

**641—150.8(135,77GA,ch1221) Level II regional centers.****150.8(1) Definition.**

a. Level II regional centers have a developed neonatal intensive care unit (NICU). The sizes of the units vary because of the differing demands in the various regions in Iowa. Accordingly, a Level II regional center may have as few as four neonatal intensive care beds.

b. The obstetric service in a Level II regional center provides services for maternity patients at higher risk than those in Level II hospitals because of the presence of an NICU. However, reasonable efforts should be expended to transfer those patients whose newborns are likely to require a higher intensity of care not available in the Level II regional center but offered in a Level III center.

c. Level II regional centers provide the same care and services as Level II hospitals. In addition, Level II regional centers have the following differentiating characteristics:

- (1) A defined referral area;
- (2) A defined relationship with a Level III center either in Iowa or a contiguous state;
- (3) A minimum of three pediatricians and three obstetricians on staff; and
- (4) The ability to manage patients at higher risk than Level I or Level II hospitals. Complexity of care is determined by the training and experience of physicians and nursing staff and extent of support services available.

**150.8(2) Functions.** Level II regional centers have the same functions as Level II hospitals. In addition, Level II regional centers have the capability to:

- a. Accept selected maternal transports based on criteria developed in conjunction with the Level III center;
- b. Maintain nursing personnel demonstrating competency in the care of high-risk mothers;
- c. Maintain a defined neonatal intensive care unit;
- d. Maintain nursing personnel that demonstrate competency in the care of infants in neonatal intensive care;
- e. Provide care for infants requiring ventilatory support;
- f. Maintain a functioning neonatal transport team for the regional area served; and
- g. Provide for follow-up care of high-risk newborns in accordance with the Iowa high-risk infant follow-up program.

**150.8(3) Physical facilities.** Level II regional centers have the same physical facilities as Level II hospitals with the addition of the following.

a. *Obstetric functional units.*

(1) Labor/delivery. Patients who have significant medical or obstetric complications are cared for in a room especially equipped with cardiopulmonary resuscitation equipment and other monitoring equipment necessary for observation and special care. It is preferable that this room be located in the labor and delivery area and meet the physical requirements of any other intensive care room in the hospital. When patients with significant medical or obstetric complications are cared for in the labor and delivery area, the unit has the same capabilities as an intensive care unit.

(2) Postpartum. Larger services may have a specific recovery room for postpartum patients with a separate area for high-risk patients. Required equipment is similar to that needed in any surgical recovery room and includes equipment for monitoring vital signs, suctioning, administering oxygen, and infusing fluids intravenously. Cardiopulmonary resuscitation equipment must be immediately available.

b. *Neonatal functional units.*

(1) Continuous cardiopulmonary monitoring and constant nursing care and other support for severely ill infants are provided in the intensive care area. Because emergency care is provided in this area, laboratory and radiological services are readily available 24 hours a day. The results of blood gas analysis are available soon after blood sample collection.

(2) The neonatal intensive care area should be near the delivery/Cesarean birth room and should be easily accessible from the hospital's ambulance entrance. It should be away from routine hospital traffic.

(3) The amount and complexity of equipment are considerably greater than required in Level I and Level II nurseries. Equipment and supplies in the intensive care area include the same items as needed in the resuscitation and intermediate care areas. Immediate availability of emergency oxygen

is essential. Continuous monitoring of delivered oxygen concentrations, patient oxygenation, body temperature, ECG, respirations and blood pressure should be available. Supplies should be kept close to the patient station so that nurses are not away from the neonate unnecessarily and may use their time and skills efficiently.

**150.8(4) Medical personnel.**

a. Level II regional centers have the same medical personnel as Level II hospitals with the addition of a board-eligible or board-certified pediatrician serving as director of the NICU. This physician maintains a consultative relationship with Level III physicians. Additionally, Level II regional centers have a minimum of three pediatricians and three obstetricians on staff.

b. If an infant is placed on mechanical ventilation, a physician, nurse practitioner, physician assistant, or appropriate person capable of airway management and experienced in diagnosis is available in-house on a 24-hour basis.

**150.8(5) Nursing personnel.** Level II regional centers have the same minimal requirements for nursing personnel as Level II hospitals. Additionally, Level II regional center registered nurses have demonstrated competency in high-risk obstetrics or neonatal care.

**150.8(6) Outreach education.** Outreach education is provided to each hospital in the referral area at least once per year. This can be achieved by one or more of the following:

- a. Sponsoring an annual conference;
- b. Visiting Level I and Level II hospitals;
- c. Providing educational programs at the regional center for the staff members of the Level I and Level II hospitals;
- d. Sending written educational materials to the Level I and II hospitals.

**150.8(7) Allied health personnel and services.** Level II regional centers have the same allied health personnel and services available as Level II hospitals, with the addition of the following:

- a. A respiratory therapist, certified lab technician/blood gas technician and an X-ray technologist should be in-house on a 24-hour basis when a neonate is being managed on mechanical ventilation.
- b. Allied personnel should have special training and an interest in high-risk mothers and infants.

**150.8(8) Infection control.** Infection control guidelines are the same as for Level II hospitals.

**150.8(9) Newborn safety.** Level II regional centers have at least the same requirements for newborn safety as Level II hospitals.

**150.8(10) Maternal-fetal transport.** Level II regional centers have the same requirements for maternal-fetal transport as Level II hospitals. In addition, Level II regional centers are expected to provide transportation services.

**150.8(11) Perinatal care committee.** Level II regional centers have at least the same requirements for a perinatal care committee as Level II hospitals.