**Section 640.APPENDIX N Level II with Extended Neonatal Capabilities Resource Checklist**

**Level II with Extended Neonatal Capabilities Resource Checklist**

**Briefly describe institutional compliance:**

1. The hospital shall provide documentation that the obstetrical activities are directed and supervised by a full-time board-certified obstetrician or a licensed osteopathic physician with equivalent training and experience and certification by the American Osteopathic Board of Obstetricians and Gynecologists.

RECOMMENDATIONS:

2. The hospital shall provide documentation that the neonatal activities are directed and supervised by a full-time pediatrician certified by the American Board of Pediatrics Sub-Board of Neonatal/Perinatal Medicine or a licensed osteopathic physician with equivalent training and experience and certification by the American Osteopathic Board of Pediatricians.

RECOMMENDATIONS:

3. The directors of obstetrics and neonatal services shall ensure back-up supervision of their services when they are unavailable.

RECOMMENDATIONS:

4. The hospital shall provide documentation that the obstetric-newborn nursing service is directed by a full-time nurse experienced in perinatal nursing, preferably with a master's degree.

RECOMMENDATIONS:

5. The hospital shall provide documentation that the pediatric-neonatal respiratory therapy services are directed by a full-time licensed respiratory care practitioner with a bachelor's degree.

RECOMMENDATIONS:

6. The hospital shall provide documentation that the practitioner responsible for the Special Care Nursery has at least three years experience in all aspects of pediatric and neonatal respiratory therapy and completion of the neonatal/pediatric specialty examination of the National Board for Respiratory Care.

RECOMMENDATIONS:

7. Preventive services shall be designed to prevent, detect, diagnose and refer or treat conditions known to occur in the high-risk newborn, such as cerebral hemorrhage, visual defects (retinopathy of prematurity) and hearing loss, and to provide appropriate immunization of high-risk newborns.

RECOMMENDATIONS:

8. The hospital shall ensure that a person is designated to coordinate the local health department community nursing follow-up process, to direct discharge planning, to make home care arrangements, to track discharged patients, and to collect outcome information. The community nursing referral process shall consist of notifying the high-risk follow-up nurse in whose jurisdiction the patient resides. The Illinois Department of Human Services will identify and update referral resources for the area served by the unit.

RECOMMENDATIONS:

9. The hospital shall provide documentation that the Level II hospital with Extended Neonatal Capabilities has developed, with the assistance of the Administrative Perinatal Center, a referral agreement with a neonatal follow-up clinic to provide neuro-developmental assessment and outcome data on the neonatal population. Institutional policies and procedures shall describe the at-risk population and referral procedure to be followed.

RECOMMENDATIONS:

10. The hospital shall ensure that if the Level II hospital with Extended Neonatal Capabilities transports neonatal patients, the hospital complies with Guidelines for Perinatal Care, American Academy of Pediatrics and American College of Obstetricians.

RECOMMENDATIONS:

To provide for assisted ventilation of newborn infants beyond immediate stabilization:

1. The hospital shall provide documentation that a pediatrician or advanced practice nurse, whose professional staff privileges granted by the hospital specifically include the management of critically ill infants and newborns receiving assisted ventilation, a pediatrician receiving post-graduate training in a neonatal-perinatal medicine fellowship program accredited by the Accreditation Council of Graduate Medical Education or an active candidate or board-certified neonatologist is present in the hospital the entire time that the infant is receiving assisted ventilation. If infants are receiving on-site assisted ventilation care from an advance practice nurse or a physician who is not a neonatologist, a board-certified neonatologist or active candidate neonatologist shall be available on call to assist in the care of those infants as needed.

RECOMMENDATIONS:

2. The hospital shall provide suitable backup systems and planning to prevent and respond appropriately to sudden power outage, oxygen system failure, and interruption of medical grade compressed air delivery.

RECOMMENDATIONS:

3. The hospital shall provide documentation that the nurses caring for infants who are receiving assisted ventilation have documented competence and experience in the care of such infants.

RECOMMENDATIONS:

4. The hospital shall provide documentation that the licensed respiratory care practitioner has documented competence and experience in the care of the infants who are receiving assisted ventilation and is also available to the Special Care Nursery during the entire time that the infant receives assisted ventilation.

RECOMMENDATIONS:

(Source: Added at 35 Ill. Reg. 2583, effective January 31, 2011)