HIGH-RISK PERINATAL PROGRAM/
NEWBORN INTENSIVE CARE PROGRAM

Office of Women's & Children's Health

MATERNAL AND NEWBORN TRANSPORT SERVICES POLICY AND PROCEDURE MANUAL

Leadership for a Healthy Arizona

Leadership for a Healthy Arizona

July 2011

Janice Brewer, Governor
State of Arizona

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CHAPTER 1
INTRODUCTION

1.1 History of the Newborn Intensive Care Program (NICP)

Prior to 1967, Arizona had one of the highest infant mortality rates in the country. That year, in an effort to reduce the high infant mortality and morbidity rates, Arizona applied for and received a federal demonstration grant. The grant was designed to reduce infant death by transporting critically ill newborns born in rural hospitals into intensive care centers. As a result, there was a dramatic decrease in neonatal mortality. Part of that grant was to provide home based Community Nursing Services to the infants and their families. Community Health Nurses provided follow-up home visits for NICP infants and their families up to one year of age.

In 1972, the State Legislature provided state funding for the program, which eventually became the Newborn Intensive Care Program (NICP). The system provided care to those infants transported to metropolitan hospitals (Level III's) and expanded to include infants born in Level II or Level III hospitals. Comprehensive and periodic developmental assessments were an additional component of the follow-up services provided in specific areas of the state.

In 1975, the Arizona Department of Health Services (ADHS) received a Robert Wood Johnson Grant to develop regionalized perinatal care with a focus on the maternal transport system. Under this grant, the Maternal Transport Program (MTP), the Arizona Perinatal Program (APP), the Arizona Medical Association (AMA) and the University of Arizona began to develop guidelines for Level I, II, and III perinatal hospital services, a perinatal data system and the system of maternal transport.

In 1977, it was demonstrated that babies did very well if transported to hospitals closer to their homes following the acute phase of their illness. Therefore, back transport was added as a component of the NICP.

In the late 1980's, the ADHS, Bureau of Women's and Children's Health (BWCH), with the county health departments, identified a need for home-based community health nursing services for those infants who may not have been critically ill at birth but were diagnosed with problems at a later date.

Part C of the Public Law for Individuals with Disabilities Education Act (IDEA), provided incentive for the development of a system of early intervention services which could provide a comprehensive, culturally appropriate, multi-disciplinary, family centered approach to all families. In 1993, the ADHS awarded contracts to developmental clinics to determine eligibility for the Arizona Early Intervention Program (AzEIP).

In 2002, funding for the developmental clinic component was eliminated. Arizona physicians and therapists then had few options for the evaluation of their developmentally delayed patients. Physicians began working closely with the Arizona legislature to restore funding for this much needed service. In FY 2007, the legislature partially restored funding to allow the High-Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) to provide developmental assessments to program enrollees who do not meet AzEIP eligibility criteria and are uninsured or underinsured.

The Community Health Nursing component works with families to improve infants' developmental outcomes. Services may be provided through a child's third birthday.

During FY 2009, the state experienced a severe budget downfall. As the results of budget reductions, and in an effort to serve the sickest infants, the Program changed eligibility to infants who have spent at least 5 days in the NICU and restricted back transports to families who live over 50 miles from the NICU. The Developmental Services component was eliminated at that time also.

1.2 Description of the Program (See flow sheet at end of chapter)

The NICP is a major part of the High-Risk Perinatal Program. The transition of the program name to High-Risk Perinatal Program (HRPP) is a reflection of the program mission to provide a statewide system of specialized care for high-risk pregnant women and sick newborns. There are currently three program components to the HRPP/NICP.

1. Transport Services
2. Hospital Inpatient Physician Services
3. Community Nursing Services

1.2.1 Transport Services

Medical Consultation and Case Management Services

The ADHS contracts with neonatology and maternal fetal medicine groups throughout the state to provide medical consultation regarding the treatment, stabilization and, if needed, approval and coordination of interfacility neonatal and maternal transport. This service is provided free of charge to all callers.

Information and Referral Services

The ADHS provides access to a toll free telephone service that serves as the crucial link between referring health care providers and consulting perinatologists and neonatologists.

State Wide Information and Referral Line 1-800-552-5252

Transport Services

Families benefit from the Transport Program by having a coordinated system in place to ensure appropriate interfacility transport and admission to high-risk perinatal centers. The services are initiated without prior authorization or verification of payment source to prevent delays in service delivery.

The ADHS contracts with medical transport companies to provide air and ground transport, as well as team services, for high-risk pregnant women and sick neonates. **The HRPP/NICP transport providers must obtain authorization and administrative specialty program direction from a board certified perinatologist or neonatologist licensed and practicing in Arizona and contracted with the ADHS.** The HRPP/NICP transports must be accompanied by a program contracted transport team.

1.2.2 Hospital and Inpatient Physician Services

The ADHS contracts with all Level II, II Enhanced Qualifications (EQ), and III perinatal centers (see glossary) that are certified by the APT/APRS, Inc., to provide the appropriate level of hospital care to program babies and their families.

Contracts are in place with neonatology groups to provide appropriate medical care to program infants during newborn intensive care, intermediate or continuing care hospitalization.

In addition, the Program contracts with all Level II EQ and Level III centers to support the implementation of developmental care practices in their newborn intensive care units.

1.2.3 Community Nursing Services

The Community Nursing Services component of the HRPP/NICP delivers a statewide, coordinated system of specialized nursing services to many infants who are enrolled in the Program. The Community Health Nurse (CHN) provides support to families during the transition of the infant to home; conducts developmental, physical and environmental assessments and makes referrals to specific community services as needed. This program is linked with the Office for Children with Special Health Care Needs (OCSHCN) to provide services for families who do not meet the eligibility criteria for the HRPP/NICP but could benefit from these services.

Currently the HRPP CHN Services and the Office for Children with Special Health Care Needs (OCSHCN) collaborate to support home visiting for other children with special health care needs to the age of twenty-one (21). The CHN's also collaborate with the Newborn Screening Program (NBS) to provide home visits for infants who need a second screening.

1.3 Financial Assistance/Benefits to Infant and Family

The HRPP/NICP provides limited financial assistance for families who request financial participation. The Program's role is **payor of last resort.**

1.3.1 Family Liability/Billing

Hospitals, using the ADHS formula, establish the liability for each family requesting financial assistance. All contracted hospitals and physicians agree **not** to bill the family more than their established family liability. Family liability is based on one amount per family rather than per child in the event of a multiple birth delivery. The liability is established once to cover all associated inpatient costs for the infant (s). The HRPP Claims Coordinator tracks the distribution of family liability payments and notifies each provider how much they can bill the family.

The family's liability is the total amount that the family must pay to contracted providers before a bill is considered for payment by HRPP/NICP. The family liability is generally applied to hospital and physician bills accordingly: 75% to hospitals and 25% to specialty services. When a hospital does not require the entire 75%, the remaining liability is applied to physicians in the NICU or transport. Conversely, if the specialty services do not require the 25%, the remainder will be applied to the hospital bill. The family will be responsible for the entire established family liability. Families are not protected from costs with providers who do not have a contract with ADHS.

1.3.2 Maternal Transports

Maternal transports by contracted providers are paid by the HRPP/NICP after all other third-party payments. The HRPP Request for Maternal Transport Form must be completed and signed by the patient or responsible party and must include the name of the authorizing contracted maternal fetal medicine specialist and name of Level II EQ or III perinatal center to which the patient is transported.

1.3.3 Neonatal Transports

Neonatal transports completed by contracted providers are paid once the HRPP/NICP enrollment is complete and after all other third-party reimbursements. **Families must enroll their infant in third party insurance or apply for**

AHCCCS within the required timeframes and maintain insurance. Failure to do so will result in HRPP/NICP financial assistance being denied and the family being liable for the cost of the transport. The HRPP Request for Neonatal Transport Form must be completed and signed by the patient or responsible party and must include the name of the authorizing contracted neonatologist and name of Level II, II EQ or III perinatal center to which the patient is transported.

1.3.4 Neonatal Back Transports

Neonatal back transports by contracted providers are paid by the HRPP/NICP after all other third-party reimbursements if a contracted neonatologist authorizes the transport and **where the distance from the family home to the hospital is over 50 miles and the family is enrolled as full participants**. Payment for transport to a non-contracted hospital is provided only with prior authorization from the Transport Services Program Manager.

1.3.5 Non-Contracted Ground Transports

Non-contracted ground transport providers may participate in the Transport Program and may be reimbursed as payor of last resort. However, if they choose to participate, they must abide by the Transport Services Policy and Procedure Manual.

The HRPP/NICP does not pay for any services provided at non-contract facilities prior to the transport or for the mother's health care costs.

1.4 Mission Statement

The mission of the HRPP/NICP is to reduce maternal and infant mortality and morbidity through a regionalized statewide system of coordinated care that includes consultation, transport, hospital care and community health nursing.

1.5 Philosophy

The recipients of our services are families who live within broader systems that include extended family, friends and communities. All services provided by this program are reflective of this philosophy.

1. Successful development and implementation of the HRPP/NICP depends on a partnership with families, members of the medical community, funding sources and policy makers.

2. Risk appropriate transport, hospital care, community home nursing, and developmental services should be available and accessible to all critically ill newborns in Arizona regardless of geographic location and ability to pay.

3. Developmentally appropriate care is mandatory for the optimal development of the infant. This philosophy of care is:

    a. Initiated at birth
    b. Continued during transport
    c. Incorporated into discharge planning upon admission to the HRPP/NICP
    d. Based on the infant and family needs
    e. Supports an environment conducive to maximum healing and growth

4. The family is the most important resource and decision maker in a child's life; therefore, they should be active participants in the hospital care, discharge planning and the ongoing interventions of their infants.

5. Primary care providers are crucial in the medical management of all infants, both at home and during necessary hospitalizations.

6. All children have intrinsic value and the right to maximize their potential for productive independence.

7. Follow-up after discharge is critical for:

    a. Strengthening the family unit
    b. Assuring optimal development of the child
    c. Identifying physical, developmental, psycho-social and environmental issues that may lead to referral for early intervention services
    d. Assisting families to be the best advocates for their child

8. Referrals for needed services should include community-based options for families whenever possible.

9. A system should be in place to protect families from catastrophic costs that may be associated with newborn intensive care.

1.6 Goals and Objectives

1.6.1 Overall NICP Goals

The goal of the NICP is to reduce maternal and infant mortality and morbidity utilizing the following strategies:

1. Early identification of women and children at high-risk for mortality and morbidity
2. Education for health professionals, families and communities

3. Linkage of infants, toddlers and pregnant women to risk appropriate services

4. Establishment of standards of care

1.6.2 Specific Goals

1. To encourage normal developmental patterns in high-risk infants and toddlers.

2. To help children function better when they reach the school system.

3. To empower families to function at the highest level by assessing their own needs in accessing community resources.

4. To ensure the highest quality risk appropriate care for infants and toddlers at risk.

5. To provide family-centered, culturally sensitive and developmentally appropriate, coordinated services.

6. Provide families of high-risk children with developmental assessments to determine eligibility for early intervention services and/or developmentally appropriate activities for their child.

7. Provide services in a setting that best meets the needs of the family and child.

1.6.3 Objectives

1. Support families who participate in evaluation, assessment, education and/or the community referral process of their child.

2. Standardize quality of services.

3. Plan and implement an evaluation system, which includes data collection.

4. Encourage the participation of parents and other community advisors in policy development, business meetings and continuous quality improvement activities.

1.7 Overview of Roles and Responsibilities

The ADHS is designated as the state agency responsible and accountable for program goals and expenditures. The HRPP/NICP is administered by ADHS, Public Health Services and the Bureau of Women's and Children's Health (BWCH). The HRPP/NICP performs a variety of roles in the oversight of the Program: as a regulator, as a partner, monitor, facilitator, technical advisor, educator and payer.

1.7.1 ADHS Roles and Responsibilities

1. The ADHS and its contractors share a dynamic role in the development and evolution of the HRPP/NICP.

2. The HRPP/NICP collaborates with the APT/APRS, Inc., and AHCCCS for establishing standards of care and participation within the regionalized system. The Program also relies on the Commission of Accreditation of Medical Transport Services (CAMTS) to establish and maintain standards to promote quality patient care and safety in the transport environment.

3. The ADHS provides the criteria, policies and requirements for developing and implementing the high quality, developmentally, risk appropriate transport and intensive care services statewide for high-risk pregnant women and critically ill newborns. The philosophy reflects the core requirements of the HRPP/NICP, while also attempting to promote the family centered approach that is the cornerstone of the program.

4. The ADHS contracts with air transport companies who meet the eligibility standards set forth in Chapter 3 of this Manual. These companies may recruit and manage a unique group of specialized providers such as maternal fetal medicine specialists, neonatologists, specialty nurses; i.e., NICU, ER ICU or L&D, respiratory therapists, communication specialists and other ancillary personnel. In an effort to provide the most risk appropriate comprehensive care, the HRPP High Risk Transports may only be performed by these contracted companies.

5. The ADHS contracts with neonatologists and maternal fetal medicine specialists associated with Level II EQ or Level III perinatal centers for consultation and facilitation of high risk neonatal or maternal transports.

5. The ADHS contracts with perinatal centers (Levels II, II EQ, and III Hospitals) which may recruit and manage a unique group of specialized providers, such as neonatologists, perinatologists, pediatricians, nurses, paramedics, respiratory therapists, social workers, developmental interventionists, communication specialists and other ancillary personnel.

6. The ADHS Community Nursing Services program component contracts with local public and private agencies (contractors) that may recruit and manage a unique group of specialized providers, community health nurses, social workers, and early interventionists, (speech/language pathologists, physical and occupational therapists).

7. The HRPP/NICP is funded by State and Federal dollars.

8. The AzEIP Federal Part C funding is provided by the Department of Economic Security to the Arizona Department of Health Services, Office for Children with Special Health Care Needs to be used specifically for children seeking and receiving AzEIP services.

1.7.2 Contractor Roles and Responsibilities

Services are contracted through providers statewide. Coordination among all perinatology and neonatology groups, contracted transport companies and referring and receiving hospitals is essential for an efficient, statewide, family centered program. The contractor is expected to:

1. Provide services to pregnant women and infants needing emergency intrafaculty transport as determined by a contracted neonatologist or maternal fetal medicine specialists.

2. Provide individualized, family-centered, developmental transport in a setting and at a time that is most appropriate for meeting the needs of the child and family.

2. Recruit, hire and train professionals who meet minimum specifications as outlined in the NICP Transport Policy and Procedure Manual.

3. Provide orientation, training, ongoing education and support to the professional staff as outlined in the NICP Transport Policy and Procedure Manual. Provide orientation and ongoing updates to staff on the requirements of the NICP Transport Coordination of Services Contract.

4. Provide a Continuous Quality Improvement (CQI) plan for NICP Transport Services based on the ADHS, BWCH, CQI Policy, and as outlined in Chapter 9. (At least one component of the CQI may be determined by ADHS).

5. Provide written reports monthly, quarterly or annually as contracted, requested or outlined in the NICP Transport Policy and Procedure Manual.

Written notification will precede any changes in Transport Services Contractor responsibilities. Contractors will be given a 30-day grace period before that change is expected to be implemented.

1.8 How to Use This Manual

The purpose of this manual is to document the NICP policies for management of the Transport Services Program. The manual is to be used as a reference and information resource for transport contractors, the ADHS administration and other interested parties in fulfilling the mission of the Program.

The policies contained herein are the minimum acceptable requirements to contract with the ADHS to provide transport services to Arizona's maternal and neonatal population. This manual will be reviewed at least annually and revised as necessary. Suggestions for changes to the manual to clarify a policy or to update a procedure may be sent in writing or fax to the Transport Services Program Manager at the address at the end of this chapter. The suggestions will be considered during the review process.

Please note that the policies and procedures are dated and numbered. As revisions occur or new policies and procedures are developed, they should be added to the manual. Old policies and procedures no longer in effect should be deleted from this manual.

Revisions to the manual will be distributed to all contractors at least thirty days prior to the effective date of any change, when appropriate. Contractors are required to adhere to the requirements and guidelines set forth in this manual, and are responsible for incorporating any policy changes into their operations.

If this reference does not answer your questions or concerns, or if you have suggestions for additional information that should be included in the policy manual, please contact:

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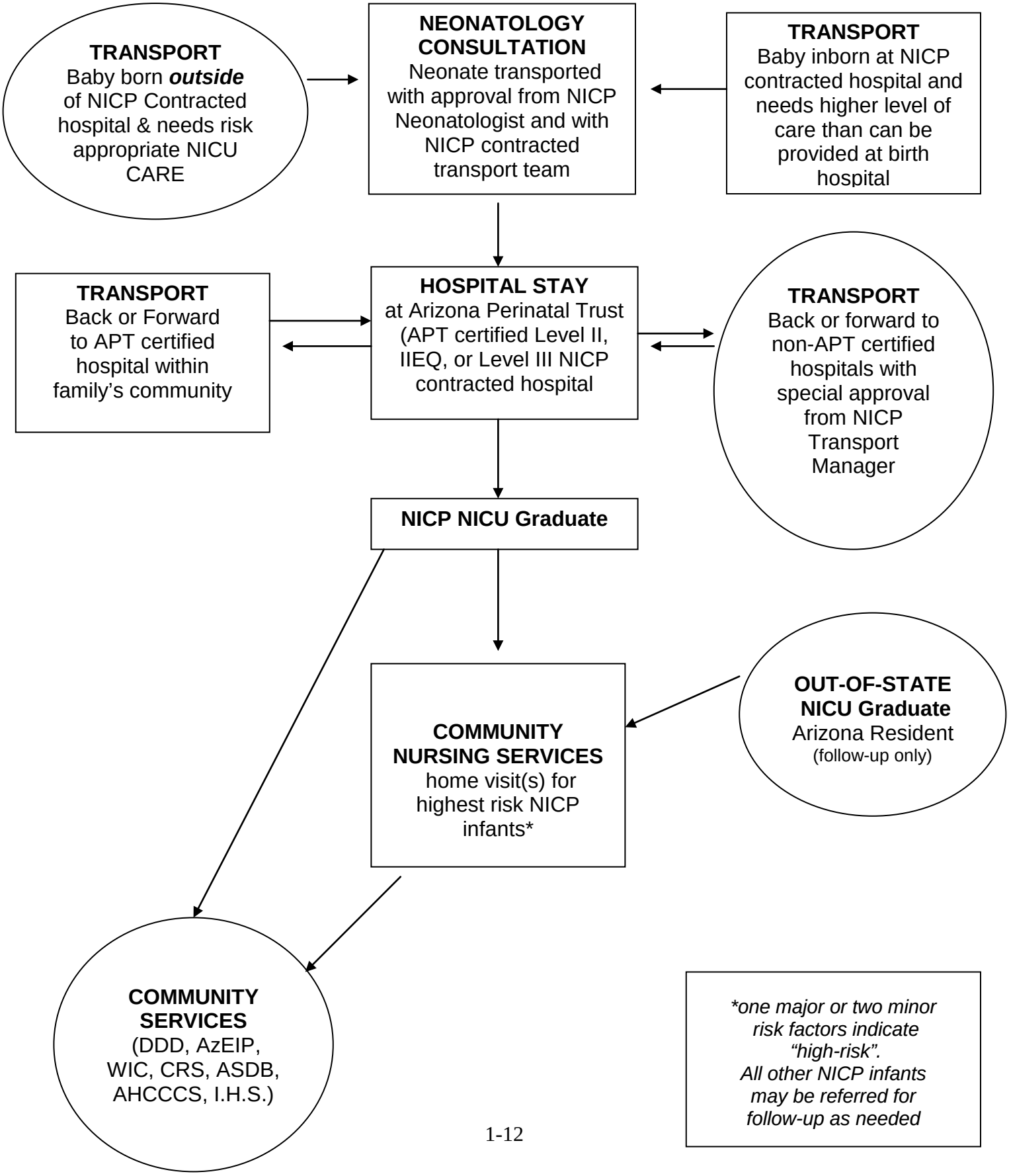
HIGH-RISK PERINATAL PROGRAM
Newborn Intensive Care Program



CHAPTER 2
GLOSSARY

2.1 Glossary

AAP
American Academy of Pediatrics - AAP is a professional organization for physicians and affiliate members involved with the care of children.

ADHS
Arizona Department of Health Services - ADHS is the Arizona state agency responsible for administering public health services and a variety of community health programs.

Administrative Specialty Medical Director
A physician, licensed and authorized to practice in the state of Arizona, who is responsible for directing, supervising and evaluating the quality of medical care provided by the medical transport services, and appropriate utilization air medical and ground interfacility services. Must be contracted with the ADHS and use an ADHS contracted transport company.

ASTNA
Air and Surface Transport Nurses Association, formerly NFNA.

AHCCCS
Arizona Health Care Cost Containment System – AHCCCS is an Arizona State agency that administers (through managed care plans) health care benefits and services for persons who are eligible for Medicaid or other low income medical assistance programs.

APIB
Assessment of Preterm Infant Behavior – APIB is a formalized and standardized method of determining the developmental and behavioral characteristics of a preterm infant.

APRS, Inc.
Arizona Perinatal Regional System, Inc. – The performing corporation of the Arizona Perinatal Trust (defined below).

APT
Arizona Perinatal Trust – APT is the private non-profit agency that administers the voluntary certification of Arizona Hospitals for their obstetrical and neonatal care services. The agency also works to establish standards of care. The HRPP/NICP only contracts with hospitals that are certified by the APT/APRS, Inc.

Authorization
The ADHS process for accepting enrollment requests for eligible maternal and neonatal clients.

AzEIP
Arizona Early Intervention Program – AzEIP is Arizona's implementation of federal law requiring early intervention services be provided to infants and toddlers who have or who are at risk for certain disabling conditions.

Back Transport
Any authorized transport of an HRPP/NICP infant from one HRPP/NICP contracted hospital to an equal or lower level HRPP/NICP contracted hospital. (All exceptions must be approved by the HRPP/NICP Transport Manager.)

CAMTS
Commission on Accreditation of Medical Transport Services – CAMTS is an organization which sets standards and provides accreditation for the transport medical industry.

Children with Special Health Care Needs (CSHCN)
Included are children birth to 21 years of age who have any broad range of disabilities or chronic illnesses which necessitate adaptations for daily functioning, prolonged or periodic hospitalizations, or special services in educational settings.

Client
An enrolled patient who receives eligible neonatal or maternal services.

Community Health Nurses (CHN)
A BSN registered nurse who provides in home services to HRPP/NICP enrolled infants and other high-risk infants, toddlers, and children. The CHN provides specialized developmental screening, teaching and anticipatory guidance for families.

Contractor
A public or private organization that has a contract with the Arizona Department of Health Services to develop, manage, and provide transport related services.

Developmental Care
An approach to provide individualized care to infants based on an individual assessment of the infant's developmental/behavioral status and capabilities. This care is based on the Synactive theory of development.

Developmentally Appropriate
Refers to the provision of services and activities which are designed to optimize the developmental status and capabilities of the individual to whom they are targeted.

Disabilities
In this context, it refers to a child who presents with special health care needs.

Eligibility
Pertains to meeting the requirements for enrollment in the HRPP/NICP.

Enrollment
A process of voluntarily requesting to receive HRPP/NICP Services by the parent or legal guardian for an eligible infant or transported mother.

Family-Centered
Recognition that the family is the constant in a child's life and that service systems and personnel must support, respect, encourage, and enhance the strength and competence of the family.

Family Liability
A term used to describe the total amount of money a family, including those with multiple births, will be required to pay for services provided for their HRPP/NICP enrolled infant during the infant's hospital stay in an HRPP/NICP contracted hospital(s). The services covered are inpatient and transport related only. The time period covered is from the infant's initial transport/enrollment until his or her final discharge to home or to a non-contract facility. This may cover more than one admission if there was a forward or back transport, but **does not** cover re-admissions of enrolled infants after a discharge to home or a non-contract facility.

Forward Transport
Any authorized transport of an HRPP/NICP infant from one hospital to an equal or higher level HRPP/NICP contracted hospital.

Level I
A hospital certified by the APT/APRS, Inc. to provide basic obstetrical and/or newborn care.

Level II
A hospital certified by the APT/APRS, Inc. to provide basic and intermediate obstetrical and/or newborn care.

Level II EQ (Enhanced Qualifications)
A hospital certified by the APT/APRS, Inc., to provide all services provided by Level II hospitals plus management of pregnancy labor and delivery at 28 weeks gestational age or greater.

Level III
A hospital certified by the APT/APRS, Inc., to provide basic and intensive obstetrical and/or newborn care.

Multi-disciplinary
Refers to a service or activity carried out collaboratively between at least two separate disciplines. Each discipline involved carries out its own part, but the resulting product includes the input presented in an integrated fashion.

NANN Developmental Guidelines
This refers to the guidelines for development of an individualized infant care plan in the NICU or special nursery based on the National Association of Neonatal Nurses' (NANN) recommendations to enhance the developmental status of the infant.

NANN Transport Guidelines
National Association of Neonatal Nurses published guidelines for the ground transport of critically ill newborns.

Natural Environments
To the maximum extent appropriate to the needs of the child, early intervention services, including evaluations, must be provided in settings that are natural or normal for the child's age peers who have no disability, including home and community settings.

NFNA
National Flight Nurses Association – Previously NFNA was a professional organization for nursing practice in the air medical environment, now known as ASTNA.

NIDCAP
Neonatal Individualized Developmental Care and Assessment Plan – A formal and standardized assessment of an infant's developmental and behavioral status presented along with a suggested care plan to enhance the developmental status of the infant.

On-Line Medical Control Physician
The ADHS contracted perinatologist or neonatologist available to the medical crew during transport, giving consultation and direction regarding patient medical care.

OWCH
Office of Women's and Children's Health – OWCH provides services and facilitates systems development to improve the health of women, children and adolescents. This includes: technical assistance, consultation, systems and community development, direct care, contracts for services and education.

Primary Referral Source
Hospitals, including prenatal and postnatal care facilities, physicians, parents, day care programs, local education agencies, public health facilities, other social service agencies and other health care providers.

Program Manager
The program manager is an ADHS employee who is responsible for the agency's implementation and oversight of a specific program component of the HRPP/NICP. The program manager provides consultation and technical assistance, coordinates activities among contractors and among the HRPP/NICP team members, receives and reconciles invoices, handles budget issues, and answers questions that arise. The program manager is also responsible for writing and negotiating contracts, continuous quality improvement and monitoring contractor compliance.

Reconciliation Year
The previous year for which services are billed.

Referral
Refers to the concept of linking persons in need of particular services or service alternatives with services appropriate for their needs, and assisting individuals to access these services when necessary.

Risk Appropriate
Refers to the concept of providing needed services in the manner and in a facility that most closely meets the needs of the individual.

Service Year
The current year in which services are provided.

Transport Team
Specialized teams trained for, and immediately available, to respond to calls for high-risk maternal or neonatal transports. These terms are HRPP/NICP contractors.

Variance
The act of not meeting the expected outcome.

CHAPTER 3
TRANSPORT PROGRAM SERVICES

3.1 Introduction

A coordinated regional system of perinatal and neonatal care is available throughout Arizona. Transport Program Services are comprised of many interconnected pieces, most of which are offered only through the ADHS contract providers. The regional system of physician case management and consultation is available through a toll-free consultation and referral telephone line. This line links referring physicians to the HRPP/NICP contracted consultants.

If needed, the consultants have access to a statewide network of ground and air high-risk maternal and neonatal interfacility transport services. At all times the contracted physician will attempt to initiate transport using the nearest, most appropriate crew (maternal or neonate) and mode (helicopter, fixed wing or ground or a combination thereof) to respond to the transport.

All contracted transport services must meet national and local standards and collaborate to ensure risk appropriate transport care.

1. All contracted medical transport services and associated team shall be accredited by CAMTS for critical care and high-risk maternal and neonatal missions. A certificate of proof and written review shall be available for verification.

2. All transport teams must meet the Air and Surface Transport Nurses Association (ASTNA) practice standards.

3. All neonatal air and ground transport teams shall meet the National Association of Neonatal Nurses (NANN) ground transport practice standards.

4. Transport coordinators, air or ground communication specialists and medical case managers shall coordinate services to arrange forward and back transports.

3.2 Transport Services Responsibilities

Compliance with these responsibilities will be determined by written documentation of services provided and by evidence of practice standards upheld, all of which should be available for review upon request.

3.2.1 General Provisions:

All transport services contracted providers are required to:

1. Provide high quality family centered developmentally appropriate services 24 hours a day.

2. Develop and implement a continuous quality improvement (CQI) plan that includes specific perinatal indicators, one of which may be determined by the ADHS (See Chapter 9).

3. Provide written curriculum to specify and evaluate staff orientation, continuing education, training and support according to CAMTS and ASTNA standards.

4. Maintain records of employed personnel, including background education, registration, license or certification in their respective fields, continuing education and training.

5. Develop administrative management and organizational systems in order to implement required transport services at the contracted site. This includes providing adequate staff, support services, equipment, supplies, copies of operational policies and procedures and copies of protocols.

6. Complete and disseminate within specified time lines all necessary forms and data for maternal or neonatal transports.

7. Display the approved Bureau of Women's and Children's Health logo and acknowledge that the HRPP/NICP Transport Program is supported by the ADHS, BWCH on all written and video materials prepared by the Contractor in collaboration with the HRPP/NICP Transport Program.

8. Designate one person to be responsible for over all contract compliance and to be a liaison to the ADHS, BWCH, HRPP/NICP Transport Program. That name must be submitted to the Transport Program Manager by July 1, annually and as changes occur.

9. Monitor and evaluate utilization of the regionalized system of care collaboratively with the APT/APRS, Inc., AHCCCS, and ADHS, BWCH on a regular basis.

10. Utilize the ADHS, BWCH, HRPP/NICP contracted perinatologists and neonatologists to provide on-line medical direction.

11. Initiate transports through the ADHS, BWCH, HRPP/NICP contracted on-call neonatologists or perinatologists, as well as respond to direct request initiated through contracted ADHS, BWCH, HRPP/NICP neonatologists or perinatologists.

3.2.2. Information and Referral Line

The contracted Information and Referral Line is required to:

1. Provide and maintain a single toll free (1-800) telephone line. This shall be a dedicated phone line for perinatal and neonatal medical referral services and shall be answered by a person within five rings.

2. Have a system for recording all incoming and outgoing telephone transmissions with time recording and playback capabilities. Recordings shall be kept no less than ninety (90) days.

3. Assign a staff person (Coordinator) who will coordinate the overall program compliance and activities (person with medical call center experience is preferred); ensure the Coordinator receives orientation provided by the ADHS HRPP; provide the resume and the name and phone numbers of the Coordinator to the ADHS HRPP Manager by the first day of each contract term, and whenever a change occurs.

4. Provide qualified, trained Communication Specialists twenty-four (24) hours a day, seven (7) days a week to respond to telephone calls made by health care providers requesting neonatal or perinatal consultation and referral for high-risk maternity and/or critically ill newborns in Arizona, and to contact on-call perinatologists or neonatologists, or the contracted physician requested by the caller.

5. Ensure Communication Specialists have communication skills, computer skills, and receive the ADHS, HRPP Orientation from the Coordinator

6. Maintain personnel records of the communication specialists to include but not limited to the resume, details of the ADHS HRPP Orientation, and any ongoing training received.

7. Create and maintain a Monthly Rotating Call Schedule, based on geographical coverage areas, of the ADHS contracted perinatologists and neonatologists designated to respond to incoming calls. The Call Schedule must include, on a daily basis, the on call physician and alternate physicians for backup. The Call Schedule shall be available to the Communication Specialists on the first day of each month, and a copy shall be submitted to the ADHS.

8. Keep a written Monthly Log of all incoming calls and submit to the ADHS with the Monthly Invoice. The format for the Monthly Log shall be approved by the ADHS, and shall include:

a. Date, time of call, indication of whether the call is maternal or neonatal;
b. The name of the referring physician and facility;
c. The name of physician paged and a notation as to whether the physician paged is the "on-call" physician or a special request physician;
d. The time of return call from the responding physician.
e. The time of call to the alternate physician if no response is received from the on call physician within 5 minutes of the first page.

9. Contractor must have a Continuous Quality Improvement (CQI) Plan that will include provisions for phone line being answered within 5 rings and for assuring rotating pages. The CQI Plan must be available for review during site visits by the ADHS personnel.

10. Prepare and submit a Monthly Invoice.

3.2.3 Air Transport

All contracted providers are required to:

1. Provide 24 hour/day flight coordination services.

2. Provide transports as requested by contracted perinatologist or neonatologists using contracted perinatal or neonatal specialty team.

3. Provide back transports as requested by contracted neonatologists using contracted perinatal specialty team

4. Develop and maintain collaborative relationships with contracted and non-contracted ground ambulance services.

5. Provide team schedules that include any subcontracted team/vendor arrangements.

6. Possess and maintain valid certification by the ADHS as an Air Ambulance Company and accreditation by CAMTS. Accreditation by CAMTS to include high risk maternal and neonatal specialty and critical care missions.

7. Maintain coverage by a valid part 135 air taxi certificates.

8. Provide medically configured aircraft with all the necessary equipment/supplies to deliver age and diagnosis appropriate level of critical care.

9. Provide a monthly report of all air transports of pregnant women and infants 28 days or under.

10. Ensure the **Request for Neonatal Transport Form** is completed on all neonatal flights and the **Request for Maternal Transport Form** for all maternal flights.

11. Work collaboratively with private municipal ground transport companies to expedite maternal and newborn transports when a contracted ground transport vendor is not available.

3.2.4 Ground Transport

All contracted providers are required to:

1. Provide transports as requested by contracted neonatologist using contracted perinatal specialty team.

2. Provide back transports as requested by contracted neonatologist using contracted perinatal specialty team.

3. Work collaboratively with contracted air transport companies to expedite maternal and newborn transports.

4. Provide a monthly report of all ground maternal and neonate interfacility transports.

5. Provide medically configured ground ambulance with all the necessary equipment/supplies needed to deliver age and diagnosis appropriate care.

6. Ensure the **Request for Neonatal Transport** form is completed for all neonatal ground transports and the **Request for Maternal Transport** form all for maternal ground transports.

7. Work collaboratively with private and municipal ground transport companies to expedite maternal and newborn transports when a contracted ground transport vendor is not available.

3.2.5 On Call Neonatologists or Maternal Fetal Medicine Specialists

All on call perinatal specialists will:

1. Be available to receive Information and Referral Line page

2. Respond to the referring physician

3. Offer consultation and evaluate need for transport

4. If transport is required:

    a. Determine appropriate level of care needed
    b. locate available bed
    c. contact HRPP contracted transport company
    d. determine appropriate means of transport
    e. provide medical direction for transport
    f. if not receiving the patient , advise the receiving physician of pertinent patient information
    g. if receiving the patient, after transport is received provide feedback to referring physician

5. Submit log with transport consultation with invoice

6. The contracted physician will attempt to initiate transport using the nearest, most appropriate crew (maternal or neonate) and mode (helicopter, fixed wing or ground or a combination thereof) to respond to the transport.

3.2.6 Storage of Client Records

The contractor shall store and maintain all client records in a safe, secure location. Infant's records need to be stored until the child's twenty-first birthday. Circumstances surrounding a maternal transport may make it necessary to keep patients charts twenty-one years also. Except for non-identifiable demographic characteristics, maternal records, usually, maybe destroyed after five years.

3.2.7 Record Retention

The Office of Women's and Children's Health program administration and the ADHS Office of Auditing shall have access to client records in order to conduct necessary evaluations or programmatic review.

1. **Administrative Records**

    Under A.R.S. **§** 35-214 and **§** 35-215, the contractor shall retain and shall contractually require each subcontractor to retain all data and other records ("records") relating to the acquisition and performance of the contract for a period of five years after the completion of the contract. All records shall be subject to inspection and audit by the State at reasonable times. Upon request, the contractor shall produce a legible copy of all such records.

2. **Patient Records**

Patient records must be retained according to existing legal requirements. The contractor is expected to store and maintain all client records in a safe, secure location until the child's 21st birthday. Clients will have signed an informed consent statement on admission of their infant to the program indicating, in part, that a record will be maintained and to whom those records may be released.

CHAPTER 4
ELIGIBILITY, ENROLLMENT AND DATA COLLECTION

4.1 Eligibility

4.1.1 Maternal Transport

High-risk pregnant women who have permanent residence in Arizona, who are approved for an interfacility transport to an Arizona Level III or Level II EQ hospital by a Transport Program contracted perinatologist are eligible for maternal transport.

4.1.2 Newborn Transport

Infants born in the state of Arizona who require an interfacility transport, whose parents have permanent residence in Arizona and meet one or more of the criteria below, are eligible for the HRPP/NICP.

1. Infants requiring more than 120 hours (5 days) of Level II, II EQ or Level III nursery care beginning within 96 hours of birth. (Example: infant is discharged within 24 hours and is readmitted to the NICU with neonatal conditions that were present but not detected at birth.)

2. Any infant approved for transport to a Program contracted hospital by a Transport Program contracted neonatologist who subsequently remains in the NICU for 5 days.

3. Infants who require Level II, II EQ or Level III nursery care and who subsequently expire after medical intervention has occurred.

4. Infants with special needs other than the above may be authorized for admission to the HRPP/NICP upon submission of a written request from a HRPP/NICP contracted neonatologist.

5. Any infant meeting the above criteria who was in a NICU in another state qualifies for HRPP/NICP nursing and developmental services.

Any infant approved for transport to a higher level of care by a Transport Program contracted neonatologist is eligible for the Transport portion of the program by virtue of the transport.

4.2 Enrollment

Any ADHS contracted air or ground transport company may transport a high-risk maternal/neonatal patient meeting the eligibility criteria above (4.1.1 and 4.1.2).

All contracted transport vendors shall have trained personnel available to explain the ADHS transport services to eligible families. The ADHS requires that the personnel be responsible for completion of all forms required for eligibility and enrollment.

Families must enroll their infant on their third party and/or AHCCCS plan, if eligible, within insurance guidelines to cover the infant's medical bills. Failure to do so may result in HRPP/NICP financial assistance being denied and family will be responsible for all hospital, physician, and transport charges.

4.2.1 Maternal Transport

1. Transport Program enrollment is obtained by completion of the HRPP/NICP **Request for Maternal Transport Form.** This form shall be forwarded to the HRPP Unit Manager by the transport program on a monthly basis with the log and coordination invoice.

2. The **patient, her spouse or closest relative shall sign the Request for Maternal Transport Form**. Telephone permission may be obtained using two witnesses and must be document on form that verbal consent was received.

3. A contracted perinatologist with privileges at one or more Arizona's tertiary perinatal centers must authorize transport, indicated by documentation on the **Request for Maternal Transport Form.**

4. All contract transport vendors shall provide transport without verification of payment. All third party payors must be billed before billing NICP. The ADHS is payor of last resort.

5. Inpatient costs and back transport costs are <u>not</u> covered.

4.2.2 Neonatal Transport/ Back Transport

1. Permission to transport is obtained by completion of the **Request for Neonatal Transport Form.** This form is initiated by the referring hospital or the transport nurse and must be completed by the transport nurse.

2. The transport company shall forward the **Request for Neonatal Transport Form** to the HRPP Unit Manager on a monthly basis with the log and coordination invoice.

3. A signed, completed **Request for Neonatal Transport Form** is required for each transport. If parents are unable to sign at the time of transport, document verbal permission was obtained using two witnesses. If there is a second forward transport or a back transport, another **Request for Neonatal Transport Form** must be signed authorizing each transport.

4. A parent or guardian shall sign the **Request for Neonatal Transport Form**, or permission may be obtained using two witnesses.

5. Reimbursement for transport is based on the HRPP/NICP as the payor of last resort. All third party payors must be billed before billing the NICP. Therefore, parents should be encouraged to complete third party information on the **Request for Neonatal Transport Form.**

6. Back transports may be paid when all third party payors are exhausted. Back transports to non-contracted hospitals or Level I hospitals may be provided only with prior authorization from the Transport Program Manager.

For additional information regarding enrollment in the HRPP/NICP and hospital criteria, see the Hospital and Physician Services Policy and Procedure Manual.

4.3 Overview of Data Requirements

The forms used by the Transport Services Program to collect data and information all have a special purpose in the program development and evaluation. Information gathered, both at the ADHS, and at the Contractor level, support the process and outcome evaluation measurements and individual indicators to determine the quality and effectiveness of the HRPP/NICP. Contractors are expected to have procedures in place to review the completeness, accuracy and integrity of the information submitted on the forms.

4.4 Data Collection

1. As technical support for data collection is updated, the forms required may be updated as well.

2. The content and periodicity of reporting is dependent upon the type of service provided and individual contract requirements.

3. Families must always be given the option of receiving copies of any form(s) pertaining to themselves or their infant(s), especially those they have signed.

4. In the event of multiple birth transports, only one **Request for Neonatal Transport Form** needs to be submitted as long as the number and sequence of the births is indicated on the form, i.e., a, b, c.

5. The transport company may initiate the **Request for Participation Form** for the neonate. It is the responsibility of the hospital to complete and submit the **Request for Participation Forms**.

4.4.1 HRPP Information and Referral Services

Submit an invoice and a log within 30 days after the end of the month. The log must include:

a. Date and time of call
b. Indication of whether the call is maternal or neonatal
c. The name of the referring physician and facility
d. The name of physician paged
e. Notation as to whether the physician paged is the "on call" physician or a "special request" physician.
f. Name of physician returning the page and time
g. Time of repeat page if necessary

4.4.2 Transport Coordination of Services

Submit an invoice and log within 30 days after the end of the month noting the number of maternal transports, number of neonatal forward transports and the number of neonatal back transports. The log should include:

a. Date of Transport
b. Maternal or neonatal
c. Client Name
d. Gestational age
e. Diagnosis
f. Team names
g. Referring physician and hospital
h. Receiving physician and hospital
i. Time of call; initiation of transport travel time to referral centers, and time of arrival at referring center
j. Explanation of response time (departure) greater than 20 minutes for rotor wing and 30 minutes for fixed wing ("variance report".)

4.5 Data Collection Forms (Transport Forms)

It is the responsibility of the transport vendor to assure that required forms are completely filled out either by the referring hospital or by the transport team. After completion, the forms shall be sent to the HRPP Unit Manager.

4.5.1 Maternal and Neonate Transport Forms

1. Required forms must be completely filled out by the participating hospital and/or transport team and sent to the HRPP Unit Manager.

2. The HRPP/NICP forms will only have demographic information on the ***Request for Participation Form*.** Therefore, room will be available at the top right hand corner of the forms to place the infant's hospital label. If the label is larger than the area designated, place the label on the back of the page.

3. Families must always be given the option of receiving copies of any form pertaining to themselves or their infants(s), especially those they have signed.

4. In the event of multiple birth transports, only one ***Request for Participation Form*** needs to be submitted as long as the number and sequence of the births is indicated on the form, i.e., a,b,c.

4.5.2 Forms Completion

TYPE OF FORM	PURPOSE	ADDITIONAL USE	WHO FILLS IN	DISTRIBUTION OF FORM, BY WHOM
Request for Participation Form	Permission for transport Enrollment and authorization form for HRPP/NICP Participation	Collect demographic information about the mother and baby Record family's preference as to type or level of NICP Participation Record mode of transport	Referring hospital, transport team or designated staff at the enrolling hospital If parents are not available to sign before transport, a new **Request for Participation Form** must be signed at the receiving hospital If a baby is back transported, another **Request for Participation Form** must be fully completed and signed authorizing the transport.	**White** copy is sent to the ADHS Data Manager by receiving, enrollment hospital **Yellow** copy goes with transport **Pink** copy goes to family ****Must be sent to ADHS Data Manager within 30 days of the transport, even if the baby is still in the hospital**

TYPE OF FORM	PURPOSE	ADDITIONAL USE	WHO FILLS IN	DISTRIBUTION OF FORM BY WHOM
Request for Maternal Transport	Maternal enrollment for Transport Services Permission to transport Request for financial assistance Release of medical records	Collect, connect & record demographic information about maternal transports	Referring hospital or transport team	**White** (original) copy is sent to: ADHS Data Manager by Transport Company **Yellow** copy goes to transport company **Pink** copy goes to family
Request for Neonatal Transport	Neonatal enrollment for Transport Services Permission to transport Request for financial assistance Release of medical records	Collect, connect & record demographic information about neonatal transports	Referring hospital or transport team	**White** (original) copy is sent to: ADHS Data Manager by Transport Company **Yellow** copy goes to transport company **Pink** copy goes to family
Request for Back Transport	To obtain authorization for a back transport to a non contracted facility	Collect and record information about back transports.	Transport company	Fax Form To: HRPP Transport Program Manager 602-3364-1494

ARIZONA DEPARTMENT OF HEALTH SERVICES
High-Risk Perinatal Program/Newborn Intensive Care Program
Request for Participation Page 1 of 2

Place required label here

PLEASE PRINT ALL INFORMATION

INFANT'S INFORMATION

1. Infant's Last Name	2. Suffix	3. First Name	4. MI	5. DOB	6. Gender M F U

7. Alias: Last Name	8. Alias: First Name	9. Race ☐American Indian / Alaskan Native, ☐Asian, ☐Black / African American, ☐White, ☐Native Hawaiian / Pacific Islander, ☐ Bi-Racial / Multi-Racial ☐Unknown	10. Ethnicity ☐Hispanic/Latino ☐Not Hispanic/Latino

11. Street Address (No. P.O. Box)	12. City	13. State	14. Zip	15. County

16. Tribe (select one)
☐Apache ☐Pueblo ☐Pima
☐Chemehuevi ☐Quecham ☐Other (specify) _____
☐Cherokee ☐Seminole
☐Choctaw ☐Seneca
☐Cocopah ☐Shoshone ☐Unknown
☐Creek ☐Sioux
☐Havasupai ☐Tohono O Odham
☐Hopi ☐Ute
☐Hualapai ☐Washoe ☐Not Applicable
☐Maricopa ☐Yavapai
☐Mohave ☐Yuma
☐Navajo ☐Zuni
☐Paiute (Kaibab)
☐Pasqua Yaqui

17. Reservation (select one)
☐Ak Chin
☐Camp Verde (Yavapai - Apache)
☐Cocopah
☐Colorado River(Mohave-Chemehuevi)
☐Fort Apache
☐Fort McDowell (Yavapai-Apache)
☐Fort Mohave
☐Fort Yuma (Quechan)
☐Gila Bend
☐Gila River (Pima-Maricopa)
☐Havasupai
☐Hopi
☐Hualapai
☐Kaibab-Paiute (Paiute)
☐Maricopa Ak Chin
☐Navajo Nation
☐Pasqua-Yaqui
☐Payson-Yavapai
☐Salt River (Pima-Maricopa)
☐San Carlos (Apache)
☐San Juan Southern Paiute
☐San Xavier
☐Tohono O Odham (Formerly Papago)
☐Yavapai-Prescott (Yavapai)
☐White Mountain Apache
☐Zuni Pueblo
☐Other (specify): _____
☐Unknown
☐Not Applicable

18. Birth Hospital	19. Current Hospital (if not birth hospital)	20. Infant's Insurance

FAMILY INFORMATION

21. Mother's Last Name	22. Mother's First Name	23. MI	24. DOB
25. Alias: Last Name / Maiden Name	26. Alias: First Name	27. Phone # ( )	

28. Marital Status: ☐ Divorced, ☐ Living Together, ☐ Married, ☐ Never Married, ☐ Separated, ☐ Widowed, ☐ Unknown

29. Race: ☐ American Indian / Alaskan Native, ☐ Asian, ☐ Black / African American, ☐ White, ☐ Native Hawaiian / Pacific Islander, ☐ Bi-Racial / Multi-Racial ☐ Unknown

30. Ethnicity ☐ Hispanic/Latino ☐Not Hispanic/Latino

31. Mother's Highest Grade Completed: ☐ ≤8th, ☐ 9-11th, ☐ High School Grad/GED, College: ☐ < 2 yr, ☐ 2 yr, ☐ 4 yr, ☐ 6 yr+

32. Primary Language Spoken at Home:

33. Second Phone # ☐ None ( )

34. Father's Last Name	35. Suffix	36. Father's First Name	37. MI	38. DOB

PRIMARY CAREGIVER (if not Mother and/or Father)

39. Caregiver's Last Name	40. First Name	41. Relationship	42. Phone # ( )

43. Street Address	44. City	45. State	46. Zip

CONTACT INFORMATION (someone who will always know how to reach family)

47. Contact: Last Name ☐ None	48. First Name	49. Relationship	50. Phone # ( )

Distribution by Enrolling Contractor: Original to ADHS Yellow to CHN <u>Pink to Family</u> Copy for Development Follow-up if High Risk
FOR ALL TRANSPORTS AFTER INITIAL HOSPITAL ENROLLMENT: Sending hospital -Copy p1 & p2 of this form to accompany baby to receiving Level II, II EQ or III hospital. Transport carriers do not receive copies of this form.
6-HRPP-002/NICP RFP Page 1 of 2 (06/06)

ARIZONA DEPARTMENT OF HEALTH SERVICES
High Risk Perinatal Program/Newborn Intensive Care Program
Request for Participation, Page 2 of 2

Place required label here

PLEASE PRINT

FAMILY INFORMATION

1. Infant's Last Name	2. Alias Last Name	3. Suffix	4. First Name	5. MI	6. Gender M F U	7. DOB

8. Mother's Last Name	9. Mother's First Name	10. MI	11. Current Hospital

The State of Arizona has established a High Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) to provide a system of *Transportation, Hospital, Medical, and Follow-up* for critically ill newborns whose parents reside in Arizona. This program also assists families when needed to cope with catastrophic costs related to newborn intensive care.

I REQUEST THE FOLLOWING LEVEL OF PARTICIPATION:

☐ **FULL (Includes financial assistance) -** I request participation in the High Risk Perinatal Program /Newborn Intensive Care Program (HRPP/NICP) which may include transport, inpatient hospital care, and community home nursing. I am requesting financial assistance, if needed, and I understand that HRPP/NICP is the payor of last resort. I agree to submit all necessary documents on behalf of my child for purposes of collection from third party payors and shall retain no insurance proceeds from claims intended as payment for services provided. **I agree to enroll my infant on my third party and/or AHCCCS plan, if eligible, within 30 days from infant's date of birth, and understand that failure to do so will result in HRPP/NICP financial assistance being denied. I agree to complete the HRPP/NICP *Financial Worksheet* and *Financial Questionnaire* forms and to fulfill any HRPP/NICP family liability.**

☐ **PARTIAL (No financial assistance) -** I request participation in the High Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) which may include transport, inpatient hospital care, and community home nursing, and development follow-up but *do not* wish to apply for or receive financial assistance. *I shall be liable for all transport, hospital and medical charges incurred.* **I understand that I may request a change in my level of participation <u>during the first thirty (30) days</u> after the birth of my child.**

☐ **PARTIAL / LATE ENROLLMENT (No financial assistance) -** I request participation in the follow-up provided by the High Risk Perinatal Program /Newborn Intensive Care Program (community home nursing and developmental follow-up). I reside in the State of Arizona and my child meets HRPP/NICP eligibility criteria.

Reason: ☐ Parent originally declined participation ☐ Enrollment Hospital never offered program
☐ Sibling of eligible infant ☐ Out of state NICU

I authorize the release of any necessary medical, social and financial information held by any institution or individual that provided newborn services to my child to the Arizona Department of Health Services (ADHS) and to their contracted providers for provider quality management purposes.

_____ _____
Signature of Parent/Guardian/Responsible Party Requesting Full or Partial Participation **Date**

I CERTIFY THAT THIS CHILD MEETS THE ENROLLMENT CRITERIA OF THE NICP

_____ _____
Signature of Authorized Hospital/Follow-up Representative **Date**

Distribution by Enrolling Contractor: Original to ADHS Yellow to CHN <u>Pink to Family</u> Copy for Development Follow-up

ARIZONA DEPARTMENT OF HEALTH SERVICES
High Risk Perinatal Program/Newborn Intensive Care Program
Request for Maternal Transport

PATIENT'S INFORMATION

1.Last Name	2. First Name	3. MI	4. SS#

5. Alias: Last Name	6. Alias: First Name	7. Maiden Name

8. Street Address	9. City	10. State	11. Zip	12. County

13. DOB	14. Preferred Language	15. Marital Status	16. Phone # ( )

17. Race	18.Ethnicity	19. Tribe	20. Reservation

CONTACT INFORMATION

21. Contact: Last Name	22. First Name	23. Relationship

24. Phone # ( )	25. Phone Type	26. Comments

TRANSPORT INFORMATION

27. Authorizing Physician: (Program Perinatologist)	28. Transport Date:

29. From Facility:	30. To Facility:

31. Team: (Z3660) ☐ Maternal ☐ Newborn	32.Air - Fixed Wing (A00330) ☐	33. Air - Rotor (A0040) ☐	34. Ground (A0362) ☐

FAMILY INSURANCE/THIRD PARTY PAYOR INFORMATION

35. Insured Last Name	36. First Name	37. MI
38. Policy Number	39. Company Name	40. Enrollment Date

AHCCCS INFORMATION:
Member ID# **AHCCCS Eligibility Date:**

Plan Enrollment Date: **Plan Name:**

The State of Arizona has established a High Risk Perinatal Program (HRPP) to provide transportation services for high-risk pregnant women in Arizona. This program also assists families, when needed, to cope with catastrophic costs related to emergency transports.

I am requesting participation in the High Risk Perinatal Program for any necessary transport. I am requesting financial assistance, if needed, and I understand that the HRPP is the payer of last resort. I authorize the release of any necessary medical records, social and financial information held by any institution or individual that provided services to me to the Arizona Department of Health services (ADHS) and to their contracted providers for provider quality management purposes. I agree to submit all necessary documents on behalf of myself for purposes of collection from third party payers and shall retain no insurance proceeds from claims intended as payment for services provided.

Diagnosis/Reason for Transport _____

Patient /Responsible Party Signature _____ DATE _____

I certify that this participant meets the medical criteria of the HRPP: _____
Transport Nurse Signature *Date*

(6/06)

ARIZONA DEPARTMENT OF HEALTH SERVICES
High Risk Perinatal Program/Newborn Intensive Care Program
Request for Neonatal Transport

PLEASE PRINT

INFANT'S INFORMATION

1. Infant's Last Name	2. Suffix	3. First Name	4. MI	5. DOB

6. Alias: Last Name	7. Alias: First Name	8. Gender M F U	9. Place / Hospital of Birth

10. Street Address	11. City	12. State	13. Zip	14. County

15. Infant's Insurance Coverage Type ☐ 3rd Party Private ☐ AHCCCS ☐ KidsCare ☐ IHS non-AHCCCS ☐ None

FAMILY INFORMATION

16. Mother's Last Name	17. Mother's First Name	18. MI	19. DOB

20. Alias: Last Name / Maiden Name	21. Alias: First Name	22. Phone:

23. Father's Last Name	24. Suffix	25. Father's First Name	26. MI	27. DOB

TRANSPORT INFORMATION

28. Authorizing Physician: (Program Neonatologist)	29. Transport Date:

30. From Facility:	31. To Facility:	32. Transport Type: ☐ Enrollment ☐ Forward ☐ Back

33. Team ☐ Neonatal	34. Air - Fixed Wing ☐ Name of Air Transport Co	35. Air - Rotor ☐ Name of Air Transport Co	36. Ground Emergency ☐ **LEG 1** Name of Ground Co

37. Ground Emergency ☐ **LEG 2** Name of Ground Co	38. Ground Emergency ☐ **LEG 3** Name of Ground Co	39. Ground Back ☐ **LEG 1** Name of Ground Co	40. Ground Back ☐ **LEG 2** Name of Ground Co

41. Diagnosis/ Reason for Transport

The State of Arizona has established a High Risk Perinatal Program / Newborn Intensive Care Program (HRPP/NICP) to provide a system of Transportation, Hospital and Medical Services and Follow-up for critically ill newborns whose parents reside in Arizona.

If this is an <u>initial</u> transport, the family must complete the *HRPP/NICP Request for Participation* at the contracted receiving Hospital. The family must also complete the *HRPP/NICP Financial Worksheet* & the *HRPP/NICP Financial Questionnaire* at the enrolling Hospital if they are requesting financial assistance.

I authorize the transport of my child and the release of any necessary medical, social and financial information held by any institution or individual that provided newborn services to my child to the Arizona Department of Health Services and their contracted providers for provider quality management purposes. I understand that if this is an <u>initial</u> transport, my child will be enrolled in the Transport component of the HRPP/NICP only, and that I must choose to enroll or decline participation for Hospital and Follow-up components of the HRPP/NICP at the Enrolling Hospital.

Signature of Parent/Guardian/Responsible Party	Patient Relationship	Date
Signature of Transport Staff	Printed Name of Transport Staff	Date

Distribution by Transport: Original to ADHS Yellow to Transport Pink to Family

ATTACHMENT E

High-Risk Perinatal Program (HRPP)
Back Transport Authorization Request

INSTRUCTIONS: Please fill in the information below and fax the completed form to the attention of HRPP Unit Manager, at 602-364-1453.

NOTE: In order to qualify for HRPP interfacility transport services, an infant must have **FULL** participation in the program.

Patient's Last Name: _____ Patient's First Name: _____

Date of Transport: _____ Date of Birth: _____

Patient's Participation Level: ☐ Full

Transporting From: _____ To: _____

Authorizing Neonatologist: _____

Name of Transport Company: _____

Reason for Transport: _____

_____

SUBMITTERS SIGNATURE:_____

Phone # _____ Date:_____

Comments:

_____

CHAPTER 5
EQUIPMENT AND SUPPLIES

5.1 Transport Equipment and Supplies

Transport contractors providing ground, air, maternal and neonatal services shall provide critical patient care and have available ACLS equipment supplies. BLS ground units are acceptable only if the team is self-equipped.

5.1.1 Maternal Ground or Air Equipment

The following equipment shall be available for all ground or air maternal transports:

1. Doppler fetal heart monitor
2. External Fetal Heart Tracing Monitor shall be utilized on all fixed wing, rotor wing and ground transports as indicated.
3. ACLS recommended equipment and supplies
4. Emergency delivery supplies
5. Tocolytic and anti-hypertensive medications
6. IV pumps with a minimum two line capability
7. Neonatal Resuscitation Program (NRP) equipment and supplies are required
8. Pulse oximeter
9. Blood pressure measurement device

5.1.2 Neonatal Ground or Air Equipment

The following equipment shall be available for all ground or air neonatal transports:

1. Transport incubator with battery and inverter capabilities and an infant safety restraint system
2. Neonatal capable pressure ventilator with oxygen-air supply and blender, integrated into/with isolette unit
3. IV pumps with minimum two-line capability

4. Pulse oximeter

5. Invasive and non-invasive blood pressure device(s)

6. Neonatal monitors with heart rate, respiratory rate and temperature capabilities

7. Neonatal specific drug concentrations and doses

8. Umbilical catheter insertion equipment and supplies

9. Thoracostomy supplies

10. Neonatal Resuscitation Program (NRP) equipment and supplies

5.1.3 Back or Return Transport Equipment

The following equipment shall be available for all back/return transports:

1. Transport incubators with battery and inverter capabilities and an infant safety restraint system

2. Department of Transportation approved child restraint system may be utilized as patient acuity permits

3. Neonatal capable pressure ventilator with oxygen-air supply and blender, integrated into/with isolette unit

4. Neonatal monitors with heart rate, respiratory rate, temperature capabilities and pulse oximetry capabilities

5. Neonatal Resuscitation Program (NRP) equipment and supplies are required

5.2 Air Transport

1. All aircraft shall be designed and shall carry a current air ambulance certificate issued by the Arizona Department of Health Services, Office of Emergency Medical Services.

2. The part 135 certificate holder must meet all Federal Aviation Requirements (FAR) standards specific to the operations of an air ambulance.

3. All aircraft shall have an interior medical configuration that is installed according to Federal Aviation Administration approval process.

4. 110 volt AC with inverter or 24-volt DC outlets (reliable external power source) must be available to support electrical equipment during transport (fetal heart monitor, isolette, etc.)

5. The pilot in command shall approve flights for the aircraft predicated on the availability of authorized weather observations and field conditions as per the FAR. The suggested weather minimums set forth by AAMS or specific air medical programs shall take precedence if they are higher or more stringent than the FAA. Safety shall always be the primary concern.

6. All aircraft shall be climate controlled.

5.2.1 Fixed Wing Transport

1. Single or multi-engine pressurized and climate controlled aircraft shall be used.

2. Aircraft shall be certified for flying by Instrument Flight Rules (IFR), day and night with passengers and cargo.

3. There shall be a **thirty-minute maximum initial call to lift off response time.** If all program **aircraft are unavailable** to respond to a maternal or newborn transport request, the requesting facility will be advised of the **delay within fifteen minutes** of the initial request. At that time, the requesting facility shall be given the option of having their call referred to another contracted perinatal transport provider.

5.2.2 Rotor Wing Transport

1. All aircraft shall be certified for flying day/night with Visual Flight Rules (VFR). IFR capability is recommended.

2. There shall be a **twenty-minute maximum initial call to lift off time.** If all program **aircraft are unavailable** to respond to a maternal or newborn transport request within this time frame the requesting facility will be advised of the **delay within fifteen minutes** of the initial request. At that time, the requesting facility shall be given the option of having their call referred to another contracted perinatal transport provider.

5.3 Ground Transport

1. All ground ambulances utilized for maternal or newborn transport shall hold and maintain Arizona State Licensure as a ground ambulance provider. This includes the

availability of all appropriate medical, trauma and communications equipment. A current certificate of necessity shall be in place for the geographic region to be served.

2. When the patient requires the service and skill of either a neonatal or a maternal team, ground services are considered an extension of their air transport role. There shall be a **thirty-minute maximum time to team departure.** If the specialty **ground team is unable to respond** to the request within this time frame the requesting facility shall be given the options of having their call referred to another contracted perinatal transport provider, **within fifteen minutes** of initial call. Long distance ground transports may necessitate additional time for planning and refueling.

3. Ground units shall be designated and certified as either BLS or ALS and shall provide 110 volt AC, with inverter or 24 volt DC outlets as requested by the transport team.

4. Safety/seat belt shall be available for all passengers and crew.

5. Ground ambulance personnel shall complete an orientation program regarding safety and operations prior to working with the air ambulance.

5.4 Neonatal Back Transport

1. A back transport from a higher to a lower level of care is encouraged for neonates as long as they are medically stable.

2. The attending physician responsible for the infant's care must consider many variables including but not limited to receiving facility capabilities, mode of transport and both patient and family needs when determining the appropriateness of transfer.

3. Return transport shall be initiated only after a written order and patient/parental consent has been received.

4. Transfer of care summary, discharge summary, developmental care plan and any other document(s) that would enhance the receiving staff's ability to provide quality care for the neonate shall accompany the infant to the receiving facility.

5. Back transport team configuration may be determined by consultation with the On-Line or Program Specialty Medical Director.

CHAPTER 6
TEAM PERSONNEL

6.1 Flight Communication Center Responsibilities

1. Oversee the initiation of transports through the ADHS contracted On-Call neonatologists and perinatologists, as well as respond to direct requests initiated through contracted ADHS neonatologists and perinatologists.

2. Team personnel contact shall be made with all receiving facilities via radio or phone to provide updates on patient condition and estimated times of arrival.

3. The air medical program shall have a radio-equipped, central communication control center capable of transmitting and receiving posting two-way radio and telephone communications to ground stations, ambulances and aircraft per their Federal Communications (FCC) license.

4. The air medical program shall provide trained communication specialists on duty twenty-four hours per day, seven days per week on a year-round basis to provide central communication services and to communicate with perinatologists, neonatologist and referring hospital staff.

5. The air medical program shall provide documentation indicating back-up aircraft is available.

6. Training of the communication specialists shall be done utilizing the CAMTS Communication Standards and the National Association of Air Medical Communication Specialists Training Manual as guidelines.

7. If an appropriate **team is unavailable** within the specified **twenty-minute rotor wing or thirty minute fixed wing or ground timeframe** the caller shall be advised of the **delay within fifteen minutes** of the initial call and given the option of having their call referred to another contracted perinatal team.

8. All coordinators shall provide individual orientation to new physicians providing medical direction before that physician may be put on the call schedule for consultation.

6.2 Perinatal Team Requirements

6.2.1 Performance Levels (Scope of Job Expectations)

1. An experienced maternal and/or neonatally trained RN team leader shall respond to all maternal and/or neonate transports

2. An experienced specialty trained secondary team member shall respond to all maternal and/or neonate transports

3. The team leader must meet and demonstrate competency in specific minimum skills (listed later in this chapter) as they relate to the care of maternal or neonatal patients

6.2.2 Team Composition

1. Neonatal and maternal transport team composition shall meet CAMTS guidelines for Critical Care and Specialty Care missions.

2. Team composition shall be consistent with levels of care required.

   a. An experienced, trained maternal transport RN shall serve as team leader on maternal transports.

   b. An experienced, trained neonatal transport RN shall serve as a team leader on all neonatal transports.

3. Secondary team members may be a primary flight nurse, respiratory therapist or paramedic trained in the assessment and stabilization of high-risk mothers and infants.

4. Additional personnel such as physicians or nurse practitioners may be added to the primary team as necessary, if deemed appropriate by the transport coordinator of the flight program.

5. The number of team members shall be approved by the pilot in command to comply with program specific safety guidelines. One team member on all flights must be fully trained as a safety and communication resource and at least one experienced maternal and/or neonatal transport RN shall be on board for all perinatal flights and/or ground transports.

6.2.3 Experienced Maternal Team Leader

The team leader must be proficient in the following minimum skills as they relate to the care of maternal patients:

1. Performance of in-depth physical assessment of gravid woman and fetus

2. Performance of newborn assessment and resuscitation

3. Advanced airway management including intubation of newborns and adults

4. Peripheral intravenous insertion and therapy

5. Foley catheter placement

6. Vaginal exams including sterile speculum exams

7. Administration of tocolytic medications

8. Fetal heart rate monitoring and tracing interpretation

9. Emergency delivery

10. Knowledge and understanding of maternal physiology, pathophysiology and disease process

11. Leopold maneuvers to manually determine fetal position

12. Professional communication skills

13. Patient management skills

6.2.4 Experienced Neonatal Team Leader

The team leader must be proficient in the following minimum skills as they relate to the care of neonatal patients:

1. Performance of in-depth physical assessment of the newborn

2. Advanced airway management including orotracheal intubation bag mask ventilation, and mechanical ventilation

3. Peripheral intravenous insertion and therapy

4. Umbilical arterial and venous catheter placement

5. Knowledge and understanding of neonatal physiology, pathophysiology and disease process

6. Professional communication skills

7. Patient management skills

6.2.5 Team Entry Qualifications

1. All RN team leader applicants shall meet qualifications as stated in the ASTNA Professional Standards.

2. Neonatal team leader applicants shall have three (3) years RN experience which includes a minimum of two (2) most recent years in an NICU.

3. Maternal applicants shall have three (3) most recent years RN experience in high-risk labor and delivery, critical care or emergency room.

4. Respiratory Therapists shall be Arizona licensed and certified (CRTT). Registered (RRT) status is strongly recommended within two (2) years of hire date.

5. Paramedics will be Arizona certified by the ADHS, Office of Emergency Medical Services (OEMS).

6. Individual program may require more than the minimum qualifications as outlined by CAMTS, ASTNA, and/or NANN.

6.3 Transport Team Coordinator

1. Registered nurse(s) with experience in high-risk perinatal, neonatal, inpatient and/or transport shall be employed by the transport service at a .5 full time equivalent (FTE) or greater and dedicated to specialty services. This individual(s) shall supervise the training, education and clinical performance of the specialty transport services.

2. The Coordinator shall:

   a. Monitor Quality Management (QM) and Continuous Quality Improvement (CQI) activities

   b. Participate in the interviews and selection of new medical team members

   c. Be responsible for provision of an orientation program for transport team members including all CAMTS, ASTNA, NANN, ACOG, and AAP content

   d. Assure continuing education and skills competency through a hospital based Continuing Education Program

   e. Assure adequate scheduling of transport personnel

   f. Review transport completeness, quality of care, public relations and education opportunities

g. Collaborate with other flight/transport professionals and ground service providers to address maternal and neonate specific transport issues

h. Provide required reports to ADHS

3. All coordinators shall provide individual orientation to the new physicians providing medical direction before that physician may be put on call schedule for consultation

4. Transport Coordinators shall assure that all maternal or neonatal transport requests have a consistent team configuration of a maternal/newborn trained team leader and a specialty trained secondary team member, which may include a neonatal nurse practitioner or physician.

CHAPTER 7
TEAM TRAINING AND MANAGEMENT

7.1 Transport Orientation and Continuing Education

- The role of all transport staff is to provide high quality, family centered, developmentally appropriate services including medical, nursing, respiratory, transportation and other ancillary services. In order for the staff to perform these responsibilities safely and competently, they must receive sufficient orientation, training and information. Standards, guidelines and policies available from the following organizations are represented in this document and are used as reference when providing education to the transport staff.

  Arizona Department of Health Services (ADHS), Bureau of Women's and Children's Health (BWCH)

  ADHS Office of Emergency Medical Services (EMS)

  Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

  Arizona Perinatal Trust/Arizona Perinatal Regional System, Inc. (APT/APRS, Inc.)

  Commission on Accreditation of Medical Transport Systems (CAMTS)

  CAMTS Communications Standards

  National Association of Air Medical Communications Specialists Training Manual

  National Association of Neonatal Nurses (NANN)

  American Academy of Pediatrics (AAP)

  American College of Obstetrics and Gynecologists (ACOG)

  Association of Air Medical Services (AAMS)

  Air and Surface Transport Nurses Association (ASTNA)

- The orientation process shall include training and preparing professionals to become integrated into the contracted transport program, maintaining its standards and advancing its goals.

- The orientation plan shall be designed to accommodate the learning needs of individuals with varying skills and varying years of experience.

- All medical flight team members shall undergo an orientation which will include didactic, theory, clinical practice, policies and procedures necessary for practice in both ground transport and air transport environments.

- Programs not based at a Level II EQ or Level III Perinatal Center shall have a written training agreement with such a service to facilitate maternal and neonatal clinical orientation and ongoing clinical continuing education. Those based at Level II EQ or III facilities are expected to maintain an ongoing, scheduled maternal and neonatal clinical orientation and clinical continuing education.

- Each medical flight team member shall participate in documented activities.

  These activities must include all of the following:

  a. Formal lectures, in-service classes or grand rounds
  b. Precepted clinical time
  c. Precepted flight hours
  d. Objectives and skill lists

  Other learning activities may include:

  a. Recommended audio-visual and/or computer based education programs
  b. Independent study modules
  c. Other learning modalities

- Human Patient Simulators may be considered a substitute for human or cadaver experience requirements if the simulators are dynamic (able to reflect physiological changes resulting from a performed procedure) and not static. The Human Patient Simulator (HSP) must meet the following criteria to demonstrate compliance with intubation and/or invasive procedures and /or if used to access clinical competency.

  a. The dynamic changes that the simulator performs are to be controlled by an operator without the user being aware of what is being changed. (Accreditation Standards of the Commission on Accreditation of Medical Transport Systems, September 2010)

  b. There must be documentation of the simulation instructor's experience and proficiency with the techniques of simulation and his/her active involvement in the broader educational needs of the program.

c. There must be clear identified learning objectives in place for simulation education.
d. There must be evidence of debriefing and review after each simulation scenario and evaluation.

- Each medical transport team member shall have documentation of successful didactic and clinical skills attainment, and individual evaluation of critical thinking skills, with specialty medical director and perinatal transport coordinator prior to assuming independent practice.

- The continuing education program shall include didactic and clinical time on a quarterly basis.

7.2 General Aviation and Safety

A minimum of eight hours of general aviation orientation shall be provided for all medical flight team members. Theory and skills must include, but are not limited to:

1. Aircraft Orientation, Safely and In-flight Procedures

2. Altitude Physiology/Stressors of Flight

3. Infection Control

4. EMS Radio Communications

5. Quality Management

6. Stress Recognition and Management

7. Survival Training

7.3 Maternal Team Orientation

Maternal Team orientation will include didactic, clinical skills competency and required transport missions for both the team leader and secondary team member.

7.3.1 Initial Maternal Certification

At the time of orientation or before, the following certification programs are required, prior to assuming independent transport role and must be renewed every two years:

1. Advanced Cardiac Life Support (ACLS)

2. Neonatal Resuscitation Program (NRP)

7.3.2 Maternal Didactic

Maternal didactic orientation will include but is not limited to the following topics:

1. Hemorrhagic: Placenta Previa, Abruption Placenta, Post Partum

2. Hypertensive Disorders: Pregnancy Induced Hypertension (PIH) Pre-Eclampsia, Eclampsia, Hypertensive Crisis

3. OB Trauma

4. Emergency Delivery

5. Anatomy/Physiology/Assessment

6. Premature Labor

7. Premature Rupture of Membranes (PROM)

8. Medical Complications

   a. Diabetes, Diabetic Ketoacidosis, Hypoglycemia
   b. Thyroid Storm
   c. Septic Shock
   d. Adult Respiratory Distress Syndrome (ARDS)

9. Fetal Heart Rate Monitoring/Basic and Advanced

10. Advanced Cardiac Life Support (ACLS)

11. Neonatal Resuscitation Program (NRP)

Didactic orientation must be documented to include person oriented, topic, objectives and instructor qualifications.

7.3.3 Maternal Clinic

1. Maternal Team:

Each medical flight team member will undergo a period of individualized clinical orientation. All hospital clinical rotations shall be scheduled with an identified physician, maternal L&D staff RN or maternal (flight) RN transport team leader and will follow an established skills list. The goal of this advanced clinical orientation shall be autonomous practice as a skilled team leader or

secondary team member. The following areas and hours are considered the minimum requirements but may be increased at individual program discretion.

2. Maternal RN Team Leader:

a. One hundred eight hours in Labor and Delivery, or on high-risk maternal flight missions with maternal RN/team leader or physician preceptor (or a combination). Minimum of 36 hours L&D clinical in a Level IIEQ or Level III perinatal center. Up to 36 hours of HSP may be substituted for clinical hours.

b. Orientation hours may be decreased to 72 if the individual has been employed as a full time high-risk maternal nurse for the immediate prior year; total hours negotiable with maternal medical director, or designee, if new hire has worked full time during the preceding year at a comparable high-risk maternal transport service

c. Three general missions with assigned preceptor.

d. Three high-risk maternal missions with assigned preceptor. Dynamic Human Patient Simulators may be used for up to two precepted high risk maternal missions.

3. Maternal Secondary Team Member:

a. Thirty-six hours in Labor and Delivery or on high-risk maternal flight missions, with maternal RN/team leader or physician preceptor. Up to 12 hours of HPS may be substituted.

b. Three general missions with assigned preceptor.

c. Three high-risk maternal missions with assigned preceptor. Dynamic Human Patient Simulators may be used for up to two precepted high risk maternal missions.

7.3.4 Maternal Team Competencies

There shall be advanced skill labs (cadaver, animal and/or model) or documented clinical opportunities, for the procedures listed herein. Rotations with anesthesia or critical care may be used to augment this experience. Clinical objectives, skill lists and clinical competency lists will be used with post-tests (as appropriate) and preceptor evaluation to assess the competency of new medical flight team members. The team leader must be proficient in all skills. The secondary team member must be trained to assist in all skills.

1. Airway Adjuncts, including bag, valve, mask (BVM) and orotracheal intubation of infant and adult

2. Peripheral IV

3. Vaginal Deliveries

4. Vaginal Exams

5. Sterile Speculum Exams

6. Administration of Tocolytic Medications

7. Fetal Heart Tracing Interpretation

7.4 Maternal Transport Patient Care Protocols

All transport programs providing maternal and neonatal specialty team services shall have written protocols that dictate treatment parameters to be followed in the absence of specialized on-line medical control. Protocols shall be developed by the transport services in collaboration with any appropriate sub-contracted agencies. Protocols shall be available for, but are not limited to the following conditions:

1. Hemorrhage: Placenta Previa, Placental Abruption, and Postpartum

2. Pre-eclampsia, Eclampsia, hypertensive crisis

3. Premature Labor

4. Premature Rupture of Membranes

5. Medical Complications

   a. Diabetes, Hypoglycemia, Diabetic Ketoacidosis (DKA)
   b. Hypertensive Disorders
   c. Thyroid Storm
   d. Septic Shock
   e. Adult Respiratory Distress Syndrome
   f. Emergency Delivery

7.5 Neonatal Team Orientation

Neonatal team orientation shall include didactic, clinical skills competency and required transport missions for both the team leader and secondary team member.

7.5.1 Initial Neonatal Certification

During orientation, or before, the following certifications are required prior to assuming independent transport role and must be renewed every two years as per AAP recommendations

1. Neonatal Resuscitation Program (NRP)

2. Pediatric Advanced Life Support (PALS)

7.5.2 Neonatal Didactic

Neonatal didactic orientation shall include but not be limited to the following topics:

1. Developmentally Supportive Assessment

2. Anatomy/Physiology

3. Pharmacology

4. Respiratory Emergencies, Mechanical Ventilation and Oxygen Administration

5. Cardiac Emergencies

6. Surgical Emergencies

7. Congenital Malformations

8. Metabolic/Endocrine Emergencies

9. Sepsis

10. Prematurity

11. Persistent Pulmonary Hypertension

12. Fluid and Electrolytes

13. X-Ray Interpretation

14. Thermoregulation

15. Psychosocial Considerations and Communication

16. Advanced Procedures

17. Medical Legal Considerations

18. Birth Trauma

19. Neurologic Events

20. Neonatal Resuscitation Program (NRP)

21. Pediatric Advanced Life Support (PALS)

Didactic orientation program must be documented to include person oriented, topics, objectives and instructor qualifications

7.5.3 Neonatal Clinics

1. Neonatal Team:

Each Medical flight team member shall undergo a period of individualized clinical orientation. All in-hospital clinical rotations shall be scheduled with an identified nurse practitioner, physician or neonatal staff nurse and follow an established skill list. The following areas and hours are considered to be a minimum requirement, but may be (is encouraged to be) increased at individual program discretion.

2. Neonatal RN Team Leader:

a. One hundred forty four hours in Level II EQ, or Level III facility or on high-risk neonatal missions with advanced practice RN. At least 48 hours (minimum) clinical must take place in a Level II EQ or Level III nursery. Up to 48 hours of HPS may be substituted for clinical hours.

b. Orientation hours may be decreased to 72 hours if the individual has been employed as a full time high-risk neonatal nurse for the prior year; total hours are negotiable with neonatal medical director, or designee, if new hire has worked full time during the previous year at a comparable high-risk neonatal transport service.

c. Three general missions with assigned preceptor.

d. Three neonatal missions with assigned preceptor. Dynamic Human Patient Simulators may be used for up to two precepted neonatal missions.

3. Secondary Neonatal Team Member

a. Thirty-six hours in Level II EQ or Level III or high-risk neonatal missions with advanced practice RN. Up to 12 hours may be substituted with HPS.

b. Three general missions with assigned preceptor.

c. Three neonatal missions with assigned preceptor Dynamic Human Patient Simulators may be used for up to two precepted neonatal missions.

7.5.4 Neonatal Team Competencies

There shall be advanced skill labs (cadaver, animal and/or model) or documented clinical opportunities for the following listed procedures. The secondary team member must be trained to assist in all skills.

1. Airway Adjuncts (including BVM and orotracheal intubation)

2. Intraosseous Catheter Insertion, (per Medical Director discretion and team scope of practice)

3. Peripheral IV (external jugular per Medical Director discretion and team scope of practice)

4. Chest Tube Placement

5. Needle Thoracic Decompression

6. Umbilical Catheterization

7. Administration of Aerosolized Medications

8. Transport Equipment (including trouble shooting and back up systems)

7.6 Neonatal Transport Patient Care Protocols

All transport programs providing neonatal specialty team services shall have written protocols that dictate treatment parameters to be followed in the absence of specialized on-line medical control. Protocols shall be developed by the transport services in collaborations with any appropriate sub-contracted agencies. Protocols shall be available for, but are not limited to the following conditions:

1. Congenital Malformations

2. Cyanosis

3. Gastrointestinal Disorders

4. Abdominal Wall Defects

5. Neural Tube Defects

6. Prematurity (premature infant)

7. Respiratory Distress Syndrome, Respiratory Failure

8. Seizures

9. Sepsis

10. Congenital Heart Disease

11. Persistent Pulmonary Hypertension

12. Meconium Aspiration

13. Pneumothorax/Air Leak Syndrome

7.7 Team (Maternal and Neonate) Continuing Education/Competencies

1. Continuing education records shall be completed and maintained by all team members.

2. Continuing education for flight nurses shall include ASTNA Education Recommendation for Continuing Education.

3. Neonatal flight nurses shall follow the NANN Continuing Education Guidelines.

4. There shall be ongoing follow-up and evaluation by the transport team coordinator or designee after formal training is completed. Quarterly or semi-annual evaluations shall be done during the first employment year to assure adequate knowledge and skills as a maternal or neonatal leader or member.

5. Maternal and neonatal competencies shall be documented annually in the clinical and/or transport setting.

6. Maternal and neonatal flight reviews shall occur at least quarterly under the supervision of the Specialty Medical Director of their designee.

7. Nursing certification in High-Risk Neonatal, High-Risk Perinatal or Maternal /Newborn (RNC), Emergency Nursing (CEN), Flight Nursing (CFRN) Critical Care (CCRN) shall be attained within two years of hire unless NNP status is current.

8. National Certification Corporation (NCC), Neonatal Nurse Practitioner Clinician is recommended for NNP.

9. NRP shall be maintained as required.

10. PALS and ACLS shall be maintained as required.

11. Twenty-four hours of area specific didactic continuing education hours shall be completed by all team leaders annually. Education updates may include seminars, lectures, specific tape and chart flight review or Dynamic Human Patient Simulators.

12. Twelve hours of area specific didactic continuing education hours shall be completed by all secondary team members annually.

13. Twenty-four hours of Level II EQ, Level III, or high-risk neonatal/maternal mission shall be completed and documented yearly by <u>all</u> team leaders.

14. Twelve hours of Level II EQ or Level III clinical hours shall be completed and documented yearly by all secondary team members.

15. The focus of all clinical flight time continuing education hours will be to review and perform area specific skills and competencies.

CHAPTER 8
BILLING AND PAYMENT POLICIES

8.1. Perinatologist or Neonatologist Case Management and Consultation Services Billing Procedure

1. The High Risk Perinatal Program Claims Coordinator will draw up an invoice for authorizing physicians each month. The information for the invoice will come from the Information and Referral Line log submitted each month for the previous month. The invoice will reflect the number of calls facilitated through the 1-800 line by the group and will include the payment for the calls.

2. By **July 1** of every new Fiscal Year, submit a list of physicians who will provide medical consultation and case management for high-risk pregnant women and/or critically ill newborns to the transport companies and the 1-800 HRPP Information and Referral Line. Report changes to the Transport Program Manager as they occur

8.2. Maternal Billing and Payment Policy

1. A **Request for Maternal Transport Form** must be completed and include the name of the Transport Company and contracted Perinatologist who authorized the transport before any request for payment is considered.

2. Maternal transports are only authorized if the patient is transported to an II EQ or Level III hospital. Exceptions may be made only if previously authorized by the Transport Program Manager.

3. Transport bills will be considered for payment only after claims have been settled with all possible third party payers.

4. The High Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) is the payer of last resort.

5. Claims for transport services must be submitted within nine months of the date of transport in order to be considered for payment.

6. If a client is eligible for the HRPP and is not advised of the Program or if an eligible client completes all required forms and the transport company fails to submit those forms to the ADHS, the transport company cannot bill the family.

7. Payments are contingent on availability of funds. The HRPP/NICP will notify contractors when allocated funds are exhausted. Bills that would be the HRPP/NICP liability are processed as “NO FUNDS” and cannot be billed to the family as per contract.

8. Non-contracted ground transport services may be covered by the HRPP/NICP for authorized patients. Non-contract providers must abide by the policy and procedure manual.

9. Services for patients not enrolled in the HRPP/NICP may not be billed to the Program.

8.3. Maternal Billing and Payment Procedure

Transport services will be billed on a claim form that includes the following:

1. Patient name

2. Date of birth

3. Mother's name (if appropriate)

4. Transport origination and destination locations

5. Date of services

6. Name of third party payer

7. Type of services (mileage and base rate) charges associated with each service

8. Total charges, **less** third party payment and patient balance due.

9. Contractor's name, address, phone number and the Federal Employer Identification Number or Social Security Number

The third party payer's "Explanation of Benefits" stating the reason for denial shall accompany bill. Mail bills to:

HRPP/NICP Claims Coordinator
150 North 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
(602) 364-0058

8.4. Neonatal Billing and Payment Policy

1. The **Request for Participation form** and **Financial Questionnaire** must be sent to the ADHS before any request for payment is considered. (The hospital is responsible for getting the **Financial Questionnaire** filled out by the family.)

2. The HRPP/NICP will pay for interfacility neonatal transports authorized by an HRPP contracted authorized physician and performed by HRPP contracted transport providers.

3. Transport bills will be considered for payment only after claims have been settled with all possible third party payers.

4. The HRPP/NICP is payer of last resort.

5. The HRPP/NICP will pay for back transports authorized by contracted neonatologists to APT/APRS, Inc. certified facilities **when the distance from the family home to the hospital is over 50 miles and the family is enrolled in full participation**. Exceptions are made in unusual circumstances to non-APT/APRS, Inc. certified hospitals. Prior authorization by the Transport Manger is required.

6. Claims for transport program must be submitted within nine months of the date of transport in order to be considered for payment.

7. If a baby is eligible for the HRPP/NICP and not advised of the Program, or if the family completes all required forms but the transport company fails to submit those forms to ADHS, the transport company cannot bill the family.

8. Payments are contingent on availability of funds. The HRPP/NICP will notify contractors when allocated funds are exhausted. Bills that would be the HRPP/NICP liability are processed as "NO FUNDS" and cannot be billed to the family as per contract specifications.

9. Non-contracted ground transport services may be covered by the HRPP/NICP for authorized patients. Non-contract providers must abide by the policy and procedure manual.

10. Services for patients not enrolled in the HRPP/NICP may not be billed to the Program.

8.5. Neonatal Billing and Payment Procedure

Transport services shall be billed on a claim form that includes the following:

1. Patient's name

2. Date of birth

3. Mother's name

4. Transport origination and destination of locations

5. Dates of Services

6. Name of third party payer

7. Type of services (mileage and base rate) charges associated with each service

8. Total charges, **less** third party payment and patient balance due

9. Contractor's name, address, phone number and the Federal Employer Identification Number or Social Security Number

The third party payer's "Explanation of Benefits" (EOB) statement stating the reason for denial must accompany bill. Mail bills to:

HRPP/NICP Claims Coordinator
150 North 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
(602) 364-0058

8.6. Coordination of Services Billing and Payment Procedures

Coordination of Services shall be billed on an invoice that lists the following:

1. Contract number

2. Month of service

3. Number of Maternal, Neonate forward and Neonate back transports

4. Total number of qualifying transports times Coordination fee

5. 'Remit payment to:' must be listed

6. Signature, name and phone number of person submitting invoice

7. Attached Neonatal and Maternal Log

8. Original Request for Transport forms

Invoice, log and original Request for Transport forms shall be submitted monthly within 30 days of end of the service month.

Mail invoice to:

HRPP/NICP Claims Coordinator
150 North 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
(602) 364-0058

8.4. Neonatal Billing and Payment Policy

1. The **Request for Participation form** and **Financial Questionnaire** must be sent to the ADHS before any request for payment is considered. (The hospital is responsible for getting the **Financial Questionnaire** filled out by the family.)

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6. Claims for transport program must be submitted within nine months of the date of transport in order to be considered for payment.

7. If a baby is eligible for the HRPP/NICP and not advised of the Program, or if the family completes all required forms but the transport company fails to submit those forms to ADHS, the transport company cannot bill the family.

8. Payments are contingent on availability of funds. The HRPP/NICP will notify contractors when allocated funds are exhausted. Bills that would be the HRPP/NICP liability are processed as “NO FUNDS” and cannot be billed to the family as per contract specifications.

9. Non-contracted ground transport services may be covered by the HRPP/NICP for authorized patients. Non-contract providers must abide by the policy and procedure manual.

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3. Mother's name

4. Transport origination and destination of locations

5. Dates of Services

6. Name of third party payer

7. Type of services (mileage and base rate) charges associated with each service

8. Total charges, **less** third party payment and patient balance due

9. Contractor's name, address, phone number and the Federal Employer Identification Number or Social Security Number

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HRPP/NICP Claims Coordinator
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Phoenix, Arizona 85007-3242
(602) 364-0058

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Coordination of Services shall be billed on an invoice that lists the following:

1. Contract number

2. Month of service

3. Number of Maternal transports

4. Number of Neonate forward transports

5. Number of Neonate back transports

6. Total number of qualifying transports times Coordination fee

7. 'Remit payment to:' must be listed

8. Signature, name and phone number of person submitting invoice

9. Attached Neonatal and Maternal Log

10. Original Request for Transport forms

Invoice, log and original Request for Transport forms shall be submitted monthly within 30 days of end of the service month.

Mail invoice to:

HRPP/NICP Claims Coordinator
150 North 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
(602) 364-0058

CHAPTER 9
QUALITY MANAGEMENT AND IMPROVEMENT

9.1 Introduction

The ADHS Bureau of Women's and Children's Health recognizes the need to support the development of effective quality assessment and improvement initiatives into its programs. Contractors must develop a systematic process for continuous monitoring of the quality of patient/client services. This document provides guidelines for the development and/or ongoing implementation of a continuous quality management and improvement program.

Quality management and improvement is an ongoing process to monitor and improve health services. The process is summarized in the JCAHO Ten Step Model (adaptation):

1. Assign responsibility for activities
2. Delineate scope of care
3. Identify criteria and indicators for review
4. Establish thresholds for evaluation and implementation
5. Data Collection
6. Review action with analysis of data and reports
7. Evaluate care and assess prior interventions
8. Cooperative planning and implementation of change (new plan) as necessary
9. Assess effectiveness and document improvement
10. Establish a feedback system for communication about trends, interventions and evaluations.

The ADHS will assist all transport services providers with program evaluation by providing statistical reports on the HRPP/NICP population on a statewide and regional basis.

The ADHS will conduct annual Site Review visits to evaluate each provider's compliance with program standards and requirements. These visits may include, but are not limited to: review of patient charts, protocols, personnel records, referral patterns, response patterns and family satisfaction.

9.2 Annual Plan

The contractor's quality management and improvement process is documented in the contractor's quality management plan. An annual quality management plan should be based on the ADHS Continuous Quality Improvement (CQI) format and shall include but not be limited to the following components: chart review, peer review, observation, professional staff education, training, certification, and a minimum of three quality improvement indicators. The Annual Plan should be submitted to the ADHS within 30 days of the beginning of the Fiscal Year (August).

9.2.1 The Selected Indicator

The indicator is a measurable variable that relates to quality of services. Each indicator has its own performance or effectiveness goal and has the potential to impact the health of the patient. In recognition of the fact that both statewide trends and local concerns must be addressed by the ongoing quality improvement process, the Bureau of Women's and Children's Health will identify at least one indicator per contract year that must be included in program quality management and improvement activities. Other indicators will be selected by the contractor conducting the quality improvement activities and will reflect local concerns.

9.2.2 The Goal

Performance or effectiveness goals may be selected. Performance goals identify the organization's target and measure the compliance of the organization or its providers in relation to its processes or system. Effectiveness goals, on the other hand, measure a change in health, patient/client performance, or patient/client satisfaction as a result of the performance of the organization or its providers. Performance goals may be drawn from a variety of sources including various regulations and standards governing health care practice, organizational policy and procedures or contractual requirements.

9.2.3 Quality Improvement Indicator Level (Threshold)

The targeted performance or outcome level.

9.2.4 Data Source

The identified source for data specific to the indicator. Common data sources would be patient/client charts, patient/client satisfaction surveys or routine database reports. In most cases, fairly simple methods can be devised to collect the data needed. Cost effectiveness (cost of collecting the data in a certain way versus the value to your quality assessment and improvement program) and validity of data

collected are important considerations. Consider data sources you may already have in place, developing new ones only where needed. Collecting data is the most expensive part of the quality assessment, therefore, careful consideration must be given to two points: a) sample size and b) who collects the data. It is not necessary to collect a statistically valid sample, however a sample size must be developed that can be reasonably used to monitor trends. If the base population from which the sample is taken is reasonably large, a 1% sample is usually adequate. Careful consideration should be given to who collects the data. In general, clerical staff can collect all information from medical records more cost effectively than professional staff. Reports from information already entered into the computer can significantly reduce data collection costs.

9.2.5 Responsibility

The person identified to be in charge of documenting the plan, collecting the data, reporting results, developing and documenting strategies and results.

Quality Improvement Plan
Transport Services
Indicator # 1

Name of Organization: **Reporting Period:**

Description: The response time frames established by the HRPP/NICP for maternal and neonatal transports are the maximum allowable times or the team and aircraft, or ground ambulance to respond to any transport. Any delay is unacceptable and must be reviewed.

Goal: Response times will be adhered to with any HRPP/NICP transport. A thirty (30) minute maximum time from dispatch notification to team departure (or lift off) is tolerated on fixed wing or ground transports. A twenty (20) minute maximum time from dispatch, notification to team departure (or lift off) is tolerated on rotor wing transports. Any delay of aircraft, ground or team will result in a request of another program to take the transport, this determination will be made, initiated and documented within the first fifteen (15) minutes following initial dispatch request.

Indicator: The number of transports with response times from dispatch notification to team departure greater than acceptable allowable time parameters.

QIP Target: 100% **Indicator Score:** **Data Source:** Dispatch Logs

Overall Analysis: **Ground delay (s), include times:**
Rotor wind delay (s), include times:
Fixed wing delay (s), include times:

Plan for Quality Improvement:

Target Date for Resolution: **Signature/Responsible Person:**

_____

Resolution:

Review Date: **Indicator Source:** **Signature:**_____

Quality Improvement Plan
Transport Services
Indicator # 2

Name of Organization: **Reporting Period:**

Description: Completion and submission of the ADHS/HRPP/NICP Forms for data collection are necessary in order to enroll and process the paperwork for data collection, claims processing and appropriate follow-up.

Goal: The Request for Maternal Transport and the Request for Neonatal Transport be correctly completed. The forms will include the name of the authorizing perinatologist and neonatologist.

Indicator:

QIP Target: **Indicator Score:** **Data Source: Patient Charts**

Plan for Quality Improvement:

Target Date: **Signature/Responsible Person:**_____

Resolution:

Review Date: **Indicator Score:** **Signature:**_____

CHAPTER 10
SITE REVIEW

10.1 Process Overview

The purpose of the Site Review process is to establish a mechanism for the evaluation and monitoring of contracts executed by the Arizona Department of Health Services (ADHS) to ensure services were delivered pursuant to the terms and conditions of the contract, statues, rules, and other policies applicable or made a part of the contract. During the site review monitoring process, the ADHS shall provide training and technical assistance to the contracted provider in the service area, provide a demographic profile of the area, engage in dialog to identify public health concerns, and provide general overview of the ADHS services. The site review monitoring process provides a structured framework for reviewing and assessing the Transport Services contractor's progress, program strengths and compliance with Standards (See Chapter 10, Page 3, Site Review Monitoring Guide.)

10.2 ADHS Program Responsibilities

1. Prepare and provide the contractor with a comprehensive Site Review Monitoring Guide.

2. Schedule the on-site review with the Contractor a minimum of (5) days in advance of the review.

3. Provide the contractor with a draft agenda, a list of the review team members, a copy of the site review monitoring guide, and a list of patient charts which should be available for review.

4. Conduct interviews with administrators, staff, clients, family members and others as appropriate.

5. Provide feedback on performance to the Contractor during the on-site review exit conference.

6. Provide the opportunity for the Contractor to discuss program strengths and identify issues and concerns.

7. Provide the Contractor with a "**Draft**" of the complete Site Review Monitoring Guide and a Site Review Summary which covers: Areas of Excellence, Recommendations for Improvement, and Required Corrections.

8. Prepare final monitoring report within thirty (30) days of receipt of the Contractor's comments. A copy of the report shall be provided to Contractor's and a copy will be maintained in the Contractor's program files.

9. Review and accept or revise (in collaboration with the contractor) the written plan of corrective action.

10. Monitor the Contractor's progress and provide technical assistance in support of the plan.

10.3 Contractor's Responsibilities

1. Cooperate with the HRPP/NICP in the monitoring process by making information and records available and by allowing interviews and inspections of the facilities.

2. Notify the ADHS Site Review Team Leader regarding any desired training or technical assistance that will be required during the on-site visit.

3. Request the attendance of the staff directly responsible for the contract.

4. Make space available for the meeting and review of patient records.

5. Have the following materials available for review at the site: Personnel Education Log (including Standards of Care Review and Evaluation Performance Checklist), written patient care protocols, training curriculum for maternal/neonatal transports, CQI records and family satisfaction surveys.

6. Identify Contractor strengths, concerns, and education/technical assistance needs during the site visit.

7. Respond to the Site Review Draft within seven (7) days of receipt.

8. Prepare and submit to the program a written plan of corrective action, if required, within fourteen (14) days of receipt.

10.4 Site Review Monitoring Guide

The Site Review Monitoring Guide is divided into sections. Each section represents the ADHS Transport Service Standards. These Sections are:

1. Recruitment, hiring, training, continuing education and skills competency

2. Administrative and on-line medical control

3. Coordination and risk appropriate transport services

4. Documentation and forms completion

5. Medical configuration and forms completion

6. Ground Transport

7. Quality Assurance, Quality management and/or Continuous Quality Improvement Plan

8. Back Transport

9. Specialty medical team licenses and certifications

10. Pilot licenses and FAA requirements

11. ADHS licenses and FAA requirements

12. CAMTS accreditation

13. 135 Air Tax certificate

14. Billing

15. Equipment and supplies

Each section of the Guide identifies the performance standard for the Contractor. These performance standards have also been stated in the "Scope of Work" section of the contract and/or in the Transport Policy and Procedure Manual. The ADHS review team gathers data, reviews documents and conducts interview(s) with the Contractor to assess whether the performance standards have been met.

The Site Review Guide will indicate the status of the material reviewed: H=Have, R=Request from the Contractor and O=Observed. Several different resources, documents or methods will be used to gather information about the contractor's program. These sources allow for a variety of means for reviewers to gather evidence to support findings and conclusions.

The topic in each section will cue and guide the reviewers concerning the type of questions to ask the Contractor and things to look for in reviewing documents or other types of descriptive data and information that supports a standard. Reviewers will document their evaluations.

10.5 Scoring: C=Complaint P=Partially Complaint N=Noncompliant

The contractor will be given one score for each standard based on the findings and conclusion of the review team. Areas above standard may be highlighted as strengths and areas of noncompliance will be documented so that the Contractor can prepare action plans for resolving problem areas.

Collection of data and description of processes will support the findings and conclusions and will provide the Site Review Team with information to identify program strengths and opportunities for improvement.

SEE FOLLOWING ATTACHMENTS

ARIZONA DEPARTMENT OF HEALTH SERVICES
BUREAU OF WOMEN'S AND CHILDREN'S HEALTH
HIGH-RISK PERINATAL PROGRAM (HRPP)

MATERNAL AND NEONATAL TRANSPORT SERVICES – SITE REVIEW

Contractor:	Date:
Attendees:	ADHS Reviewers:

H=Have R=Requested O=Observation C=Compliant P=Partially Compliant N=Non-Compliant

STANDARD		WHAT TO LOOK FOR	COMMENTS
PROGRAM ADMINISTRATION			
1. The contractor shall recruit, hire, train and provide continuing education and skills competency for neonatal and maternal transport team personnel as outlined in the ADHS Transport Policy and Procedure Manual.	**H** **R** **O**	Hiring requirements; Initial Orientation Plan including: didactic, skills, lab, clinical and precepted flight hours; Continuing Education Plan including: didactic, skills, lab, and clinical and/or flight hours.	**C** **P** **N**
2. There shall be ongoing administrative and on-line medical control relationships as per the ADHS Transport Policy and Procedure Manual.	**H** **R** **O**	Contracts, administrative policy or medical control agreements that are current and specific for perinatal and neonatal specialties.	**C** **P** **N**
3. There shall be evidence of coordinated and risk-appropriate transport services as outlined by the ADHS Transport Policy and Procedure Manual.	**H** **R** **O**	Neonatal and perinatal specific policies, procedures, and/or protocols outlining care parameters for the conditions listed in the ADHS Transport Policy and Procedure Manual.	**C** **P** **N**

4. There shall be a medically configured rotor-wing and/or fixed wing aircraft to respond to neonatal and maternal transport requests 24-hours/day/seven days/week.	**H** **R** **O**	Visual inspection or documentation of all appropriate aircraft currently being used for maternal and neonatal transport. Logs' denoting that another NICP/MTP contracted flight service was utilized whenever their own aircraft was unavailable.	**C**	**P**	**N**
5. There shall be 24 hours/day flight coordination services.	**H** **R** **O**	Staffing schedules showing 24-hour coverage.	**C**	**P**	**N**
6. There shall be evidence of collaborative relationships with contracted and non-contracted ground ambulance services.	**H** **R** **O**	Minutes of periodic meetings, documentation of joint CQI projects, correspondence	**C**	**P**	**N**
7. There shall be a QA/CQI plan which includes perinatal specific indicators, at least one of which may by recommended by ADHS	**H** **R** **O**	Current QA/CQI plan on file with perinatal indicators and results documented.	**C**	**P**	**N**
8. Back transports shall be facilitated and provided as requested or necessary.	**H** **R** **O**	There shall be a written plan for back transport.	**C**	**P**	**N**
9. Team schedules will reflect any subcontracted team/vendor arrangements	**H** **R** **O**	Copies of historical (current contract period) and current schedules must be on file with the vendor.	**C**	**P**	**N**

10. All Transport providers shall be licensed, registered or certified in their respective fields.	**H** **R** **O**	Copies/documentation of RN license, Paramedic and Respiratory Therapist certification, advanced practice certifications and age appropriate cardiac life support certificates. (BLS/ACLS/NRP/PALS, etc)	**C**	**P**	**N**
11. All pilots shall be licensed and meet the requirements of the Federal Aviation Administration	**H** **R** **O**	Documentation of flight hours and check rides must be on file with vendor.	**C**	**P**	**N**
12. Their shall be a valid ADHS Air Ambulance License and current accreditation by the Commission on Accreditation of Medical Transport Services (CAMTS)	**H** **R** **O**	Proof of license and accreditation shall be on file with vendor.	**C**	**P**	**N**
13. A valid part 135 air taxi certificate shall cover all aircraft that are utilized for maternal and neonatal transport	**H** **R** **O**	Proof of part 135 compliance shall be on file with vendor.	**C**	**P**	**N**
14. There shall be all of the necessary equipment/supplies on board each aircraft to deliver age appropriate ALS car to both the mother and infant. There shall be all of the necessary equipment and supplies available to deliver appropriate phone services for any emergency or routine perinatal call request.	**H** **R** **O**	Equipment lists for restocking aircraft on site inspection. Equipment available & in working order. There is a back-plan should equipment fail.	**C**	**P**	**N**

ATTACHMENT 10-1

Division of Public Health Services

Office of the Assistant Director
Public Health Prevention Services

150 N. 18th Avenue, Suite 320
Phoenix, Arizona 85007
(602) 364-1453
(602) 364-1494 FAX

JANICE BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

Date

Name
Perinatal Supervisor
Contractor Name
Address
City, State Zip Code

Dear Mr./Ms. :

The Arizona Department of Health Services (ADHS) is responsible for the evaluation and monitoring of contracts. Periodic site reviews are scheduled to ensure that services are delivered pursuant to the terms and conditions of the contract, applicable statutes, rules, and other policies applicable or made part of the contract. A High-Risk Perinatal Program/ Newborn Intensive Care Program site review has been scheduled for Contract # on Day of the Week, Month Day, 2005 at Time AM/PM.

The review process also provides me with the opportunity to meet with you to discuss public health issues in your community and provide training and technical assistance as needed.

Enclosed you will find a revised monitoring guide which summarizes the areas for review and the sources that will be reviewed for verification of compliance. Also included in this packet are a draft agenda and the names of clients whose charts are needed for the evaluation.

Your assistance in the following areas is requested:

Prior to the review:

1. Notify the HRPP/NICP Program Manager regarding any desired training or technical assistance. This will allow the team leader to adjust the composition of the site visit team to meet your needs.

2. Request the attendance of staff directly responsible for the contract. Please have the following staff present: Specialty Transport Coordinator, Program Director, Financial and Billing Office representative, Education and CQI representatives, Medical Director for each component, Respiratory Therapist, Primary and Secondary Team members, pilots (RW and FW) and anyone else you feel would benefit from this process.

The day of the review:

Reserve a meeting area for the review.

The following materials should be available for review at the time of the visit:

- Personnel files including hiring information, performance evaluations, continuing education plans and documentation of training.
- Current CQI/QA Plan and Records on file
- Written patient care protocols
- Training curriculum for Maternal and Neonatal Team
- Licenses and certificates for aircraft and crew members (pilots, nurses, paramedics, respiratory therapists).
- Client charts: Please see the attached list of maternal and neonatal transport charts we would like to review

Your support of the site review process is appreciated. Our goal is to make this an opportunity for us to work together to continually evaluate and improve the services that we provide to Arizona's most vulnerable populations. Please contact our office at 602-364-1453 if you have any questions regarding the process. We look forward to meeting with you on , 2005.

Sincerely,

«ProgramManagersFirstName» «ProgramManagersLastName», «Credentials»
Hospital Services Program Manager
Office of Women's and Children's Health

XX:XX:xx

Enclosures (4)

Division of Public Health Services
Office of the Assistant Director
Public Health Prevention Services

150 N. 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
(602) 364-1400
(602) 364-1496 FAX

JANICE BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

«CurrentDate»

«FirstName» «LastName»
«Company»
«Address1»
«City», «State» «PostalCode»

Dear «Title» «LastName»:

Enclosed is a draft of the monitoring report that documents the findings of the Site Review for High-Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) «Contract #» on «Date of Site Review». The draft summarizes the following four sections of the review:

I. Areas of Excellence
II. Recommendations for Improvement
III. Required Correction
IV. Additional Discussions

Please review and respond to the draft's contents within seven (7) days following the receipt of this letter. Notify us if there are any corrections that should be made to the report. After the final report is issued, you will have the opportunity to submit a corrective action plan if one is required.

If you have any questions regarding this process, please contact me at (602) 364-1453.

Sincerely,

«ProgramManagersFirstName» «ProgramManagersLastName», «Credentials»
Hospital Services Program Manager
Office of Women's and Children's Health

XX:XX:xx

Enclosure (1)

Division of Public Health Services
Office of the Assistant Director
Public Health Prevention Services

150 N. 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
(602) 364-1400
(602) 364-1496 FAX

JANICE BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

«CurrentDate»

«FirstName» «LastName»
«Company»
«Address1»
«City», «State» «PostalCode»

Dear «Title» «LastName»:

Enclosed is a copy of the Final Site Review report. Please review the report by the site review team. Your Corrective Action Plan must be submitted within fourteen (14) days of the receipt of this letter if the Site Review Summary contains required corrections.

The submitted written Corrective Action Plan will be reviewed, and accepted, or changes to the plan will be requested. Upon acceptance of the Corrective Action Plan, the program manager is available to provide technical assistance.

If you have any questions regarding this process, please contact me at (602) 364-1453.

Sincerely,

«ProgramManagersFirstName» «ProgramManagersLastName», «Credentials»
Hospital Services Program Manager
Bureau of Women's and Children's Health

XX:XX:xx

Enclosure (1)