**OSF Perinatal Network**

Site Visit Preparation Checklist

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| Topic | Notes | Target Completion Date |
| **Site Visit Scheduling**  Schedule Site Visit with Administrative Perinatal Center at least six months, in advance, of required Site Visit. Email invitations to required participants with scheduled date; send reminder closer to date of meeting. Review required participant schedules to insure their availability. Staff nurses may attend. A representative from Administration and the Chairs of OB and Pediatrics and the Nursing Care Manager and/or Nursing Director of Obstetric and Newborn Services must be in attendance at the Site Visit. Secure a meeting room with conference calling capability. A tour of the OB services area will be included in the Site Visit. The tour will occur at the beginning of the Site Visit. Be sure to assign personnel to assist with the tour. Respiratory Therapists, Dietitians, and Social Workers are not required to stay for the entire Site Visit. If the Site Visit is Virtual, the tour of the clinical facilities will be scheduled by IDPH, a few days in advance of the Site Visit.Tips for the Tour:* OB Hemorrhage Cart(s)
* Refrigerated Medications – Demonstrate retrieval process
* OB Hemorrhage Kit
* Neonatal Resuscitation Equipment
* Adult Ambu Bag at head of each bed

Reserve a Conference Room, with videoconferencing capability, for attendees from IDPH, PAC Representative, and possibly the Perinatal Center Team.Please complete the narrative to each statement in the Resource Requirement Checklist in the color BLUE. | **List of required/encouraged participants in Site Visit.**Administrator, Nursing Leader, Chair of OB Committee, Chair of Pediatric Committee, Nurse Manager/Director, Dietitian, Respiratory Therapist, Social Service Staff Member must attend the meeting. The Chair of OB and Peds must be present during the entire Site Visit. An Administrator must be present during the entire Site Visit. The Director of RT, Social Services and Dietary should be present at the beginning of the meeting and may resume their job duties following the discussion of their respective area.The Quality and Safety Staff are encouraged to attend. Other OB/Ped Providers and Lactation staff are encouraged to attend, but not required.If either Chair is unable to attend, they may designate the Vice Chairperson or an alternate. | Site Visit- May 19,2020Flash drives sent to Perinatal Administrator, 3 weeks in advance of scheduled site visit. 3 password protected flash drives to the Perinatal Outreach Office atOSF St. Francis Medical Center 530 N. E. Glen Oak Ave.Peoria, IL 61637Attn: White SchoolPassword to be sent via separate email.  |
| **BioSketches**A BioSketch for staff in the following positions should be completed (as applies to each facility) and included in the file: Chairperson of Neonatology; Chairperson of Maternal/Fetal Medicine; Director of Anesthesiology; Chairperson of Obstetrics Committee; Chairperson of Pediatric Committee; Chief Nursing Officer; Manager or Director of Obstetrics Department; Dietary Lead; Respiratory Manager; and Social Worker assigned to Obstetric Unit. Certified Nurse Midwives and APP's providing inpatient care. The CV's for the Dietitian(s) and Social Worker(s) must contain evidence of Continuing Education Programming related to perinatal care. The CE Listing should contain CE's for the previous 2 years. For the Chair of OB and Peds make sure evidence is included on BioSketch. **Continuing Education (Resource Requirement Checklist #1)**Provide list of continuing education provided yearly to medical staff, nursing staff, respiratory staff, and other pertinent ancillary staff providing perinatal care services. A narrative of yearly education programming offered to staff should be provided along with an EXCEL grid format, listing staff names and dates of completion or renewal of programs. NRP expiration dates should be placed on the grid and all staff must remain current with the NRP program. This includes all physicians providing care to perinatal patients (Obstetricians, Family Physicians, Pediatricians) and all APP's (NNP's, PNP's and CNM's). All nursing staff, APP's and physicians staffing the Birthing Center must complete NRP every two years and a Fetal Monitoring Competency every 2 years. Respiratory Therapy Staff must also complete NRP every 2 years. The Grid should contain the name of each staff member and their discipline and the Expiration Date of their NRP and/or Fetal Monitoring Competency.See sample Grid in the Sample Forms. | Blank BioSketch will be included in the document section of this Checklist.Be sure to list all staff with their appropriate credentials on the Education Grid. List **expiration date for Fetal Monitoring Competency and NRP**, **month and year.**Joe Care, OBJim Careless, PediatricianJustin Caremore, FMPCindy Caremost, RNBarb Breathless, RTTrudy Trust, NNPAlyssa Allcaring, CNM | Keep BioSketches current. Keep Education Grid- Current. |
| **Continuous Quality Improvement (Resource Requirement Checklist # 2)**QI: Continuous Quality Improvements (CQI): 1.) Provide documentation of participation in Administrative Perinatal Center driven CQI 2.) Provide evidence of participation in State reporting systems including HIV, APORS, Neonatal Blood Screening, Newborn Hearing Screening, Congenital Cardiac Disease Screening and Perinatal Monthly reporting to Perinatal Network Center. Describe how delivery and newborn information is logged for retrieval for above reports. In addition provide narratives and graphs related to the following processes. More detail can be provided, but must include narrative and data on treating severe hypertension, as well as non-medically indicated inductions < 39 weeks gestation, and involvement in the MNO Project. Must include Newborn Infant Feeding Policy and data related to Breast Feeding Rates. Include involvement in IL PQC activities. (Promoting Vaginal Birth, Antibiotic Stewardship, etc). < 32 week Pre Delivery Stabilization Checklist.For the MNO Project what have you implemented. * Screen every pregnant patient for OUD with a validated screening tool.
* Assess readiness for and starting Medication Assisted Treatment and linking to Recovery Treatment Programs.
* Complete an OUD Clinical Care Checklist, which includes providing Narcan counseling and prescription.
* Reduce stigma and bias across the clinical team.
* Empower mothers through education to use non-pharmacologic care for their newborns exposed to opioids.

Neonate:* ESC Implementation

**Consultations (Resource Requirement Checklist # 3)**Must have a policy for assuring appropriate transfers of care occur between APN's, CNM's and FP's. If the facility staffs with CNM's or FP's and they provide OB care and perform deliveries, a policy must in place to assure care is appropriately transferred to an OB or MFM, based on the patient's medical condition. If a facility is utilizing NNP's or PNP's, a policy must be in place to insure the APP appropriately consults with a Pediatrician or Neonatologist, based on the newborn's condition. Consultation logs must be maintained for both newborns and maternal patients. All hospitalized patients < 32 weeks gestation must have an MFM consultation and there needs to be documentation of this call. Neonatology consultations must occur for all newborns less than 32 weeks gestation in a Level II facility and < 35 weeks gestation in a Level I facility. Any neonate with a 5 minute Apgar Score less than 6 must have a neonatology consultation. Any neonate on CPAP, beyond 6 hours, should be transferred, but must have a consultation. Any neonate on 2lpm of high flow or greater must have a neonatology consultation. Consultations for severe preeclampsia are strongly encouraged. All maternal ICU Admissions must have a consultation.See Written Protocol for Consultations at end of this document. | Response completes Question 2 and 5 on the Resource Requirement Checklist, if you include all the NBN Screening Mandates and HIV Screening Tracking.Consultation Logs will be provided.Policy for co-management and/or transfer of care between APP’s and perinatal physicians must be available.*Create an exception log for any patients who are kept at your facility outside the Letter of Agreement or outside the allowed conditions noted in Appendix H of the Perinatal Code.*  ***Hospitalized patients with severe preeclampsia and/or those admitted to the ICU, for conditions other than observation, must have a Maternal Fetal Medicine Consultation.*** | Most current compliance reports for APORS, HIV, NBS, & Hearing Screening may be submitted in this section. Tracking tool to assure 100% of NBN completed CCHD screening and are referred appropriately.Keep consultation logs current. Consultations with MFM and/or Neonatologists must be documented.Consultation Logs should be entered into ePerinet, starting on January 1, 2021. |
| **Emergency OB and Pediatric Support (Resource Requirement Checklist # 4)**Refer to educational grid. All staff must fulfill competencies (NRP & Fetal Monitoring) Composition of Rapid Response Teams (OB Emergency Team and Newborn Resuscitation Team) Composition of teams and triggers for response. Anesthesia support and availability especially for VBAC’s and TOLAC’s.Availability of Pediatricians for Emergency and Urgent Deliveries. (Physician attendance at deliveries). | *Provide list of conditions requiring attendance of a Pediatrician or physician at delivery.**Describe composition of rapid response team(s).****Consider developing an OB Hemorrhage Medication Kit for those drugs requiring refrigeration. OB Hemorrhage medications such as Hemabate should have labels informing staff not to use this medication in a woman with a history of asthma. The same notification system should be put in place for Methergine, to assure it is not used in patients with hypertension.******Consider incorporating the administration of TXA into the OB Hemorrhage Policy. The timing and dosing schedule for TXA should be included in the policy.*** | Keep information up to date and current. |
| **System for recording admissions, discharges, birthweight, complications, and transports to remain compliant with State Reporting Requirements. Question # 5.****ePerinet Reporting – Sample narrative-***Hospital completes perinatal reports in the electronic ePerinet system. All transfers and consultations are recorded in ePerinet. All neonatal and fetal deaths are recorded in ePerinet, as well as maternal hemorrhages and ICU admissions.* | Keep ePerinet up to date. All State mandated reporting should be submitted according to required timeframes. | Keep compliance reports for 3 years. Newborn Screenings, Third Trimester Screenings, Hi Trak Reporting, CCHD Screening, APORS Reporting. |
| **Fetal Monitoring (Resource Requirement Checklist #6)**Describe fetal monitoring availability (number of monitors, storing capability, and use for OR or ED patients); List dates and educational offerings for all providers, including midwives, and nursing staff. Also list joint physician/nursing strip reviews and educational offerings/ describe structure, process and outcomes of joint strip review meetings. Who coordinates the meetings and determines the content for the meetings? Is there an attendance requirement? ie Does staff have to attend 50% of the meetings offered? How are the 'lessons learned" disseminated among staff members? How are new staff are educated in Fetal Monitoring and the type of mentoring system in place to support new staff?Potential narrative for this section.*Opportunity for joint fetal monitor strip reviews is provided at what frequency? A yearly fetal monitor test is completed by each labor RN with an 80% or greater passing rate required… Joint debriefing of monitor strips are performed on a case by case basis, with nursing staff and physicians for educational purposes. New employees attend 2 fetal monitoring classes (Fundamentals and Intermediate) within six (6) months of employment.* |  | Keep names of staff and their attendance at fetal monitoring classes current on the Education Grid. |
| **Capability for performing C/Sections within 30 minutes from decision to incision**Explain process for reviewing C/Section times. Describe QI efforts to improve performance for any Emergent C/Section > 30 minutes. Include data for years 18, 19, 20. Sample Grid included at the end of this document. | C/Section grid to be completed for Emergent C/Section times for 3 years. | Keep C/Section grid up to date and provide information regarding the review of C/Section times. Must have a plan for corrective action for all C/Section times of 25 minutes or longer. |
| **Hospital shall have experienced Blood Bank Technicians immediately available in the hospital for blood banking procedures. (Resource Requirement Checklist # 8).**Blood bank technicians shall be available within 30 minutes to perform routine blood bank procedures; verify this timeframe is met within your institution. Include Blood Bank in all OB Hemorrhage simulations to evaluate their response time and understanding of the institutions Massive Transfusion Protocol. Must have capability to administer uncrossmatched, CMV negative blood to newborns, in a emergency situation. This section should also include a narrative and description of the facilities response to an OB Hemorrhage. Are you quantifying blood loss? Describe your OB Hemorrhage Rapid Response Team. How and when is the team activated? How does each member of the team know their specific responsibility in an OB Hemorrhage? Who obtains the OB Hemorrhage Cart? Where are the OB Hemorrhage Carts and do you have enough for the size of your unit? Include the following policies as they relate to OB Hemorrhage: Massive Transfusion Policy (make sure your policy reflects the units of blood and FFP available in your facility) Blood Refusal Policy (what is the plan for the woman who may refuse blood and/or blood product)? Risk Assessment Tool. Include OB Hemorrhage Policy/Protocol, which should include treatment medications, including TXA. Include "lessons learned," from OB Simulations and Debriefings. Include "lessons learned," from actual hemorrhage debriefings. How do you know changes made in the "system," are improvements? Include any tests of change you may have done related to timing of requests for blood or blood products in an emergency.  | Include simulation dates, times and participants on the Education Grid. Debrief all OB Hemorrhages. Include physicians and anesthesia in OB Hemorrhage simulations.Must have CMV negative blood available for newborns in emergencies.***Review and evaluate your MTP and Refusal Blood Products Policy. Determine if Transexamic Acid could be added to your policies. Consider utilizing an additional Obstetrical Hemorrhage cart in your Obstetrical Unit.*** |  |
| **General anesthesia services on call for emergencies and available under 30 minutes to initiate C/Sections.**Describe process for assuring general anesthesia availability. Sample language, may not be applicable to your site.*Anesthesia staff are in house M-F…… until all OR cases are finished for the day. Prior to leaving, the CRNA on-call checks with the OB Department staff to see if anyone is in labor. If a patient is in labor, the CRNA remains in the hospital. If the CRNA on call has left the hospital for the day, they are called to return to OB once a labor patient is admitted as an inpatient in labor. A call tree is provided for emergent cases that have a CRNA, on call, for cases when the in-house CRNA is unavailable.* | *Consider having response times for “emergent,” C/S delivery physicians and anesthesia providers not to exceed 20 minutes.* | Monitor continuously for meeting the 30 minute “decision to incision,” time. |
| Experienced radiology technicians immediately available in the hospital with professional interpretation available 24 hours per day. (Resource Requirement Checklist #10)**Sample language for response.***Hospital Medical Imaging Department staffs an experienced Certified Radiologic Technologist 24/7 within the hospital to be immediately available. The radiologist are staffed in the hospital----------and available on a 24/7 basis for interpretation; a virtual service performs preliminary readings from-------- during this time a radiologist from our group is also available for interpretations and questions, as needed…. An Ultrasound technologist is either in House or available on-call. They respond on-call for certain types of studies.**The OB Department has a portable ultrasound machine for use by the Obstetricians and midwives at bedside 24/7.* |  |  |
| **Hospital shall have the following clinical laboratory resources available:***Microtechniques for hematocrit and blood gases within 15 minutes; glucose, blood urea nitrogen (BUN) creatinine, blood gases, routine urine analysis, electrolytes and coagulation studies, complete blood count, routine blood chemistries, type & cross, Coombs, bacterial smear within 1 hour; and capabilities for bacterial culture and sensitivity and viral culture.* | Place information on Grid provided in Resource Requirement Checklist. | Obtain TAT from laboratory.  |
| **Designate physician to assume primary responsibility for initiating, supervising and reviewing the plan of management for distressed infants. (Resource Requirement Checklist # 12). Chair of Pediatrics is usually the designated physician for reviewing newborns requiring resuscitation.** **Describe RRT for newborn emergencies and resuscitations.****Debriefings following newborn resuscitations. List any “lessons learned” and what processes or procedures have changed to improve resuscitations.****Frequency of NRP simulations and debriefings. Who participates in NRP simulations and debriefings?** | Perform debriefings following any birth where baby requires PPV for 2 minutes or longer. Availability of physicians for newborn resuscitation.Descriptive narrative. Include neonatology/APN call schedule for 3 months prior to site visit date. (NA) |  |
| **Personnel skilled in phlebotomy and IV placement in newborns. (Resource Requirement Checklist # 13.)****Staffing with neonatologists and APN’s who provide for peripheral IV placement and central lines as warranted.** | Anesthesia support for placing newborn IV’s?  |  |
| **Social Worker Services (RRC # 14).***Social Service Policy attached. Potential cases for consultation: Drug and alcohol ingestion, No or late prenatal care, Chronic illnesses requiring an adjustment in lifestyle, Transportation or shelter needs, Drug exposed or NAS, Adoptions, Teenage mothers, Domestic Violence or Abuse, Fetal demise or neonatal death, etc.* *Describe process for assuring Social Worker Consultations. Can RN’s make referrals or only physicians?* *Involvement in MNO Program?*  | Include biosketch(es). Include continuing education pertinent to perinatal topics on biosketch. Include Human Trafficking Policy if you have one. Nice opportunity to collaborate with ED on Human Trafficking Policy. |  |
| **Discharge Planning Protocols (RRC # 15)**Discharge protocols for patients with hypertensive disorders.Early Intervention ReferralsDischarge Policy for MNO Use Disorder PatientsAPORS ReferralsCCHD Screening (Referral for Failures) | CCHD Screening Protocol includes follow-up for ECHO for any failed screen.Include Discharge Policy endorsed by ACOG (antepartum and postpartum discharges). |  |
| **Licensed Respiratory Care Practitioner with experience in neonatal care is available 24 hours per day.****Sample Language below.***Ongoing educational collaboration occurs with simulations. There is a Respiratory Therapist in house 24/7. All staff have completed Neonatal Resuscitation training.* | Biosketch for Director of Respiratory Care. Biosketch for any RT’s with experience in neonatal care.Listing of yearly competencies pertinent to newborn care (NeoPuff, RAM cannula, NRP, nasal cannula, ventilator) |  |
| **Dietitian with experience in perinatal nutrition is available to plan diets to meet the needs of mothers and infants.** *Suggested conditions for consultation. Excessive weight loss, inadequate weight gain, previous bariatric surgery, hyperemesis, Diabetes, BMI >40, Culturally specific dietary needs.* | Biosketch included for perinatal dietitian. Copy of nutritional screening tool. |  |
| **Standards in Letter of Agreement**Describe how often the letter of agreement is reviewed and how new providers are made aware of the standards and guidelines.Sample language. *The conditions for transfer and consultation are reviewed with the perinatal physicians when they orient new providers and as the Letter of Agreement is updated. Frequently, discussions at M & M’s culminate in conversations related to perinatal conditions for transfer and/or consultation.* *If a MFM Satellite Clinic is hosted at your facility or in your geographic area please note that in this section.*  |  |  |
| **Provide documentation of health care provider participation in Joint Mortality and Morbidity Reviews.****Provide dates of meetings over the past three years. General statement regarding who routinely attends the meetings (OB’s, neonatology, administration, quality and safety). Sample language.***I will provide you with the dates of M & M’s for the past three years.* *Joint Morbidity and Mortality Reviews are held twice yearly. Cases reviewed include maternal and neonatal transfers, neonatal deaths, fetal deaths, and severe maternal morbidity cases. Other cases routinely reviewed include: OB Hemorrhages, severe preeclampsia cases, ICU admissions, congenital malformations delivered in the local facility and deliveries resulting in a newborn with HIE. Neonatal cases routinely reviewed include: VLBW deliveries, neonatal transfers with a 5 minute APGAR Score of 6 or less. In addition, newborn cases requiring ECMO, Hypothermia and neonatal surgery are routinely reviewed. Any newborn receiving Prostaglandin, in transit, or with Congenital Heart Disease are routinely reviewed.* *Regular attendance at M & M’s includes, Obstetricians, Pediatricians, Family Physicians, CNM’s, nursing staff and nursing administration.* |  |  |

**Sample Education Grid**

Narrative – A small synopsis of classes offered. Annual specific OB skills days. OB Hemorrhage Simulations. EFM Classes, OB Class offerings, NRP, Gnosis, On- line CEU’s for: Respiratory Disorder in the Newborn, Safe Sleep and Perinatal Substance Use.

Grid with all staff identified by discipline. RT’s, CRNA’s, MD’s, Nurses, etc.

Sample Grid/ You may have more educational offerings than I have listed, such as Gnosis, now Relias, and the On line CEU Offerings, ACLS, AIM modules

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| Name | NRP ExpirationDateMonth/Year | Fetal Monitoring CompetencyExpiration DateMonth/Year | OB Hemorrhage SimulationDate | IntermediateAWHONN | Advanced AWHONN | Updates in Fetal Monitoring | STABLE or Neonatal Updates | Peri-FaxorGNOSIS |
| Melinda See, RN | 2/2019 | 5/2019 |  |  |  |  |  |  |
| Terry Do, RN | 5/2019 | 12/2018 |  |  |  |  |  |  |
| Julie Till, RT | 12/2018 | 5/2019 |  |  |  |  |  |  |
| Jordan Pot, RT | 12/2018 |  |  |  |  |  |  |  |
| Howard Cee, MD | 12/2018 |  |  |  |  |  |  |  |
| Joy Real, MD | 5/2019 |  |  |  |  |  |  |  |
| Joe Bill, CRNA | 6/2020 |  |  |  |  |  |  |  |
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**Sample Grid for Emergency C/Sections**

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