Agreements for Provision of Perinatal and Neonatal Care

A Step-by-Step Guide

Regional Perinatal Programs of California (RPPC)
and
California Children's Services (CCS)

2006

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Acknowledgments

"Agreements for Provision of Perinatal and Neonatal Care: A Step by Step Guide" is a toolkit that has been compiled by the Regional Perinatal Programs of California in collaboration with the State Department of Health Services, Children's Medical Services Branch, as a resource for hospitals providing perinatal and neonatal care. The toolkit is intended to assist the user in administering Regional Cooperation Agreements, Transfer and Transport agreements and other applicable contractual agreements, within the framework of regionalization, for the provision of risk appropriate specialty health care for pregnant women and neonates.

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A Step-by-Step Guide

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Introduction

The safe and risk appropriate care of pregnant women and their infants is a priority for all perinatal health professionals in California. The Regional Perinatal Programs of California (RPPC) support the efforts to improve perinatal outcomes through consultation and technical assistance to hospitals on policies and procedures, data driven quality improvement activities and best practice initiatives. The RPPC serves as a neutral, confidential and quality improvement ambassador to perinatal providers in California.

The inter-hospital transport of pregnant women and newborns is an essential component of risk appropriate regional perinatal care. In order for care to be facilitated on the basis of functional capabilities, hospitals must have agreements with other institutions for obtaining consultations and services they cannot provide.

Statewide there have been variations in practice and inconsistencies noted in the application of transfer/transport agreements and Regional Cooperation Agreements, both of which are requirements of hospitals with Neonatal Intensive Care units, depending on the level of licensure. To address this issue, the RPPC conducted a survey of all hospitals providing perinatal services, and based on those findings was a documented need for guidelines for developing and administering Regional Cooperation Agreements.

The Regional Perinatal Programs of California, in collaboration with the Maternal, Child and Adolescent Health/Office of Family Planning Branch of the California Department of Health Services and California Children's Services (CCS), have developed strategies to improve the quality of perinatal care and enhance regional systems of care through the strengthening of transport mechanisms and Regional Cooperation Agreements.

This toolkit, *"Agreements for the Provision of Perinatal and Neonatal Care: A Step by Step Guide"*, has been developed by the Regional Perinatal Programs of California to assist hospitals, providing all levels of perinatal care, through the process of determining their responsibilities in developing agreements for transfer/transport and each component that may be incorporated into a Regional Cooperation Agreement, as defined by Title 22 and CCS.

The material and exhibits presented in this toolkit represent examples of how some institutions have successfully met the responsibilities delineated by CCS, incorporated the required Title 22 transfer/transport agreement and have included many components of negotiated services such as education and outreach into their respective agreements. The toolkit is not intended to be all-inclusive, but to serve as a resource.

The following is a letter sent to all CCS hospitals regarding Regional Cooperation Agreements and this document.

State of California-Health and Human Services Agency
Department of Health Services

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

December 12, 2006

Dear CCS Hospital Representative:

An important requirement of the Children's Medical Services (CMS)/California Children's Services (CCS) Neonatal Intensive Care Unit (NICU) Standards is for all hospitals participating in the program to develop and implement Regional Cooperation Agreements (RCA). This standard, found in Chapter 3 – Provider Standards 3.25, requires written agreements between Regional NICUs and Community and/or Intermediate NICUs specifying mutual responsibilities for activities such as education, consultation, referrals and transports, development and review of policies and procedures, and review of outcome data. The primary purpose for the RCA is to improve perinatal outcomes by coordinating systems of care between all levels of care (as defined by CCS in the NICUs and delivery hospitals in California.

As a result of a survey conducted in 2003 by the Regional Perinatal Programs of California (RPPC), it has come to my attention that this standard is not being implemented to its fullest potential. There are many missed opportunities for enhancing the quality of care provided to all mothers and babies in California. It is the responsibility of each and every hospital whose NICU participates in the CCS program to enter into and implement RCAs.

In an effort to address this issue, the RPPC have created a "toolkit" to assist hospitals in implementing the RCA in order to become compliant with the standard. The toolkit, entitled "Agreements for Provision of Perinatal and Neonatal Care: A Step-by-Step Guide", contains detailed information on setting up your agreements and sample documents to guide you in this process. CCS has reviewed and approved this toolkit. We will be providing the toolkit to you, as well as opportunities for you to receive technical assistance and support in implementing this standard.

This toolkit is available through either the CMS Regional Office or the local RPPC program (see enclosed contact information). Technical assistance will be available in the following ways:

Regional trainings coordinated by CMS/CCS and RPPC which will be conducted between January and April, 2007 (see attached registration form).

One-on-one technical assistance at your hospital provided by the RPPC Directors.

1515 K Street, Suite 400, MS 8100, P.O. Box 997413, Sacramento, CA 95899-7413
(916) 327-1400
Internet Address: http://www.dhs.ca.gov/pcfhcms

Placeholder for Letter to CCS hospitals regarding requirements for agreements per CCS Standards. This letter is to be signed by the Chief of MCAH/OFP and the Chief of CMS.

Regionalization of Perinatal Care

History

In 1976 the Committee on Perinatal Health, a multidisciplinary group of perinatal professionals convened by the March of Dimes, published *Toward Improving the Outcomes of Pregnancy*[1], to address the management of preterm birth and the care of high risk pregnant women and newborns. With advancements in technology, the development of neonatal intensive care units and the expansion of professional roles in perinatal care, the Committee on Perinatal Health addressed the organization, efficiency and costs of these services.

Utilizing models of delivery systems, a framework for the organization of perinatal care evolved into the concept of "regionalized perinatal care." This model system proposed and defined three levels of inpatient care:

- Level I - Basic care for healthy mothers and newborns
- Level II - Specialty care for selected high-risk mothers and newborns with moderate complications
- Level III - Subspecialty care within a region for all types of maternal and neonatal illnesses and abnormalities.

The Committee described the concept of regional perinatal care as follows: "Regionalization implies the development, within a geographic area, of a coordinated, cooperative system of maternal and perinatal health care in which, by mutual agreements between hospitals and physicians and based on population needs, the degree of complexity of maternal and perinatal care each hospital is capable of providing is identified so as to accomplish the following objectives: quality care to all pregnant women and newborns, maximal utilization of highly trained perinatal personnel and intensive care facilities, and assurance of reasonable cost effectiveness."

Multiple studies conducted during the 1980's and early 1990's correlated the development and growth of perinatal regionalization to the rate of decline in neonatal mortality, specifically in relation to the proportion of low and very low birth weight infants born at facilities with level II and level III neonatal intensive care units.

In the 1990's the changing environment of health care, financing, hospital competition and the emergence of managed care brought to light the need to refine and augment the levels of care designated in regional systems of care. The March of Dimes Birth Defects Foundation assembled a new Committee on Perinatal Health to review and make recommendations on the coordination of regional perinatal care. *Toward Improving the Outcome of Pregnancy: The 90's and Beyond*[2] was published in 1993. Incorporated into the recommendations were guidelines for the organization of individual regional perinatal programs. These recommendations were included in the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists *Guidelines for Perinatal Care, 5th Edition.*

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[1] The National Foundation – March of Dimes. (1976). *Toward improving the outcome of pregnancy.* White Plains, NY.

[2] The National Foundation – March of Dimes. (1993). *Toward improving the outcome of pregnancy: the 90's and beyond.* White Plains, NY.

The *Guidelines* state: "The integration of clinical activities, basic through subspecialty levels, within one geographic region potentially provides immediate access to comprehensive care at the appropriate level of care for the entire population. The primary goal of providing the appropriate level of care is facilitated by early and ongoing risk assessment to prevent, recognize and treat conditions associated with morbidity and mortality and to improve linkages between levels of care through more effective mechanisms for referral and consultation".

Additionally, the *Guidelines* define components that should be part of a regional referral program:

- Formal transfer agreements between hospitals
- Identification of problems that would benefit from consultation and transfer
- Assessment of capabilities and determination of conditions necessitating consultation, referral and transport
- Management of resources
- Comprehensive systems of communication
- Determination of responsibility for defined functions

In recent years, financial and marketing pressures, as well as community demands, have encouraged some hospitals to raise their perinatal levels of care, primarily with regard to patient care services but without attention to regional coordination concerns. Many hospital systems have developed their own program of perinatal regionalization within their own organizations that cross traditional geographic lines and pre-existing regional relationships. This tendency conflicts with the classic concept of regional organization, in which single sub-specialty care centers had the sole capability to provide complex patient care and usually, but not always, assumed regional responsibilities for transport, outreach education, research and quality improvement for a specific population or geographic area. Attempts to share responsibilities among hospitals have not been uniformly successful. This imbalance or lack of coordination in the provision of services may be a product of a growing competitive health care market and prepaid health plans with overlapping geographic areas. Such competitive forces may lead to unnecessary duplication of services within a single community or geographic region with the potential result in decreased complex patient care, increased patient morbidity and mortality and increased costs.

Regardless of the current organization of perinatal service provision within a community or health system, inpatient perinatal health care services need to be organized within individual regions or service areas in such a manner that there is a concentration of care for the most at-risk pregnant women and neonates in the highest level of perinatal health care centers. Referring and receiving centers within these organizations have a duty to each other and their patients to work together to assure that these patients receive the appropriate level of care within their system in a seamless and efficient a manner as possible. The development of a Regional Cooperation Agreement between referring and receiving centers is a cost-effective and efficient way to achieve these goals.

A *Literature Review of Perinatal Regionalization and Transport* completed by the Quality Improvement Task Force of the Regional Perinatal Programs of California in 2004, provides extensive validation of the effects of regionalization on perinatal morbidity and mortality.

Key to the provision of safe and appropriate care is communication, risk identification and effective planning and collaboration across the continuum of care. Currently in California, the structure for the provision of these components of care exists in 12 geographically based perinatal regions and two hospital systems identified perinatal regions. Each region includes sub-specialty (Regional), specialty (Community and Intermediate) and basic centers of maternal and neonatal care.

Requirements for Agreements in California

Requirements for the provision of perinatal care in California, including the transfer of patients to a higher level of care, are defined in the California Code of Regulations, Title 22 and the California Children's Services Hospital Standards Manual of Procedures. These regulations refer to national standards of care defined in the *Guidelines for Perinatal Care,* as well as standards defined by the Joint Commission on Accreditation of Health Care Organizations, the Institute for Medical Quality and the Centers for Medicare and Medicaid Conditions of Participation and other applicable standards.

Title 22 requires that hospitals providing perinatal care enter into "formal agreements for consultation and/or transfer/transport of an infant to an intensive care newborn nursery, or a mother to a hospital with the necessary services for problems beyond the capability of the perinatal unit." [70547(a4)]. These contractual agreements can be developed to specifically outline the procedures for the transport of patients and to delineate the responsibilities for patient care. These agreements should include those elements required of perinatal units by the level of their licensure. For example, Title 22 refers to policies and procedures that must be developed and maintained by Neonatal Intensive Care Units related to the transfer/transport of patients:

- Consultation services to referring perinatal units
- Continuing education for intensive care newborn nursery staff as well as referring perinatal units
- Review and evaluation of service programs [70483(a2), (a5), (a6)]

California Children's Services (CCS) requires all designated facilities with Regional, Community or Intermediate NICU's to have formal agreements – Regional Cooperation Agreements – that specify responsibility for at least the following:

- Joint education and training of perinatal health professionals
- Joint development of guidelines for obtaining consultation by perinatal, neonatal and specialty disciplines as necessary
- Joint development of guidelines for maternal and neonatal patient referral and transport
- Joint identification, development and review of protocols, policies and procedures related to the care of high-risk obstetric and neonatal patients, at least every two years
- Joint review of outcome data, based on CCS requirements, at least annually

Additionally, CCS requires that the "Regional Cooperation Agreement shall be developed, negotiated, signed and dated prior to CCS approval by at least the following persons from each hospital":

- Hospital Administrator
- Medical Director(s) of the NICU and Maternal-Fetal Medicine (except for hospitals that are exclusively children's hospitals)
- Nurse Administrator

The necessary elements for the successful coordination of risk appropriate, quality perinatal care are communication and the development of working relationships among care providers. Key to this process is the Regional Cooperation Agreement. Overall the RCA contains the components required in Title 22 for transfer/transport agreements as well as the mutual responsibilities identified by CCS for designated facilities. This toolkit will assist providers to examine

communication and practices within their organizations and between referring and receiving hospitals and to develop agreements that promote the implementation of quality management practices for pregnant women and newborns.

The remainder of this toolkit will focus on each element of the Regional Cooperation Agreement. Consult your CCS/CMS (Children's Medical Services) Regional Office nurse consultant or representative for additional assistance. Further assistance is also available from your Regional Perinatal Program. Contact information is listed in the Appendices, Section 7.1 RPPC Program Directors Roster and Section 7.2 CDHS Children's Medical Services Directory.