

VIRGINIA DEPARTMENT OF HEALTH
OFFICE OF LICENSURE AND CERTIFICATION

**Notes from Inpatient Hospital Regulatory Revision Meeting
October 24, 2008**

This meeting focused on the licensure status of infant care stations and Part VIII Maternal and Newborn Services (12 VAC5-411-480). The comments included:¹

Infant Care Stations Licensure Status

During the project to revise the State Medical Facilities Plan (SMFP), VDH received a request to look at how infant care stations are counted for licensure purposes. Currently, infant care stations are considered an extension of the mother's bed, and not counted as part of a hospital's licensed bed capacity. However a specialty pediatric hospital, which does not offer obstetric services, has its infant care stations counted as beds and must seek a Certificate of Public Need (COPN) in order to increase the number of infant care stations. However, general hospitals offering obstetric services are not required to seek a similar COPN to increase the number of its infant care stations. VDH was asked to reconsider how the infant care stations in the specialty hospital were counted for the purpose of licensure and COPN.

PART VII.

General comment: Separate maternal care from infant care throughout Part VII. Part VII does not address hospitals that do not provide maternal or well newborn services. What about post partum care for mothers? Do not use 'perinatal,' refer to 'maternity' or 'neonatal.' Be consistent when using neonatal intensive care.

1. 12VAC5-411-480

General: Add" 'Regardless of how services are organized'

A. Use the table in Guidelines for Perinatal Services (AAP/ACOG, Sixth Edition) for the chart on page 47

B. Strike: "and requires a COPN."

D8. Add: 'and post partum' after during labor and delivery

D9. Strike: 'associative' from 'positive associative identification'

D13. Insert: 'criteria' after admission, Strike: 'gynecology', insert: 'non-maternity'

D14. Replace: 'identified' with 'participation in the hospital's quality improvement program'

E1. Replace 'additional staffing' with "staff with appropriate competencies"; delete: 'unanticipated'

E2. Combine with E1. Replace 'units/areas' with 'functions'

E3. Add: 'with appropriate competencies'

H. Delete: 'in active labor and for whom delivery is imminent'

H & I. Combine into one regulation, too board in context

I. Replace perinatal with 'neonatal'

¹ The comments included herein are from the work group members and do not reflect subsequent responses or action taken by staff.

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- J. Define: 'neonatal intensive care nursery'
 - M. Make consistent with transfer reference in 12VAC5-411-170
 - N. Delete as separate regulation, place under protocols in Subsection D; obstetric unit does not need security
 - P. Delete first sentence; coordinate with §32.1-127B.6
2. 12VAC5-411-490
- B4. Change to read: 'A physician with pediatric privileges'
 - D3. Verify 30 minute arrival time with AAP/ACOG
 - D4. Delete, does not belong in infant section
 - D5. Delete
 - D/E. Add: 'and who is' after surgical assistant
 - E/Fe. Should 'hand' washing facility
 - E/F2. Delete, replace with 'variable oxygen concentration (compressed air)'
 - H. Replace services with 'nursery'
 - H/I. Add: 'unless under extreme circumstances as specified by the physician in the higher level nursery.'
3. 12VAC5-411-500
- B2. Delete
 - B7. Delete after: 'critically ill newborns'
 - C1. Delete
 - E. Rewrite; context skewed
 - F. Replace services with 'nurseries'; hospitals with 'nurseries'
4. 12VAC5-411-510.
- B. Delete: 'maternal-fetal medicine'
 - G. Clarify: 'in-house'
 - H. Strike first sentence
 - I. Insert" 'or have access to or contract with' after services shall provide
5. 12VAC5-411-530
- Verify need for section with Office of Vital Records
 - Delete section