

DPH Designated Neonatal Centers
Self-Assessment Tool

Category	Level I Neonatal Center	Level II Neonatal Center	Level III Neonatal Center
Definition	A Level I neonatal center must be able to provide comprehensive care for women with low-risk pregnancies, anticipated uncomplicated deliveries, and apparently normal fetuses; stabilize and provide care for infants who are at least thirty-five (35) weeks gestation, greater than 2000 grams birthweight, and physiologically stable.	A Level II neonatal center must be able to provide care for infants of greater than thirty-two (32) weeks gestation and weighing greater than 1500 grams who have physiologic immaturity, or who are moderately ill with problems that are expected to resolve rapidly and who are not expected to require subspecialty services; and must be able to stabilize infants born before thirty-two (32) weeks gestation and weighing less than 1500 grams until they can be transferred to a neonatal intensive care facility.	A Level III neonatal center must be able to provide comprehensive care for infants born before thirty-two (32) weeks gestation and weighing less than 1500 grams, and infants born at any age and birth weight who have a critical illness.
Neonatal Resuscitation	1. Provide at least one caregiver to be present at every delivery whose primary responsibility is for the newborn infant, and a person who has successfully completed the Neonatal Resuscitation Program and can be available to be onsite to perform neonatal resuscitation, including endotracheal intubation and administration of medications.	1. Provide at least one caregiver to be present at every delivery whose primary responsibility is for the newborn infant, and a person who has successfully completed the Neonatal Resuscitation Program and can be available to be onsite to perform neonatal resuscitation, including endotracheal intubation and administration of medications.	1. Provide at least one caregiver to be present at every delivery whose primary responsibility is for the newborn infant, and a person who has successfully completed the Neonatal Resuscitation Program and can be available to be onsite to perform neonatal resuscitation, including endotracheal intubation and administration of medications.
Respiratory Support		2. Provide conventional mechanical ventilation for up to 24 hours and have Continuous Positive Airway Pressure equipment readily available. Specialized personnel	2. Provide a full range of respiratory support onsite at all times.

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		<p>necessary to manage respiratory emergencies for an infant being maintained on a ventilator, such as a pediatrician, neonatologist, pediatric hospitalist, or neonatal nurse practitioner, must be available onsite at all times.</p> <p>3. Transfer an intubated infant as soon as possible if a neonatologist is not available, and contact a Level III facility, as designated by the Georgia Department of Community Health Certificate of Need program, if the length of intubation is approaching twenty-four (24) hours and extubation is not anticipated.</p> <p>4. With respect to high-risk patients or neonates on mechanical ventilation, ensure that a respiratory therapist, certified lab technician or blood gas technician, and x-ray technician are physically present at all times and available to the maternal and newborn services area.</p>	
Total Parenteral Nutrition			3. Provide total parenteral nutrition onsite at all times.
Retinopathy of Prematurity			4. Provide a process for the monitoring, treatment, and follow-up of retinopathy of prematurity.

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Diagnostics	2. Have diagnostic support services available to be onsite, such as X-ray and ultrasound imaging, with the capability to perform studies as needed for maternal and newborn care.	5. Have diagnostic support services available to be onsite, such as x-ray and ultrasound imaging, with the capability to perform studies as needed for maternal and newborn care.	5. Provide advanced imaging onsite at all times, with interpretation readily available at all times, including computed tomography, magnetic resonance imaging, and echocardiography.
Anesthesia, Laboratory, Emergency Drugs	3. Provide anesthesia, laboratory services, and access to emergency drugs onsite at all times.	6. Have anesthesia, laboratory services, and access to emergency drugs available onsite at all times.	6. Provide anesthesia, laboratory services, and access to emergency drugs onsite at all times.
Blood Bank			7. Ensure the availability of a blood bank capable of providing blood and blood component therapy, and neonatal blood gas monitoring onsite at all times.
Pathology			8. Have a process for providing perinatal pathology services.
Social work	4. Have social services available to be onsite.	7. Have social services and pastoral care available to be onsite.	9. Provide social work services with social workers assigned specifically to the neonatal units and have pastoral care available to be onsite.
Developmental Follow-Up		8. Ensure follow-up care at discharge for infants who are at high risk for neurodevelopmental, medical, or psychosocial complications.	10. Have developmental follow-up care available to be onsite, or provide a referral to a facility that provides developmental follow-up care.
Breastfeeding	5. Have a written breastfeeding policy that is routinely communicated to all health care staff, and train all health care staff in skills necessary to implement this policy.	9. Have a written breastfeeding policy that is routinely communicated to all health care staff, and train all health care staff in skills necessary to implement this policy.	11. Have a written breastfeeding policy that is routinely communicated to all health care staff, and train all health care staff in skills necessary to implement this policy.

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Perinatal Education	6. Provide perinatal education at frequent intervals concerning high-risk events to medical, nursing, and ancillary staff, in order to prepare for such emergencies.	10. Provide perinatal education at frequent intervals concerning high-risk events to medical, nursing, and ancillary staff, in order to prepare for such emergencies.	12. Provide perinatal education at frequent intervals concerning high risk events to medical, nursing, and ancillary staff, in order to prepare for such emergencies.
QI	7. Participate in the Georgia Perinatal Quality Collaborative or a comparable state, regional, or national quality improvement collaborative.	11. Participate in the Georgia Perinatal Quality Collaborative or a comparable state, regional, or national quality improvement collaborative.	13. Participate in the Georgia Perinatal Quality Collaborative or a comparable state, regional, or national quality improvement collaborative.
VON			14. Enroll in and provide data to the Vermont Oxford Network.
Transfers	8. Have guidelines and mechanisms in place for specialty consultations and have an agreement in place with a Regional Perinatal Center or a Level III receiving facility, as designated by the Georgia Department of Community Health Certificate of Need program, for the timely transport of patients who require a higher level of care.	12. Have guidelines and mechanisms in place for specialty consultations and have an agreement in place with a Regional Perinatal Center or a Level III receiving facility, as designated by the Georgia Department of Community Health Certificate of Need program, receiving hospital for the timely transport of patients who require a higher level of care.	15. Provide a transport team, or have a prearranged agreement with another facility or provider for neonatal transports. If geographic constraints for land exist, the facility should ensure availability of rotor and fixed-wing transport services to quickly and safely transfer infants requiring subspecialty intervention.
Neonatal MD	1. A director of neonatal services on staff who is a board certified family practitioner, a pediatrician, or a neonatologist.	1. A director of neonatal services on staff who is a pediatrician or neonatologist.	1. A director of neonatal services on staff who is a neonatologist.
Perinatal Nurse Manager	2. A perinatal nurse manager on staff who is a registered nurse with education in and demonstrated knowledge and	2. A perinatal nurse manager on staff who is a registered nurse, preferably with a Bachelor of Science in Nursing, with training and	2. A perinatal nurse manager on staff who is a registered nurse with a Bachelor of Science in Nursing and has demonstrated

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	experience in perinatal nursing, and preferably a Bachelor of Science in Nursing.	demonstrated knowledge and experience in the care of high-risk and moderately ill newborns.	knowledge and experience in neonatal intensive care nursing and who has a dedicated assignment to the intensive care nursery.
Nurse Educator		3. A nurse educator on staff.	3. A nurse educator on staff.
Nursing	<p>3. A staff member trained in providing newborn services who is physically present at all times in the newborn nursery when it is occupied by one or more newborns.</p> <p>4. A nurse who is physically present at all times to provide routine newborn care in the newborn nursery when it is occupied by one or more newborns.</p>		
Neonatal Coverage		4. A neonatologist who is available for consultation onsite or by telephone or telemedicine at all times.	4. For perinatal facilities with an average of less than thirty (30) very low birth weight admissions per year over a three-year period, a nurse practitioner or physician assistant with neonatal or acute care experience must be physically present at all times with a neonatologist readily available at all times but no later than within thirty (30) minutes of a request. For perinatal facilities with an average of thirty (30) or more very low birth weight

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			admissions per year over a three-year period, a neonatologist must be readily available at all times but no later than within thirty (30) minutes of a request.
Specialists/Subspecialists			<p>5. Pediatric subspecialists must either be on staff or available for consultation onsite or by telephone or telemedicine at all times. The center must have access to a pediatric ophthalmologist and a pediatric cardiologist by telemedicine.</p> <p>6. If therapeutic hypothermia is provided onsite, then the center must have access to a pediatric neurologist by telephone or telemedicine.</p> <p>7. If complex surgery is provided onsite, then a pediatric surgeon and a pediatric anesthesiologist must be available to be onsite. If complex surgery is not provided onsite, a pediatric surgeon must be available for consultation by telephone at all times.</p>
Dietician			8. A registered dietitian or nutritionist on staff to serve only the neonatal intensive care unit who has special training in perinatal nutrition and can plan

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			diets that meet the special needs of both women and newborn infants at high risk as well as expertise in the storage and preparation of human milk for medically fragile infants.
Pharmacy	5. A pharmacist with neonatal pharmacology resources must be available for consultation onsite or by telephone or telemedicine at all times.	5. A pharmacist with neonatal pharmacology resources who is onsite or available for consultation by telephone at all times. 6. If the facility offers care for newborns requiring parenteral support, then a dietitian or a pharmacist with parenteral experience shall be on staff.	9. Pharmacy personnel on staff with pediatric expertise who can work to continually review the perinatal facility's systems and processes of medication administration to ensure that patient care policies are maintained.
Respiratory Therapists	6. A respiratory therapist on staff who is trained in the Neonatal Resuscitation Program.	7. Respiratory therapists who are physically present at all times.	10. Respiratory therapists who are physically present at all times.
Radiology		8. Radiology technicians who are physically present at all times to provide ongoing care and to address emergencies.	11. Radiology technicians who are physically present at all times to provide ongoing care and to address emergencies.
Physical Therapy / Occupational Therapy			12. An occupational or physical therapist on staff with neonatal expertise.
Occupational Therapy / Speech Therapy			13. An individual on staff skilled in evaluation and management of neonatal feeding and swallowing disorders, such as a speech-language pathologist.

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IBCLC		9. An International Board Certified Lactation Consultant who is available to be onsite to provide lactation support services.	14. An International Board Certified Lactation Consultant on staff to assist mothers of neonatal intensive care unit infants with establishing and maintaining lactation.
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