

641—150.6(135) Maternal and neonatal levels of care—categorization and verification. Categorization and verification of hospitals participating in Iowa’s regionalized system of perinatal health care shall be made by the department based on national recommendations from the American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists.

150.6(1) Application for initial verification.

a. An application for initial verification may be submitted when:

- (1) A new hospital with a perinatal service is opened;
- (2) A hospital is reopening a previously inactive obstetrical unit; or
- (3) A hospital requests a change to a higher-level designation in maternal care or neonatal care.

b. A hospital requesting an initial verification may obtain application materials from the department upon written request to:

Iowa Department of Public Health
Bureau of Family Health
Regionalized System of Perinatal Health Care Coordinator
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0075

c. Upon receipt of an application from a hospital that is requesting to change to a higher level of maternal or neonatal care, the department will request and review copies of the results of the last site visit to the hospital by the statewide perinatal team or request a site visit. The results of the site visit along with the application will be shared with the statewide perinatal team and the perinatal guidelines advisory committee to determine if all requirements are met. The committee recommendations will be sent to the department, which will notify the hospital if its application is approved or denied. If the application is denied, the applicant will be informed of the applicant’s right to appeal the department’s decision.

150.6(2) Application for a hospital that has previously participated in the regionalized system of perinatal health care.

a. If a hospital chooses to continue its participation, the hospital must select the levels for maternal care and neonatal care appropriate for the hospital’s capacity to provide perinatal health care in accordance with the criteria outlined in these rules.

b. To maintain continuous participation in the regionalized system of perinatal health care, a hospital shall complete the levels-of-care assessment tool and an attestation statement available at idph.iowa.gov/perinatal-care and mail them by April 11, 2019, to:

Iowa Department of Public Health
Bureau of Family Health
Regionalized System of Perinatal Health Care Coordinator
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0075

c. The department shall set dates when each hospital’s certification of verification will expire based on the statewide perinatal health care team’s site visit schedule and the level of care selected.

150.6(3) Reverification of level designation. The levels-of-care assessment tool will be used for all reverifications. The tool is found at idph.iowa.gov/perinatal-care. The process of reverification of a hospital participating in the regionalized system of perinatal health care will take place once every three years as follows:

a. Reverification of a Level I maternal care or neonatal care hospital will be completed through the use of the levels-of-care assessment tool. A hospital shall complete and return the levels-of-care assessment tool to the department at least 60 days before the hospital's certification is due to expire.

b. Reverification of a Level II or Level III maternal care or neonatal care hospital will be completed through use of the levels-of-care assessment tool and an on-site reverification visit. A hospital shall complete and return the levels-of-care assessment tool to the department at least 120 days before the hospital's certification is due to expire. The department will ensure that arrangements are made for the on-site reverification visit. Level II and Level III hospitals may utilize one of two on-site reverification visit options:

(1) A review conducted by the statewide perinatal care team, or

(2) A review by an independent out-of-state team identified by the hospital, approved by the department and paid for by the hospital.

c. Reverification of a Level IV maternal care and neonatal care hospital will be completed through the same process as that for a Level II or Level III maternal care or neonatal care hospital except that the on-site reverification team will consist of an out-of-state team identified by the hospital and approved by the department. The team will include, at a minimum, a maternal-fetal specialist, a neonatologist, an obstetrical nurse and a neonatal nurse. The Level IV hospital will pay the expense of the review team. All department staff and staff contracted by the department involved in the on-site reverification process will sign a confidentiality statement that will be kept on file at the department.

d. Reverification shall not be construed to imply any guarantee on the part of the department as to the level of perinatal health care services available at a hospital.

e. Hospital reverification of the level of care is valid for a period of three years from the effective date unless otherwise specified on the certificate of verification or unless sooner suspended or revoked.

f. As part of the reverification and renewal process, the department or a designated survey team may conduct periodic on-site reviews of the services of the maternal care and neonatal care hospitals, including chart reviews.

150.6(4) *Level designation maintenance, variance and confidential records.*

a. A hospital which is unable to maintain its designated level of care shall notify the department, in writing, within 60 days of the change in capacity to meet the designated level of care.

b. The director may grant a variance from the requirements of rules adopted under this chapter for any hospital participating in the regionalized system of perinatal health care.

c. Proceedings, records, and reports developed pursuant to this chapter are confidential pursuant to Iowa Code section 135.11(27) and constitute peer review records under Iowa Code section 147.135, and are not subject to discovery, subpoena, or other means of legal compulsion for their release to a person other than the affected hospital, and are not admissible in evidence in a judicial or administrative proceeding other than a proceeding involving verification of the participating hospital.

This rule is intended to implement Iowa Code section 135.11(27).

[ARC 3835C, IAB 6/6/18, effective 7/11/18]