CDC Maternal & Neonatal Levels of Care Assessment Tool (CDC LOCATe)

WELCOME and **THANK YOU** for taking the time to complete this assessment of neonatal and maternal care capacity. We appreciate all the work you do on behalf of mothers and babies.

Please PREVIEW the instructions below before beginning. You will need to gather the information described in them to complete the survey.

If you have already gathered this data, you are ready to begin to the survey.

DEMOGRAPHIC and STATISTICAL INFORMATION needed about your facility...

DEMOGRAPHICS

- Facility name, city and state of physical location, does the facility receive reimbursements from CMS for designated low-volume or rural hospitals as part of federally funded programs (critical access hospital (CCH), Medicare-Dependent Hospital (MDH), etc.), the date the survey was completed, and the job titles of all persons who contributed information to complete this survey (example: NICU Director, DON, Quality Director, etc.)
- What is the time frame (beginning and ending dates) for your maternal and neonatal data? (Please use the latest complete year of data available)

NEONATAL STATISTICS
FOR all live births (LB) delivered at your facility how many were:

- live births (total #);
- live births less than 1,500 grams (VLBW);
- live births less than 32 weeks gestation (VPTD);

And how many of the above:

- died at your facility;
- were transferred out to a higher level of care facility (high risk);
- were received back from a higher level of care facility (convalescent);

continued on next page...

MATERNAL STATISTICS
FOR all pregnant women who **delivered** at your facility how many:

- were delivered (total #),
- transported OUT to a higher level of care facility **AFTER** delivery
- received 4 or more units of whole blood or packed cells
- were admitted to an ICU
- died at your facility (pre-discharge)

FOR any fetal deaths, how many were 20-24 weeks gestation, 25-28 weeks gestation, and more than 28 weeks gestation?

Information needed about NEONATAL CARE at your facility...

NEONATAL CARE

1. Does your facility provide congenital cardiac surgery for neonates on site? In the last 12 months, did your facility provide 10 or more congenital cardiac surgeries for neonates?
2. Does your facility provide complex pediatric sub-specialty surgery other than cardiac surgery for neonates on site? (Capable of surgical repair of complex congenital or acquired conditions). If so, in the last 12 months, did your facility provide 10 or more complex pediatric sub-specialty surgeries other than cardiac surgery for neonates?
3. What types of neonatal providers does your facility have available? Neonatologist, pediatric hospitalist, neonatal nurse practitioner, other. Are they always available: onsite 24/7, within 30 minutes, between 30-60 minutes, more than 60 minutes away, by telemedicine only, or by phone consultation only?
4. Does your facility have a range of pediatric medical subspecialists and pediatric surgical specialists available? Do these pediatric medical subspecialists and pediatric surgical specialists include a pediatric surgeon, a pediatric anesthesiologist, pediatric ophthalmologist, pediatric radiologist, or other Pediatric sub-specialists? For each type sub-specialist, are they always available: onsite 24/7, within 30 minutes, between 30-60 minutes, more than 60 minutes away, by telemedicine only or phone consultation only?
5. Does your facility provide advanced (complex) imaging for neonates onsite 24/7, with interpretation available either onsite or remotely 24/7? (Example: CT, MRI, ECG). If so, in the last 12 months, did your facility provide 10 or more advanced imaging procedures for neonates?
6. Does your facility provide complex ventilation (high frequency ventilation, iNO) for neonate's onsite? If so, in the last 12 months, did your facility provide 10 or more complex ventilation procedures for neonates?

continued on next page...

7. Does your facility provide conventional mechanical and/or continuous positive airway pressure (CPAP) ventilation support for neonates until the infant can be transferred to a higher-level facility? (Ventilation for less than 24 hours). If so, in the last 12 months, did your facility provide 10 or more conventional mechanical and/or continuous positive airway pressure (CPAP) ventilation support for neonates?
8. Does your facility receive neonatal transports? If so, what type of neonatal transports does your facility receive—complicated high-risk neonates, convalescent neonates, or both?
9. Does your facility coordinate emergency transport for neonates?
10. Does your facility currently have a neonatal level of care designation? If so, what is it—I-IV, other? If so, how is your neonatal level of care designated—state regulatory based, state voluntary based, AAP based, self-designated, other (specify), unknown (not sure)?
11. Based on AAP guidelines, what do you consider your neonatal level of care to be? I-IV, not sure

* Guidelines for Perinatal Care, 8th edition; AAP Committee on Fetus and Newborn and ACOG Committee on Obstetric Practice; September 15, 2017; https://shop.aap.org/guidelines-for-perinatal-care-8th-edition-paperback/ ; ISBN-13: 978-1-61002-087-9

Information needed about MATERNAL CARE at your facility...

2019 ACOG Maternal Care Definitions

Availability:

Staff

- The term "physically present at all times" means the specified person should be on-site in the location where perinatal care is provided, 24 hours a day, 7 days a week.
- The term "readily available at all times" means the specified person should be available 24 hours a day, 7 days a week, for consultation and assistance, and able to be physically present on-site within a time frame that incorporates maternal and fetal or neonatal risks and benefits with the provision of care.

Services

- All services referenced in this survey should be onsite and staffed 24/7 unless otherwise specified.
- In some settings the service is in an adjoining or connected building, which is acceptable as long as the care is the same. If the woman must be transported by ambulance to the service, it is not considered onsite.

continued on next page...

Board-certified *:
Specialty certification from one of the three nationally recognized multi-specialty certifying bodies in the United States in the described specialty area.

- the American Board of Medical Specialties (ABMS) 24 subspecialties/member organizations
- the American Board of Physician Specialists (ABPS) 17 subspecialties/member organizations
- the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS) 18 subspecialties/member organizations

* Also includes physicians who have completed residency training and are **eligible** for board certification according to applicable board policies, where noted.

MATERNAL CARE

1. Does your facility staff an OB Unit (Labor and Delivery, LDR, LDRP)? What type of obstetric/maternal care patients does your facility accept—low risk (uncomplicated or mild complications), medium risk (moderate complications), high risk (severe or multiple complications?

   NOTE: If "No" is selected for the 1st question, the survey assumes that you do not provide obstetric services other than emergency care; you can skip the MATERNAL CARE questions and go directly to the STATISTICS section of the survey.

   The answer "No" is appropriate for most children's hospitals, many small rural hospitals, and other hospitals that do not specifically staff an obstetric unit.

2. Does your facility have a formal written plan for transport of complicated obstetric/maternal patients? Does this formal written plan include a mechanism and procedure for maternal transport to a higher-level facility available at all times, a mechanism to facilitate and openly accept maternal transports from lower-level hospitals, or both?
3. Does your facility have an intensive care unit onsite that is available for obstetric/maternal care patients? Does your facility have an OB intensive care unit onsite that is managed by an MFM; or an ICU onsite that is co-managed by a MFM?
4. Which other onsite hospital services does your facility provide 24/7—laboratory; blood bank; limited, standard, or specialized obstetric ultrasound; non-obstetric ultrasound; maternal echocardiography; CT Scan; MRI; basic interventional radiology; organ transplantation; adult cardiac and neuro surgery? Is interpretation readily available at all times for radiology and ultrasound procedures? Does your blood bank have the ability at all times to initiate massive transfusion protocol, with process to obtain more blood and component therapy as needed?

continued on next page…

5. Does your facility have written policies & procedures in place for—obstetric hemorrhage; hypertensive emergencies; thromboembolism prophylaxis? Has your staff practiced drills in preparation for each of these events within the last 12-months?
6. What type of obstetric providers does your facility have available— obstetrician; maternal-fetal medicine specialist, family medicine physician; internal medicine, midwife; other? Is one of them always: physically present at all times, readily available at all times, available, but not 24/7; available by telemedicine only; available by phone consultation only. Are they board-certified?
7. Does your facility have an Obstetric provider available at all times to perform a C-section? Isthat provider an Obstetrician, Family Medicine Provider or Other?
8. Does your facility have anesthesia providers (anesthesiologists, nurse anesthetists, or anesthesiologist assistants working with an anesthesiologists) available for labor analgesia and surgical anesthesia? Does your facility have a Certified Registered Nurse Anesthesiologist (CRNA) available for Labor and Delivery? What is their availability? Does your facility have an Anesthesiologist Physician available for Labor and Delivery? What is their availability? Does your facility have Anesthesiologist Physician with special training or experience in obstetrics that is in charge of obstetric anesthesia?
9. Does your facility have a general surgeon available for obstetric patients? Is a general surgeon always physically present at all times, readily available at all times; available to be onsite, but not24/7
10. What other types of board-certified or board-eligible specialists/subspecialists are available for obstetric patients at your facility—Cardiologist; Hematologist; Infectious Disease Specialist, Nephrologists; Critical Care Specialists (Anesth, IM, OBGYN, Peds, and/or Surg); Neurologist; Behavioral Specialist, Gastroenterologist, or other subspecialists? For each subspecialist, is one always: physically present at all times, readily available at all times, available to be onsite, but not 24/7; available by telemedicine only; available by phone consultation only? Is there a neonatologist available for the neonates of obstetric patients? Is the neonatologist always available: onsite 24/7, within 30 minute, between 30-60 minutes, more than 60 minutes away, by telemedicine only, or by phone consultation only?
11. Does your facility have a maternal level of care designation? If yes, is it state regulatory based, state voluntary based, ACOG based, self-designated or other?
12. Based on the ACOG/SMFM guidelines, what do you consider your maternal level of care to be? I-IV, not sure.

* Levels of maternal care. Obstetric Care Consensus No. 9. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;134:e41-55. https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Levels-of-Maternal-Care

Information needed about EMERGENCY PREPAREDNESS at your facility...

EMERGENCY PREPAREDNESS

1. Does your facility practice disaster response drills? If so, do these drills include the obstetric and neonatal units?

End of survey preview