospital shall have a registered dietician or other health care professional with knowledge of and experience in neonatal parenteral/enteral management on staff.
Maternal	<u>Level I</u> Consultation available	<u>Level II</u> Consultation available	<u>Level III A</u> Registered dietician on staff	<u>Level III B</u> Registered dietician on staff	<u>Level IV</u> N/A

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

SOCIAL WORKER					
Neonatal	<u>Level 1</u> The hospital shall have a licensed social worker with experience in psychosocial assessment and intervention with women and their families readily available to the perinatal service.	<u>Level II</u> The hospital shall have a licensed social worker with experience in psychosocial assessment and intervention with women and their families readily available to the perinatal service.	<u>Level III A</u> The hospital shall have a licensed social worker with experience in psychosocial assessment and intervention with women and their families readily available to the perinatal service.	<u>Level III B</u> 1. The hospital shall have a licensed social worker with a Master's degree (MSW - for every 30 beds) and experience in psychosocial assessment and intervention with women and their families dedicated to the NICU, available 7 days / week. 2. Personnel skilled in pastoral care available as needed.	<u>Level IV</u> 1. The hospital shall have a licensed social worker with a Master's degree (MSW - for every 30 beds) and experience in psychosocial assessment and intervention with women and their families dedicated to the NICU, available 7 days / week. 2. Personnel skilled in pastoral care available as needed.
Maternal	<u>Level 1</u> The hospital shall have a licensed social worker with experience in psychosocial assessment and intervention with women and their families readily available to the perinatal service.	<u>Level II</u> The hospital shall have a licensed social worker with experience in psychosocial assessment and intervention with women and their families readily available to the perinatal service.	<u>Level III A</u> Full time MSW with experience in socioeconomic and psychosocial problems of high risk mothers available 24/7	<u>Level III B</u> Dedicated obstetric/perinatal social worker with experience in socioeconomic and psychosocial problems of high risk mothers. Back-up MSW available 24/7	<u>Level IV</u> N/A
RESPIRATORY THERAPIST					
Neonatal	<u>Level I</u> Respiratory therapist (RT) available 24/7 certified in NRP	<u>Level II</u> Respiratory therapist (RT) available 24/7 certified in NRP	<u>Level III A</u> Respiratory therapist (RT) available 24/7 certified in NRP	<u>Level III B</u> The hospital shall have respiratory therapists skilled in neonatal ventilator management and certified in NRP assigned to the NICU and not shared with other units on a given shift 24 hours a day	<u>Level IV</u> The hospital shall have respiratory therapists skilled in neonatal ventilator management and certified in NRP assigned to the NICU and not shared with other units on a given shift 24 hours a day
Maternal	<u>Level I</u> Respiratory therapist (RT) available 24/7	<u>Level II</u> Respiratory therapist (RT) available 24/7	<u>Level IIA</u> Respiratory therapist (RT) available 24/7	<u>Level III B</u> Respiratory therapist (RT) available 24/7	<u>Level IV</u> N/A

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

GENETICS					
Neonatal	<u>Level 1</u> The hospital shall have genetic consultation available (e.g. by telephone or Telemedicine)	<u>Level II</u> The hospital shall have genetic consultation available (e.g. by telephone or Telemedicine)	<u>Level III A</u> The hospital shall have genetic consultation available (e.g. by telephone or Telemedicine)	<u>Level III B</u> The hospital shall have genetic consultation available (e.g. by telephone or Telemedicine)	<u>Level 4</u> Genetics will be on staff and available 24/7 for consultation
Maternal	<u>Level 1</u> Genetic diagnostic and counseling services or consultation and referral agreements for these services	<u>Level II</u> Genetic diagnostic and counseling services or consultation and referral agreements for these services	<u>Level III A</u> Genetic diagnostic and counseling services or consultation and referral agreements for these services (telemedicine consultation acceptable)	<u>Level III B</u> Genetic diagnostic and counseling services or consultation and referral agreements for these services (telemedicine consultation acceptable)	<u>Level IV</u> <u>N/A</u>
PEDIATRIC NEURODEVELOPMENTAL FOLLOW UP	<u>All Levels</u> Transition plan to home Assess the need for a home visit Referral to a regional follow-up clinic as needed.				
NICU Follow-up Clinic	<u>Level I</u> NA	<u>Level II</u> NA	<u>Level III A</u> NA	<u>Level III B</u> NA	<u>Level IV</u> Core Team shall include: - Neurodevelopmental pediatrician or neonatologist as medical director of the clinic - Nurse Coordinator (RN) - Social Worker - Nutritionist or WIC RD - Psychologist - Physical and Occupational Therapist - Speech and Language Pathologist

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

					- Audiologist or staff trained to do objective hearing assessment Team members may come from the hospital or community setting.
STAFF EDUCATOR					
Neonatal	<u>All Levels</u> A hospital perinatal program shall have nurses with special expertise in obstetrical and neonatal nursing identified for staff education.				
PHARMACY					
Neonatal	<u>Level I</u> 24 hours provision of access to emergency drugs. Registered Pharmacist with Neonatal pharmacology resources available by telephone consultation.	<u>Level II</u> 24 hours provision of access to emergency drugs. Registered Pharmacist with Neonatal pharmacology resources available by telephone consultation.	<u>Level III A</u> 24 hours provision of access to emergency drugs. Registered Pharmacist with Neonatal pharmacology resources available by telephone consultation.	<u>Level III B</u> 1. 24 hours provision of access to emergency drugs. 2. Registered Pharmacist with Neonatal pharmacology resources available in-house 24 hours / 7 days per week	<u>Level IV</u> 1. 24 hours provision of access to emergency drugs. 2. Registered Pharmacist with Neonatal pharmacology resources available in-house 24 hours / 7 days per week .
Maternal	<u>Level I</u> Registered pharmacist immediately available for telephone consultation 24/7 with provision for or access to emergency drugs.	<u>Level II</u> Registered pharmacist available 24/7	<u>Level III A</u> Registered pharmacist available 24/7	<u>Level III B</u> Registered pharmacist available 24/7	<u>Level IV</u> N/A
LACTATION	<u>All Levels</u> Lactation services available by consultation				
Neonatal					
Maternal	<u>Level I</u> Nursing or staff trained in lactation consultation	<u>Level II</u> Nursing or staff trained in lactation consultation	<u>Level III A</u> Dedicated consultant. Must have access to	<u>Level III B</u> Dedicated Consultant.	<u>Level IV</u> N/A

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

	Must have access to consultation with a lactation consultant certified by the International Board of Certified Lactation Consultants (IBCLC) Must have hospital grade electric pump and collection kit Policies for milk storage	Must have access to consultation with a certified lactation consultant (IBCLC) Must have hospital grade electric pump and collection kit Policies for milk storage	consultation with a certified lactation consultant (IBCLC)	Must have access to consultation with a certified lactation consultant (IBCLC)	
NON-OBSTETRIC SPECIALTY CONSULTATION					
Maternal	<u>Level I</u> General Surgery Family Practice	<u>Level II</u> General Surgery Internal Medicine	<u>Level III A</u> More complete range of consultative services for adults including but not limited to Pulmonary, GI, Cardiology, Infectious Diseases, etc	<u>Level III B</u> More complete range of consultative services for adults including but not limited to Genetics, pulmonary, GI, Cardiology, Infectious Diseases, etc Access to Pediatric Pathology –	<u>Level IV</u> <u>N/A</u>
ENGINEERING					
Neonatal and Maternal	<u>All Levels</u> Shall comply with the Arkansas State Licensing Board. The hospital engineering department should include electrical, mechanical and biomedical technicians who are responsible for the safety and reliability of the equipment.				
TRANSITION PLANNING and FOLLOW-UP					
NEONATAL					
ICU Transition and Discharge Planning	<u>Level I</u> <ul style="list-style-type: none"> Transition plan to home Assess the need for a home visit Referral to a regional neonatal follow-up clinic if infant is a back transfer and meets follow-up criteria 	<u>Level II</u> <ul style="list-style-type: none"> Transition plan to home Assess the need for a home visit Referral to a regional neonatal follow-up clinic if infant is a back transfer and meets follow-up criteria 	<u>Level III A</u> <ul style="list-style-type: none"> Transition plan to home Assess the need for a home visit Referral to a regional neonatal follow-up clinic if infant is a back transfer and meets follow-up criteria 	<u>Level III B</u> <ul style="list-style-type: none"> Transition plan to home Assess the need for a home visit Referral to a regional neonatal follow-up clinic if infant is a back transfer and meets follow-up criteria 	<u>Level IV</u> <ul style="list-style-type: none"> Transition plan to home Assess the need for home visitation. Schedule follow-up in regional neonatal follow-up clinic if infant meets criteria Must have a neonatal follow-up clinic with

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

					appropriate staffing, linked with early intervention system.
	<p><u>All levels:</u> Discharge Planning Team should include:</p> <ul style="list-style-type: none"> • Parent • Case manager • Social Worker • Hospital Nurse • Home Nurse • Neonatologist/Pediatrician, med-peds, family practice <p>Other professional staff as needed</p>				
	<p><u>All Levels</u></p> <ol style="list-style-type: none"> 1. Help parents understand what to expect regarding development of their NICU infant. Prior to discharge, discuss <ul style="list-style-type: none"> • feeding issues <ol style="list-style-type: none"> a. Reflux issues b. Calorie needs • Follow-up care, including immunizations, and follow-up appointments • The child's medical home and what to expect regarding the specific challenges of the NICU graduate. • When to be concerned • When to call the Doctor • Resources available to the child 2. Develop a detailed follow-up plan including the designation of a primary care physician and appointments with appropriate pediatric subspecialists 3. Referral to early intervention services 4. Give appropriate immunizations and discuss follow-up 5. Establish a medical home 6. Request a smoke free environment for the child <p>Provide universal home visits to the NICU population as appropriate.</p>				
<p>NICU FOLLOW-UP SERVICES</p>	<p>All levels <u>Must have access to NICU follow-up care if they meet the following criteris as part of the discharge planning process. Level 4 units are required to provide multidisciplinary follow-up care. :</u></p> <ul style="list-style-type: none"> • ELBW (\leq1000 grams)Infants with cranial ultrasound abnormalities, including periventricular, leukomalacia/ intraventricular hemorrhage and linear hyperechogenicity • Other neurologic problems (seizures, hydrocephalus) • Necrotizing enterocolitis • Chronic lung disease • Complex medical problems • Hyperbilirubinemia requiring exchange transfusion • Failure to thrive 				

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

	<ul style="list-style-type: none"> • Culture proven sepsis or meningitis • Abnormal neurologic exam at discharge • Encephalopathy persisting at discharge • Twin-twin transfusion • Meningitis • Extracorporeal Membrane Oxygenation <p>Other infants or preterm infants where there are significant concerns from the medical team should be referred for follow-up. Ideally, all infants with level III acuity would be referred to early intervention for ongoing follow-up between the time of discharge from the hospital</p> <p>Develop a plan with public health and other community resources for home visitation prior to discharge and one to two weeks after discharge for neonates who need these services</p> <ul style="list-style-type: none"> - Discuss family planning (make sure the mother has follow-up with OB) - Assess ability to care for child - Assess ability to get to medical appointments - Assess/discuss sleep environment <p>- Generally, patients are seen in the regional follow-up clinic in addition to visits with the PCP within 3-4 months after discharge or sooner depending on need</p>				
	LABORATORY				
Neonatal					
Processing and Reporting Time	<u>Level I</u> The hospital laboratory shall demonstrate the capability to immediately obtain appropriate samples, process, and timely report urgent/emergent neonatal laboratory requests.	<u>Level II</u> Level I + 1. Lab technician in house 24 hours per day 2. Micro technique for hematocrit and blood gases available within 15 minutes	<u>Level III A</u> Comprehensive services available 24 hours / day.	<u>Level III B</u> Comprehensive services available 24 hours / day.	<u>Level IV</u> Comprehensive services available 24 hours / day.
Hearing Test	<u>All Levels</u> The hospital shall have available the equipment and trained personnel to perform newborn hearing screening on all infants born at or transferred to the institution as required by the Universal Newborn Hearing Screening, Diagnosis, and Intervention Guidelines. The hearing test should be performed when the infant is term. If being discharged before term, the test should be done at discharge.				
Maternal	<u>Level I</u> The hospital laboratory shall demonstrate the capability to immediately obtain appropriate samples, process, and timely report urgent /emergent	<u>Level II</u> Level I, plus Lab tech available 24/7 Phlebotomist available 24/7	<u>Level III A</u> Comprehensive lab services available 24/7 with established network	<u>Level III B</u> Comprehensive lab services available 24/7 with established network	<u>Level IV</u> <u>N/A</u>

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

	<p>obstetric laboratory requests Policy to report critical results Standard maternal antepartum testing shall be available to the providers prior to discharge, if not will be performed during the hospitalization and available prior to d/c of neonate Rapid HIV available 24/7</p>				
	BLOOD BANK				
Maternal	<p><u>Level I</u> Provision for emergent availability of blood products Techs present 24/7</p>	<p><u>Level II</u> 24 hour/day availability of blood products</p>	<p><u>Level III A</u> 24 hour/day availability of blood products</p>	<p><u>Level III B</u> 24 hour/day availability of blood products</p>	<p><u>Level IV</u> N/A</p>
	GENETIC TESTING				
Neonatal and Maternal	<p><u>All Levels</u></p> <ol style="list-style-type: none"> The hospital shall have molecular, cytogenetic, and biochemical genetic testing available or written consultation and referral agreements for these services in place. Completion of state required metabolic screening. 				
IMAGING CAPABILITIES Neonatal Portable X-Ray and Ultrasound	<p><u>All Levels</u> Portable x-ray, with the services of appropriate support staff, shall be available to the neonatal units.</p>				
Ultrasound, CT Scan and MRI	<p>Level I Optional</p>	<p><u>Level II</u> Optional</p>	<p><u>Level III A</u> Ultrasound capability with appropriate support staff and radiology interpretation available daily</p>	<p><u>Level III B</u> Portable ultrasound, Computerized tomography (CT) and Magnetic resonance imaging (MRI) capability, with the services of appropriate support staff and radiological interpretation, shall be available within 30 minutes</p>	<p><u>Level IV</u> Ultrasound, Computerized tomography (CT) and Magnetic resonance imaging (MRI) capability, with the services of appropriate support staff and radiological interpretation, shall be available within 30 minutes</p>
Interventional Radiology Service	<p><u>Level 1</u> NA</p>	<p><u>Level II</u> NA</p>	<p><u>Level III A</u> NA</p>	<p><u>Level III B</u> Optional</p>	<p><u>Level IV</u> The hospital shall have</p>

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

					equipment and for performing interventional radiology services.
Neonatal Echocardiography	<u>Level 1</u> Optional	<u>Level II</u> Optional	<u>Level III A</u> Neonatal echocardiography shall be available as needed at least on a daily basis	<u>Level III B</u> Neonatal echocardiography shall be available as needed at least on a daily basis	<u>Level IV</u> Neonatal echocardiography equipment and experienced technician shall be available as needed with interpretation by pediatric cardiologist available 24/7 within 30 minutes
Pediatric Cardiac Catheterization Laboratory	<u>Level 1</u> NA	<u>Level II</u> NA	<u>Level III A</u> NA	<u>Level III B</u> Optional	<u>Level IV</u> The hospital shall have a pediatric cardiac catheterization laboratory and appropriate staff available within 30 minutes.
Maternal					
Radiology Support	<u>Level I</u> Optimal but not expected to have interventional radiology	<u>Level II</u> Optimal but not expected to have interventional radiology	<u>Level III A</u> Interventional radiology optimal	<u>Level III B</u> Interventional radiology	<u>Level IV</u> <u>N/A</u>
	EQUIPMENT				
Neonatal Equipment and Supplies	<p><u>All Levels</u> The hospital shall have all of the following equipment and supplies immediately available for existing patients and for the next potential patient:</p> <ul style="list-style-type: none"> a. Oxygen analyzer, stethoscope, intravenous infusion pumps b. Radiant heated bed in delivery room and available in the neonatal units c. Oxygen hood with humidity d. Bag and masks capable of delivering a controlled concentration of oxygen to the infant e. Orotracheal tubes and neonatal LMA f. Aspiration equipment g. Laryngoscope h. Umbilical vessel catheters and insertion tray i. Cardiac monitor j. Pulse oximeter k. Phototherapy unit l. Doppler blood pressure for neonates 				

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

	<p>m. Cardioversion/defibrillation capability for mothers and neonates</p> <p>n. Resuscitation equipment for mothers and neonates</p> <p>o. Individual oxygen, air, and suction outlets for mothers and neonates</p> <p>p. Emergency call system</p>				
Intensive Care Bed	<p><u>Level 1</u></p> <ul style="list-style-type: none"> Physical facilities meet the requirements of the Arkansas Department of Health. The hospital shall have a neonatal intensive care unit bed set up and equipment available at all times for an emergency admission as per state licensing requirements 	<p><u>Level II</u></p> <ul style="list-style-type: none"> Physical facilities meet the requirements of the Arkansas Department of Health Perinatal Care. The hospital shall have a neonatal intensive care unit bed set up and equipment available at all times for an emergency admission as per state licensing requirements 	<p><u>Level III A</u></p> <ul style="list-style-type: none"> Physical facilities meet the requirements of the most current version of the Arkansas Department of Health. The hospital shall have a neonatal intensive care unit bed set up and equipment available at all times for an emergency admission as per state licensing requirements 	<p><u>Level III B</u></p> <ul style="list-style-type: none"> Physical facilities meet the requirements of the most current version of the Arkansas Department of Health. The hospital shall have a neonatal intensive care unit bed set up and equipment available at all times for an emergency admission as per state licensing requirements 	<p><u>Level IV</u></p> <p>Physical facilities meet the requirements of the most current version of the Arkansas Department of Health Perinatal Care. The hospital shall have a neonatal intensive care unit bed set up and equipment available at all times for an emergency admission as per state licensing requirements</p>
Laser Coagulation for Treatment of Retinopathy of Prematurity	<p><u>Level 1</u></p> <p>NA</p>	<p><u>Level II</u></p> <p>NA</p>	<p><u>Level III A</u></p> <p>NA</p>	<p><u>Level III B</u></p> <p>The hospital shall have laser coagulation capability for retinopathy of prematurity available there or at a closely related institution</p>	<p><u>Level IV</u></p> <p>The hospital shall have laser coagulation capability for retinopathy of prematurity</p>
Respiratory Equipment	<p><u>All Levels</u></p> <p>The hospital shall have appropriate equipment (including back-up equipment) for neonatal respiratory care as well as protocols for the use and maintenance of the equipment as required by its defined level status.</p>				
Advanced Ventilatory Support including high frequency ventilation and nitric oxide	<p><u>Level I</u></p> <p>NA</p>	<p><u>Level II</u></p> <p>NA</p>	<p><u>Level III A</u></p> <p>NA</p> <p>Nitric oxide will be available on an interim basis until transfer to an appropriate facility if</p>	<p><u>Level III B</u></p> <p>The hospital shall be capable of providing advanced ventilatory support for neonates of all birth weights.</p>	<p><u>Level IV</u></p> <p>The hospital shall be capable of providing advanced ventilatory support for neonates of all birth weights.</p>

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

			patient is an ECMO candidate	Nitric oxide will be available on an interim basis until transfer to an appropriate facility if patient is an ECMO candidate	
Neonatal Emergency Medications	<u>All Levels</u> Emergency medications, as listed in the Neonatal Resuscitation Program of the American Academy of Pediatrics/American Heart Association (AAP/AHA), shall be present in the delivery area and neonatal units.				
Emergent Medications	<u>Level I</u> The following medications shall be immediately available to the neonatal units: a. Antibiotics, anticonvulsants, and emergency cardiovascular drugs	<u>Level II</u> The following medications shall be immediately available to the neonatal units: a. Antibiotics, anticonvulsants, and emergency cardiovascular drugs Surfactant, prostaglandin E1	<u>Level III A</u> The following medications shall be immediately available to the neonatal units: b. Antibiotics, anticonvulsants, and emergency cardiovascular drugs Surfactant, prostaglandin E1	<u>Level III B</u> The following medications shall be immediately available to the neonatal units: c. Antibiotics, anticonvulsants, and emergency cardiovascular drugs Surfactant, prostaglandin E1	<u>Level IV</u> The following medications shall be immediately available to the neonatal units: d. Antibiotics, anticonvulsants, and emergency cardiovascular drugs e. Surfactant, prostaglandin E1
	EDUCATION				
Neonatal					
Competencies	<u>All Levels</u> The hospital shall have identified minimum competencies for perinatal clinical staff, not otherwise credentialed, that are assessed prior to independent practice and on a regular basis thereafter.				
Education for Physicians	<u>All Levels</u> The hospital shall provide continuing education programs for physicians, nurses, and allied health personnel on staff concerning the treatment and care of obstetrical and neonatal patients.				
Education for Referring Hospital/Providers	<u>Level I</u> N/A	<u>Level II</u> NA	<u>Level III A</u> A hospital that accepts maternal or neonatal primary transports shall provide the following to the referring hospital/providers: <ul style="list-style-type: none"> • Guidance on indications for consultation and referral of 	<u>Level III B</u> A hospital that accepts maternal or neonatal primary transports shall provide the following to the referring hospital/providers: Guidance on indications for consultation and referral of patients at high risk <ul style="list-style-type: none"> • Information about the accepting 	<u>Level IV</u> A hospital that accepts maternal or neonatal primary transports shall provide the following to the referring hospital/providers: <ul style="list-style-type: none"> • Guidance on indications for consultation and referral of patients at high risk

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

			<p>patients at high risk</p> <ul style="list-style-type: none"> Information about the accepting hospital's response times and clinical capabilities Information about alternative sources for specialized care not provided by the accepting hospital Guidance on the pre-transport stabilization of patients Feedback on the pre-transport care of patients 	<p>hospital's response times and clinical capabilities</p> <ul style="list-style-type: none"> Information about alternative sources for specialized care not provided by the accepting hospital Guidance on the pre-transport stabilization of patients Feedback on the pre-transport care of patients NRP certification 	<ul style="list-style-type: none"> Information about the accepting hospital's response times and clinical capabilities Information about alternative sources for specialized care not provided by the accepting hospital Guidance on the pre-transport stabilization of patients Feedback on the pre-transport care of patients NRP certification
Education for Pediatrics	<p><u>Level I</u> NA</p>	<p><u>Level II</u> NA</p>	<p><u>Level III A</u> Optional: The NICU Follow-up Clinic shall provide for continuing education programs for physicians, psychologists, nurses and other allied health professionals on the follow-up of the NICU graduate.</p>	<p><u>Level III</u> Optional: The NICU Follow-up Clinic shall provide for continuing education programs for physicians, psychologists, nurses and other allied health professionals on the follow-up of the NICU graduate.</p>	<p><u>Level IV</u> The NICU Follow-up Clinic shall provide for continuing education programs for physicians, psychologists, nurses and other allied health professionals on the follow-up of the NICU graduate.</p>
Maternal					
Competencies	<p><u>All Levels</u> The hospital shall have identified minimum competencies for the obstetric clinical staff, not otherwise credentialed, that are assessed on a regular basis thereafter (ie fetal monitoring interpretation, management of obstetric emergencies)</p>				

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

Education for Physicians	<p><u>All Levels</u> The hospital shall provide continuing education programs for physicians, nurses, and allied health personnel on staff concerning the care of obstetric patients</p>				
Education for Referring Physicians	<p><u>Level I</u> N/A</p>	<p><u>Level II</u> N/A</p>	<p><u>Level III A</u> A hospital that accepts maternal transports needs to provide to the referring hospital or health care provider the following:</p> <ol style="list-style-type: none"> 1. Guidance on indications for consultation 2. Information about the accepting hospital regarding how to proceed with a transfer 3. Information about alternative locations for referral in the circumstance where a transport cannot be taken (this should be an unusual occurrence) 4. Guidance on the pre-transport stabilization of the maternal condition 5. Feedback on the pre-transport care 	<p><u>Level III B</u> A hospital that accepts maternal transports needs to provide to the referring hospital or health care provider the following:</p> <ol style="list-style-type: none"> 1. Guidance on indications for consultation 2. Information about the accepting hospital regarding how to proceed with a transfer 3. Information about alternative locations for referral in the circumstance where a transport cannot be taken (this should be an unusual occurrence) 4. Guidance on the pre-transport stabilization of the maternal condition 5. Feedback on the pre-transport care 6. Information regarding the outcome and 	<p><u>Level IV</u> N/A</p>

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

			<p>6. Information regarding the outcome and condition of the patient at discharge</p> <p>7. Information regarding care after discharge</p>	<p>condition of the patient at discharge</p> <p>7. Information regarding care after discharge</p>	
Education for Pediatrics	The NICU Follow-up Clinic shall provide for continuing education programs for physicians, psychologists, nurses and other allied health professionals on the follow-up of the NICU graduate.				
	PERFORMANCE IMPROVEMENT				
Neonatal					
Continuous Quality Improvement (CQI)	<p><u>Level I</u></p> <p>Ongoing assessment of stabilization and resuscitation</p>	<p><u>Level II</u></p> <p>Ongoing assessment of stabilization and resuscitation</p>	<p><u>Level III A</u></p> <ol style="list-style-type: none"> 1. Data collection, storage and retrieval. 2. Identifying processes in need of improvement 3. The hospital shall have a multi-disciplinary continuous quality improvement program for improving maternal and neonatal health outcomes that includes initiatives to promote patient safety including safe medication practices, Universal Protocol to prevent surgical error, 	<p><u>Level III B</u></p> <ol style="list-style-type: none"> 4. Data collection, storage and retrieval. 5. Identifying processes in need of improvement 6. The hospital shall have a multi-disciplinary continuous quality improvement program for improving maternal and neonatal health outcomes that includes initiatives to promote patient safety including safe medication practices, Universal Protocol to prevent surgical error, and educational programs to improve communication and teamwork. Vermont 	<p><u>Level 4 Hospital</u></p> <ol style="list-style-type: none"> 7. Data collection, storage and retrieval. 8. Identifying processes in need of improvement 9. The hospital shall have a multi-disciplinary continuous quality improvement program for improving maternal and neonatal health outcomes that includes initiatives to promote patient safety including safe medication practices, Universal Protocol to prevent surgical error, and educational programs to improve communication and teamwork. Vermont

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

			and educational programs to improve communication and teamwork. Vermont Oxford Network quality improvement could be one of the resources for CQI.	Oxford Network quality improvement could be one of the resources for CQI. <u>NICU Follow-up Clinic (if applicable)</u> 1. Data collection, storage and retrieval. 2. Identifying processes in need of improvement.	Oxford Network quality improvement could be one of the resources for CQI. <u>NICU Follow-up Clinic</u> 1. Data collection, storage and retrieval. 2. Identifying processes in need of improvement.
Case Reviews	<u>All Levels</u> The hospital shall conduct internal perinatal case reviews, which include all neonatal deaths, as well as all neonatal transports				
Health Department and Infant Mortality Review	<u>All Levels</u> The hospital shall participate with the Arkansas Department of Health Fetal and Infant Mortality Review programs.				
Improving Arkansas Perinatal Health Outcomes	<u>All Levels</u> The hospital shall participate in the collaborative collection and assessment of data with the Arkansas Department of Health for the purpose of improving perinatal health outcomes				
Maternal					
Continuous Quality Improvement (CQI)	<u>All Levels</u> 1. Data collection, storage, and retrieval 2. Identifying processes in need of improvement 3. The hospital shall have a multi-disciplinary continuous quality improvement program for improving maternal health care and promote patient safety including safe medication practices, protocols to prevent surgical error, and education programs promoting teamwork and communication				N/A

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

<p>Measures for monitoring outcomes</p>	<p><u>All Levels</u> Quality Performance Measures for Monitoring of Outcomes should also incorporate the knowledge that the largest impact on maternal and fetal outcomes may relate to access to prenatal care, preterm birth rates, and delivery of preterm gestations in a facility able to provide appropriate intensive neonatal care. Specific indices:</p> <ol style="list-style-type: none"> 1. Delivery Volumes 2. Gestational age and birthweight range at delivery and number outside the Defined Level 3. B-methasone administration prior to delivery in <34 weeks intact membranes and <32 weeks ruptured membranes 4. GBS prophylaxis 5. Unexpected transfers of neonate to higher level facility after delivery 6. Use of 17-OH progesterone prophylaxis in patients with 		<p>Form a board of 2 representatives from each Level 3 A and 3B hospitals to develop and outcomes measures and review process and perform a quarterly review of the data. The board will be governed by ADH policies.</p>	<p>Form a board of 2 representatives from each Level 3 A and 3B hospitals to develop and outcomes measures and review process and perform a quarterly review of the data. The board will be governed by ADH policies.</p>	<p><u>N/A</u></p>
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ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

	<p>history of prior non-iatrogenic (spontaneous) preterm singleton birth</p> <p>7. Fetal Trauma/Birth trauma</p> <p>8. Elective delivery via induction or cesarean section prior to 39 weeks gestation</p> <p>9. Prenatal care (gestational age at onset)</p>				
	POLICIES AND PROTOCOL				
Neonatal Written Policies	<p><u>All Levels</u> The hospital shall have written policies and protocols for:</p> <ol style="list-style-type: none"> 1. The initial stabilization and continuing care of all neonatal patients appropriate to the level of care rendered at its facility. 2. Neonatal resuscitation protocols. 3. The hospital medical staff credentialing process shall include documentation of competency to perform neonatal invasive procedures appropriate to its designated level of care. 4. The hospital shall have written guidelines for accepting or transferring neonates as “back transports” including criteria for accepting the patient and patient information on the required care. 5. The hospital shall have a licensed neonatal transport service or written agreement with a licensed neonatal transport service. <p>The hospital shall have policies that allow families (including siblings) to be together in the hospital following the birth of an infant and that promote parental involvement in the care of the neonate including the neonate in the NICU</p>				
Maternal					
Written Policies	<p><u>All Levels</u> The hospital will have written policies and protocols for:</p> <ol style="list-style-type: none"> 1. The initial stabilization and continuing care of all obstetric patients appropriate to the level of care rendered at its facility 2. The hospital shall have 				

ATTACHMENT A
 ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

	<p>protocols for treatment of common obstetric conditions including medication use for oxytocin, Magnesium sulfate, cytotec,</p> <p>3. The hospital medical staff credentialing process shall include documentation of competency to perform common obstetric procedures (including spontaneous vaginal delivery, operative vaginal delivery, breech delivery, cesarean section) dependent on the level of privileges granted and management of high risk obstetric patients</p> <p>4. The hospital shall have written guidelines for accepting or transferring obstetric patients</p> <p>5. The hospital shall have a transport service or agreement on method of transportation of appropriate patients</p> <p>The hospital shall have policies that allow families to be together for the birthing process unless emergent circumstances prevent</p>				
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The above document is meant to be a guideline. Exceptions, especially after consultation with subspecialists, may and should be made with the collaboration of the health care providers involved.

Review process:

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS

A hospital wishing to receive certification or change certification in maternal or neonatal care will apply to the Arkansas Department of Health (ADH) and schedule an inspection. A site visit will be scheduled within 6 months, with approval based on compliance with Arkansas Levels of Care. Approval may be withheld based upon community need, outcome data or failure to comply with ADH standards.

Approval actions to be taken by the ADH include:

1. Approval if ADH standards are met
2. Conditional approval, not to exceed 6 months, if documentation is lacking or there are readily available solutions to comply with ADH standards.
3. Denial if conditions cannot be met

Hospitals participating in this program will be inspected biannually for compliance with ADH standards as part of their routine inspection.

Back transport guidelines must be followed starting 2 weeks of age for Level 3 nursery transfers unless objected by parents. Guidelines include: (all babies transferred back will be counted towards annual VLBW volume requirement for the Level III A and B NICUs)

Level 1 nurseries

1. Stable oxygen requirement
2. Full enteral feeds
3. Not in need of subspecialty care
4. Infants greater than 1500 grams and 32 weeks post conceptual age

Level 2 nurseries

1. Stable oxygen requirement
2. Enteral feeds started
3. Not in need of subspecialty care
4. Infants greater than 1200 grams and greater than 30 weeks PCA

Level 3 nurseries

1. Babies on stable conventional ventilation, nasal C-PAP or nasal cannula
2. Babies on stable hyperalimentation fluid or feeds
3. Infants on Comfort Care
4. Babies not anticipated to require onsite subspecialty intervention
5. Infants weighing greater than 750 grams on stable respiratory support irrespective of PMA
6. Parents not refusing back transport for their babies unless contraindicated

ATTACHMENT A
ARKANSAS PERINATAL LEVEL OF CARE REGULATIONS