**Site Visit Checklist**

|  |  |  |
| --- | --- | --- |
| **Time Frame** | **Action** |  |
| **Finalize Site Visit Date** | **Chair of Pediatrics and Chair of Obstetrics or their designee should be in attendance at the Site Visit. In addition, the Manager/Director must also be present.**   1. **Secure meeting room for Site Visit** 2. **Additional electrical outlets to accommodate Site Visit Team’s laptop computers should be available/in person** 3. **Projector and Screen in Meeting Room for projecting the Site Visit Materials/in person** 4. **Allow 3 hours for Site Visit** 5. **Share Site Visit Materials with staff attending the meeting, including physicians** |  |
| **Send Site Visit Materials to Elaine 3-4 weeks in advance of Site Visit. Materials must be downloaded on password protected flash drives.** | **Send 3 password protected flash drives to the Perinatal Outreach Office. Email Elaine the password for the flash drive.**  **Send flash drive via snail mail or overnight express.** |  |
| **Order of Site Visit Materials** | **Letter from last Site Visit with Responses to the Letter**  **Brief Overview of Perinatal Services Offered and Demographic and Geographic information regarding your primary and secondary catchment areas.**  **Appendix A – Make sure all numbers and percentages are correct. Reconcile the number of mortalities in Appendix A with the chart listing maternal/neonatal/ fetal mortalities. If a neonatal transfer dies after transfer that death should be recorded in the correct birth weight category on the live birth chart. Maternal and Neonatal Transfers for one year. List of Severe Maternal Morbidity Cases. (OB Hemorrhage, ICU Admission, Both)**  **EX A 1550 gram baby was transferred to CHOI and died. In the 1500-1999 birth weight category the number of babies delivered in that category would be entered, as 4/1 -(4 delivered and 1 died.)**  **Be prepared to speak to changes in delivery numbers, complications, C/Section Rates and Induction and Augmentation Rates.**  **Include RN/Patient Ratio’s in the far right column**  **Follow AWHONN Staffing Guidelines**   * **AP 1 to 3-4** * **DR 1:1** * **PP 1: 3 to 4 Couplets**   **Be sure the number of Newborn Cribs exceeds the number of PP beds by at least 2. This will demonstrate the accommodation of twins.**  **Be sure to include the Average Daily Census in the Intermediate Nursery and how the ADC was calculated.** |  |
| **Resource Requirement Checklist** | **Please see sample completed Resource Requirement Checklist with some recommended responses and charts that may be utilized.**  **Please be sure responses to the statements in the Resource Requirement Checklist are completed in the color blue.** |  |
| **BioSketches** | **Include BioSketches for the following individuals**   * **Chair of OB (Board Certified) Be sure to include expiration date for certification** * **Chair of Pediatrics (Board Certified) Be sure to include expiration date for certification** * **Chief Nursing Officer** * **Nursing Director/Manager of OB** * **Licensed Social Worker with relevant experience in perinatal care (include continuing education hours pertinent to perinatal care)** * **Director of Respiratory Therapy (experience in neonatal care) (continuing education hours pertinent to perinatal care)** * **Dietitian (continuing education hours pertinent to perinatal care)** * **Lactation Consultants/ Counselors** * **Director of Anesthesia** |  |
| **Policies** | **Infant Feeding Policy**  **Critical Congenital Heart Disease Screening Policy**  **Massive Transfusion Policy**  **OB Hemorrhage Policy (Risk Assessment, OB Emergency Team,**  **(Medications, Activation of Emergency Response Team, Trigger for Emergency Response Team and MTP)**  **Policy for the refusal of blood and blood products**  **Policy for treating severe hypertension (Required)**  **Pitocin Administration Policy/Induction**  **Pediatrician Attendance at Delivery**  **Trial of Labor After C/Section (VBAC Policy)**  **Newborn Discharge Policy**  **Any Hypertension Policies related to discharge (Follow up in 3 days and 7 days)**  **Any discharge materials provided to mother’s /AWHONN/ACOG**  **Hypertension Treatment Policy**  **ED Triage for Hypertensive Patients (if you have one)** |  |
| **CQI Initiatives** | **Breast Feeding Rates**  **Elective Deliveries < 39 weeks**  **Treatment of Severe Hypertensive Patients**  **Discharge Education for Severe Hypertensive Patients**  **Opioid Use Disorder (Maternal & Neonatal)**  **Antibiotic Stewardship**  **Promoting Vaginal Birth**  **Any local initiatives** |  |

Flash Drive Organization

*Hospital Overview- Folder 1*

*IDPH Letter Folder 2*

*Response to IDPH Letter*

*Appendix A Folder 3*

*Resource Requirement Checklist appropriate for Level of Care Folder 4*

*BioSketches for appropriate personnel Folder 5*

*Policies Folder 6*