

PERINATAL SERVICES

12 VAC 5-250-10. Definitions.

The following words and terms, when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Basic obstetrical services" means the distinct, organized inpatient facilities, equipment and care related to pregnancy and the delivery of newborns.

"Basic perinatal services" means those minimal resources and capabilities that all hospitals offering obstetrical services must ~~provide~~ provide routinely to newborns. The basic services are defined, in Appendix J, specifically by the Virginia Perinatal Services Advisory Board in its "Guidelines for Neonatal Special Care."

"Department" means the Virginia Department of Health.

"Neonatal special care" means care for infants in one or more of the eight patient categories identified by the Perinatal Services Advisory Board in its "Guidelines for Neonatal Special Care."

"Regional neonatal services" (often referred to as Level III neonatal intensive care) means those

PERINATAL SERVICES

minimal resources and capabilities available to provide care for all (with the exception of providing invasive cardiac evaluation) of the eight neonatal categories specified in the "Guidelines for Neonatal Special Care" developed by the Perinatal Services Advisory Board. A regional neonatal services provider has accepted at least 10 neonatal transfers from less comprehensive settings within the past twelve months and is certified by Medicaid as rendering extensive neonatal care under Item 6 of Attachment 4.19-A to the State Plan for Medical Assistance.

For the purposes of defining extensive neonatal care, a recognized intensive care unit is defined as a unit which meets the following criteria:

1. It qualifies for reimbursements as an "intensive care unit" under the Medicare principles of reimbursement (see HIM-15, Section 2202.7);
2. It is designated or eligible as a regional perinatal center pursuant to Amendment Number 5 to the Virginia State Health Plan 1980-1984 on perinatal care adopted September 19, 1984, by the Statewide Health Coordinating Council, effective November 15, 1984;
3. It is operating in a manner consistent with the Statewide Perinatal Services Plan, developed by the Statewide Perinatal Services Advisory Council of the Commonwealth of Virginia, dated May 1983 (revised 1984); and

PERINATAL SERVICES

4. It is in conformance with all guidelines for Level III facilities identified in Guidelines for Perinatal Care issued by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists (1992).

"Regional obstetric services" means those minimal resources and capabilities to handle the different complications identified in "Guidelines Concerning Maternal Transfer" adopted by the Perinatal Services Advisory Board. A regional obstetric services provider has accepted at least 10 maternal transfers from less comprehensive settings within the past 12 months.

"Regional perinatal center" ("RPC") means a comprehensive obstetric, perinatal and neonatal program serving the Perinatal Service Area as defined by the Department and the Perinatal Services Advisory Board and recognized unofficially as the referral center. The RPC has (i) the capability to handle the different complications identified in "Guidelines Concerning Maternal Transfer" adopted by the Perinatal Services Advisory Board; (ii) the capability to provide care for all (with the possible exception of providing invasive cardiac evaluation when other arrangements are made) of the eight neonatal categories, and applicable standards of special requirements for capabilities, personnel, and equipment, specified in the "Guidelines for Neonatal Special Care" developed by the Perinatal Services Advisory Board; and (iii) accepted at least 10 maternal or neonatal transfers from less comprehensive settings within the past 12 months. Two hospitals within a region may serve as the "regional perinatal center" for that region where one provides the "regional obstetric services" and the other provides the

PERINATAL SERVICES

"regional neonatal services."

Regional perinatal centers have not been officially designated in Virginia. The department and the Perinatal Board have divided the Commonwealth into seven perinatal services areas and recognize, unofficially, the following hospitals as regional perinatal centers:

Region I (Southwest)...None designated

Region II (Western)...Community Hospital of Roanoke Valley

Region III (Southside)...Virginia Baptist Hospital

Region IV (Piedmont)...University of Virginia

Region V (Northern)...Fairfax Hospital

Region VI (Central)...Medical College of Virginia

Region VII (Eastern)...Children's Hospital of the King's Daughters/Sentara Norfolk General Hospital.

PERINATAL SERVICES

"Transfer agreement" means a formal agreement between a hospital's obstetrics and neonatal services and a regional perinatal center specifying (i) which categories of maternal and neonatal patients may be served at the local hospital; (ii) the categories, circumstances and protocols for transferring maternal and neonatal patients to the regional perinatal center; and (iii) the reciprocal circumstances and procedures under which such patients may be transferred back to the referring hospital.

PERINATAL SERVICES

12 VAC 5-250-30. Accessibility; travel time; financial considerations.

A. Consistent with minimum size and use standards delineated below, basic obstetrical services should be available within one hour average travel time of 95% of the population in rural areas and within 30 minutes average travel time in urban and suburban areas.

B. Obstetrical and related services should be open to all without regard to ability to pay or payment source.

C. Providers of obstetrical facility services serving rural areas should facilitate transport of patients residing in rural areas to needed obstetrical facility services, directly or through coordinated efforts with other organizations. Preference will be given in the review of competing applications to applicants who can demonstrate a commitment to the development of transportation resources for rural populations.

12 VAC 5-250-40. Availability; service capacity; occupancy; consolidation of services.

A. Obstetrical services should be located and sized to ensure that there is 95% probability of there being an empty obstetrics bed in the planning district at any given time.

PERINATAL SERVICES

B. Proposals to establish new obstetrical services or expand existing obstetrical services in rural areas should demonstrate that they will perform a minimum of 1,000 deliveries by the second year of operation or expansion and that obstetrical patient volumes of existing providers will not be negatively affected.

C. Proposals to establish new obstetrical services or expand existing obstetrical services in urban and suburban areas should demonstrate that they will perform a minimum of 3,000 deliveries annually by the second year of operation or expansion and that obstetrical program volumes of existing providers will not be negatively affected.

D. Average annual occupancy of licensed obstetric beds in a planning district should be at the highest attainable ~~level~~ level consistent with the above service capacity standard.

E. Applications to improve existing obstetrical services, and to reduce costs through consolidation of two obstetrical services into a larger, more efficient service will be given preference over the addition of new services or the expansion of single service providers.

I certify that this regulation is full, true, and correctly dated.

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PERINATAL SERVICES

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