

Virginia Department of Health

Office of Licensure and Certification

Notes on Meeting to Discuss Licensure Status of Infant Care Stations in Virginia

Purpose: The VDH Office of Licensure and Certification conducted a discussion regarding the current licensure status of infant care stations at hospitals

- Part of VDH's project to revise the inpatient hospital regulations;
- Also conducted in response to comments received from Children's Hospital of the King's Daughters (CHKD) during the recent State Medical Facilities Plan (SMFP) revision project.

Current licensure status: For general hospitals providing newborn services

- Infant care stations are considered a part or extension of the mother's bed, regardless of the level of care provided to the infant;
 - Infant care stations are not counted as part of the hospitals licensed bed capacity;
 - General hospitals providing obstetric services can increase their infant care stations as deemed necessary by the hospital without seeking a COPN;
 - Must apply for a COPN to provide a higher level of infant care such as intermediate, specialty or subspecialty neonatal care.

CHKD is a specialty hospital

- CHKD does not provide obstetric services;
- Does offer neonatal special care services;
- Because it does not provide obstetric services, all of CHKD's infant care stations are licensed beds;
- CHKD must apply for a COPN each time it seeks to add additional infant care stations.

In addition, the current COPN law stipulates a certificate is required for:

- Any increase in licensed bed capacity;
 - Not all beds in a general hospital are licensed, ex., emergency room beds, observation beds, etc.;
 - These nonlicensed beds do not require a COPN;

AND/OR

- The addition of any service that requires a COPN such as cardiac care or neonatal special care
- Some applications for a COPN are two-fold: (i) to add beds and (ii) to provide a new service;
 - CHKD must seek a COPN to increase its infant care bed capacity as well as to provide a higher level of neonatal special care services;
 - General hospitals must seek a COPN to add a higher level of neonatal special care services, not to increase to the number of infant care beds;

Other states: VDH polled other states:

- Of states that regulate levels of neonatal care;
 - Higher level infant care stations are licensed beds
 - Well newborn bassinets are not licensed but considered an extension of the mother's bed
 - Levels II, III, and IV are considered licensed intensive care beds

Conclusions: VDH was not able to ascertain a consensus from the meeting participants.

Options:

1. Take no action;

Rationale: Since CHKD is a specialty hospital, its beds should be licensed and any additions to capacity or service levels should meet the criteria for COPN

2. Require all infant care beds in neonatal special care levels II, III, and IV to be counted as licensed beds regardless of type of hospital classification

Rationale: These infants are considered patients, not well newborns, based on the increase level of care needed.

Unintended consequences: Imposes an additional COPN burden on general hospitals, which may hamper obstetric/newborn accessibility for Virginia women (See Governor's Task Force Report On Access to Obstetric Services in Virginia)

3. Provide an exception for CHKD from obtaining a COPN to increase its neonatal special care bed capacity

Rationale: This would level the playfield for CHKD without imposing an additional COPN burden on general hospitals

Unintended consequences: Sets a precedence for additional requests for COPN exemption for similar specialty services such as cardiac care or transplant services.