Proposed Questions for Stakeholder Engagement Meeting
Pediatric Service, Perinatal Service, and Neonatal Intensive Care Unit (NICU) Regulations
To be held on December 6, 2019

Pediatric Service

1. Current regulations require policies and procedures for the Pediatric Service to be based on the standards and recommendations of the American Academy of Pediatrics (Care of Children in Hospitals, 1971). What standards and recommendations should be incorporated into the updated regulations, and why?

2. What minimum training and experience should the nurse with administrative responsibility for the nursing staff have, and why?

3. What level of life support training is appropriate for licensed vocational nurses and registered nurses in the Pediatric Service?

4. Current regulations read, “Patients beyond the age of 13 shall not be admitted to or cared for in spaces approved for pediatric beds unless approved by the pediatrician in unusual circumstances and the reason documented in the patient’s medical record.” Would it be reasonable to allow (not require) patients between 13 and 18 years of age in the pediatric ward if they are cared for separately from younger children? If so, what safety issues would need to be addressed in the pediatric service policies and procedures?

5. Current regulations require, “Rooms for infants under the age of three years shall be separate from those of other children.” Is the 3-year age limit appropriate? If not, how can age groups be adjusted without compromising the health or safety of toddlers?

6. What level of isolation capability should a pediatric unit have (or have access to) for immunocompromised patients? Is this different for different patient populations?

7. Current regulations require the Pediatric Service to provide an activity program and a play area “of sufficient size.” What kinds of activities, equipment, and space do modern Pediatric Services provide?

8. Should a Pediatric Service have a Child Life Specialist or similar professional on staff to address the psychosocial concerns of hospitalization? If so, how would you describe that person’s primary duties and what should their minimum qualifications be?

Perinatal Unit

1. Current regulations require policies and procedures for the Perinatal Service to, "…reflect the standards and recommendations of the American College of Obstetricians and Gynecologists (ACOG) "Standard for Obstetric-Gynecologic Hospital Services," 1969, and the American Academy of Pediatrics (AAP) "Hospital Care of Newborn Infants," 1971." What standards and recommendations should be incorporated into the updated regulations, and why?

2. Would it be appropriate for basic, specialty, and subspecialty perinatal units to have different requirements for equipment, staff qualifications, space, or other aspects of care? If so, please explain why and describe the appropriate differences.

3. What kind of staff training, equipment, and policies and procedures does a perinatal unit use to ensure timely and appropriate identification and treatment of obstetric hemorrhage?

4. Current regulations require that, "All persons in the delivery room shall wear clean gowns, caps and masks during delivery." Modernly, what restrictions on attire are needed for medical and lay persons in the delivery room during a vaginal birth, if any?

5. What level of life support training is appropriate for licensed vocational nurses and registered nurses in the Perinatal Unit? How is this different for basic, specialty, and subspecialty levels of care?

6. Current regulations require, "Oxygen shall be administered to newborn infants only on the written order of a physician. The order shall include the concentration (volume percent) or desired arterial partial pressure of oxygen and be reviewed, modified, or discontinued after 24 hours." How is this regulation different, if at all, from modern procedures for administering oxygen to newborns?

7. Current regulations say that a dressing room for staff personnel should be provided. Do staff who work in a Perinatal Unit use a dressing room?

8. What kind of social services and/or behavioral health services does a perinatal unit provide or maintain a referral list for, if any, and does this vary with the patient population?

9. Do Perinatal Units maintain policies and procedures to:

- identify mothers with mood disorders and, when appropriate, provide them with referrals to behavioral health providers?
- address the care and follow-up treatment of mothers with substance abuse problems?
- address the care of infants who are addicted to drugs at birth?

If so, what standards are used for these procedures and what topics are addressed?

10. Current regulations require, “Delivery rooms shall be provided which are used for no other purpose.” Is it necessary for a perinatal unit to have delivery rooms that are not used for other any other stage of the birthing process or recovery? Why or why not?

11. What medical imaging capabilities should be available to a Perinatal Unit?

12. How does the Perinatal Unit ensure that high-risk births take place in a hospital that can provide the appropriate level of care to mothers and newborns?

Neonatal Intensive Care Unit (NICU)

California Health and Safety Code section 1255.5(f) requires intensive care newborn nursery services (NICUs) to base their policies, procedures and space requirements on the standards and recommendations of the American Academy of Pediatrics (AAP) Guidelines for Perinatal Care, 1983. The Guidelines do not distinguish between different levels of NICUs. If your comment does not apply to all levels of NICUs, please state which level you are referring to. See the handout for the AAP description of neonatal levels of care.

1. The current statutory standards for intensive care newborn nurseries, published in 1983, recommend a clean utility room for tasks such as preparation of medications and formula but permit use of clean working surfaces within intermediate and intensive care areas instead. What special safety precautions are needed for a NICU that does not have a clean utility room?

2. Current regulations require 100 foot candles of light at each bassinet. The AAP and the American College of Obstetrics and Gynecology recommend cycled lighting (lights on during the day and off at night) for NICU patients because evidence suggests that this practice has developmental benefits. What practices do NICUs use to ensure appropriate light levels for patients?

3. Parents of an infant who is transferred to a level III or level IV NICU may be unable to have contact with their infant because they are geographically distant from the facility. Do NICUs have resources or policies and procedures to address separation and bonding issues in these cases? Please describe.

4. In addition to a pediatrician with experience in neonatology, current regulations require availability of a pediatric cardiologist and a surgeon experienced in neonatal surgery. What additional specialists should a NICU have available, if any, and why?

5. What special training and/or experience, if any, should radiologists and radiology technicians in hospitals with NICUs have?

6. What policies and procedures do NICUs use to address maintenance of neutral thermal equilibrium for infants?

7. Current regulations require the NICU to provide, “Review and evaluation of service programs of perinatal units.” In practice, what is the relationship of this activity to the NICU’s and/or the perinatal unit’s quality assurance and performance improvement (QAPI) program?

8. Do you have any additional comments about the Pediatric Service, Perinatal Service, or NICU regulations?