

**Skagit Valley Hospital and Perinatal Levels of Care Criteria Comparison**

GUIDELINE	SKAGIT VALLEY HOSPITAL
<b>General Functions</b>	
<p><b><u>All Level I functions plus:</u></b>  <b><u>Level IIIA-</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>Mechanical ventilation may be provided for stabilization pending transport to a Level III facility</p>	<p>SVH cares for pregnancies &amp; neonates equal to or greater than 34 weeks gestation. All medical staff providers are board certified or eligible. SVH manages the care of mildly ill neonates, including those that require oxygen. SVH manages the recovers of neonates who can be appropriately back-transported from a referral hospital. SVH arranges for follow-up care for high risk neonates at the appropriate care facility.</p>

<b>Neonatal Patients: Services and Capabilities</b>	
<p><b><u>Level I patients and services plus:</u></b>  <b><u>Level IIIA-</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>Average Daily Census (ADC) of at least 1-2 level II patients.</p>	<p>SVH care for those neonates whose problems are expected to resolve rapidly and do not require oxygen greater than 60% after the first six hours. SVH has a designated location in the newborn nursery for sick neonates, with continuous monitoring, IV insertion, and blood gas monitoring. SVH has an average daily census of at least 1-2 level IIIA patients. In year 2006, the ADC was 1.67.</p>

<b>Obstetrical Patients: Services and Capabilities</b>	
<p><b><u>Level I patients and services plus:</u></b>  <b><u>Level IIIA</u></b></p> <p>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> </ul> <p>Preterm labor judged unlikely to deliver before 34 weeks gestation</p>	<p>SVH care for pregnancies equal to or greater than 34 weeks gestation. SVH has Board certified obstetrical, family practice, and pediatric medical staff to manage the care of both mother and baby.</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>SVH transports those patients not designated the appropriate level of care for the facility only if mother is stable to do so.</p> <p>SVH did not provide a transfer agreement within the application or supplemental responses, however, currently SVH is transferring its level IIIB and Level III patients primarily to Providence Everett Medical Center in Everett, or in some instances Children’s Regional and Medical Center or Swedish Health Services, both in Seattle.</p> <p>Documentation provided within the application and supplemental responses indicate that SVH would continue the level IIIB and level III transfer arrangements with the establishment of its level IIA 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>SVH medical director staff:  <u>Obstetrics</u>  Board certified OB/GYN – Robert Rosenfeld, MD</p> <p><u>Nursery</u>  Board certified in pediatrics – Rick Levine, MD</p>
<b>Medical Providers</b>	
<p><b><u>Level I coverage plus:</u></b>  <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>All high risk deliveries will be attended by credentials medical staff immediately available. All staff in the Family Birth Center are trained in neonatal resuscitation program (NRP). Patients are transported to a higher level of care as needed.</p>
<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/or 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>Radiology coverage 24/7 who can interpret neonatal studies.</p> <p>Ophthalmologist with pediatric experience is available at SVH if needed.</p>

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<b>Nurse:Patient Ratio</b>	
<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> <li>• 1:3-4 normal mother-baby couplet care</li> <li>• 1:3 antepartum/postpartum patients with complications but in stable condition</li> <li>• 1:2 patients in post-op recovery</li> </ul> <p>Newborns</p> <ul style="list-style-type: none"> <li>• 1:6-8 neonates requiring only routine care*</li> <li>• 1:4 recently born neonates and those requiring close observation</li> <li>• 1:3-4 neonates requiring continuing care</li> <li>• 1:2-3 neonates requiring intermediate care</li> <li>• 1:1-2 neonates requiring intensive care</li> <li>• 1:1 neonates requiring multisystem support <ul style="list-style-type: none"> <li>• 1:1 or greater unstable neonates requiring complex critical care</li> </ul> </li> </ul> <p>*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.</p>	<p>Staffing patterns are in compliance with "Guidelines for Perinatal Care," AAP &amp; ACOG text.</p>

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<b>Nursing Management</b>	
<p><b><u>Level IIIA</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>At SVH, the perinatal and nursery services are under the same director: Patricia Proctor, RN, BSN (MSN candidate in summer 2007)—Director of Family Birth Center</p>

<b>Support Providers: Pharmacy, Nutrition/Lactation and OT/PT</b>	
<p><b>Pharmacy Services</b>  <b><u>Level IIIA</u></b>            Registered pharmacist available, 24/7</p> <p><b>Nutrition/Lactation</b>  <b><u>Level IIIA</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><b>OT/PT</b>  <b><u>Level IIIA and/or IIB</u></b>            Provide for inpatient consultation and outpatient follow-up- services</p>	<p>24/7 pharmacy in-house; all are ACLS certified            Rick Thurmon, RPH- Director of Pharmacy</p> <p>Registered dietitian on staff for maternal consultation – Alice Opryszek, MS, RD, CD, CNSD</p> <p>Diabetic Educator available for inpatient and outpatient consultation services</p> <p>OT/PT consultation services for inpatient and outpatient as needed</p>

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<b>Support Providers: Social Services/Case Management, Respiratory Therapy, Nurse Educator/Clinical Specialist</b>	
<p><b>Social Services/Case Management</b>  <u>Level I services plus:</u>  <u>Level IIA</u>            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>Nurse Educator/Clinical Nurse Specialist</b>  <u>Level IIA and/or IIB</u> No specific recommendations</p> <p><b>Respiratory Therapy</b>  <u>Level IIA</u>            Same as Level I (i.e. below)            The role of a Respiratory Care practitioner is prescribed by the medical director and clearly delineated per written protocol. If attending deliveries or providing neonatal respiratory care, should have current NRP provider status.</p>	<p>Medical Social Worker (MSW) available on site to the Family Birth Center for consultation as needed            Laura Cardinal, MSW            Janet Ballard, MSW            Robert Lebrun, MSW</p> <p>All Respiratory Therapists are trained in NRP            Getty Phippen, RRT, Manager of RT</p>
<b>X-Ray Ultrasound</b>	
<p><u>Level IIA and/or IIB</u>            Level I services plus ultrasound equipment immediately accessible and available to the labor and delivery unit 24/7</p>	<p>SVH has ultrasound equipment immediately accessible and available to the labor and delivery unit 24/7.</p>
<b>Laboratory and Blood Bank Services</b>	
<p><b>Laboratory</b>  <u>Level IIA and/or IIB</u>            Same as level I plus;</p> <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> <p><b>Blood Bank</b>  <u>Level IIA and/or IIB</u>            Blood bank technician on-call and available w/n 30 minutes for performance of routine blood banking procedures</p> <p>Provision for emergent availability of blood and blood products</p>	<p>Lab tech in-house 24/7. Capability to report results in a timely manner.</p> <p>Staff skilled in phlebotomy and IV placement in newborn available 24/7.</p> <p>Microtechnique for neonatal hematology, hematocrit, and blood gasses within 15 minutes.</p> <p>Blood bank is on call &amp; available within 30 minutes. Blood and blood products are available locally for adults. In the event that a newborn requires blood, the local lab contact s the Blood Center in Seattle. Blood for an infant must be irradiated for Cyclo Meglo Virus, Leuko reduced and Hemoglobin-S negative (due to not knowing race of the infant). The timeframe is approximately 1½ hours which includes cross-match and arrival at SVH.</p>