

**St. Francis Hospital and Perinatal Levels of Care Criteria Comparison**

GUIDELINE	ST. FRANCIS HOSPITAL
<b>General Functions</b>	
<p><b><u>All Level I functions plus:</u></b>  <b><u>Level IIA-</u></b></p> <ul style="list-style-type: none"> <li>• Diagnosis and management of selected pregnancies and neonates <math>\geq 34</math> 0/7 weeks gestation and 1500 grams</li> <li>• Care of mildly ill neonates with problems that are expected to resolve rapidly and are not anticipated to need Level III services on an urgent basis</li> <li>• Management of recovering neonates who can be appropriately back-transported from a referral center</li> <li>• Arrangement for developmental follow-up for high risk neonates</li> </ul> <p><b><u>Level IIB-</u></b>                      Level IIA plus:</p> <ul style="list-style-type: none"> <li>• Diagnosis and management of selected complicated pregnancies and neonates <math>\geq 32</math> 0/7 weeks gestation and 1500 grams</li> <li>• Care of moderately ill neonates including those who may require conventional mechanical ventilation for brief duration (&lt;24 hrs) or nasal CPAP</li> </ul> <p>Mechanical ventilation may be provided for stabilization pending transport to a Level III facility</p>	<p>Initially, SFH will care for pregnancies and neonates down to 34 weeks. Over time, SFH will increase capabilities to care for selected neonates and pregnancies to 32 weeks.</p> <p>Nasal CPAP will be available</p> <p>Obstetric and family practice trained medical staff on call for care of complicated pregnancies and those with no prenatal care. Pediatric and family practiced trained medical staff on call for care of intermediately ill neonate.</p>

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<b>Neonatal Patients: Services and Capabilities</b>	
<p><b><u>Level I patients and services plus:</u></b>  <b><u>Level IIA-</u></b></p> <ul style="list-style-type: none"> <li>• neonates <math>\geq 34</math> 0/7 weeks gestation and &gt; 1500 grams</li> <li>• Mildly ill neonates whose problems are expected to resolve rapidly and without need for CPAP, assisted ventilation, or arterial catheter</li> <li>• Neonates requiring supplemental oxygen but not &gt; 60% after 1<sup>st</sup> six hours</li> <li>• Management of recovering neonates who can be back transported from a referral center</li> </ul> <p>Capabilities include:</p> <ul style="list-style-type: none"> <li>• Space designated for care of sick/convalescing neonates</li> <li>• Cardiorespiratory monitor for continuous observation</li> <li>• Peripheral IV insertion, maintenance and monitoring for fluids, glucose, antibiotics</li> <li>• Neonatal blood gas monitoring</li> </ul>	<p>SFH's program will allow for the management of mildly-moderately ill neonates, including those requiring supplemental oxygen and TPN.</p> <p>Initially, a pediatrician will be on call for care of intermediately ill neonate with back up from NNPs and neonatologist as well as support from respiratory therapy department for initiation &amp; maintenance of nasal CPAP.</p> <p>ADC of 2-4</p>

<p>Average Daily Census (ADC) of at least 1-2 level II patients.</p> <p><b><u>Level IIB</u></b>  <b><u>Level IIA plus</u></b></p> <ul style="list-style-type: none"> <li>• Neonates <math>\geq 32</math> 0/7 weeks gestation and 1500 grams</li> <li>• Moderately ill neonates at low risk for needing mechanical ventilation beyond nasal CPAP</li> </ul> <p>Capabilities include:</p> <ul style="list-style-type: none"> <li>• Umbilical or peripheral arterial catheter insertion, maintenance and monitoring</li> <li>• Peripheral or central administration of total parenteral nutrition and/or medication and fluids</li> </ul> <p>Capability may include conventional mechanical ventilation for a brief duration (&lt;24 hrs) or nasal CPAP</p> <p>Average Daily Census (ADC) of at least 2-4 level II patients.</p>	
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GUIDELINE	ST. FRANCIS HOSPITAL
<b>Obstetrical Patients: Services and Capabilities</b>	
<p><b><u>Level I patients and services plus:</u></b>  <b><u>Level IIA</u></b>  Pregnancies <math>\geq 34</math> 0/7 weeks gestation and estimated birthweight &gt; 1500 grams</p> <p>Capabilities include: management consistent with ACOG guidelines of selected high risk pregnancy conditions such as</p> <ul style="list-style-type: none"> <li>• Complications not requiring invasive maternal monitoring or maternal intensive care</li> <li>• Preterm labor judged unlikely to deliver before 34 weeks gestation</li> </ul> <p><b><u>Level IIB</u></b>  <b><u>Level IIA plus</u></b>  Pregnancies <math>\geq 32</math> 0/7 weeks gestation and estimated birthweight &gt; 1500 grams</p> <p>Capabilities include: management consistent with ACOG guidelines of selected high risk pregnancy conditions such as</p> <ul style="list-style-type: none"> <li>• Preterm labor judged unlikely to deliver before 32 weeks gestation</li> </ul>	<p>Initially, the program will care for pregnancies down to 34 weeks gestation. The program will increase services to patients down to 32 weeks gestation.</p> <p>Board certified OB medical staff will be available to manage selected high-risk pregnancies with back up from perinatology services at St. Joseph Medical Center [FHS facility in Tacoma].</p>

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<b>Patient Transport</b>	
<p>All hospitals demonstrate capabilities to stabilize and initiate transport of patients in the event of unanticipated maternal-fetal newborn problems that require care outside the scope of the designated level of care. Access to return transport services may be a necessary capability for Level IIIA and Level IIIB intensive care nurseries.</p> <p>Transport patients:</p> <ul style="list-style-type: none"> <li>• who are anticipated to deliver a neonate of earlier gestational age than appropriate for the facility’s designated level of care in accordance with COBRA laws and should not transport if the fetus or mother is unstable or delivery is imminent</li> <li>• whose illness or complexity requires services with a higher level of care than provided at the admitting facility</li> </ul> <p>A hospital that transports patients to a higher level of care facility should;</p> <ul style="list-style-type: none"> <li>• Demonstrate on-going relationships with referral hospital(s) for education, immediate consultation, urgent transport facilitation, and quality assurance</li> <li>• Establish a written policy and procedure for maternal and neonatal transport that includes an established triage system for identifying patients at risk who should be transferred to a facility that provides the appropriate level of care</li> <li>• Establish guidelines that ensure a provider’s continuing responsibility for and care of the patient until transport team personnel or receiving hospital personnel assume full responsibility for the patient</li> </ul> <p>A hospital that accepts maternal or neonatal transports in order to provide a higher level of care than is offered at the referral hospital, should:</p> <ul style="list-style-type: none"> <li>• Participate in perinatal and /or neonatal case reviews at the referral hospital</li> <li>• Collaborate with state contracted perinatal center for coordinating outreach education</li> <li>• Maintain a 24 hr/day system for reliable, comprehensive communication between hospitals for immediate consultation, initiation, and approval of maternal and newborn transports</li> <li>• Provide referring physicians with ongoing communication and recommendations for ongoing patient care at discharge.</li> </ul>	<p>SFH did not provide a transfer agreement within the application or supplemental responses, however, currently SFH is transferring its level IIB patients primarily to its sister hospital in Tacoma, St. Joseph Medical Center. Further, SFH transfers its level III patients primarily to MultiCare’s Tacoma General Hospital. Documentation provided within the application and supplemental responses indicate that SFH would continue the level III transfer arrangements with the establishment of its level II service.</p>

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<b>Medical Director</b>	
<p><b><u>Level IIA</u></b>  <u>Obstetrics:</u>  board certified in OB/GYN or family medicine</p> <p><u>Nursery:</u>  board-certified in pediatrics</p> <p><b><u>Level IIB</u></b>  <u>Obstetrics:</u>  board certified in OB/GYN</p> <p><u>Nursery:</u>  board-certified in neonatology</p>	<p>SFH medical director staff:</p> <p><u>Obstetrics</u>  Board certified OB/GYN - Robert Snyder, MD</p> <p><u>Nursery</u>  Board certified Neonatologist – Glen Jordan, MD</p>
<b>Medical Providers</b>	
<p><b><u>Level I coverage plus:</u></b></p> <p><b><u>Level IIA</u></b>  Every high-risk delivery is attended by at least two people one of whom is a pediatrician, family practice physician, or nurse with advanced practice capabilities, capable of a complete resuscitation, including assisting with chest compressions, intubation, and administering medications</p> <p><b><u>Level IIB</u></b>  Level IIA coverage plus continuous in-house presence of personnel experienced in airway management and diagnosis and treatment of pneumothorax when a patient is being treated with nasal CPAP or conventional mechanical ventilation.</p>	<p>Credentialed medical staff immediately available:  OB provider immediately available for complications. All high risk deliveries attended by at least two people—including someone capable of performing complete resuscitation.</p> <p>Continuous in-house presence of personnel experienced in airway management; when CPAP in use, in-house presence of experienced personnel in management, diagnosis and treatment of pneumothorax.</p> <p>24/7 Respiratory Therapy trained in NRP, nasal CPAP management and use of neopuff – Joyce Molgaard</p> <p>24/7 Nursery staff trained in NRP, CPAP support, and the neo-puff for stabilization and transport as needed – Lynn Rhett. RNC, BSN</p>

<b>Medical Providers (continued)</b>	
<p><b><u>Level I staff:</u></b> Anesthesiologist or nurse anesthetist available to initiate cesarean section within 30 minutes of decision to do so.</p> <p>Consultation arrangement with genetic counselor per written protocol;</p> <p><b><u>Plus:</u></b> <b><u>Level IIA and IIB</u></b> Radiologist on staff with daily availability who can interpret neonatal studies such as chest and abdominal radiographs, and cranial ultrasound</p> <p>Ophthalmologist with pediatric experience available to do eye exams for neonates who are at high risk for retinopathy of prematurity (ROP) if accepting back transport of such infants; written protocol for referral or treatment</p> <p>Arrangement of neurodevelopmental follow-up or referral per written protocol</p>	<p>Anesthesia support and available to initiate c-section within 30 minutes of decision to incision. Anesthesiologist skilled in pediatric anesthesia on-call.</p> <p>Pediatric imaging including CT, MRI and echocardiography services and consultation with interpretation available on an urgent basis.</p> <p>24/7 Radiologists coverage; portable machine located on the 2<sup>nd</sup> floor outside the LDRP area – Justin Yoon, MD</p> <p>TRA has 4 pediatric radiologist in group with 5<sup>th</sup> one joining in 2007;</p> <p>Ophthalmologist available with expanded contract via St. Joseph Medical Center</p> <p>Neurodevelopment follow up with expanded contract via St. Joseph Medical Center</p>

<b>GUIDELINE</b>	<b>ST. FRANCIS HOSPITAL</b>
<p><b>Nurse:Patient Ratio</b></p> <p>Staffing parameters should be clearly delineated in a policy that reflects (a) staff mix and ability levels; (b) patient census, intensity, and acuity; and (c) plans for delegation of selected, clearly defined tasks to competent assertive personnel. It is an expectation that allocation of personnel provides for safe care of all patients in a setting where census and acuity are dynamic</p> <p>Intrapartum:</p> <ul style="list-style-type: none"> <li>• 1:2 patients in labor</li> <li>• 1:2 induction or augmentation of labor</li> <li>• 1:1 patients in second stage labor</li> <li>• 1:1 patients with medical or obstetric complications</li> <li>• 1:1 coverage for initiating epidural anesthesia</li> <li>• 1:1 circulation for cesarean delivery</li> </ul> <p>Antepartum/postpartum</p> <ul style="list-style-type: none"> <li>• 1:6 patients without complications</li> <li>• 1:4 recently born neonates and those requiring close observation</li> </ul>	<p>Staffing patterns are in compliance with “Guidelines for Perinatal Care,” AAP &amp; ACOG text.</p>

- 1:3-4 normal mother-baby couplet care
- 1:3 antepartum/postpartum patients with complications but in stable condition
- 1:2 patients in post-op recovery

Newborns

- 1:6-8 neonates requiring only routine care\*
- 1:4 recently born neonates and those requiring close observation
- 1:3-4 neonates requiring continuing care
- 1:2-3 neonates requiring intermediate care
  
- 1:1-2 neonates requiring intensive care
- 1:1 neonates requiring multisystem support
  - 1:1 or greater unstable neonates requiring complex critical care

\*Reflects traditional newborn nursery care. A nurse should be available at all times, but only one may be necessary, as most healthy neonates will not be physically present in the nursery. Direct care of neonates in the nursery may be provided by ancillary personnel under the nurse's direct supervision. Adequate staff is needed to respond to acute and emergency situations. The use of assistive personnel is not considered in the nurse: patient ratios noted here.

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<b>Nursing Management</b>	
<p><b><u>Level IIA</u></b>  Same as Level I (i.e. below)  *nurse manager of perinatal services  and  *nurse manager of nursery services</p> <p>*=One RN may manage both services, but additional managers may be necessary based on number of births, average daily census, or number of full-time equivalents (FTEs)</p> <ul style="list-style-type: none"> <li>• Maintains RN licensure</li> <li>• Directs perinatal and/or nursery services</li> <li>• Guides perinatal and/or nursery policies and procedures</li> <li>• Collaborates with medical staff</li> <li>• Consults with higher level of care units as necessary</li> </ul> <p><b><u>Level IIB</u></b>  Same as Level I plus:</p> <ul style="list-style-type: none"> <li>• Advanced degree is desirable</li> </ul>	<p>Regional Director of Women’s and Children’s Care Service Line – Kathy Virgil-Belding, RNC, BSN, MAOM</p> <p>NRP Hospital Based Instructor - Lynn Rhett. RNC, BSN</p>
<b>Support Providers: Pharmacy, Nutrition/Lactation and OT/PT</b>	
<p><b>Pharmacy Services</b>  <b><u>Level IIA</u></b>  Registered pharmacist available, 24/7</p> <p><b><u>Level IIB</u></b>  Registered pharmacist with experience in neonatal/perinatal pharmacology available 24/7</p> <p><b>Nutrition/Lactation</b>  <b><u>Level IIA</u></b>  One healthcare professional knowledgeable in</p> <ul style="list-style-type: none"> <li>• Management of special maternal and neonatal dietary needs</li> <li>• Enterable nutrition of low birth weight and other high-risk neonates</li> </ul> <p>Lactation services and consultation available  Diabetic educator for inpatient and outpatient services</p>	<p>24/7 pharmacy in-house – Tim Lynch</p> <p>All pharmacists are required to attend training on neonatal codes.</p> <p>The Pharmacy Department has current policies to ensure that all products sent from pharmacy for administration to neonates or infants go through a rigorous triple check practice.</p> <p>SFH is part of Franciscan Health System—a hospital system that has a level II nursery (SJMC) which serves as an experienced and readily available resource for medication information as it relates to neonatal/perinatal pharmacology.</p> <p>Registered dietitian on staff for maternal consultation – Rebecca Chow  Lactation consulting services on unit 5 days/week and on call as needed – Sandra Madden, RN, DE</p>

<p><b><u>Level IIB</u></b> Same as level IIA services, plus: One healthcare professional knowledgeable in management of parenteral nutrition of low birth weight and other high risk neonates</p> <p><b>OT/PT</b> <b><u>Level IIA and IIB</u></b> Provide for inpatient consultation and outpatient follow-up- services</p>	<p>Diabetic Educator available via Franciscan Health System for inpatient and outpatient consultation services</p> <p>OT/PT consultation services for inpatient and outpatient as needed – Kristina Anderson, OT</p>
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<p><b>Support Providers: Social Services/Case Management, Respiratory Therapy, Nurse Educator/Clinical Specialist</b></p>	
<p><b>Social Services/Case Management</b> <b><u>Level I services plus:</u></b> <b><u>Level IIA</u></b> Personnel with relevant experience whose responsibilities include perinatal patients; specific personnel for discharge planning and education, community follow-up, referral process and home care arrangements.</p> <p><b><u>Level IIB</u></b> <b><u>Level IIA, plus</u></b> At least one MSW with relevant experience whose responsibilities include perinatal patients; specific personnel for discharge planning and education, community follow-up, referral process and home care arrangements.</p> <p><b>Nurse Educator/Clinical Nurse Specialist</b> <b><u>Level IIA and IIB</u></b> No specific recommendations</p> <p><b>Respiratory Therapy</b> <b><u>Level IIA</u></b> Same as Level I</p> <p><b><u>Level IIB</u></b> Same as Level I plus: Respiratory Care Practitioner (RCP) with documented competence and experience in the management of neonates with cardiopulmonary disease; when CPAP in use, an RCP should be in-house and immediately available</p>	<p>Medical Social Worker (MSW) available for on site consultation as needed – Jay Jones, MSW</p> <p>Respiratory Therapists trained in NRP, nasal CPAP management and use of neo-puff – Joyce Molgaard</p> <p>24/7 nursery staff trained in NRP, CPAP support , and use of neo-puff</p>

<b>X-Ray Ultrasound</b>	
<u><b>Level IIA and IIB</b></u> Level I services plus ultrasound equipment immediately accessible and available to the labor and delivery unit 24/7	Radiologist coverage 24/7 – Justin Yoon, MD  TRA has 4 pediatric radiologist in group with 5 <sup>th</sup> one joining in 2007; Ultrasound equipment is in the LDR unit and available 24/7 Antepartum surveillance techniques available

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<b>Laboratory and Blood Bank Services</b>	
<b>Laboratory</b> <u><b>Level IIA and IIB</b></u> Same as level I plus; <ul style="list-style-type: none"> <li>• Lab technician in-house 24/7</li> <li>• Personnel skilled in phlebotomy and IV placement in the newborn immediately available 24/7</li> <li>• Microtechnique for hematocrit and blood gasses within 15 minutes</li> </ul> <b>Blood Bank</b> <u><b>Level IIA and IIB</b></u> Blood bank technician on-call and available w/n 30 minutes for performance of routine blood banking procedures  Provision for emergent availability of blood and blood products	Lab tech in-house 24/7. Capability to report results in a timely manner.  Staff skilled in phlebotomy and IV placement in newborn available 24/7.  Microtechnique for neonatal hematology, hematocrit, and blood gasses within 15 minutes.  24/7 onsite blood transfusion techs, and also have one neonate unit available in-house at all times.