

V09.4 Special Report: Member Survey/Proposed Subgroups

I. Introduction

NPIC/QAS recently distributed a survey to our member hospitals, with the intent to revise our current system of classifying our subgroups. This report presents results of that survey, and our proposal to create the most meaningful subgroups for our member hospitals to compare outcomes and the effectiveness of their interventions.

Perinatal services can be classified by patient volume (large/small), geographic location (urban/rural), clinical services (transport/no transport), academic status (teaching/non-teaching), and availability of clinical staff (e.g., maternal/fetal medicine physicians). Variations in hospital groupings make cross-hospital comparisons difficult. The *Guidelines for Perinatal Care, 6th Edition*¹ defines four levels of perinatal care- basic, specialty, subspecialty and regional subspecialty perinatal center with an expanded classification of levels of neonatal care within the specialty and subspecialty categories. The Guidelines further refine the definitions by recommending the mix of personnel, medical providers, nurse and physician assistant providers, and support providers such as social workers, occupational or physical therapists with neonatal expertise, speech-language pathologists, and pharmacists for each level.

NPIC/QAS has provided comparative reports to member hospitals since 1986. Currently, there are 74 member hospitals. Several (47, 64%) have been members for 5 years or more - 23 (31%) have been members for at least 15 years. Any hospital that has provided data for the most recent five years is included in our trend database, allowing NPIC/QAS to provide trend analyses for many indicators of interest to our membership. The 2008 annual deliveries for all NPIC/QAS hospitals range from 589 to 16,545; the average is 4,435 deliveries. Seven percent of the hospitals had < 1,000 births/year; 8.8% had > 10,000 births/year. The majority of hospitals were in the range 2,501 to 5,000 births/year (41% of all the births in the NPIC/QAS database). The total 2008 perinatal discharges were 691,030 for all NPIC/QAS hospitals. Membership includes representation from all the American Hospital Association geographic census divisions²; the largest represented divisions are South Atlantic (32%) and Mid Atlantic (20%).

Currently, NPIC/QAS member hospitals are grouped according to academic/nonacademic status (presence of OB/GYN residents), along with two additional unique subgroups. We propose continuing to group according to academic status (academic/nonacademic subgroups), with “academic” further refined to distinguish academic regional perinatal centers from all other academic hospitals (see Table 1, below). Two additional subgroups will be based upon unique characteristics of the hospitals in that subgroup: 1) The Council of Women’s and Infants’ Specialty Hospitals (CWISH), a self-selected group of subspecialty hospitals with more than 50% of their volume in women and children’s services and 2) all the state-designated regional perinatal centers in Georgia participating in the Georgia Regional Perinatal Care Network (GRPCN).

NPIC/QAS is working towards providing members with web-based interactive reporting, to allow providers to select additional subgroup comparisons of interest to your institution. We welcome feedback on this proposed categorization.

Table 1: Proposed Subgroups (n = 74)

| NPIC/QAS Proposed Subgroups | N | % |
|-------------------------------------|----------|----------|
| Academic Regional Perinatal Centers | 16 | (22%) |
| Academic/ OB Level II and III | 17 | (23%) |
| Non-academic | 21 | (28%) |
| Georgia | 8 | (11%) |
| CWISH | 12 | (16%) |

II. Summary of Survey Responses

A. Profile of Beds

Hospitals were asked to specify the number of various types of beds in their units (see copy of survey in the appendix). The average number of combined labor and delivery (L&D), labor delivery recovery (LDR), labor delivery recovery postpartum (LDRP) beds is 18 (range from 4 to 115). The number with alternative birthing suites was extremely low (n=6). The average number of combined neonatal intermediate and neonatal intensive care beds (NICU) beds is 52 (range from 2 to 125). Almost all hospitals had obstetrical operating suites (97%); only 75% of the hospitals had designated recovery beds. Several hospitals indicated they shared beds between certain units such as antenatal and triage, L&D and postpartum, and postpartum and antepartum. Table 2 presents the number of hospitals by type of bed, the average number of beds and range of beds for all hospitals who responded to these questions.

Table 2: Type of Beds by Unit

| Type of Beds by Unit | N | (%) | Average for those reporting | Overall Range of Beds |
|---|----------|------------|------------------------------------|------------------------------|
| Dedicated antepartum bed | 56 | (81%) | 16 | 2 - 38 |
| OB triage bed | 61 | (88%) | 6 | 1 - 17 |
| Antenatal testing bed | 40 | (58%) | 5 | 1 - 25 |
| L & D | 8 | (12%) | 18 | 4 - 68 |
| LDR | 61 | (88%) | 14 | 1 - 42 |
| LDRP | 11 | (16%) | 22 | 2 - 70 |
| Recovery bed | 52 | (75%) | 4 | 1 - 12 |
| Postpartum bed | 62 | (90%) | 45 | 4 - 156 |
| OR/C-section suite | 67 | (97%) | 3 | 1 - 7 |
| Alternative birthing suite | 6 | (9%) | 2 | 1 - 4 |
| Normal Newborn Bassinet | 66 | (96%) | 48 | 12 - 156 |
| Neonatal Intermediate Care/ Convalescent/Rehab Bed | 39 | (57%) | 18 | 2 - 80 |
| Neonatal Intensive Care Bed | 59 | (86%) | 36 | 1 - 112 |

B. Profile of OB Services

Sixty (87%) hospitals reported obstetricians on their delivery staff; the other hospitals did not indicate if they did or did not have obstetricians on their delivery staff. Fifty-eight hospitals (84%) reported using maternal fetal medicine (MFM) specialists. Thirty-six percent (25) of the hospitals had a hospitalist/laborist. Fifty-five percent (38) of the hospitals reported utilizing

certified nurse midwife; 39% (27) of the hospitals reported utilizing family practice providers. Two hospitals stated they had physician assistants. The majority of residents/fellows and hospitalists/laborists were salaried employees; the majority of all other delivering staff (obstetricians, MFM, CNM, Family Practice Providers) selected “Contracted—Physician bills for services” as the primary category.

When asked about 24-hour coverage of their unit by OB-trained anesthesiologist(s), 94% indicated that they had this coverage. Table 3 provides the distribution of the 24-hour OB anesthesia coverage by level of care.

Table 3: 24-Hour Coverage by OB-trained Anesthesiologists

| Level of Care | N | % |
|------------------------------------|-----------|---------------|
| Regional Perinatal Center/Academic | 14 | (93%) |
| Level II & III/Academic | 16 | (100%) |
| Non-Academic | 16 | (89%) |
| Georgia | 7 | (88%) |
| CWISH | 12 | (100%) |
| All Groups | 65 | (94%) |

A number of organizations, including the Institute for Medicine, have called for more research around the relationship between nursing and patient outcomes. Hospitals were asked to categorize their nurse model of care for intrapartum patients within the physician-nurse team. Graph 1 provides the findings by stated model of care.

Graph 1: Primary Nurse Model of Intrapartum Care within the Physician-Nurse Team³

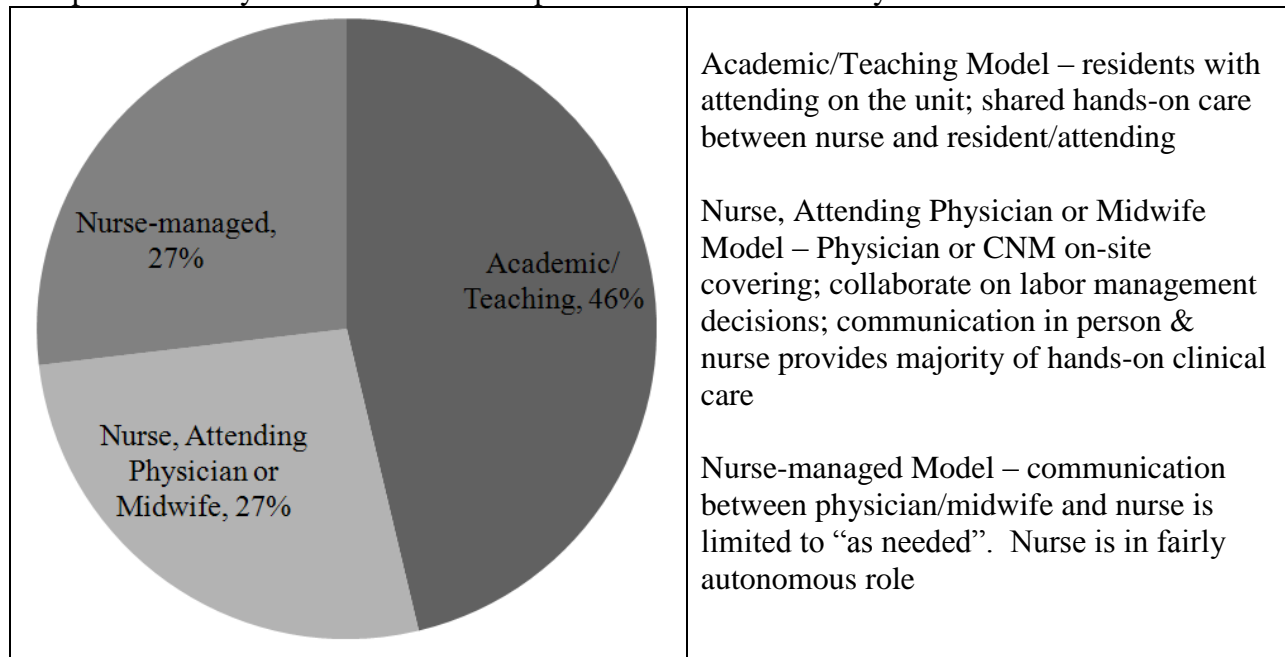


Table 4: Primary Physician/Nurse Intrapartum Model of Care

| Level of Care | Academic Teaching Model | | Nurse-Attending Physician or Midwife Model | | Nurse-Managed Model | |
|------------------------------------|-------------------------|------------|--|------------|---------------------|------------|
| | | | | | | |
| Regional Perinatal Center/Academic | 12 | 80% | 3 | 20% | 0 | 0% |
| Level II & III/Academic* | 8 | 53% | 6 | 40% | 1 | 7% |
| Non-academic | 1 | 6% | 5 | 28% | 12 | 67% |
| Georgia* | 4 | 57% | 1 | 14% | 2 | 29% |
| CWISH | 6 | 50% | 3 | 25% | 3 | 25% |
| All Groups* | 31 | 45% | 18 | 26% | 18 | 26% |

*Data missing for 1 Level II & III academic and 1 Georgia hospital

Magnet Recognition Program® was developed by the American Nurses Credentialing Center (ANCC) to recognize health care organizations that provide nursing excellence. As of April 15, 2010, 6.4% of all hospitals in the United States had obtained this award (ANCC website⁴). In the NPIC/QAS survey 35% (24) of the hospitals indicated receiving the Magnet status award.

C. Profile of Neonatal Services

In 2004 the American Academy of Pediatrics published an expanded system for classification of levels of neonatal care - this is summarized in Table 5 (complete description provided in the survey in the appendix). Of all reporting hospitals, 62% were level IIIB. As expected, when reviewing NPIC/QAS subgroups by level of care all regional perinatal centers were in level IIIB or IIIC. The non-academic subgroup is represented at least once in every level of neonatal care.

Table 5: Highest Level of Neonatal Services

| Level of Care | Overview of Level of Care | Number (Percent of Hospitals) | |
|---------------|---|-------------------------------|-------|
| Level I | Basic neonatal care | 2 | (3%) |
| Level IIA | Care of stable or moderately ill newborns with problems that are expected to resolve quickly at 32 weeks gestation or later | 2 | (3%) |
| Level IIB | Additional capability to provide mechanical ventilation for up to 24 hours or continuous positive airway pressure | 6 | (9%) |
| Level IIIA | Provide comprehensive care for infants born at more than 28 weeks of gestation weighing more than 1,000 grams with ability to provide sustained mechanical ventilation and minor surgical procedures. | 4 | (6%) |
| Level IIIB | All the capabilities of level IIIA; also advanced respiratory support, imaging, an urgent interpretation, full range of pediatric medical subspecialists. | 43 | (62%) |
| Level IIIC | All the capabilities of level IIIB neonatal intensive care and also extracorporeal life support and open-heart surgery for complex congenital cardiac malformations. | 12 | (17%) |

Overall, 58% of all hospitals indicated having in-house 24 hour coverage by a neonatologist. Table 6 illustrates neonatology coverage by level of care, with the greatest number in the regional perinatal academic centers and the lowest coverage in the non-academic. Three

hospitals indicated they had physician assistants and two had nurse practitioners covering the NICU on a 24 hour basis with physician backup.

Table 6: 24 hours In-House Neonatology Coverage for Special Care

| Level of Care | N | % |
|------------------------------------|----|-------|
| Regional Perinatal Center/Academic | 10 | (67%) |
| Level II & III/Academic | 10 | (63%) |
| Non-academic | 6 | (33%) |
| Georgia | 5 | (63%) |
| CWISH | 9 | (75%) |
| All Groups | 40 | (58%) |

Hospitals were asked to indicate all staff covering newborn subspecialty services. Ninety-four percent (65) of hospitals had neonatologists on staff; neonatal nurse practitioners: 75% (52); pediatricians: 67% (45); family practice providers: 8% (25); residents/ fellows: 52% (36). Neonatal nurse practitioners are the largest group of salaried employees. Neonatologists and other physicians are primarily contracted.

D. Profile of Academic Affiliation

The majority of residents and fellows were OB/GYN (see Table 7, below). Maternal-Fetal medicine fellows and family practice residents could be found in all three subgroup levels (including non-academic). Neonatology and pediatric fellows were more concentrated in the regional centers and level II or III academic. At least one midwifery student was found in every subgroup.

Table 7: Residents/Fellows/Students

| Residents | Regional Center/Academic | | Level II or III/Academic | | Non-academic | | All Groups | |
|---------------------------------|--------------------------|--------|--------------------------|-------|--------------|-------|------------|-------|
| | N | % | N | % | N | % | N | % |
| OB/GYN Residents | 15 | (100%) | 15 | (94%) | 0 | (0%) | 30 | (65%) |
| Maternal-Fetal Medicine Fellows | 8 | (58%) | 5 | (38%) | 0 | (0%) | 13 | (31%) |
| Family Practice Residents | 12 | (92%) | 7 | (54%) | 4 | (24%) | 23 | (53%) |
| Pediatric Residents | 12 | (80%) | 8 | (57%) | 0 | (0%) | 20 | (45%) |
| Neonatology Fellows | 11 | (79%) | 5 | (42%) | 0 | (0%) | 16 | (39%) |
| Midwifery Students | 3 | (30%) | 3 | (23%) | 1 | (7%) | 7 | (18%) |

E. Summary of Innovative Ideas Responses

Almost half (48%) of the hospitals shared innovative ideas. The majority of innovative topics concerned patient safety and simulation training. In the neonatal care specialty several practice projects were being implemented to directly address clinical issues such as head cooling/temperature control, NEC reduction, oxygen targeting for ROP and music therapy. One hospital shared a “Caring Moments” program where chimes occurred every two hours to remind

nurses to sit “eye-to-eye” with the patients. A few hospitals were addressing staffing by moving to the laborist model and adding physician assistants in L&D.

We welcome feedback on this proposed categorization. If you have any questions, please contact Sandra Boyle, Director of Membership Services (sboyle@npic.org) or Annemarie D'Abrosca, Senior Analyst (adabrosca@npic.org). More information is available upon request.

III. Description of Table and Graphs

The table and graphs in this analysis display data for your hospital compared to the NPIC/QAS subgroup and database averages. Data are displayed for your current and proposed subgroups.

Table 1: Comparative Facility, Subgroup and Database Overview
The table displays a facility, subgroup and database overview of your hospital, with current subgroup, proposed subgroup and database averages.

Graph 2: Comparative Cesarean Section Rates: Current Subgroup
The graph displays c-section rates for your hospital and current subgroup.

Graph 3: Comparative Cesarean Section Rates: Proposed Subgroup
The graph displays c-section rates for your hospital and proposed subgroup.

Graph 4: AHRQ Injury to Neonate (PSI 17): Current Subgroup
The graph displays Injury to Neonate (PSI 17) rates for your hospital and current subgroup.

Graph 5: AHRQ Injury to Neonate (PSI 17): Proposed Subgroup
The graph displays Injury to Neonate (PSI 17) rates for your hospital and proposed subgroup.

IV. References

¹ American Academy of Pediatrics & The American College of Obstetricians and Gynecologists. (2007). *Guidelines for perinatal care* (6th ed.). Washington, DC: ACOG.

² American Hospital Association. (2009). Profile of U.S. Community Hospitals for AHA Hospital Statistics. AHA Item # 083304. <http://www.aha.org/aha/about/index.html>

³ Simpson KR (2005). The context & clinical evidence for common nursing practices during labor. *MCN, American Journal of Maternal and Child Nursing*. 30 (6): 356-63.

⁴ American Nurses Credentialing Center. (2010, April). Growth of the Program from the ANCC website: <http://www.nursecredentialing.org/Magnet/ProgramOverview/GrowthoftheProgram.aspx>

V09.4 Special Report: Comparative Facility, Current Subgroup, Proposed Subgroup and Database Overview

| | Hospital SAMPLE | Current Subgroup: A-Academic Average | Proposed Subgroup: Academic - Regional Perinatal Centers Average | NPIC Database Average |
|---|--------------------|---|---|-----------------------------|
| Total Hospital Discharges Submitted ¹ | 37,542 | 35,788 | 38,880 | 25,695 |
| Total Discharge Days | 179,334 | 178,509 | 195,458 | 115,657 |
| Average Length of Stay | 4.8 | 4.8 | 4.8 | 4.4 |
| Average Charge per Case | \$33,369 | \$33,691 | \$34,638 | \$26,564 |
| APR DRG Case Mix Index - All Discharges | 1.1665 | 1.1979 | 1.1129 | 0.9610 |
| CMI-Adjusted Average Patient Days | 4.1 | 4.0 | 4.3 | 4.6 |
| CMI-Adjusted Average Charge per Case | \$28,607 | \$28,125 | \$31,124 | \$27,642 |
| Total Perinatal Discharges ² | 7,001 | 8,028 | 9,514 | 9,658 |
| Total APR MDC 14 (APR DRGs 540-566) | 3,570 | 4,184 | 4,906 | 5,010 |
| APR MDC 14 Case Mix Index | 0.4278 | 0.4469 | 0.4455 | 0.4442 |
| Total Deliveries (APR DRGs 540-542 and 560) | 3,082 | 3,626 | 4,288 | 4,452 |
| C-Section Rate | 27.8% | 34.7% | 32.3% | 35.3% |
| Vaginal Birth After C-Section (VBAC) Rate | 14.8% | 13.3% | 14.9% | 11.2% |
| Non-Birth Admission Rate | 13.4% | 13.4% | 12.4% | 11.2% |
| Induction Rate (% of Total Deliveries) | 17.5% | 21.4% | 21.7% | 20.6% |
| AHRQ Obstetric Trauma: Vaginal Deliveries with Instruments (PSI 18) ^{3,4} | 16.3% | 17.4% | 19.5% | 15.5% |
| AHRQ Obstetric Trauma: Vaginal Deliveries without Instruments (PSI 19) ^{3,4} | 2.1% | 2.6% | 2.5% | 2.4% |
| Total Neonatal Admissions (0-28 Days at Admission) | 3,431 | 3,844 | 4,608 | 4,648 |
| Neonatal Case Mix Index | 0.4869 | 0.6162 | 0.6874 | 0.6117 |
| % Neonates Transferred in (Age 0-3 days) | 2.3% | 1.1% | 2.2% | 1.5% |
| % Neonates Transferred out (Age 0-3 days) | 0.3% | 0.6% | 0.4% | 0.6% |
| Total Inborns | 3,182 | 3,705 | 4,380 | 4,558 |
| Inborn Mortality Rate >= 500 grams birth weight | 0.63% | 0.41% | 0.50% | 0.36% |
| Special Care Admission Rate ⁵ | 12.2% | 16.7% | 18.3% | 16.8% |
| AHRQ Birth Trauma - Injury to Neonate (PSI 17) ³ | 0.31% | 0.25% | 0.25% | 0.23% |

¹ Subgroup and Database Averages exclude data from hospitals which only submit perinatal discharges. ⁴ AHRQ logic excludes two codes from their population selection criteria:

² Total APR MDC14 and Total Neonatal discharges

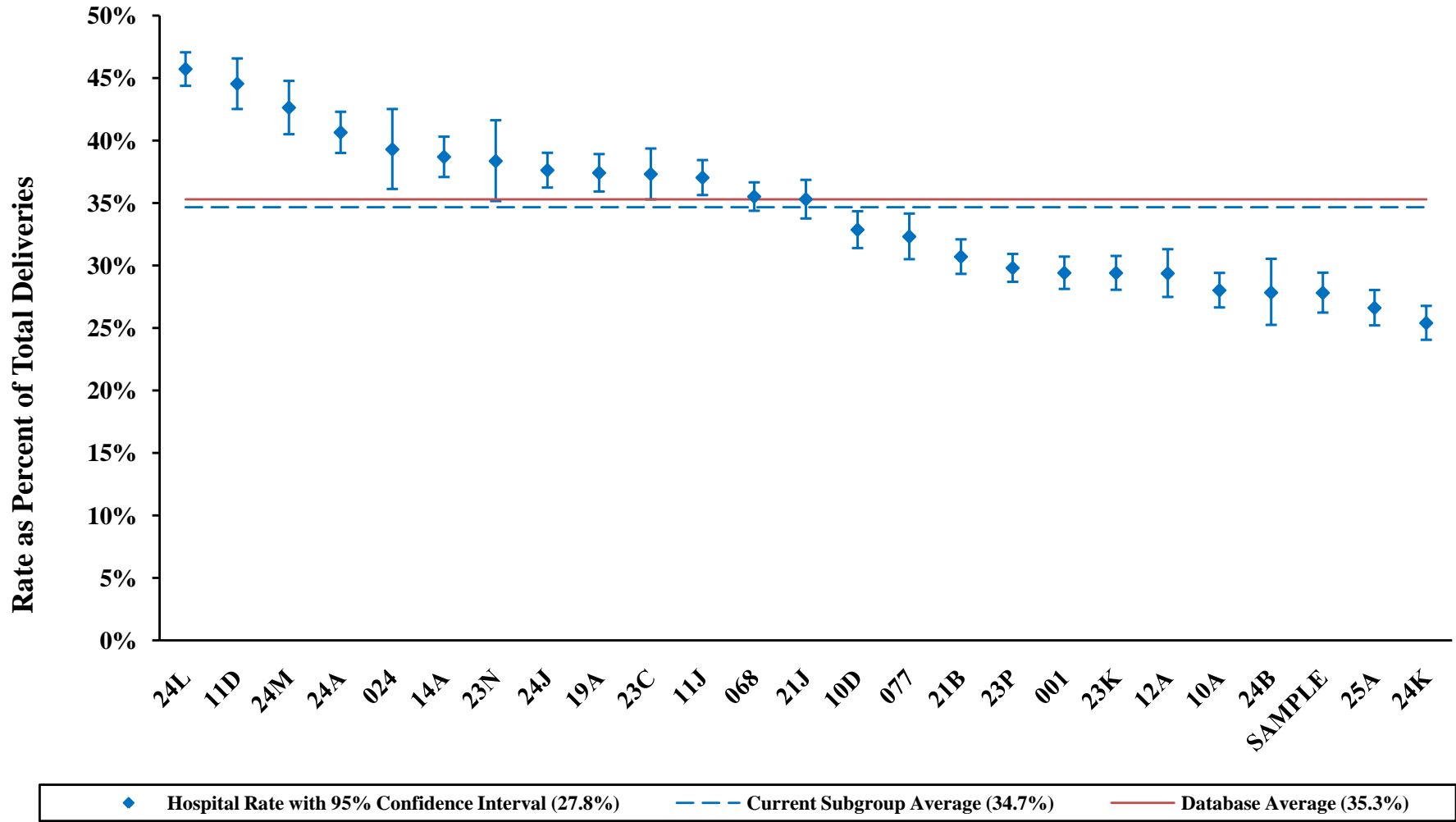
³ Using AHRQ Patient Safety Indicators, Version 4.0, June 2009

72.52 - Other Partial Breech Extraction

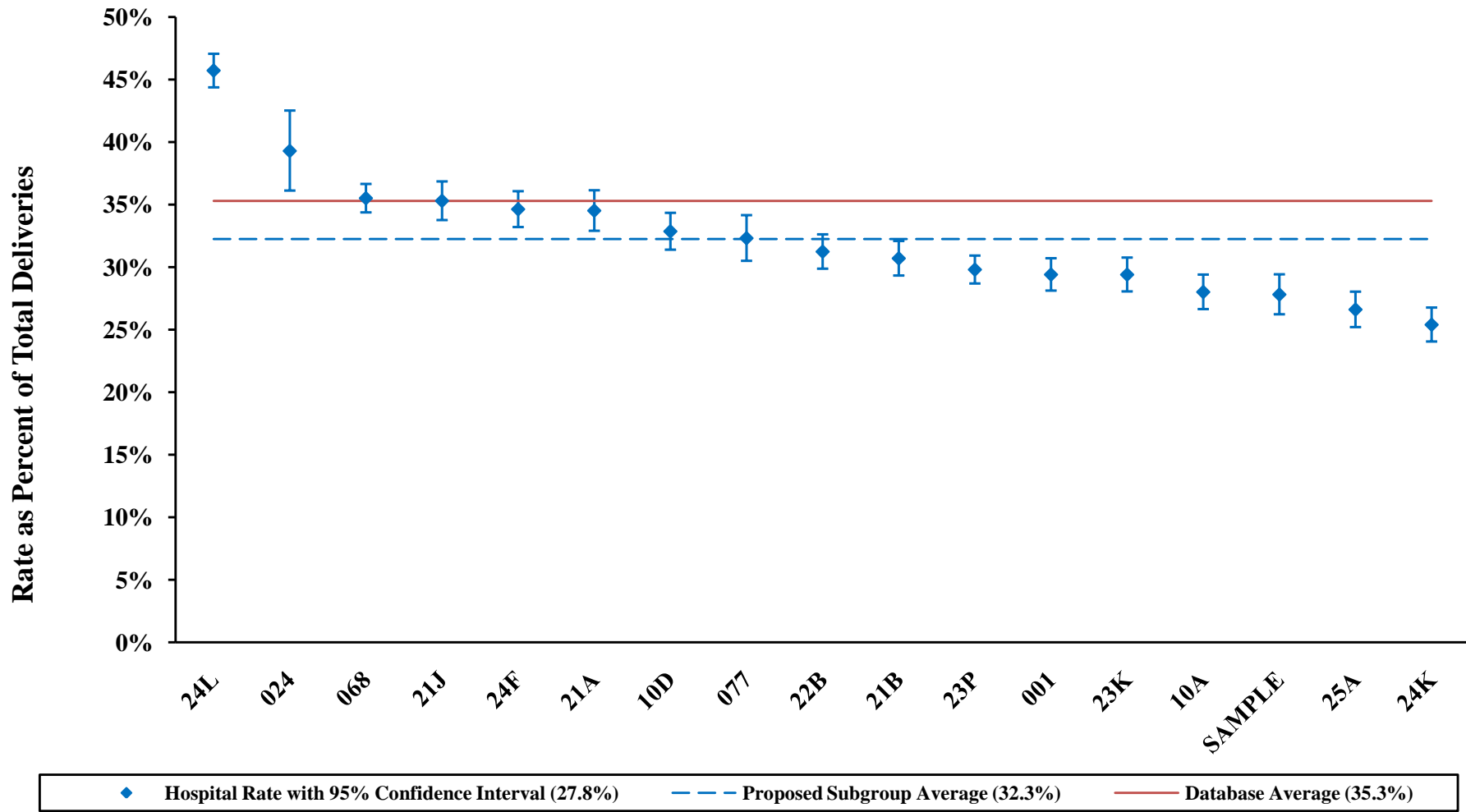
72.54 - Other Total Breech Extraction

⁵ Special Care discharges are those having NICU or NINT days > 0 or NICU or NINT charges > 0

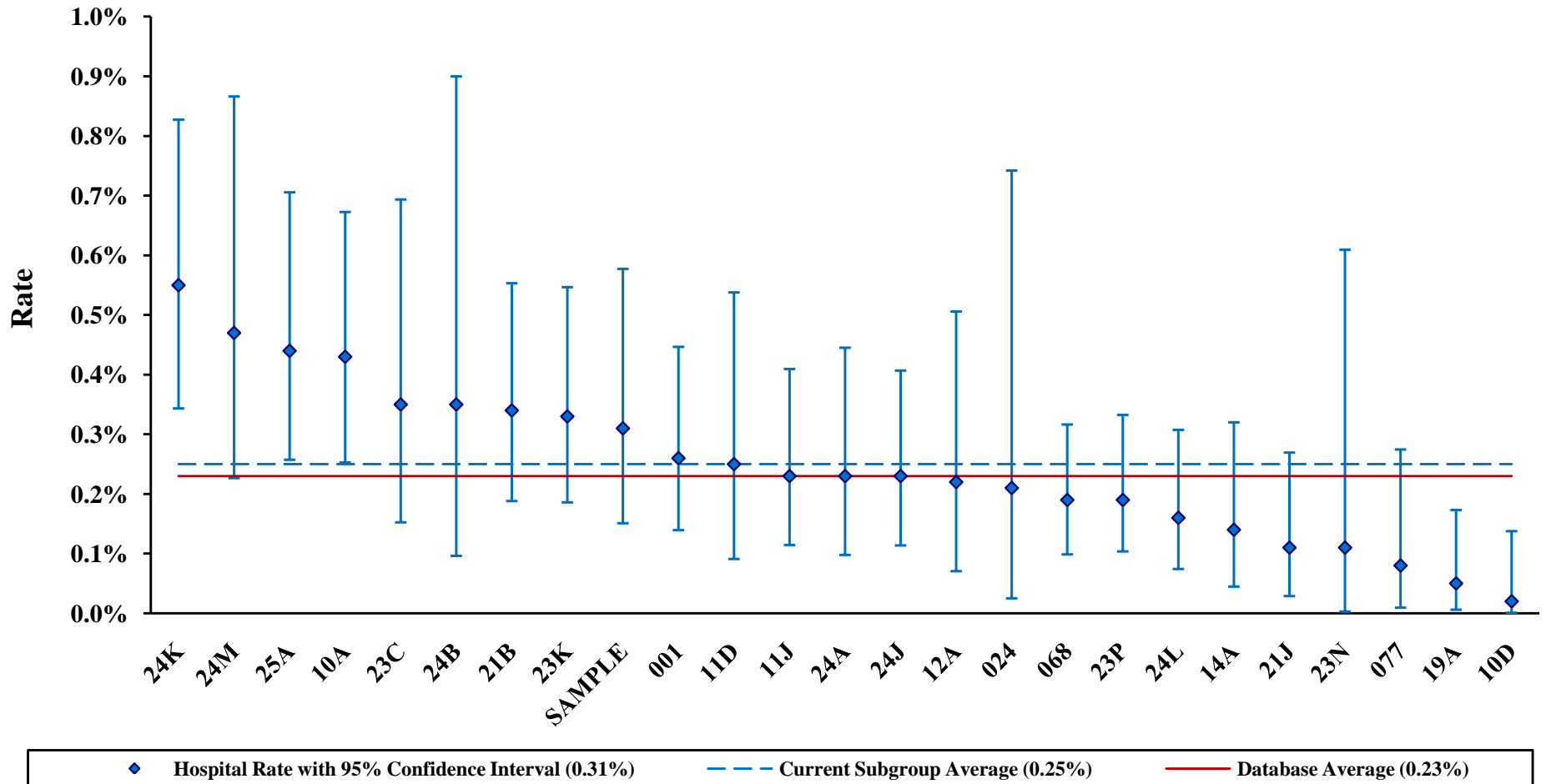
**Comparative C-Section Rates, Current Subgroup
(A-Academic)
NPIC ID: SAMPLE**



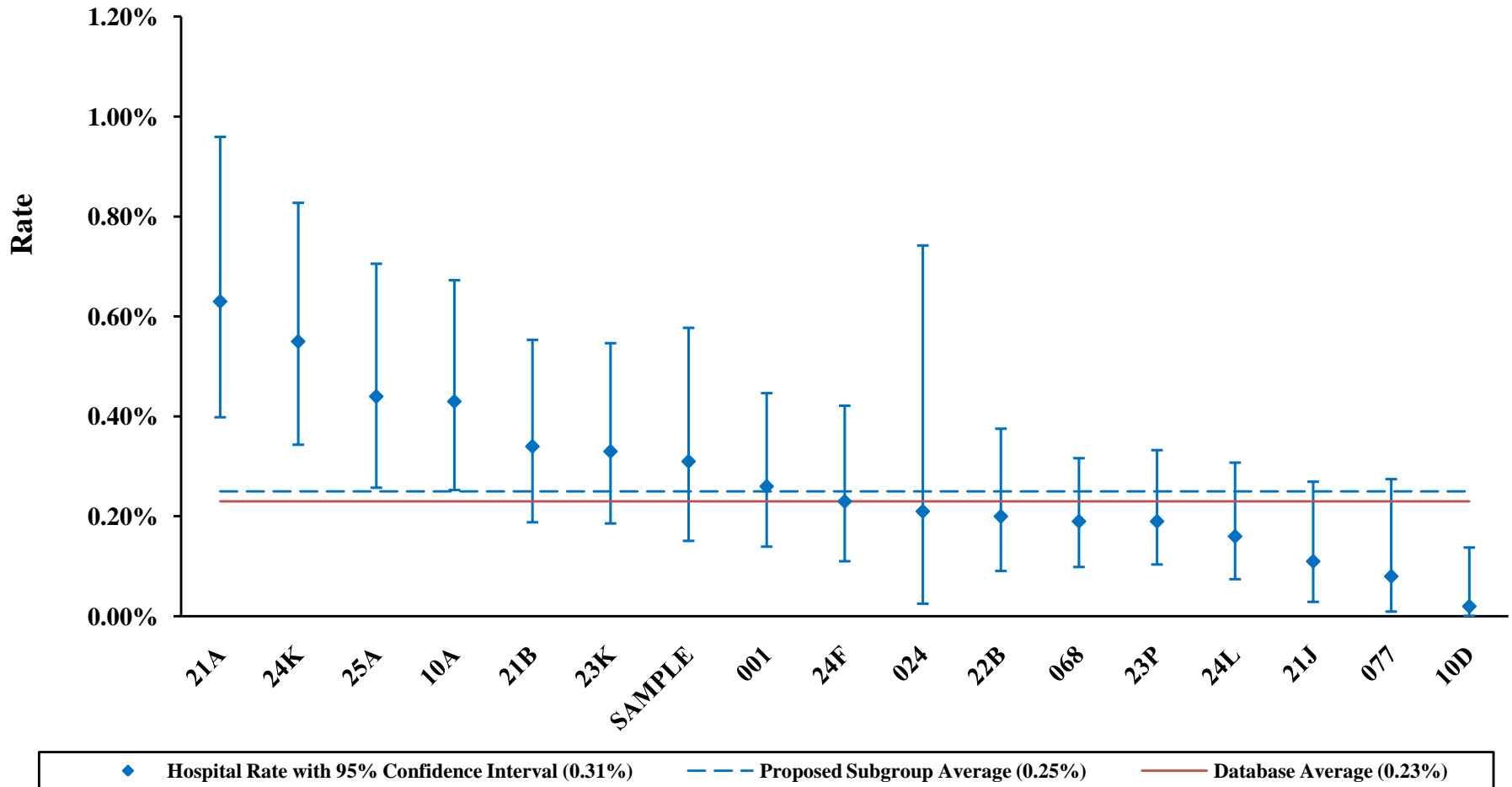
**Comparative C-Section Rates, Proposed Subgroup
(Academic - Regional Perinatal Centers)
NPIC ID: SAMPLE**



**AHRQ Perinatal Patient Safety Indicator:
Injury to Neonate (PSI 17), Current Subgroup
(A-Academic)
NPIC ID: SAMPLE**



**AHRQ Perinatal Patient Safety Indicator:
Injury to Neonate (PSI 17), Proposed Subgroup
(Academic - Regional Perinatal Centers)
NPIC ID: SAMPLE**



Appendix

1. NPIC/QAS MEMBER PERINATAL SERVICE SURVEY

Instructions: This survey is being sent by NPIC/QAS to each of our member hospitals. Our membership has been growing, and we are in the process of refining our subgroups. Your responses will facilitate your placement in the most appropriate subgroup, and we will be able to provide you with greater detail concerning the other members in your (comparison) subgroup as a result. If your hospital is part of a system with more than one NPIC/QAS member hospital, a separate survey needs to be completed for each facility.

Please respond to every question. If necessary, you can submit your partial survey and forward the original e-mail to another individual to complete a section you need assistance responding to. If you are a new member and have recently provided us with some of these data, we apologize and appreciate your responding to this survey. Please respond for the 12 month time period 1/1/2009 – 12/31/2009.

Contact Sandra Boyle, Director of Membership Services, or Annemarie D'Abrosca, Senior Analyst/Hospital Liaison, with any questions at sboyle@npic.org or adabrosca@npic.org or 401-274-0650. Thank you!

*** 1. Hospital Name:**

*** 2. City/State:**

*** 3. Individual answering the survey:**

*** 4. Email address:**

5. How would you categorize your obstetric service as defined by the sixth edition of Guidelines for Perinatal Care? (see 4 choices defined below)

LEVEL I -- Surveillance and care of all patients admitted to the OB 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.

LEVEL II -- Level I care as well as care of appropriate women at high risk and fetuses, both admitted and transferred from other facilities; stabilization of severely ill newborns before transfer; treatment of moderately ill, larger preterm and term newborns.

LEVEL III -- Level II care as well as provision of comprehensive perinatal health care services for both directly admitted and transferred women and neonates of all risk categories, including basic and specialty care

REGIONAL SUBSPECIALTY PERINATAL HEALTH CARE CENTER -- Level III care as well as provision of comprehensive subspecialty care; responsibility for regional perinatal health care: maternal/neonatal transport; regional outreach support and education; evaluation of new technologies and therapies; training of health care providers; analysis and evaluation of regional data.

Appendix

6. Please indicate the number of beds in each of the following categories (NUMERIC RESPONSES ONLY ADD DESCRIPTIVE TEXT AT END OF SURVEY):

| | |
|--|--|
| Dedicated antepartum beds | <input style="width: 95%;" type="text"/> |
| OB triage beds | <input style="width: 95%;" type="text"/> |
| Antenatal testing beds | <input style="width: 95%;" type="text"/> |
| LDRs (labor, delivery, recovery) | <input style="width: 95%;" type="text"/> |
| LDRPs (labor, delivery, recovery and postpartum) | <input style="width: 95%;" type="text"/> |
| L and D (labor and delivery) | <input style="width: 95%;" type="text"/> |
| Recovery beds | <input style="width: 95%;" type="text"/> |
| Postpartum beds | <input style="width: 95%;" type="text"/> |
| OR/C-section suites in labor and delivery area | <input style="width: 95%;" type="text"/> |
| Alternative Birthing Suites for low risk women | <input style="width: 95%;" type="text"/> |
| Other: | <input style="width: 95%;" type="text"/> |

7. Other describe

8. Please check which of the following types of staff you have performing deliveries, in what employment category:

| | Salaried Employees | Contracted -- Hospital bills for services | Contracted -- Physician bills for services |
|--|--------------------------|---|--|
| Obstetricians | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maternal-Fetal Medicine Specialists (board certified or active candidate, excluding fellows and residents) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Residents/Fellows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospitalists/Laborists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certified Nurse Midwives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family Practice Providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Other describe

10. Do you have 24-hour coverage of your unit by OB-trained Anesthesiologist(s)?

yes

no

11. For Intrapartum care, what is your primary physician/nurse model for caring for patients within the physician-nurse team? (see 3 definitions below)

Appendix

NURSE-MANAGED MODEL -- communication is limited to "as needed" between the labor nurse and the physician who may be in the office or at home. The labor nurse is in a relatively autonomous role, making many key clinical decisions during the labor process and providing the majority of hands-on clinical care.

ACADEMIC TEACHING MODEL -- resident physicians in training and faculty attending physicians are present on the labor unit.

NURSE-ATTENDING PHYSICIAN/MIDWIFE COMMUNICATION ON-SITE MODEL -- There is an attending physician in-house covering all women in labor or attending physicians for each practice group designate a physician from the group to be in-house to cover their patients in labor. The labor nurse and the attending physician collaborate on labor management decisions and have the ability to communicate in person. The nurse provides the majority of hands-on clinical care.

12. How would you categorize the highest level of neonatal services you provide as defined by the sixth edition of guidelines for Perinatal Care? (see levels defined below)

Level I -- neonatal care (basic)

NEONATAL CARE (SPECIALTY)

Level IIA -- similar to previously defined Level II

Level IIB -- similar to previously defined Level II with capability to provide mechanical ventilation for up to 24 hours
NEONATAL INTENSIVE CARE (SUBSPECIALTY)

Level IIIA -- ability to provide comprehensive care for infants born at more than 28 weeks of gestation and weighing more than 1,000g

Level IIIB -- comprehensive care for infants born at 28 weeks of gestation or less and weighing 1,000g or less

Level IIIC -- Level IIIB but also can provide extracorporeal life support; open-heart surgery for repair of complex, congenital cardiac malformations

13. Identify the bed complement in your newborn services (NUMERIC RESPONSES ONLY ADD DESCRIPTIVE TEXT AT END OF SURVEY):

Number of normal newborn bassinets

Number of neonatal intermediate care/convalescent/rehabilitation beds

Number of neonatal intensive care beds

14. Is there a board certified or board eligible neonatologist in-house designated for the NICU or Intermediate Care Unit on a 24 hour basis?

yes

no

15. Please check which of the following staff you have covering the unit, in what employment category

| | Salaried Employees | Contracted -- Hospital bills for services | Contracted -- Physician bills for services |
|-----------------------------|--------------------------|---|--|
| Pediatricians | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neonatologists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neonatal Nurse Practitioner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family Practice Provider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Residents/Fellows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Appendix

16. Other describe

17. Please check if your hospital has residents/fellows/students in an approved training program in any of these categories:

| | yes | no |
|---------------------------------|-----------------------|-----------------------|
| OB/GYN residents | <input type="radio"/> | <input type="radio"/> |
| Maternal-fetal medicine fellows | <input type="radio"/> | <input type="radio"/> |
| Family Practice Residents | <input type="radio"/> | <input type="radio"/> |
| Pediatric Residents | <input type="radio"/> | <input type="radio"/> |
| Neonatology Fellows | <input type="radio"/> | <input type="radio"/> |
| Midwifery Students | <input type="radio"/> | <input type="radio"/> |

18. Are you an American Nurses Credentialing Center (ANCC) Magnet designated hospital?

yes

no

19. Is there one innovative idea implemented within the last year by your hospital that you would like to share with other hospitals?

yes

no

20. Implemented idea to share

21. Any comments or questions:

THANK YOU!