

**Service/Capacity Issue Codes:**

N = Neonatal Criteria

M= Maternal Criteria

P= Perinatal Criteria (both N & P)

# Perinatal Designation Matrix

3/21/07



Service/ Capacity Issue	Basic Care (Level I)	Specialty Care (Level II)	Subspecialty Care (Level III)	RPC	Source
<b>1. (N) Minimum NICU bed capacity</b>	Does not apply.	Minimum of 10 NICU beds.	Minimum of 15 NICU beds.	Minimum of 25 NICU beds.	Standard in original designation survey.
<b>2. (N) Minimum NICU volumes</b>	None specified	Greater than 70 NICU discharges per year	Greater than 120 NICU discharges per year	Greater than 200 NICU discharges per year	Current NYS regs. 721.3
<b>3. (N) Number of high-risk newborn patient days annually</b>	Does not apply.	No fewer than 1,200 high-risk newborn patient days annually.	No fewer than 2,000 high-risk newborn patient days annually.	No fewer than 4,000 high-risk newborn patient days annually.	Current NYS regs. 721.3
<b>4. (N) Case mix index for high-risk neonatal patients</b>	Does not apply.	Greater than 1.5000	Greater than 2.0000	Greater than 4.3000	Standard in original designation survey. Data-driven based on 2005 CMI data. Reflects practice of hospitals within each level. Includes all but extreme outliers.
<b>5. (N) Chief of Normal Nursery/NICU</b>	None specified.	<b>Full-time board-certified pediatrician with subspecialty certification in Neonatal Medicine or minimum-completed fellowship in neonatal medicine.</b>	<b>Full-time board-certified pediatrician with subspecialty certification in Neonatal Medicine.</b>		Current NYS regs. 721.5

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6. (N) Availability of neonatologists	Not required.	A neonatologist available on-site within 20 minutes, 24 hours a day.	<b>Neonatologists with qualifications similar to those of the chief of their service readily available (within 20 minutes and in-house) for consultation 24 hours a day. Personnel in-house qualified to manage obstetric and neonatal emergencies.</b>		Current NYS regs. 721.6
7. (N) Pediatric cardiac surgery	Does not apply.	Does not apply.	<b>Pediatric cardiac surgery available in less than 4 hours after birth and 365 days/year.</b>		Current NYS regs. 721.6
8. (M) Number of high-risk maternal patient days annually	Does not apply.	No fewer than 150 high-risk maternal patient days annually.	No fewer than 250 high-risk maternal patient days annually.	No fewer than 400 high-risk maternal patient days annually.	Current NYS regs. 721.3
9. (M) Case mix index for high risk maternal patients	Does not apply	Greater than 1.05	Greater than 1.10	Greater than 1.15	Standard in original designation survey. Data-driven based on 2005 CMI data. Reflects practice of hospitals within each level. Includes all but extreme outliers
10. (M) Chief of Obstetrics	None specified.	<b>Board-certified obstetrician</b> with special interest, experience, and expertise in maternal-fetal medicine.	<b>Full-time board-certified obstetrician.</b> Subspecialty maternal-fetal medicine certification recommended.	<b>Full-time board-certified obstetrician with subspecialty certification in maternal-fetal medicine.</b>	Current NYS regs. 721.5

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11. (P) Chief of Obstetric Anesthesia Services	None specified.	Board-certified in anesthesia and have training and experience in obstetric anesthesia.	Board-certified in anesthesia with special training and experience in maternal-fetal anesthesia.		Current NYS regs. 721.6
12. (P) Number of births in the perinatal network	Does not apply.	Does not apply.	Does not apply.	At least 8,000 births.	Current NYS regs. 721.3
13. (P) Transfers and transport	A basic care hospital may receive back-transfers of high-risk newborns for continuing care after the problems that required neonatal intensive care have resolved.	A specialty care hospital may receive back-transfers of high-risk newborns for continuing care after the problems that required neonatal intensive care have resolved.	A subspecialty care hospital may receive high-risk maternal and newborn transfers from basic or specialty care hospitals or other subspecialty care hospitals.	<p><b>Demonstrates that they are receiving transports from affiliates of mothers/babies needing a higher level of care.</b></p> <p><b>Coordinates, if not performs, all inter-hospital transports for high-risk mothers and newborns among its affiliates. Has the ability to initiate a transport within 30 minutes of receiving a call. Average transport time to each affiliate does not exceed 2 hours.</b></p>	Current NYS regs. 721.4
14. (P) Availability of laboratory facilities	<p>The maternity and newborn service have immediate access to the hospital's laboratory services including a 24-hour capability to provide blood group, Rh type, cross-matching, antibody testing and basic emergency laboratory evaluations.</p> <p>Either ABO Rh-specific or O-Rh-negative blood and fresh frozen plasma and cryoprecipitate available at the facility at all times. Such other procedures required by the maternity and newborn service are performed on a timely basis.</p>				Current NYS regs. 721.8 AAP/ACOG Guidelines for Perinatal Care 5th Edition

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			Micro-techniques available	Micro-techniques available	Standard in original designation survey.
15. (P) Availability and qualifications of other obstetricians and pediatricians	A physician or licensed midwife with appropriate training and expertise to attend all deliveries.	A physician or licensed midwife with appropriate training and expertise to attend all deliveries.  <b>Care for high-risk pregnant women and neonates provided by appropriately qualified physicians.</b> General pediatricians or obstetricians with expertise to assume responsibility for acute care for infants and women available within 20 minutes, 24 hours a day.	A physician or licensed midwife with appropriate training and expertise to attend all deliveries.  <b>Other maternal-fetal medicine specialists and neonatologists with qualifications equivalent to those of the chief of their service or minimally will have successfully completed a fellowship in maternal fetal or neonatal medicine, whatever is appropriate. Maternal-fetal medicine specialist and neonatologist available on-site within 20 minutes 24 hours a day. Personnel in-house qualified to manage obstetric and neonatal emergencies.</b>		Current NYS regs. 721.6
16. (P) Availability and qualifications of personnel for perinatal emergencies	<b>The maternity and newborn service have available services for the identification of high-risk mothers and fetuses, anesthesia services available on a 24-hour basis, radiology and ultrasound examination.</b>				Current NYS regs. 405.21 c. General requirements 11 (ii)
	<b>An organized plan of action that includes personnel and equipment for identification and immediate resuscitation of newborns and mothers requiring cardiorespiratory assistance.</b>				405.21 e. Intrapartum services 4(v)
	A physician or licensed midwife with appropriate training and expertise to attend all deliveries. <b>At least one person capable of initiating neonatal resuscitation should be present at every delivery.</b>				405.21 e. Intrapartum services 4 (v) a (4) / 721.6
	<b>Personnel with credentials to administer obstetric anesthesia available on a 24-hour basis. 405.21 c.</b>	<b>Personnel with credentials to administer obstetric anesthesia shall be available for all deliveries.</b>			Current NYS regs.

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	None specified.	None specified.	Personnel with credentials in administration of neonatal and pediatric anesthesia available as needed.		721.6
	Ultrasound machine available to labor and delivery. Radiologist or obstetrician skilled in interpretation of ultrasound scans available within a timeframe to meet the patient's needs.	Ultrasound machine available to labor and delivery. Radiologist, or obstetrician skilled in interpretation of ultrasound scans 24 hours a day within a timeframe to meet the patient's needs.	Ultrasound machine available to labor and delivery. Radiologist, obstetrician or maternal-fetal medicine specialist skilled in interpretation of ultrasound scans in-house 24 hours a day.		Current NYS regs. 721.6
	None specified.	Portable, neonatal-appropriate equipment available within a timeframe appropriate to meet the patient's needs as well as appropriately trained personnel to administer needed services.			
	None specified.	None specified.	Obstetric and neonatal diagnostic imaging, provided by radiologists with special interest and competence in maternal and neonatal disease and its complications, available 24 hours a day.		Current NYS regs 721.6
	None specified.	None specified.	Radiologist on staff with expertise in pediatric radiology.		
	Ability to provide basic antepartum, intrapartum and neonatal care.	Fetal evaluation/ antepartum consultation within a timeframe to best meet the needs of patients.	Fetal evaluation/antepartum unit in-house, staffed by maternal-fetal medicine specialists, obstetricians, registered nurses, available 24 hours a day.		AAP/ACOG Guidelines for Perinatal Care 5th Edition

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17. (P) Availability of consultant and surgical services	Radiologist or obstetrician skilled in interpretation of ultrasound available in a time frame to meet the patient's needs.	Hospital staff shall include a radiologist skilled in interpretation of ultrasound scans, clinical pathologist, a designated, in-house credentialed person for neonatal resuscitation, all available 24 hours a day.  Specialized adult and pediatric medical and surgical consultation readily available	Adult and pediatric subspecialists in cardiology, neurology, hematology, genetics, nephrology, metabolism, endocrinology, gastroenterology, nutrition, radiology, infectious diseases, pulmonology, immunology, and pharmacology shall be available for consultation.  Adult and pediatric surgeons and pediatric surgical subspecialists (e.g. cardiovascular; neurologic; orthopedic, ophthalmologic, urologic, and ENT surgeons) available for consultation and care. General surgeons readily available.		Current NYS regs. 721.6
18. (P) Affiliation agreements	Executed and current affiliation agreement(s) with higher level hospital(s) for transfers and consultation, and with a single RPC for quality of care oversight.			Executed and current affiliation agreement with all hospitals in network.	Current NYS regs. 721.10
19. (P) Teaching status	Does not apply.	Does not apply.	<b>Must be a teaching hospital.</b>	<b>Must be a teaching hospital or an academic medical center.</b>	Standard in original designation survey.
20. (P) Quality of Care	Quality improvement committee and plan for perinatal services.	Quality improvement committee and plan for perinatal services.	Quality improvement committee and plan for perinatal services.	Quality improvement committee and plan for RPC perinatal services.  <b>Also a comprehensive program of quality improvement activities among affiliate hospitals, including review of:</b> <ul style="list-style-type: none"> <li>• Statistical data from the SPDS or equivalent data source;</li> <li>• Affiliate's QI program, policies and procedures;</li> </ul>	Current NYS regs. 721.9

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				<ul style="list-style-type: none"> <li>• Care provided by medical, nursing, and other health care practitioners associated with the perinatal services;</li> <li>• Appropriateness and timeliness of maternal and newborn referrals and transfers, and of patients retained at the affiliate who should have been transferred;</li> <li>• Maternal and newborn serious adverse events or occurrences.</li> </ul>	
<b>21. (P) Regional Perinatal Services to Affiliates</b>	Does not apply.	Does not apply.	Does not apply.	<p><b>An RPC provides the following services to affiliate hospitals:</b></p> <ul style="list-style-type: none"> <li>• Education and training to update and enhance staff knowledge and familiarity with relevant procedures and technological advances;</li> <li>• Reviews, in conjunction with its perinatal affiliates, all cases of patients transferred to a higher level of care to determine whether such transfers were appropriate and accomplished according to established transfer agreements;</li> <li>• Participates in case conferences with its perinatal affiliates and associated birth centers to</li> </ul>	Current NYS regs. 405.21 d. (v)

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				<p>determine whether any non-transferred high-risk cases were handled appropriately and whether the transfer guidelines were adequate to address such circumstances.</p> <ul style="list-style-type: none"> <li>Provides all aspects of comprehensive maternal and neonatal care, and its functions and responsibilities also include efforts to coordinate and improve quality of perinatal care among its affiliates, attending level consultation regarding patient transfer and clinical management, transport of high-risk patients, outreach to affiliates to determine educational needs, education and training of affiliate hospitals, data collection, evaluation and analysis within that region</li> </ul>	
<p><b>22. (P) Availability of specialty services</b></p>	<p>Does not apply.</p>	<p><u>Pharmacy Services:</u> Specialized pharmaceutical services for newborns including antibiotics, caffeine, theophylline and diuretics.</p>	<p><u>Pharmacy Services:</u> <b>Personnel qualified to prepare, dispense and administer specialized pharmaceutical services to newborns shall be available 24 hours a day.</b></p> <p><b>Specialized pharmaceutical services for newborns must include antibiotics, caffeine, theophylline, diuretics, amino acid solutions and TPN.</b></p>	<p>Current NYS regs. 721.6, standard in original designation survey.</p>	<p>Current NYS regs. 721.6, standard in original designation survey.</p>
		<p><b>Clinical pathologist available 24 hours a day.</b></p>			



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		Does not apply.	Pathologists with special competence in placental, fetal, and neonatal disease on hospital staff.			
		Does not apply.	Does not apply.	<p>Involved in one or more of the following: perinatal research, evaluation of high-risk technologies, provision of highly specialized services, e.g., ECMO, fetal surgery.</p> <p>Agreements with at least one other RPC for clinical services not offered.</p>		
23. (P) Bioethical Committee	Does not apply.	Does not apply.	<p><b>Bioethical review committee to assist the perinatal service and provide guidance to staff and families in the resolution of issues affecting care, support and treatment of severely ill, injured or handicapped infants with life threatening conditions.</b></p>			Current NYS regs, 405.21 h. NICU services 3 (ii)
24. (P) Nursing Care	<p><b>Maternal and newborn nursing care must be provided under the direct supervision of a Registered Nurse.</b></p> <p><b>All obstetric personnel shall be qualified in interpretation of fetal heart rate monitoring and understand the physiology of labor.</b></p> <p><b>All newborn personnel shall be qualified in assessment of the newborn and all aspects of routine monitoring and care, including education and support related to breastfeeding.</b></p>					Current NYS regs, 721.7

Service/ Capacity Issue	Basic Care (Level I)	Specialty Care (Level II)	Subspecialty Care (Level III)	RPC	Source	
	Does not apply.	<p>Direct patient care shall be provided by registered nurses who have education and experience in the care of moderately high-risk women and/or newborns and demonstrate competence in the observation and treatment of such patients, including cardiorespiratory monitoring. Registered nurses shall be able to monitor and support the stability of cardiopulmonary, neurologic, metabolic, and thermal functions; assist with special procedures such as lumbar puncture, endotracheal intubation, umbilical catheterization and perform emergency resuscitation.</p> <p>Appropriate and adequate numbers of the nursing staff who are trained in breastfeeding support for mothers and infants with special needs.</p>			Current NYS regs, 721.7	
	Does not apply.		<p>Registered nurses shall have specialty certification or advanced training and experience in the nursing management of high-risk, unstable women, high risk neonates with multi-organ system problems and in specialized care technology.</p> <p>An advanced practice nurse is available for consultation and support on nursing care issues. Assessment and monitoring activities remain the responsibility a registered nurse or an advanced practice nurse in obstetric-neonatal nursing.</p>			
	Does not apply.	Does not apply.	Does not apply.	Registered nurses with specialized training participate in regional perinatal center responsibilities such as outreach, training, education and support.		
25. (P) Ancillary Personnel	<p>Infection control personnel responsible for surveillance of infections in women and neonates, as well as for the development of an appropriate environmental control program.</p> <p>At least one staff member with expertise in bereavement responsible for the hospital's bereavement activities, including a systemic approach to ensuring that individuals in need receive the services.</p> <p>At least one qualified social worker available with expertise in the socioeconomic and psychosocial problems of pregnant women, ill neonates, and their families assigned to the perinatal service. Additional qualified social workers must be available when there is a high volume of activity.</p>				Current NYS regs, 721.8	

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	Licensed practical nurses and other licensed patient care staff with demonstrated knowledge and clinical competence in the nursing care of women, fetuses, and newborns during labor, delivery, and the postpartum and neonatal periods.					
	Does not apply.	At least one occupational or physical therapist with neonatal expertise available.				
	Does not apply.	At least one registered dietician/nutritionist who has special training in perinatal nutrition and can plan diets that meet the special needs of high-risk women and neonates is available.				
	Does not apply.	Respiratory therapists or nurses with special training who can manage the mechanical ventilation of neonates with cardiopulmonary disease.				