



Wisconsin Association for Perinatal Care

Self-Assessment Application Form

| | |
|----------------------|--|
| Hospital name | |
| Address | |
| City | |
| Phone | |
| Web address | |

1. Name of person(s) who coordinated the self-assessment process:

| | |
|--------------|--|
| Name | |
| Title | |
| Phone | |
| Email | |

2. Names and titles of staff members who participated in the self-assessment process:

| Name | Title |
|-------------|--------------|
| | |
| | |
| | |
| | |
| | |

3. Statistical Information* (Please provide data for last two complete calendar years.)

| Year | | |
|--|--|--|
| Number of mothers delivered | | |
| Number of newborns admitted to high risk nursery | | |
| Number of newborns transferred to a facility offering a higher level care | | |

*Deliveries >500 g/20 week gestation (live born or stillborn)

4. What level of care would you designate your obstetric services as, according to the WAPC levels of care criteria sets? **(Select one and complete the appropriate survey.)**

I

II

III

IV

My facility does not provide obstetric services

5. What level of care would you designate your neonatal services as, according to the WAPC levels of care criteria sets? **(Select one and complete the appropriate survey.)**

I

II

III

IV

My facility does not provide neonatal services

6. Does your facility have all of the capabilities listed under the level you have indicated?

Yes

No

If no, please explain.

7. If your facility does not fit into one of the proposed levels of care, please explain how you would describe your facility and why in the space below.

8. Signatures

Self-assessment process facilitator

| | |
|-----------------------------|--|
| Name | |
| Electronic signature | |
| Title | |
| Date | |

Facility or system CEO*

| | |
|-----------------------------|--|
| Name | |
| Title | |
| Electronic signature | |
| Date | |

Facility or system designee*

| | |
|-----------------------------|--|
| Name | |
| Title | |
| Electronic signature | |
| Date | |

*Facility or system CEO or designee signature is REQUIRED for a submission to be considered "complete."

Revised July 2016