

APPENDIX F

Standards for RPICC Program: Transportation Services

August 2010

1. **General**

- a. Emergency Medical Services (EMS) providing transport to Medicaid Eligible patients shall be Medicaid providers to assure maximum utilization of financial resources.
- b. Each RPICC shall follow the protocols for authorization for payment of transportation services for Medicaid eligible patients.
- c. Patients shall be transported to a RPICC upon request of a referring physician and hospital based on consultation and approval by a CMS RPICC consultant neonatologist or CMS RPICC consultant obstetrician to a designated RPICC subject to bed availability. Place of residence in Florida or ability to pay shall not be used to determine eligibility for transport.

2. **Authority**

- a. Transport services for the RPICC Program authorized under Section 383.19, F.S. and 59C-1.042 F.A.C. Neonatal Transport, shall be provided by qualified personnel in a licensed vehicle which is operated by a licensed Emergency Medical Services (EMS) provider in accordance with section 401, F.S., and Chapter 64J-1, F.A.C. and
- b. Transport providers shall follow licensure, equipment, and staffing requirements in accordance with Chapter 64J-1, F.A.C.

3. **Personnel**

- a. Each RPICC shall designate appropriate medical, nursing, and respiratory therapy staff to provide neonatal and obstetrical transportation services.
- b. Each RPICC shall designate a liaison to provide coordination of transport services between the RPICC, the referring hospital, and EMS providers. This person will maintain records and information on patient transport services.
- c. Each RPICC shall designate appropriate medical, nursing, and respiratory therapy staff to provide continuing education programs for RPICC transport staff.
- d. The Neonatal/Obstetrical Medical Director of the RPICC transport program shall be a CMS approved consultant, as defined in Chapter 64C-6.001, F.A.C.

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4. Standards for Neonatal Transport Component

a. Neonatal Personnel

- 1) Registered Nurses (RN) shall be licensed in Florida in accordance with section 464, F.S., has a minimum of 4,000 hours of RN experience, which includes 2,000 hours of Level II or Level III Neonatal Intensive Care Unit (NICU) nursing experience: has an American Heart Association (AHA) Neonatal Resuscitation Program (NRP) Certification and has accompanied a minimum of six Neonatal Transports prior to staffing a Neonatal Transport as the only RN in attendance.
- 2) Respiratory Therapists (RT) shall be registered by the National Board of Respiratory Care with a minimum of 2,000 hours of Level II or Level III NICU experience or is certified as a RT with a minimum of 3,000 hours of Level II or Level III NICU experience. The medical Director shall also confirm that the RT has an AHA NRP Certification and accompanied a minimum of six Neonatal Transports prior to staffing a transport as the only RT in attendance.
- 3) Registered Nurses, Paramedics, and Respiratory Therapists shall meet the most current requirements in accordance with Chapter 64J-1, F.A.C.
- 4) Registered Nurses, Paramedics, and Respiratory Therapists shall have a minimum of six (6) hours of continuing education in neonatal care annually.
- 5) Registered Nurses, Paramedics, and Respiratory Therapists shall demonstrate to the CMS approved Neonatal and Obstetrical Medical Directors a working knowledge of transport equipment and necessary skills to safely transport high-risk pregnant women and neonates.
- 6) Registered Nurses and Respiratory Therapists must provide certification of completion for a neonatal transport course of a minimum of twenty hours presented by an appropriate provider and approved by the RPICC Neonatal Director.

b. Neonatal Services

- 1) Transport of neonates returning to referring hospitals or other appropriate hospitals shall be conducted according to Chapter 64J-1.006, F.A.C., and only if the patient can not be discharged from hospital care.
- 2) Each neonatal transport vehicle shall be staffed with a minimum of one registered nurse (RN) and one registered respiratory therapist (RT) on each neonatal transport, as determined by the Director of the RPICC neonatal transport program.
- 3) The Medical Director of the neonatal transport program may make staff substitutions with individuals of comparable skills when the condition of the neonate warrants such substitution.

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- 4) Protocols for the transport team shall be established by the RPICC defining the responsibilities of each team member. Protocols/Standing Orders will be made available to each EMS Medical Director upon request, in accordance with 64J-1.006, F.A.C.
- 5) Transport Protocols shall be established by the RPICC NEO/OB Medical Directors and available for reference during each transport.
- 6) Standing orders for management of patient problems must accompany each transport. Such orders shall be reviewed and signed by a CMS consultant neonatologist prior to or immediately following each instance of neonate transportation.
- 7) Continuous nursing care observations and progress notes shall be written by the transporting Registered Nurse.
- 8) All transport records will be reviewed by the transport staff supervisor and/or the Medical Director of the RPICC neonatal transport program at least monthly. Each RPICC will develop its own criteria of quality assurance for review by the medical director. Each RPICC will maintain an active quality assurance program which includes documentation of these reviews and quality assurance meetings.
- 9) CMS RPICC Partnership Agreement for the parent's signature will be taken by the RPICC transport team to the referring hospital to obtain the parent's signature. This will assist the RPICC liaison in completing the neonate's eligibility for eligibility in the RPICC Program.

5. Medical indications for neonatal transports:

- a. Neonates with birth weight less than 1,000 grams.
- b. Neonates requiring intubation and ventilation.
- c. Neonates who have oxygen dependent respiratory distress with the requirement greater than 40%.
- d. Neonates who are physiologically unstable.
- e. Neonates referred for extracorporeal membrane oxygenation (ECMO).
- f. Neonates in need of pediatric surgery, invasive pediatric cardiology, or neurosurgery.
- g. Neonates with complex congenital anomalies.
- h. Neonates with complex medical needs exceeding the resources of the referring facility.

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- i. Neonatal transports that have been reviewed and approved by the Transportation Medical Director of the contracted provider as necessary to open a NICU bed for a critically ill neonate.

6. Two Point Transports/Three Point Transports

- a. Each RPICC shall provide two point transportation services for distances less than 75 miles one way between the referring hospital and the receiving RPICC for neonates who are medically eligible for the RPICC Program.
- b. A transport agreement shall be executed between the RPICC and any EMS providers utilized for ground and air two and three point neonatal transports. The agreement(s) shall be made available for review by the CMS Program Office upon request.
- c. The referring RPICC shall maintain the responsibility for arranging the appropriate level of ground transportation services with a Florida licensed EMS provider for the RPICC neonate and RPICC transport team to and from the airport serving the referral hospital.
- d. The receiving RPICC shall maintain the responsibility for arranging the appropriate level of ground transportation services with a Florida licensed EMS provider for the RPICC neonate and RPICC transport team to and from the airport serving the city the RPICC is located.

7. Maternal Transports Component

- a. The Director of the RPICC maternal transport program shall be a CMS consultant obstetrician, as defined in Chapter 64C-6.001, F.A.C.
- b. The Director of the RPICC maternal transport program, or designee, shall determine the number and composition of the RPICC transport team required for each maternal transport which is provided by a RPICC maternal transport team.
- c. The Director of the RPICC maternal transport program shall be responsible for reviewing all maternal transports on a monthly basis and developing quality assurance criteria. The medical director shall also be responsible for documenting the review of these cases in quality assurance meetings.

END OF TEXT