



**Instruction Sheet for Levels of Care Self-Assessment Survey**

We invite all Wisconsin hospitals that provide perinatal care to participate in the levels of care self-assessment process. WAPC, as a non-regulatory body representing providers and consumers of perinatal services and the interested public at large, adopted a revised criteria set, based on the national standards of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. WAPC acknowledges that an institution’s designation reflects the breadth of services and not the quality of care.

**Purpose:**

The purpose of the self-assessment process is to:

1. Establish a consistent set of **minimum** expectations for each level of perinatal services.
2. Enable each institution to identify how its perinatal services compare to minimally accepted criteria for the facility’s self-designated level of care.
3. Enable each institution to provide the consumer with a consistent level and quality of perinatal services.
4. Encourage integrated planning at individual institutions by a consensus of administrators, nurses, medical staff, and supporting personnel and services.
5. Encourage the development of written policies and procedures that define clinical care provided to all maternity and newborn patients.
6. Stimulate institutions to develop educational and quality assurance programs.
7. Encourage institutions to review services periodically.

**Summary of Level of Care Capabilities\***

<b>Level I Neonatal Services:</b> Well newborn nursery
<ul style="list-style-type: none"> <li>• Provide neonatal resuscitation at every delivery</li> <li>• Evaluate and provide postnatal care to stable term newborn infants</li> <li>• Stabilize and provide care for infants born 35 to 37 weeks’ gestation who remain physiologically stable</li> <li>• Stabilize newborn infants who are ill and those born at &lt;35 weeks’ gestation until transfer to a facility that can provide a higher level of care</li> </ul>
<b>Level II Neonatal Services:</b> Special care nursery
<ul style="list-style-type: none"> <li>• Provide level I neonatal care</li> <li>• Provide care for infants born ≥ 32 weeks’ gestation and weighing ≥ 1500 g who have physiologic immaturity or who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis</li> <li>• Provide care for infants convalescing after intensive care</li> <li>• Provide mechanical ventilation for brief duration (&lt; 24 hours) or continuous positive airway pressure or both</li> <li>• Stabilize infants born before 32 weeks of gestation and weighing less than 1500 g until transfer to a neonatal intensive care facility</li> </ul>
<b>Level III Neonatal Services:</b> NICU
<ul style="list-style-type: none"> <li>• Provide Level II neonatal care</li> <li>• Provide sustained life support</li> <li>• Provide comprehensive care for infants born &lt; 32 weeks of gestation and weighing &lt;1500 g and infants born at all gestational ages and birth weights with critical illness</li> <li>• Provide prompt and readily available access to a full range of pediatric medical subspecialists, pediatric surgical specialists, pediatric anesthesiologists, and pediatric ophthalmologists</li> <li>• Provide a full range of respiratory support that may include conventional ventilation and/or high-frequency ventilation and inhaled nitric oxide</li> <li>• Perform advanced imaging, with interpretation on an urgent basis, including computed tomography, magnetic resonance imaging, and echocardiography</li> </ul>

<b>Level IV Neonatal Services: Regional NICU</b>
<ul style="list-style-type: none"> <li>• Provide Level III neonatal care</li> <li>• Provide surgical repair of complex congenital or acquired conditions (located within the same institution)</li> <li>• Maintain a full range of pediatric medical subspecialists, pediatric surgical specialists, and pediatric anesthesiologists at the site</li> <li>• Facilitate transport and provide outreach education</li> </ul>
<b>Basic Obstetric Services</b>
<ul style="list-style-type: none"> <li>• Surveillance and care of all patients admitted to the obstetric service, with an established triage system for identifying patients at high risk who should be transferred to a facility that provides specialty or subspecialty care</li> <li>• Proper detection and initial care of unanticipated maternal-fetal problems that occur during labor and delivery</li> <li>• Begin an emergency Cesarean delivery within an interval based on the timing that best incorporates maternal and fetal risks and benefits</li> <li>• Availability of appropriate anesthesia, radiology, ultrasonography, and laboratory and blood bank services on a 24-hour basis</li> <li>• Care of postpartum conditions</li> <li>• Ability to make transfer arrangements in consultation with physicians at higher level receiving hospitals</li> <li>• Provision of accommodations and policies that allow families, including their other children, to be together in the hospital following the birth of an infant</li> <li>• Data collection, storage, and retrieval</li> <li>• Initiation of quality improvement programs, including efforts to maximize patient safety</li> </ul>
<b>Specialty Obstetric Services</b>
<ul style="list-style-type: none"> <li>• Provide all Basic Obstetric Services</li> <li>• Provide care for appropriate women at high risk and their infants (admitted and transferred from other facilities)</li> </ul>
<b>Subspecialty Obstetric Services</b>
<ul style="list-style-type: none"> <li>• Provide all Specialty Obstetric Services</li> <li>• Provide care for women at high risk and their infants</li> <li>• Providers required for complex care are available in house</li> </ul>

\*Committee on Fetus and Newborn. (2012). Levels of Neonatal Care. *Pediatrics* 130(3), 587-597.

### **Review Process:**

After WAPC receives the completed self-assessment survey, the following will occur:

1. WAPC staff will notify the institution that it received the self-assessment materials.
2. WAPC staff will check for completion of the self-assessment materials.
3. Review process:
  - The Levels of Care Review Team, a defined subgroup of the WAPC Tertiary Care Committee, will review the blinded and completed self-assessment materials.
  - If additional information and/or clarification is/are needed for the Review Team, WAPC staff will contact the facility. The Levels of Care Review Team will review the additional information and/or clarification prior to rendering the self-assessment for the facility "complete."
4. The results of the self-assessment for each institution that completes the process will be posted on the WAPC Web site. A listing of those institutions which have not completed the self-assessment process will also be posted. This information will be available to the general public.
5. New birth hospitals or new NICUs will be invited to complete the self-assessment process.
6. Institutions which believe their level of service has changed from the initial self-assessment, may enter into the self-assessment process again at any time.

### **Self-Assessment Materials**

The levels of care self-assessment materials consist of the following:

- Self-Assessment Instruction Sheet

- Application Form
- Neonatal Services Worksheets (Level I, Level II, Level III, and Level IV)
- Obstetric Services Worksheets (Basic, Specialty, Subspecialty)
- Appendix: Staffing Ratios Worksheet

To complete the self-assessment process, all institutions must submit the following completed documents to WAPC\*:

1. Application Form (hospital administrator or designee signature **MUST** be included for the submission to be considered “complete.”)
2. Relevant Level of Care Services Worksheets (**Note: select one worksheet for Neonatal Services and one worksheet for Obstetric Services.**)
3. Appendix: Staffing Ratios Worksheet

### **Directions for Completing the Worksheets**

Below are some tips to help you complete the level of care services worksheets:

- Download the appropriate worksheets. (You may save them on your computer.)
- Complete the survey of services for your facility. Click “yes” if you offer the service and “no” if you do not offer the service.
- If you are asked to choose an option (e.g., family practitioner or obstetrician) write in the option that applies to your facility.
- You may use the space at the bottom of the worksheets to add comments about services at your facility as appropriate.

### **Notes**

1. When completing the worksheets, if you are not able to easily state “yes” or “no” for an item, please explain what you do have and what is happening at your facility in the space at the bottom of the worksheet.
2. For additional clarification on individual assessment items, please refer to the appropriate sections of *Guidelines for Perinatal Care* (7<sup>th</sup> Edition).

### **Submitting Your Self-Assessment**

Submit your completed self-assessment survey to WAPC electronically ([wapc@perinatalweb.org](mailto:wapc@perinatalweb.org)). Enter “Levels of Care Self-Assessment” in the subject line.

### **Contact Information**

For general questions about the self-assessment process, please contact WAPC staff by phone (608- 285-5858), or by email ([wapc@perinatalweb.org](mailto:wapc@perinatalweb.org)).

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