DEMOGRAPHICS

Facility name: ____________________________  City: ____________________________

Date survey was completed: ____________________________  State: _________  ZIP code: _________

Please list the job titles of all persons who contributed the information that was needed to complete this survey.
(Example: NICU Director, DON, Quality Director, etc.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SURVEY CONTACT:

Name
Email
Phone

PATIENT CARE

NEONATAL CARE

The next 11 questions relate to services and staff available at your facility that involve the care of newborns.

N1. Does your facility provide congenital cardiac surgery for neonates onsite?  ○ Yes  ○ No  (If “No” skip to N2.)

N1.1. In the last 12 months, did your facility provide 10 or more congenital cardiac surgeries for neonates?  ○ Yes  ○ No

N2. Does your facility provide complex pediatric subspecialty surgery for neonates other than cardiac surgery onsite? (Capable of surgical repair of complex congenital or acquired conditions)  ○ Yes  ○ No  (If “No” skip to N3.)

N2.1. In the last 12 months, did your facility provide 10 or more complex pediatric sub-specialty surgeries for neonates other than cardiac surgery?  ○ Yes  ○ No
### N3. What types of neonatal providers does your facility have available for newborn care? (Mark all that apply)

- □ Neonatologist(s)
- □ Pediatric hospitalist(s)
- □ Neonatal nurse practitioner(s)
- □ Other
- □ None (If “None” skip to N4.)

Specify other: ____________________________

### N3.1 Neonatologist(s) is checked

**N3.1.1 Is a neonatologist always available...** *(Choose one)*

- ○ Onsite 24/7, or
- ○ Within 30 minute, or
- ○ Between 30-60 minute, or
- ○ More than 60 minutes away, or
- ○ By telemedicine only, or
- ○ By phone consultation only

### N3.2 Pediatric hospitalist(s) is checked

**N3.2.1 Is a pediatric hospitalist always available...** *(Choose one)*

- ○ Onsite 24/7, or
- ○ Within 30 minute, or
- ○ Between 30-60 minute, or
- ○ More than 60 minutes away, or
- ○ By telemedicine only, or
- ○ By phone consultation only

### N3.3 Neonatal nurse practitioner(s) is checked

**N3.3.1 Is a neonatal nurse practitioner always available...** *(Choose one)*

- ○ Onsite 24/7, or
- ○ Within 30 minute, or
- ○ Between 30-60 minute, or
- ○ More than 60 minutes away, or
- ○ By telemedicine only, or
- ○ By phone consultation only

### N4. Does your facility have a range of pediatric medical subspecialists and pediatric surgical specialists available?

- ○ Yes
- ○ No (If “No” skip to N5.)
### N4.1 Do these pediatric medical subspecialists and pediatric surgical specialists include...  
*(Mark all that apply)*

Specify other: ________________________________

- Pediatric surgeon(s)
- Pediatric anesthesiologist(s)
- Pediatric ophthalmologist(s)
- Pediatric radiologist(s)
- Other pediatric subspecialists(s)

### Answer if N4.1 Pediatric surgeon(s) is checked

**N4.1.1. Is a pediatric surgeon always available...**  
*(Choose one)*

- Onsite 24/7, or
- Within 30 minute, or
- Between 30-60 minute, or
- More than 60 minutes away, or
- By telemedicine only, or
- By phone consultation only

### Answer if N4.1 Pediatric anesthesiologist(s) is checked

**N4.2.1 Is a pediatric anesthesiologist always available...**  
*(Choose one)*

- Onsite 24/7, or
- Within 30 minute, or
- Between 30-60 minute, or
- More than 60 minutes away, or
- By telemedicine only, or
- By phone consultation only

### Answer if N4.1 Pediatric ophthalmologist(s) is checked

**N4.3.1 Is a pediatric ophthalmologist always available...**  
*(Choose one)*

- Onsite 24/7, or
- Within 30 minute, or
- Between 30-60 minute, or
- More than 60 minutes away, or
- By telemedicine only, or
- By phone consultation only

### Answer if N4.1 Pediatric radiologist(s) is checked

**N4.4.1 Is a pediatric radiologist always available...**  
*(Choose one)*

- Onsite 24/7, or
- Within 30 minute, or
- Between 30-60 minute, or
- More than 60 minutes away, or
- By telemedicine only, or
- By phone consultation only
N5. Does your facility provide advanced (complex) imaging for neonates onsite 24/7 with interpretation available onsite or remotely 24/7? (Example: CT, MRI, echocardiography)
- Yes
- No (If “No” skip to N6.)

N5.1 In the last 12 months, did your facility provide 10 or more advanced imaging procedures for neonates?
- Yes
- No

N6. Does your facility provide complex ventilation for neonates onsite? (High frequency ventilation, iNO)
- Yes
- No (If “No” skip to N7.)

N6.1 In the last 12 months, did your facility provide 10 or more complex ventilation procedures for neonates?
- Yes
- No (If either, skip to N8.)

N7. 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)
- Yes
- No (If “No” skip to N8.)

N7.1 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?
- Yes
- No

N8. Does your facility receive neonatal transports?
- Yes
- No (If “No” skip to N10.)

N8.1 What type of neonatal transports do you receive? (Mark all that apply)
- Complicated, high-risk
- Convalescent neonates

N9. Does your facility coordinate emergency transport for neonates?
- Yes
- No (If “No” skip to N9.)

N10. Does your facility currently have a neonatal level of care designation?
- Yes
- No (If “No” skip to N11.)
| N10.1 What is your neonatal level of care designation?  
(Choose one) | ⃝ I  
○ II  
○ III  
○ IV  
○ Other |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify other: ________________________________</td>
<td></td>
</tr>
</tbody>
</table>
| N10.2 How is this neonatal level of care designated?  
(Mark all that apply) | ☐ State regulatory based  
☐ State voluntary based  
☐ AAP based  
☐ Self-designated  
☐ Unknown (not sure)  
☐ Other |
| Specify other: ________________________________ | |
| N11. Based on the 2012 AAP guidelines for neonatal levels of care, what do you consider your neonatal level of care to be?  
(Choose one) | ⃝ I  
○ II  
○ III  
○ IV  
○ Unknown (not sure) |
## MATERNAL CARE

The next 14 questions relate to services and staff available at your facility that involve the care of obstetric (maternal) patients.

<table>
<thead>
<tr>
<th>W1. Does your facility <strong>staff an OB Unit</strong> (Labor and Delivery, LDR, LDRP)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No (If “No” skip to STATISTICS section on the last page.)</td>
</tr>
</tbody>
</table>

**NOTE:** If "No" is selected for this option, the survey assumes that you do not provide obstetric services other than emergency care; and you should skip to the NEONATAL STATISTICS section on the last page of this survey.

This answer is appropriate for most children’s hospitals, many small rural hospitals, and other hospitals that do not specifically staff an obstetric unit.

<table>
<thead>
<tr>
<th>W2. What <strong>type</strong> of obstetric/maternal care patients does your facility accept? (High risk, complicated examples include: placenta previa and severe preeclampsia)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Uncomplicated</td>
</tr>
<tr>
<td>□ High risk, complicated</td>
</tr>
</tbody>
</table>

(Mark all that apply)

<table>
<thead>
<tr>
<th>W3. Does your facility have a <strong>formal written plan</strong> for transport of complicated obstetric/maternal patients?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No (If “No” skip to W4.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>W3.1 Does this <strong>formal written plan</strong> include...</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Transport out to a higher level of care facility</td>
</tr>
<tr>
<td>□ Receipt from a lower level of care facility</td>
</tr>
</tbody>
</table>

(Mark all that apply)

<table>
<thead>
<tr>
<th>W4. Does your facility have an <strong>intensive care unit onsite</strong> that is available to accept obstetric/maternal care patients?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
</tbody>
</table>

(Mark all that apply)
### W5. What other onsite hospital services does your facility provide 24/7?

- Equipment must be onsite and staffed 24/7. Interpretation can be available either onsite or remote, but must be available 24/7.

* (Mark all that apply)

- Laboratory
- Blood bank
- * Obstetric ultrasound, w/ interpretation
- * General radiology, w/ interpretation
- * CT Scan, w/ interpretation
- * MRI, w/ interpretation
- Interventional radiology
- Nuclear Medicine
- Organ transplantation
- Complex cardiothoracic surgery
- None of the above

### W6. Does your facility have written policies & procedures in place for...

* (Mark all that apply)

- Obstetric hemorrhage
- Hypertensive emergency
- Thromboembolism prophylaxis
- None of the above

* (If “None” skip to W7.)

### W6.1 Has your staff practiced drills in preparation for these events within the last 12-months?

* (Mark all that apply)

- Yes, Obstetric hemorrhage
- Yes, Hypertensive emergency
- Yes, Thromboembolism prophylaxis
- No, none of them

### W7. What types of obstetric providers does your facility have available to provide maternal care?

* (Mark all that apply)

- Obstetrician
- Maternal Fetal Medicine Specialist
- Family Medicine Physician
- Certified Nurse Midwife (CNM)
- Certified Midwife (CM)
- Certified Professional Midwife (CPM)
- Licensed Midwife (LM)
- Other
- None of the above

* (If 3-9 marked, skip to W8.)

Specify other: ________________________________
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| W7.1.1 Is an **Obstetrician** always...                                  | ⬜ Onsite 24/7, or  
   ⬜ Available to be onsite 24/7, or  
   ⬜ Available to be onsite, but not 24/7, or  
   ⬜ Available by telemedicine only, or  
   ⬜ Available by phone only  |
| *(If Obstetrician is checked in W7)*                                     | *(Choose one)*                                                          |
| W7.2.1 Is a **Maternal Fetal Medicine Specialist** always...             | ⬜ Onsite 24/7, or  
   ⬜ Available for consultation 24/7, with inpatient privileges, or  
   ⬜ Available for consultation as needed, but not 24/7, or  
   ⬜ Available by telemedicine only, or  
   ⬜ Available by phone only  |
| *(If Maternal-Fetal Medicine specialist is checked in W7)*               | *(Choose one)*                                                          |
| W8. Does your facility have an **Obstetric provider** with privileges to | ⬜ Yes  
   ⬜ No *(If “No” skip to W9.)*                                           |
| perform an **emergency C-section** available?                           | *(If Obstetrician  is checked in W7)* *(Choose one)*                     |
| W8.1 What type of Obstetric provider? *(Mark all that apply)*           | ⬜ Obstetrician  
   ⬜ Family Medicine Physician  
   ⬜ Other  |
| Specify other: ________________________________________________________ | *(Choose one)*                                                          |
| W9. Does your facility have a **Certified Registered Nurse Anesthetist** | ⬜ Yes  
   ⬜ No *(If “No” skip to W10.)*                                           |
| *(CRNA)* available for **Labor and Delivery**?                           | *(If Maternal-Fetal Medicine specialist is checked in W7)*               |
| W9.1 Is a **Certified Registered Nurse Anesthetist (CRNA)** always...    | ⬜ Onsite 24/7, or  
   ⬜ Available to be onsite 24/7, or  
   ⬜ Available to be onsite, but not 24/7, or  
   ⬜ Available by telemedicine only, or  
   ⬜ Available by phone only  |
| *(Choose one)*                                                           | *(Choose one)*                                                          |
| W10. Does your facility have an **Anesthesiologist Physician** available | ⬜ Yes  
   ⬜ No *(If “No” skip to W11.)*                                           |
| for **Labor and Delivery**?                                              | *(If Obstetrician  is checked in W7)* *(Choose one)*                     |
| W10.1 Is an **Anesthesiologist Physician** always...                    | ⬜ Onsite 24/7, or  
   ⬜ Available to be onsite 24/7, or  
   ⬜ Available to be onsite, but not 24/7, or  
   ⬜ Available by telemedicine only, or  
   ⬜ Available by phone only  |
<p>| <em>(Choose one)</em>                                                           | <em>(Choose one)</em>                                                          |</p>
<table>
<thead>
<tr>
<th>W10.2</th>
<th>Does your facility have an <strong>Anesthesiologist Physician</strong> with special training or experience in obstetrics that is in charge of obstetric anesthesia services?</th>
</tr>
</thead>
</table>
|       | ○ Yes  
|       | ○ No  

<table>
<thead>
<tr>
<th>W11.</th>
<th>Does your facility have a <strong>general surgeon</strong> available for obstetric patients?</th>
</tr>
</thead>
</table>
|      | ○ Yes  
|      | ○ No  

| W11.1 | Is a **General Surgeon**...  
*If General surgeon is checked in W11*  
*(Choose one)* |
|--------|--------------------------------------------------------------------------|
|        | ○ Onsite 24/7, or  
|        | ○ Available to be onsite 24/7, or  
|        | ○ Available to be onsite, but not 24/7, or  
|        | ○ Available by telemedicine only, or  
|        | ○ Available by phone only  

| W12. | Does your facility have **other types of physician specialists/subspecialists** that are available for obstetric patients?  
*Mark all that apply*  
Specify other: ________________________________ |
|------|-----------------------------------------------------------------------------------------------------------------------------|
|      | ○ Cardiologist  
|      | ○ Hematologist  
|      | ○ Infectious Disease Specialist  
|      | ○ Nephrologist  
|      | ○ Critical Care Specialist(s)  
|      | *(Anesth, IM, OBGYN, Peds, and/or Surg)*  
|      | ○ Neurologist  
|      | ○ Other specialists  
|      | ○ None of the above  
*If “None of the above”, skip to W13.*  

| W12.1.1 | Is a **Cardiologist**...  
*If Cardiologist is checked in W12*  
*(Choose one)* |
|---------|-----------------------------------------------------------------------------------------------------------------------------|
|         | ○ Onsite 24/7, or  
|         | ○ Available to be onsite 24/7, or  
|         | ○ Available to be onsite, but not 24/7, or  
|         | ○ Available by telemedicine only, or  
|         | ○ Available by phone only  

| W12.2.1 | Is a **Hematologist**...  
*If Hematologist is checked in W12*  
*(Choose one)* |
|---------|-----------------------------------------------------------------------------------------------------------------------------|
|         | ○ Onsite 24/7, or  
|         | ○ Available to be onsite 24/7, or  
|         | ○ Available to be onsite, but not 24/7, or  
|         | ○ Available by telemedicine only, or  
|         | ○ Available by phone only  

---

**Page 9 of 13**
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>W12.3.1 Is an Infectious Disease specialist...</strong></td>
<td>○ Onsite 24/7, or&lt;br&gt;○ Available to be onsite 24/7, or&lt;br&gt;○ Available to be onsite, but not 24/7, or&lt;br&gt;○ Available by telemedicine only, or&lt;br&gt;○ Available by phone only</td>
</tr>
<tr>
<td><em>(If Infectious Disease specialist is checked in W12)</em></td>
<td><em>(Choose one)</em></td>
</tr>
<tr>
<td><strong>W12.4.1 Is a Nephrologist...</strong></td>
<td>○ Onsite 24/7, or&lt;br&gt;○ Available to be onsite 24/7, or&lt;br&gt;○ Available to be onsite, but not 24/7, or&lt;br&gt;○ Available by telemedicine only, or&lt;br&gt;○ Available by phone only</td>
</tr>
<tr>
<td><em>(If Nephrologist is checked in W12)</em></td>
<td><em>(Choose one)</em></td>
</tr>
<tr>
<td><strong>W12.5.1 Is a Critical Care Specialist...</strong></td>
<td>○ Onsite 24/7, or&lt;br&gt;○ Available to be onsite 24/7, or&lt;br&gt;○ Available to be onsite, but not 24/7, or&lt;br&gt;○ Available by telemedicine only, or&lt;br&gt;○ Available by phone only</td>
</tr>
<tr>
<td><em>(If Critical Care Specialist is checked in W12)</em></td>
<td><em>(Choose one)</em></td>
</tr>
<tr>
<td><strong>W12.6.1 Is a Neurologist...</strong></td>
<td>○ Onsite 24/7, or&lt;br&gt;○ Available to be onsite 24/7, or&lt;br&gt;○ Available to be onsite, but not 24/7, or&lt;br&gt;○ Available by telemedicine only, or&lt;br&gt;○ Available by phone only</td>
</tr>
<tr>
<td><em>(If Neurologist specialist is checked in W12)</em></td>
<td><em>(Choose one)</em></td>
</tr>
<tr>
<td><strong>W13. Does your facility currently have a maternal level of care...</strong></td>
<td>○ Yes&lt;br&gt;○ No <em>(If “No” skip to W14.)</em></td>
</tr>
<tr>
<td><strong>W13.1 What is your maternal level of care...</strong></td>
<td>○ Birth Center&lt;br&gt;○ I&lt;br&gt;○ II&lt;br&gt;○ III&lt;br&gt;○ IV&lt;br&gt;○ Other</td>
</tr>
<tr>
<td><em>(Choose one)</em></td>
<td><em>(Specify other: _________________________________)</em></td>
</tr>
<tr>
<td>W13.2 How is this <strong>maternal level of care</strong> designated? <em>(Mark all that apply)</em></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Specify other: _____________________________</td>
<td></td>
</tr>
</tbody>
</table>

| □ State regulatory based |
| □ State voluntary based |
| □ ACOG based |
| □ Self-designated |
| □ Other |
| □ Unknown (not sure) |

<table>
<thead>
<tr>
<th>W14. Based on the <strong>2015 ACOG/SMFM guidelines</strong> for maternal levels of care, what do you consider your <strong>maternal level of care</strong> to be? <em>(Choose one)</em></th>
</tr>
</thead>
</table>

| ○ Birthing Center |
| ○ I |
| ○ II |
| ○ III |
| ○ IV |
| ○ Unknown (not sure) |
### STATISTICS

**S1. Time frame for the facility statistics.** *(Please use the latest complete year of data available)*

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(mm/dd/yyyy)</td>
<td>(mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

#### NEONATAL STATISTICS

<table>
<thead>
<tr>
<th></th>
<th>Born (Total)</th>
<th>Newborn deaths</th>
<th>High risk neonates transferred out</th>
<th>Convalescent neonates received back</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2.1 All live births at your facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S2.2 Live births less than 1,500 grams (VLBW)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S2.3 Live births less than 32 weeks gestation (VPTD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### MATERNAL STATISTICS (##s)

<table>
<thead>
<tr>
<th></th>
<th>Delivered (Total)</th>
<th>Transported OUT to a higher level of care facility AFTER delivery</th>
<th>Maternal deaths prior to discharge</th>
<th>Received 4 or more units of whole blood or packed cells</th>
<th>Were admitted to an Intensive Care Unit (ICU)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S3. Women who delivered at your facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### FETAL DEATH STATISTICS

<table>
<thead>
<tr>
<th></th>
<th>Fetal deaths (Total)</th>
<th>Fetal deaths 20-24 weeks gestation</th>
<th>Fetal deaths 25-28 weeks gestation</th>
<th>Fetal deaths more than 28 weeks gestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>S4. Number of fetal deaths delivered at your facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## HOSPITAL PREPAREDNESS, RESPONSE & RECOVERY

| P1. Does your facility practice disaster response drills? (Choose one) | ○ Yes  
○ No  
*(If “No” end of assessment.)* |
|---|---|
| P1.1 Do these drills include... *(Mark all that apply)* | □ Neonatal Units (Well born nursery, Special care nursery, NICU, etc.)  
□ Obstetric Units (L&D, LDR, LDRP, etc.) |