Regional Perinatal Intensive Care Centers

Obstetrical Satellite Clinic Handbook

September 2010
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INTRODUCTION

The Regional Perinatal Intensive Care Center (RPICC) Program is a comprehensive, statewide perinatal delivery system administered by Children’s Medical Services (CMS) in the Florida Department of Health.

The RPICC Obstetrical (OB) Satellite Handbook has been developed by the Children’s Medical Services (CMS) Central Office RPICC staff to familiarize RPICC OB Satellite staff with the program and provide information about program policies and procedures.

1.1 Purpose

The RPICC OB Satellite Handbook was developed to ensure statewide standardization of the RPICC Program. The RPICC OB Satellite Handbook outlines requirements, responsibilities and procedures for the operation of the RPICC OB Satellite Program.

This Handbook incorporates program standards that include criteria that establish medical and financial eligibility for sponsorship of patients under the RPICC Program, physical facility requirements of the obstetrical and professional staffing requirements for RPICC facilities and clinics. This handbook includes the RPICC OB Satellite Clinic standards and data reporting requirements.

The Department of Health web address for CMS RPICC program where more information may be accessed is: http://www.cms-kids.com/providers/rpicc_resources.html.

1.2 General Information

The Regional Perinatal Intensive Care Centers Program is a regional program within Children’s Medical Services (CMS). There are eleven (11) Regional Perinatal Intensive Care Centers (RPICC) located throughout Florida. Areas in the state remain where access to RPICC services is limited. The distance from the patient's home to these RPICCs may be greater than the woman is able to travel. Therefore, CMS has established OB Satellite Clinics to increase accessibility of high-risk obstetrical care to the indigent women in Florida by providing community-based consultative obstetrical outpatient services.

A. The primary program goals are:

1. Increase the number of medically high risk pregnant women receiving prenatal care and delivery in their local community
2. Decrease the number of sick and low birth weight newborns born to these women who would require neonatal intensive care services.

B. There are 11 OB Satellite Clinics. Listed below are the clinics:

<table>
<thead>
<tr>
<th></th>
<th>Dade City</th>
<th>Premier Community HealthCare Group Women’s Health Care 37944 Pasco Avenue Dade City, Florida 33526</th>
<th>Catherine Everingham OB Satellite Nurse (813) 259-8509 Tampa General Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Deland</td>
<td>Volusia County Health Department 935 N. Spring Garden Avenue Deland, Florida 32720</td>
<td>Susan Holly Simpson OB Satellite Nurse (321) 843-1440 or (321) 843-1401 Orlando Health</td>
</tr>
<tr>
<td>3.</td>
<td>Lecanto</td>
<td>Citrus County Health Department 3700 West Sovereign Path Lecanto, Florida 34461-8071</td>
<td>Susan Gentry OB Satellite Nurse (352) 273-7563 University of Florida</td>
</tr>
<tr>
<td>4.</td>
<td>Leesburg</td>
<td>Women’s Wellness Center 9836 South Highway 441 Leesburg, Florida 34788-3918</td>
<td>Susan Gentry OB Satellite Nurse (352) 273-7563 University of Florida</td>
</tr>
<tr>
<td>5.</td>
<td>New Port Richey</td>
<td>Pasco County Health Department-West 5640 Main Street, Suite 100 New Port Richey, Florida 34652</td>
<td>Catherine Everingham OB Satellite Nurse (813) 259-8509 Tampa General Hospital</td>
</tr>
<tr>
<td>6.</td>
<td>Ocala</td>
<td>Marion County Health Department 1801 S.E. 32nd Avenue Ocala, Florida 34478</td>
<td>Susan Gentry OB Satellite Nurse (352) 273-7563 University of Florida</td>
</tr>
<tr>
<td>7.</td>
<td>Rockledge</td>
<td>Wuesthoff Women's Center 110 Longwood Avenue Rockledge, Florida 32356</td>
<td>Susan Holly Simpson OB Satellite Nurse (321) 843-1440 or (321) 843-1401 Orlando Health</td>
</tr>
<tr>
<td>8.</td>
<td>Ruskin</td>
<td>Joyce Ely Clinic Hillsborough County Health Department 205 14th Street Ruskin, Florida 33570</td>
<td>Catherine Everingham OB Satellite Nurse (813) 259-8509 Tampa General Hospital</td>
</tr>
</tbody>
</table>


1.3 Indicators for Establishing OB Satellite Clinics

A. The OB Satellite Clinic is a service delivery site located in a community suited for clinic operations, such as a county health department (CHD), hospital community health center clinic or private medical facility geographically away from the RPICC facility. The satellite clinic provides community-based, comprehensive high-risk obstetrical services in areas demonstrating a need based upon patient population, distance to the RPICC, limited access to public transportation or the unavailability of medical expertise in high-risk obstetrics for indigent women.

B. Statistical information will be collected and analyzed for the most current fiscal year from the following resources to identify the need and locations for OB Satellite Clinics:

1. Florida Vital Statistics
   a. Resident live births and birth rates per 1000 population (women age 14-50), by race and county.
   b. Resident neonatal deaths and mortality rates per 1000 live births, by race and county.
   c. Resident infant mortality rates per 1000 births, by race and county.
   d. Resident perinatal mortality rates per 1000 births, by race and county.
   e. Total resident live births, by age of mother and county.
   f. Recorded live births and birth rates per 1000, by race and county.
g. Total resident live births, by sex, by birth weight, by race and by county.

h. Total resident live births, by number of prenatal visits of mother.

2. State Department of Health Office
   a. Resident low birth weight (LBW) percentage of 1000 live births, by race and county.
   
   b. Florida's average LBW for 5 years.
   
   c. Florida infant morbidity and mortality rates per 1000 live births by county and race - ranking by total rate.
   
   d. Florida's average infant mortality for 5 years - ranking by total rate.


4. Other Resources
   a. Florida Department of Health recommendations.
   
   b. DOH county health department staff-expressed need.
   
   c. RPICC obstetrical directors' recommendations.
   
   d. Healthy Start Coalition Recommendations.

C. Additional Considerations

1. Availability of funding for contractual support of professional services.

2. Availability of CMS consultant perinatologists.

3. Availability of other professional services including nursing, genetic evaluation and counseling.

4. Targeted ultrasound capability, including an ultrasonographer.

5. Community physician support for patient care.

6. Hospital and laboratory facilities for necessary patient testing.

7. A clinic facility site appropriate for patient privacy and necessary physical, laboratory, and radiological assessments.
### 1.4 Definitions

**CMS Approved Physician**
Health professional who meet the requirements of Chapter 64C-4.001. F.A.C. located at:
[https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64C-6](https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64C-6)

**CMS Central Office**
The organizational unit within the Florida Department of Health which is responsible for general statewide administration of the Children’s Medical Services Programs.

**CMS Network (CMSN)**
A statewide managed system of care for children with special health care needs as defined in Chapter 391, F.S.

**Fiscal Year**
The period beginning on July 1 of given year and ending on June 30 of the subsequent year.

**High Risk Infant**
An infant of a complicated pregnancy or delivery which puts the infant at risk for disease, disability or death, or whose prematurity or illness places that infant at high risk for disease, disability or death, just after birth, and who meets the criteria for RPICC Program eligibility.

**High Risk Pregnancy**
A pregnancy with one or more major maternal medical conditions, which can significantly alter the usual management of pregnancy or the newborn.

**Level II Neonatal Intensive Care**
Services provided in a neonatal intensive care unit designated by the Florida Agency for Health Care Administration, which include the provision of ventilator services and at least 6 hours of nursing care per day.

**Level III Neonatal Intensive Care**
Services provided in a neonatal intensive care unit designated by the Agency for Health Care Administration, which include the provision of continuous cardiopulmonary support, 12 or more hours of nursing care per day, complex neonatal surgery, neonatal cardiovascular surgery, pediatric neurology and neurosurgery, and pediatric cardiac catherization.

**Low Birth Weight**
Less than 2500 grams (5 lbs. 8 oz.) at birth.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maternal Fetal Medicine Physician</strong> (MFM)</td>
<td>Must be board certified in Obstetrics-Gynecology or has passed the written OB-GYN examination and is an active candidate to take the oral exam, and must be board certified in Maternal Fetal Medicine or have passed the written MFM exam and is an active candidate to take the oral exam.</td>
</tr>
<tr>
<td><strong>Neonatal Mortality Rate</strong></td>
<td>The neonatal mortality rate is equal to the number of neonatal deaths from birth to 28 days of life for a defined period multiplied by 1,000 and divided by the number of live births during the same period. In the RPICC Program, the mortality data is reported monthly by the center in the RPICC data system.</td>
</tr>
<tr>
<td><strong>Neonate</strong></td>
<td>An infant less than 29 days of age or, for the purpose of this Program, an infant past the age of 28 days who requires continuance of neonatal intensive care services.</td>
</tr>
<tr>
<td><strong>Obstetrical Satellite Clinic</strong></td>
<td>A facility located outside the RPICC which provides comprehensive high risk obstetrical services in areas demonstrating a need based upon patient population, the distance to the RPICC, limited access to public transportation or the unavailability of medical expertise in high risk obstetrics for indigent women.</td>
</tr>
<tr>
<td><strong>Obstetrical Satellite Nurse</strong></td>
<td>A Florida licensed registered nurse who has knowledge and experience in the nursing care of normal and medically high-risk obstetrical patients.</td>
</tr>
<tr>
<td><strong>Perinatal Mortality Rate</strong></td>
<td>The perinatal mortality rate is equal to the number of infant deaths of less than 28 days plus the number of fetal deaths during a defined period multiplied by 1,000 and divided by the number of live births plus the number of fetal deaths during the same period.</td>
</tr>
<tr>
<td><strong>Perinatal Period</strong></td>
<td>For the purposes of this Program, it is the period from medical diagnosis of pregnancy through birth and the neonatal period.</td>
</tr>
<tr>
<td><strong>Physician</strong></td>
<td>Any person who is licensed to practice medicine or osteopathic medicine in the State of Florida.</td>
</tr>
<tr>
<td><strong>Premature</strong></td>
<td>Less than 37 weeks gestation.</td>
</tr>
<tr>
<td><strong>Quarter</strong></td>
<td>A three month period beginning in July (first quarter), October (second quarter), January (third quarter) and April (fourth quarter). Of the State fiscal year.</td>
</tr>
<tr>
<td>Role</td>
<td>Description</td>
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<tr>
<td><strong>Regional Perinatal Intensive Care Centers</strong></td>
<td>Specialized units within hospitals facilities specifically designed to provide a full range of health services to women with high risk pregnancies and a full range of newborn intensive care services which have been designated by the Florida Department of Health, which meet the standards as defined herein for facilities, staffing and services or commit themselves to meeting and maintaining these standards within three years of designation as a center.</td>
</tr>
<tr>
<td><strong>RPICC Neonatal Medical Director</strong></td>
<td>A CMS approved physician who is board certified in Neonatology.</td>
</tr>
<tr>
<td><strong>RPICC Neonatologist</strong></td>
<td>A CMS approved physician who is board certified in Neonatology or eligible to take the written Neonatology examination and must demonstrate an active, continuing pursuit of board certification at the time of CMS re-approval review.</td>
</tr>
<tr>
<td><strong>RPICC Obstetrical Medical Director</strong></td>
<td>A CMS approved physician who is board certified in Obstetrics-Gynecology or has passed the written OB-GYN exam and is an active candidate to take the oral exam, and must be board Certified in Maternal Fetal Medicine or has passed the written MFM exam and is an active candidate to take the oral exam.</td>
</tr>
<tr>
<td><strong>RPICC Obstetrician</strong></td>
<td>A CMS approved physician who is board certified in Obstetrics or must have passed the written examination of the OB/GYN board certification process and they must demonstrate an active, continuing pursuit of board certification at the time of CMS re-approval review.</td>
</tr>
<tr>
<td><strong>RPICC Obstetric Satellite Clinic Physician</strong></td>
<td>A CMS approved physician who is board certified in Obstetrics-Gynecology or has passed the written OB-GYN exam and is an active candidate to take the oral exam, and must be board Certified in Maternal Fetal Medicine or has passed the written MFM exam and is an active candidate to take the oral exam.</td>
</tr>
<tr>
<td><strong>RPICC Insurance Eligible Patient (IE)</strong></td>
<td>All neonates and pregnant women who meet both medical and financial criteria, as outlined in Chapter 64C-6, F.A.C., and in the RPICC Handbook, and who have been determined by the RPICC facility to have major insurance coverage.</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>RPICC OB Satellite Clinic Liaison</strong></td>
<td>The OB Satellite Clinic liaison shall be responsible for the coordination of data collection, appointments, information and services between the RPICC and the OB Satellite Clinic. This role may be shared between contracted and clinic facility staff.</td>
</tr>
<tr>
<td><strong>RPICC Medicaid Eligible Patient (EL)</strong></td>
<td>All neonates and pregnant women who meet both medical and financial criteria as outlined in Chapter 64C-6, F.A.C., and in the RPICC Handbook, and who are eligible for Medicaid funding.</td>
</tr>
<tr>
<td><strong>RPICC Medicaid Health Maintenance Organization Patient (HM)</strong></td>
<td>All neonates and pregnant women who meet both medical and financial criteria, as outlined in Chapter 64C-6, F.A.C., and in the RPICC Handbook, and who have been determined by the RPICC facility to have medical coverage by a Medicaid health maintenance organization.</td>
</tr>
<tr>
<td><strong>RPICC Non-eligible Patient (NN)</strong></td>
<td>All neonates and pregnant women who do not meet the medical and/or financial criteria who are determined to be ineligible for the RPICC Program.</td>
</tr>
<tr>
<td><strong>RPICC Program Coordinator</strong></td>
<td>The individual(s) designated by the RPICC facility to oversee the programmatic operation of the RPICC Program at the facility. This person(s) is designated at the discretion of the RPICC facility.</td>
</tr>
<tr>
<td><strong>RPICC Program Patient</strong></td>
<td>All neonatal and obstetrical patients who meet medical and financial eligibility criteria.</td>
</tr>
<tr>
<td><strong>RPICC Unfunded Patient (UF)</strong></td>
<td>All neonates and pregnant women who meet medical and financial criteria in the RPICC Handbook, but who have no third party resources.</td>
</tr>
<tr>
<td><strong>Very Low Birth Weight</strong></td>
<td>Less than 1500 grams (3 lbs. 8 oz.) at birth.</td>
</tr>
<tr>
<td><strong>Waiver</strong></td>
<td>A written statement or verbal statement, followed by written documentation by the Deputy Secretary of CMS which negates abandons the enforcement of any specific requirement for a specified period of time.</td>
</tr>
</tbody>
</table>
### 1.5 RPICC Center Numbers and Contact Information

<table>
<thead>
<tr>
<th>Center #</th>
<th>RPICC</th>
<th>CITY</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>Tampa General Hospital</td>
<td>Tampa</td>
</tr>
<tr>
<td></td>
<td>Davis Islands</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tampa, Florida 33606</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(813) 251-7000</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.tgh.org">http://www.tgh.org</a></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Shands Teaching Hospital</td>
<td>Gainesville</td>
</tr>
<tr>
<td></td>
<td>Gainesville, Florida 32610</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(352) 395-0111</td>
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<tr>
<td></td>
<td><a href="http://www.shands.org">http://www.shands.org</a></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Shands-Jacksonville</td>
<td>Jacksonville</td>
</tr>
<tr>
<td></td>
<td>655 West Eighth Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jacksonville, Florida 32209</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(904) 549-5000</td>
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<tr>
<td></td>
<td><a href="http://www.shandsjacksonville.com">http://www.shandsjacksonville.com</a></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Jackson Memorial Medical Center</td>
<td>Miami</td>
</tr>
<tr>
<td></td>
<td>1611 Northwest Twelfth Avenue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Miami, Florida 33136</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(305) 585-6480</td>
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<td><a href="http://www.um-jmh.org">http://www.um-jmh.org</a></td>
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<tr>
<td>05</td>
<td>Sacred Heart Hospital</td>
<td>Pensacola</td>
</tr>
<tr>
<td></td>
<td>5151 North Ninth Avenue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pensacola, Florida 32513</td>
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<tr>
<td></td>
<td>(850) 416-7000</td>
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<td><a href="http://www.sacred-heart.org">http://www.sacred-heart.org</a></td>
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<tr>
<td>06</td>
<td>Arnold Palmer Medical Center at Winnie Palmer Hospital for Women and Babies</td>
<td>Orlando</td>
</tr>
<tr>
<td></td>
<td>92 West Miller Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Orlando, Florida 32806</td>
<td></td>
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<tr>
<td></td>
<td>(407) 649-9111</td>
<td></td>
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<tr>
<td></td>
<td><a href="http://www.arnoldpalmerhospital.org/default.cfm">http://www.arnoldpalmerhospital.org/default.cfm</a></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>NEO: All Children’s Hospital</td>
<td>St. Petersburg</td>
</tr>
<tr>
<td></td>
<td>501 Sixth Avenue, South</td>
<td></td>
</tr>
<tr>
<td></td>
<td>St. Petersburg, Florida 33701</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(727) 898-7451</td>
<td></td>
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<tr>
<td></td>
<td><a href="http://www.allkids.org">http://www.allkids.org</a></td>
<td></td>
</tr>
</tbody>
</table>
OB: Bayfront Medical Center  
701 Sixth Street, South  
St. Petersburg, Florida 33701  
(727) 823-1234  
http://www.bayfront.org

08  St. Mary’s Medical Center  
901 45th Street  
West Palm Beach, Florida 33416  
(561) 844-6300  
http://www.stmarysmc.com/CWSContent/StMarysMC

10  Broward General Medical Center  
1600 S. Andrews Avenue  
Ft. Lauderdale, Florida 33316  
(954) 355-5600  
www.browardhealth.org

11  Memorial Regional Medical Center-3501 Johnson Street  
Hollywood, Florida 33021  
(954) 987-2000  
http://www.jdch.com

53  Lee Memorial Health System  
HealthPark Medical Center  
9981 HealthPark Circle  
Ft. Myers, Florida 33908  
(941) 433-7799  
http://www.leememorial.org

1.6  Services

Services are provided through contracts between the DOH Children's Medical Services Central Office and CMS consultant perinatologists for perinatology services and other services/equipment as outlined in the contracts.

1.7  Funding

Funding is provided through contracts between the DOH Children's Medical Services Central Office and CMS consultant perinatologists for perinatology services and other services/equipment as outlined in the contracts. A fee per clinic is negotiated based on staff time, travel and meals.
2 OB SATELLITE CLINIC PROGRAM STANDARDS

2.1 Facilities

Any high-risk obstetrical clinic located outside the RPICC shall be integrated into the RPICC Program, have executed a contract with the Florida Department of Health and be designated as an OB Satellite Clinic by the Deputy Secretary for Children’s Medical Services.

2.2 Patient Eligibility

Referrals of high-risk obstetrical patients to the OB Satellite Clinic may be received from the DOH-CHD prenatal clinic, other clinics, or private physicians. All referrals must completely documented and all medical records forwarded to the OB Satellite Clinic liaison.

A. Patients are determined financially eligible for the OB Satellite Clinic in accordance with the DOH financial eligibility criteria or through Economic Services Eligibility determination includes the completion of consent for Medical Care/Information Release and the CMS RPICC Partnership Agreement.

B. Patients are determined medically eligible for the OB Satellite Clinic by the CMS consultant perinatologist following the initial examination at the RPICC OB Satellite Clinic or at the RPICC.

C. The following criteria are utilized by the CMS consultant perinatologist to determine medical eligibility. Maternal-fetal conditions, which can significantly alter the usual management of pregnancy or of the newborn, include but not limited to the following:

1. Pregnancy induced hypertension or preeclampsia.

2. Iso-immune disease in a patient who has had a previously affected infant.

3. Diabetes mellitus (gestational or pre gestational).

4. Viral illness affecting the fetus, such as HIV or Parvovirus.

5. Thyroid disease

6. Chronic hypertension
7. Multiple gestations

8. Any major medical condition considered by the perinatologist to significantly alter the usual management of pregnancy and/or the newborn.

9. Fetal conditions diagnosed or suspected antenatally, including tube defects, gastroschisis, omphacele, diaphragmatic hernia, tracheoesophageal neural fistula, hypoplastic left heart syndrome, and major structural anomaly which may require complex neonatal surgery in the neonatal period.

10. Genetic conditions that could affect neonatal or maternal outcomes, such as sickle cell disease or maternal PKU.

11. Fetal abnormality suspected or diagnosed that could adversely affect maternal or neonatal outcome.


13. Vaginal bleeding.


15. Psychiatric disorder

2.3 Personnel

All of the RPICC staff members important to providing quality health care services to our families. Here is some information about several key staff members:

A. OB Satellite Clinic Director

The RPICC OB Satellite Clinic director shall be a CMS physician provider, as defined in Chapter 64C-4.001, F.A.C., who is certified and meets the requirements for certification by an appropriate board in the area of maternal-fetal medicine (perinatologist). The responsibilities of the directors include, but are not limited to, the following:

1. Assuring a 24-hour availability of a CMS physician provider perinatologists / obstetricians at the RPICC to provide consultation to community-based obstetricians.

2. Assuring all RPICC data is collected within specified time frames.

B. Perinatologist Consultant

All perinatologists participating in the care and treatment of RPICC OB Satellite Clinic patients in the clinic setting shall be CMS physician providers as defined in Chapter 64C-4.001, F.A.C., and be certified or meet the
requirements for certification by an appropriate board in the area of maternal-fetal medicine.

C. Nursing Personnel

The RPICC OB Satellite Clinic nurse shall be a registered nurse in the State of Florida, as defined in Chapter 464, F.S. as located in http://www.leg.state.fl.us/statutes/index.cfm

1. The RPICC OB Satellite Clinic nurse shall have knowledge and experience in the nursing care of normal and medically high-risk obstetrical patients.

2. The RPICC OB Satellite Clinic nurse is responsible for the nursing assessment and care coordination, either ongoing or episodic, of OB Satellite Clinic patients.

D. Liaison Personnel

The OB Satellite Clinic liaison shall be responsible for the coordination of data collection, appointments, information and services between the RPICC and the OB Satellite Clinic. This role may be shared between contracted and clinic facility staff.

E. Ultrasonographer

The ultrasonographer must have a minimum of two years of obstetrical ultrasound experience or be certified in obstetrics and gynecology by the Advanced Registry of Diagnostic Medical Sonographers (ARDMS) and be approved by the RPICC Obstetric Satellite Clinic physician director. This function may be assumed by the perinatologist.

2.4 Equipment and Area

Each OB Satellite Clinic area shall have, as a minimum, the following:

- A waiting area that is adequate in size
- Privacy for patients during their exam
- A dressing area that assures patient privacy
- Toilet facilities located near the exam rooms
- Patient education materials
2.5 Clinic Equipment

The following outpatient equipment shall be available:

- Examination table and stool in each exam room
- Patient scale
- Sphygmomanometer and stethoscope
- Doppler or similar device
- Microscope, slides and equipment for performing bacteriologic and cytologic smears
- An emergency cart with drugs, syringes, needles, laryngoscopes, endotracheal tubes and airways or a 911 EMS system in place
- Emergency delivery set and infant resuscitation equipment
- Ultrasound equipment with the capability for a level II ultrasound
- Fetal monitor

2.6 Services

Physician Services shall include the following:

A. Patient consultation at the OB Satellite Clinic must be directed by a CMS physician provider, as defined in Chapter 64C-4.001, F.A.C., who is certified or meets the requirements for certification by an appropriate board in the area of maternal-fetal medicine (perinatologist). Consultation services include, but are not limited to the performance and interpretation of, the following:

1. Amniocentesis
2. Ultrasound
3. Fetal well being surveillance test
4. Review of past medical records pertinent to the pregnancy

B. Other responsibilities of the perinatologist attending the OB Satellite Clinics include, but are not limited to, the following:
1. Ensuring that each patient’s record contains written comments by a CMS physician provider perinatologist attending the clinic. The notes will contain an update of the patient’s current treatment plan, consultations or revisions in the treatment plan, referrals, and results of laboratory services or procedures done on behalf of the patient.

2. Establishing a proposed treatment plan for each OB Satellite Clinic patient and disseminating any information concerning the patient to the appropriate provider.

C. Nursing services shall include, but not be limited to, the following:

1. Staffing the OB Satellite Clinic.

2. Ensuring that pertinent medical information is available for the CMS physician provider perinatologist during consultation.

3. Providing ongoing or episodic care coordination for OB Satellite Clinic patients and assuring that all services ordered in the clinic are provided.

4. Assessing the patient’s health status during the antepartum period.

5. Nursing management of complications occurring during the antepartum period.

6. Providing or coordinating patient education, including, but not limited to, dietary, family planning, counseling, postpartum instruction, infant care, and instructions on preparation for labor and delivery.

7. Ensuring the OB Satellite Clinic data is collected and made available for quarterly and annual reports.
D. Liaison Services

The liaison serves as a link between the RPICC OB Satellite Clinic and the
RPICC staff. These responsibilities may be completed by the OB Satellite Clinic
nurse or other appropriate clinic personnel. The activities of the liaison relate to
RPICC Program patients unless otherwise specified. These activities and
responsibilities include, but are not limited to, the following:

1. Schedules and coordinates OB Satellite Clinics and makes patient
   appointments.

2. Ensures that each patient has been determined medically and financially
   eligible for RPICC services.

3. Ensures that when a patient is hospitalized at the RPICC, copy of the current
   patient medical record is forwarded to the RPICC within 48 hours if the
   information does not accompany the patient to the hospital.

4. Refers all eligible patients to the Department of Children and Families,
   Economic Self-Sufficiency Program, for determination of Medicaid eligibility
   and tracks the final Medicaid disposition.

5. Ensures that appropriate referrals are made for services, such as WIC,
   Medicaid, Healthy Start, and social services.

6. Forwards a copy of the completed referral consultation report or equivalent
   documentation to the referring physician within 10 days of the clinic
   evaluation.

7. Ensures that each patient has reviewed and signed the Consent for Medical
   Care/Information Release Form.

8. Ensures the maintenance of a record on each patient, which includes the
   following documentation:

   a. RPICC OB Referral template or other approved referral information
      documentation.

   b. A Consent for Medical Care/Information Release.

   c. RPICC High Risk OB Satellite Clinic Reporting Tool or other equivalent
      documentation.

   d. Documentation of third party resources including referrals to the
      Economic Self-Sufficiency Program (e.g., copy of insurance card,
      documentation of Medicaid number, copy of CF-ES Form 2039).
e. Documentation of follow-up with Economic Self-Sufficiency Services regarding the patient's Medicaid status.

f. CMS Partnership Agreement. This record must be made a part of the CHD or OB Satellite Clinic facility record.

E. Ancillary Services

All OB Satellite Clinics will have access to the following services:

- Laboratory and x-ray facilities.
- Social services for patients and their families which include referrals to appropriate agencies for services.
- Nutrition services to provide information to patients on dietary needs relating to pregnancy and fetal nutrition and information on infant nutritional needs.
- Psychological services for patients and their families which include, but are not limited to, patient or family counseling and referral to appropriate mental health agencies for services.
- Genetic services provided by a genetics counselor or Ph.D. medical geneticist, who is board certified or eligible for certification by the American Board of Medical Genetics. In areas where a genetic counselor is not available at the high risk OB Satellite Clinic; the RPICC Obstetric Satellite Clinic physician will make appropriate referrals for prenatal diagnosis and counseling.

2.7 Reporting Requirements

RPICC OB Satellite Clinic staff shall ensure that the RPICC High-Risk OB Satellite Clinic data documentation is collected and made available for quarterly and annual contractual required reporting.

2.8 Monitoring

A. Monitoring of the OB Satellite Clinics is the function of the CMS Central Office and, as deemed appropriate, the CMS RPICC Statewide Obstetrical Satellite Clinic Consultant.

B. CMS Central Office staff shall conduct annual on-site reviews or desk reviews of each OB Satellite Clinic to ensure compliance with RPICC Program standards, rules, and contractual requirements.
C. A comprehensive review, including the assessment of patient records, equipment requirements, staff responsibilities, and reported data shall be conducted during on-site review.

D. The area office CMS Medical Director and CMS Nursing Director shall be notified of each visit.

E. On-site reviews and desk reviews shall be conducted in accordance with a schedule established by the CMS Central Office.

F. Each designated OB Satellite Clinic shall comply with these standards and all applicable sections of s. 383.15-383.21, and 383.013, F.S., Chapter 64C-6, F.A.C. Additional information is available at: http://www.cms-kids.com/providers/rpicc_resources.html

G. The Deputy Secretary for Children's Medical Services shall retain authority for all programmatic aspects of this program.
3 RPICC OB SATELLITE CLINIC DATA COLLECTION

3.1 RPICC OB Satellite Clinic Recording Tool

The primary mechanism for collecting information on patients receiving RPICC OB Satellite Clinic services is the RPICC OB Satellite Clinic Recording Tool. The Tool or equivalent documentation should be used as guidelines by clinic or contract staff to collect data for quarterly and annual reporting requirements.

A. The Patient Information top section should be completed at the first patient visit. A large blank area has been left at the top of the tool to allow a space for patient information stickers which are commonly used in CHDs. Upon approval by the CMS Central Office staff, other mechanisms for ensuring that services provided are captured for quarterly and annual reporting may be used.

B. The reason(s) for referral sections should be completed during the initial visit only, unless changes have occurred between patient visits. Check all reasons for referral that apply. There is an “Other” line to write in referral reasons not listed.

C. The OB Satellite Visits/Services section should be completed at each patient visit. The recording tool may be used for multiple visits. Check next to all the services provided to a patient at each visit. There is an “Other” choice for services not listed.

D. The Infant Outcome section should be completed after the infant is born. Outcome information is required for all patients served in a RPICC high-risk OB Satellite Clinic, except for those patients for whom preconception counseling only is provided as these patients are not pregnant.

E. The data collected for each clinic should be submitted to the designated RPICC OB Satellite Liaison or OB Satellite Clinic Nurse for required quarterly and annual data reporting. Outcome information should be completed by clinic or contract staff and forwarded to the designated RPICC Liaison in a timely manner. The method of gathering outcome data varies among the clinics, but should be clearly delineated and understood by both clinic and contract staff. The information in these sections is vital for demonstrating the effectiveness of the OB Satellite Clinic program, and evaluating program performance measures.

3.2 OB Discharge/Referral Template

The purpose of the OB Discharge/Referral template is to provide a mechanism for documentation of referral and discharge of the OB Satellite Clinic patient. This template can be used or equivalent medical record documentation may be substituted.
4 APPENDIX A

Printable copies are available at:
http://www.cms-kids.com/providers/rpicc_resources.html

4.1 OB Discharge/Referral Template

State of Florida

Children’s Medical Service

Regional Perinatal Intensive Care Centers Program:
Obstetrical Component
Discharge/Referral
(Circle one)

To:__________________________________________Date:_ ____________________
(Center/Physician/County Health Unit)
Address:

Referring Source:_________________________Telephone Number:________________

Address:______________________________________________________________

Patient Information

Name:________________________________Telephone Number:________________

Address:______________________________________________________________

Admission Date Discharge Date Identifying Number:

Social Security Number: Date of Birth (DOB): Age:

Estimated Date of Confinement: Gravida/Parity/Abortions:

Blood Type: HIV / RPR: Hgb/Hct: __________________

Pap Smear: Chlamydia/Gonorhea

Rubella Titer: Vaccination: Rhogam: __________________

Medication: __________________

Diagnosis: __________________

History: __________________

Problems __________________

Plan: __________________

Newborn Outcome: DOB: Weight: Gestational Age:

Eligible Medically: Yes No Financial: Yes No

Signature of referral staff/physician: __________________

Date Received Patient’s next appointment Date/Location

Return information from Referral Source __________________

Signature __________________

1. Original to R PICC Liaison

2. Copy to Referral Source
4.2 OB Satellite Recording Tool

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Patient’s Name</th>
<th>Medicaid Number</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient’s Birth Date</td>
<td>Patient’s Phone#</td>
<td>Referring Physician/Clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EDD</td>
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</table>

**Reasons for Referral**

- Abortion, recurrent spontaneous
- Abnormal Triple Screen
- Abruptio Placenta, Chronic
- Abnormal Presentation
- Advanced Maternal Age
- Anemia
- Antiphospholipid Syndrome
- Cardiovascular Disease
- Collagen Vascular Disease
- Diabetes (pregestational)
- Gestational Diabetes
- Genetic Problem suspected
- Advanced Maternal Age
- Hematologic Problems
- Hemoglobinopathy
- Hyperemesis/Ketonuria
- Hyperthyroidism
- Hypertension (140+/90+)
- Incompetent Cervix
- Intrauterine Fetal Demise
- Intrauterine Growth Retardation
- Inflammatory Disease
- Liver Disease
- Liver Disease (intrahepatic)
- Liver Disease, chronic
- Lowered Maternal Hemoglobin
- Malignancy-diag/susp
- Multiparity
- Mumps
- Other

**OB Satellite Visits/Services**

<table>
<thead>
<tr>
<th>#1 Date of Visit</th>
<th>#2 Date of Visit</th>
<th>#3 Date of Visit</th>
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<tbody>
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</tbody>
</table>

Tests/Services performed

- Targeted Ultrasound
- NST
- Doppler
- Transvaginal
- Amniocentesis
- Fetal Echocardiogram
- Genetic Counseling
- Preconception Counseling
- Biophysical profile (BPP)
- Other

Tests/Services performed

- Targeted Ultrasound
- NST
- Doppler
- Transvaginal
- Amniocentesis
- Fetal Echocardiogram
- Genetic Counseling
- Preconception Counseling
- Biophysical profile (BPP)
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- Doppler
- Transvaginal
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- Fetal Echocardiogram
- Genetic Counseling
- Preconception counseling
- Biophysical profile (BPP)
- Other

Total # of OB Satellite Visits
### Infant Outcome

<table>
<thead>
<tr>
<th>Date of Delivery</th>
<th>Multiples</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/</strong>/____</td>
<td>_____twins</td>
<td>_____RPICC Level III</td>
</tr>
<tr>
<td></td>
<td>_____triplets</td>
<td>_____Non-RPICC Level III</td>
</tr>
<tr>
<td></td>
<td>_____quads</td>
<td>_____Level II</td>
</tr>
<tr>
<td></td>
<td>_____Newborn</td>
<td></td>
</tr>
<tr>
<td></td>
<td>_____Spontaneous Abortion</td>
<td></td>
</tr>
</tbody>
</table>

Name of Hospital of Birth _________________________________________

For multiples disposition, write numbers in the blanks to indicate the disposition of each infant. For a twin example: Infant #1 went to Newborn nursery. Place #1 on line next to Newborn, infant #2 expired after delivery, write #2 on the line next to Expired After Delivery.
4.3 English Partnership Agreement

CHILDREN’S MEDICAL SERVICES
REGIONAL PERINATAL INTENSIVE CARE CENTER
PARTNERSHIP AGREEMENT

Patient's Name: ________________________________________________________

___________________________
Patient's S.S. No.: ______________________________________________________

The Regional Perinatal Intensive Care Centers, (RPICC) Program is made up of certain hospitals which provide special care to women with high risk pregnancies and to sick or low-birthweight infants. The program is directed by Children’s Medical Services.

I give RPICC staff permission to examine ____________________________ (patient/child’s name), and to perform all medical treatments that are in my/his/her best interest without regard to race, color, or national origin (Title VI of Civil Rights of 1964). I also understand that information: name, address, medical condition, etc., will be gathered in a computer and analyzed by CMS.

A. RPICC staff and families will work together to make appointments concerning RPICC clinics, doctor's offices, lab, etc., to meet the scheduling needs of both parties whenever possible.

B. RPICC staff and families will work together to make sure that all medical records are kept up to date. RPICC staff will send records to referring clinics or other doctors no more than two weeks after discharge from the RPICC program.

C. RPICC staff will make every attempt to provide services in a family-centered manner that respects individual and cultural needs and increases family independence.

D. In an effort to increase family independence, families may request and receive copies of their medical records.

E. Families will notify RPICC staff of any changes in Name, Address, Phone Number, Caregiver, Medicaid Eligibility/Number or Health Insurance coverage.

F. Families will notify RPICC staff of any changes in their income.

G. Families are required to apply for and continue available health care coverage, including Medicaid. Families will allow RPICC to bill health insurance for services covered under the insurance policy.

H. The family and doctor will work closely to create a plan of care/services that is agreeable to everyone and meets the individual current needs of the patient/family.

I. Families will be given information on how to resolve differences and disagreements with the RPICC program (Fair Hearing Process, 409.285 F.S.).

I, ______________, being the (circle one) parent, guardian, patient understand and agree to the above information.

Date: _______________ RPICC Representative: ____________________________
4.3 Spanish Partnership Agreement

SERVICIOS MÉDICOS PARA NIÑOS

CENTRO DE CUIDADO INTENSIVO PERINATAL REGIONAL

ACUERDO ENTRE SOCIOs

Nombre del Paciente: ______________________________________

S.S.N. del Paciente: ______________________________

El Programa de Centros de Cuidado Intensivo Perinatal Regional, (RPICC) está formado por ciertos hospitales que proporcionan cuidado especial a mujeres con embarazos de alto riesgo y para los infantes enfermos o con bajo peso. El programa está dirigido por Los Servicios Médicos para Niños.

Le doy permiso al personal del RPICC para examinar a __________________________ (nombre del paciente/niño), y para realizar todos los tratamientos médicos por así convenir a mis/sus intereses, sin importar la raza, color o país de origen (Título VI de los Derechos Civiles de 1964). Yo también entiendo que información como: nombre, dirección, condición médica, etc., se pondrá en una computadora y se analizará por CMS.

A. El personal de RPICC y familias trabajarán juntos para hacer las citas concernientes a las visitas médicas del RPICC, al consultorio del doctor, laboratorio, etc., para satisfacer las necesidades de horarios de ambas partes cada vez que sea posible.

B. El personal de RPICC y familias trabajarán juntos para estar seguros que todos los expedientes médicos estén actualizados. El personal de RPICC enviará los expedientes a otros doctores o clínicas en no más de dos semanas después de que fue dado de alta del programa RPICC.

C. El personal de RPICC hará todos los intentos posibles para proveer servicios considerando a la familia y respetando las necesidades individuales y culturales e incrementando la independencia familiar.

D. En un esfuerzo de promover la independencia familiar, las familias pueden pedir y recibir copias de sus expedientes médicos.

E. Las familias notificarán al personal del RPICC de cualquier cambio en el Nombre, Dirección, Número Teléfono, Persona al Cuidado del Niño, Número/Elegibilidad del Medicaid, o en la Cobertura del Seguro de Salud.

F. Las Familias notificarán al personal del RPICC de cualquier cambio en sus ingresos.

G. Se requiere que las Familias soliciten y mantengan activa su cobertura de cuidado médico, incluyendo Medicaid. Las Familias permitirán al RPICC que facture por los servicios cubiertos sobre la póliza de seguro.

H. La Familia y el doctor trabajarán juntos para crear un plan de cuidado/servicios en el que todos estén de acuerdo y que cubra las necesidades actuales particulares del paciente/familia.

I. Las Familias darán información de cómo resolver las diferencias y desacuerdos con el programa RPICC (Proceso de Audiencia, 409.285 F.S.).

Yo, ____________________________________________ siendo el/la (circule uno) padre/madre, tutor, paciente entiendo y estoy de acuerdo con la información anterior.

Fecha: __________________Representante RPICC: __________________
4.3 Creole Partnership Agreement

SÈVIS MEDIKAL POU TIMOUN
PWOGRAM LOPITAL NAN FLORIDA KI BAY SWEN POU TI BEBE (RPICC)
PAPYE KI DI NOU DAKÔ AK PWOGRAM LAN

Siyati moun lan:

Nimewo Sosyal moun lan:

Pwogram lopital nan Florida ki bay swen pou ti bebe (RPICC) genyen yon kantite lopital ki okipe fi ki ansent ki genyen anpil pwoblém, RPICC genyen yon kantite lopital ki okipe ti bebe ki malad oubyen ti bebe ki fêt anvan lè yo epi ki pa peze anyen. Se Sèvis Medikal pou Timoun (CMS) ki okipe pwogram sa.

Mwen bay anplwaye RPICC pèmisyon pou li ekzamine (siyati moun lan/timoun lan), epi mwen bay yo pèmisyon fòt tou sa ki bon pou mwen/bon pou manman timoun lan/bon pou timoun lan san yo pa gade sou ki ras mwen ye, ki koulè po mwen ye oubyen nan ki peyi mwen soti (Chapit 6 Dwa Sivil 1964). Mwen konprann tou ke tout enfòmasyon mwen bay (siyati mwen, adrès lakay mwen, maladi mwen genyen …) prale nan yon kompyutè kote CMS prale analyze li.

A. Anplwaye RPICC ansanmb ak fanmi yo prale antann yo pou pran randevou pou ale nan klinik RPICC, nan biro doktè, nan laboratwa..., pou wè si yo kapab jwenn yon lè ki bon pou tout moun.

B. Anplwaye RPICC ansanmb ak fanmi yo prale antann yo pou tout papye doktè genyen tout dènye enfòmasyon. Anplwaye RPICC prale voye papye doktè yo nan klinik yo oubyen yo prale voye papye yo bay lòt doktè. Pi ta pou papye yo ale se kenz (15) jou apre pwogram RPICC lan voye nou lakay nou.

C. Anplwaye RPICC prale fétout efò yo kapab pou bay fanmi yo sèvis ki rekonè sa malad lan bezwen, pou bay fanmi sèvis yon jan ki respekte kilti moun lan epi yon jan ki pèmèt fanmi a deside ki sa sa ki bon pou li.

D. Pou ede fanmi yo deside ki sa ki bon pou yo; fanmi yo kapab mande epi resevwa kopi papye doktè yo genyen sou fanmi a.

E. Fanmi yo fèt pou di anplwaye RPICC lè yo chanye siyati, adrès, nimewo telefon, doktè, si yo kalifye pou Medicaid/Nimewo Medicaid oubyen nimewo asirans.

F. Fanmi yo fèt pou di anplwaye RPICC lè yo fèt plis lajan oubyen lè yo fè mwens lajan. G. Fanmi yo fèt pou aplike pou epi tou yo fèt pou kenbe asirans doktè yo genyen an, si yo genyen Medicaid yo fèt pou yo kontinye li tou. Fanmi yo prale pémèt RPICC bil konpayi asirans yo pou sèvis asirans lan peye.

H. Fanmi a ansanm ak doktè a prale travay men nan la man pou yo dakò sou yon plan pou vizit lopital ak sèvis lopital ki bon pou tout moun. Plan sa fèt pou li bon pou moun malad la epi pou fanmi a tou.


Mwen menm, paran, gadyen, malad mwen konprann epi mwen dakò ak enfòmasyon ki ekri piwo a.

Dat:_____________________ Reprezantan RPICC: ______________________

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### 4.4 Contract Reporting Attachments

**Annual Outcome Report**

<table>
<thead>
<tr>
<th>OUTCOMES</th>
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<tbody>
<tr>
<td>List total number of delivery outcomes from all OB Satellite clinics under this contract for the fiscal year. (July 1-June 30) Submit the outcome report by September 30.</td>
</tr>
<tr>
<td>Total # of deliveries by OB satellite patients during the fiscal year.</td>
</tr>
<tr>
<td>Total # of live births from OB Satellite patients who delivered during the fiscal year.</td>
</tr>
<tr>
<td>Total # of babies delivered during the fiscal year where the baby was admitted to NICU II</td>
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<tr>
<td>Total # of babies delivered during the fiscal year where the baby was admitted to NICU III</td>
</tr>
</tbody>
</table>

**RPICC OB Satellite Clinic Services Report-Quarterly**

<table>
<thead>
<tr>
<th>Clinic date</th>
<th>Clinic location</th>
<th># of RPICC pts Scheduled</th>
<th># of RPICC pts seen</th>
<th># new RPICC pts</th>
<th># return RPICC pts</th>
<th># non RPICC pts seen</th>
<th># of Ultrasounds</th>
<th># of amnio-centeses</th>
<th># of Other procedures</th>
<th>Name of Clinic Physician</th>
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Total for all clinics