

Application for New or Expanded Neonatal Intensive Care Unit (NICU) Services

Hospitals proposing to establish or expand neonatal intensive care services must comply with the requirements of Rule 59C-1.042, F.A.C., in order to obtain licensure, pursuant to Section 408.0455, F.S. (Chapter 2019-136, Laws of Florida). Please provide a program description that outlines how the hospital will meet the following current requirements of Rule 59C-1.042, F.A.C.

- A. The hospital must ensure developmental follow-up on patients after discharge to monitor the outcome of care and assure necessary referrals to community resources pursuant to 59C-1.042(4)(b), F.A.C.
- B. Hospitals establishing new Level III neonatal intensive care services must have a Level III NICU of at least 15 beds, and must have 10 or more Level II NICU beds. A hospital is not authorized to provide only Level III neonatal intensive care services. Hospitals establishing new Level II neonatal intensive care services only must have a minimum of 10 Level II NICU beds pursuant to 59C-1.042(5), F.A.C.
- C. Hospitals establishing new Level III neonatal intensive care services must have had a minimum service volume of 1,500 live births for the most recent 12-month period. Hospitals establishing new Level II neonatal intensive care services must have had a minimum service volume of 1,000 live births for the most recent 12-month period, pursuant to 59C-1.042(6), F.A.C. Specialty children's hospitals are exempt from these requirements.
- D. Hospitals providing Level II or Level III neonatal intensive care services must comply with the following quality of care standards, pursuant to 59C-1.042(8)(a-j), F.A.C.
 - a. Level II and III neonatal intensive care services must be directed by a neonatologist or a group of neonatologists who are on active staff of the hospital with unlimited privileges and provide 24-hour coverage, and who are either board certified or board eligible in neonatal-perinatal medicine.
 - b. Facilities with Level III services must maintain a maternal fetal medical specialist on active staff of the hospital with unlimited staff privileges. A maternal fetal specialist is defined as a board-certified obstetrician who is qualified by training, experience, or special competence certification in maternal-fetal medicine. Specialty children's hospitals are exempt from this provision.
 - c. The nursing staff in Level II and Level III units must be under the supervision of a head nurse with experience and training in neonatal intensive care nursing. The head nurse must be a registered professional nurse. At least one-half of the nursing personnel assigned to each work shift in Level II and Level III units must be registered nurses.
 - d. Nurses in Level II and Level III units must be trained to administer cardio-respiratory monitoring, assist in ventilation, administer I.V. fluids, provide pre-operative and post-operative care of newborns requiring surgery, manage neonates being transported, and provide emergency treatment of conditions such as apnea, seizures, and respiratory distress.
 - e. At least one certified respiratory care practitioner therapist with expertise in the care of neonates must be available in hospitals with Level II or Level III services at all times. There must be at least one respiratory therapist technician for every four infants receiving assisted ventilation.
 - f. Blood gas determination must be available and accessible on a 24-hour basis in all hospitals with Level II or Level III services.
 - g. A hospital providing Level II or Level III services must provide on-site, on a 24-hour basis, x-ray, obstetric ultrasound, and clinical laboratory services. Anesthesia must be available on an on-call basis within 30 minutes. Clinical laboratory services must have the capability to perform microstudies.
 - h. A hospital with Level II or Level III services must have a dietician or nutritionist to provide information on patient dietary needs while in the hospital and to provide the patient's family instruction or counseling regarding the appropriate nutritional and dietary needs of the patient after discharge.
 - i. A hospital with Level II or Level III services must make available the services of the hospital's social services department to patients' families which must include, but not be limited to, family counseling and referral to appropriate agencies for services. Children potentially eligible for the Medicaid, Children's Medical Services, or Developmental Services Programs must be referred to the appropriate eligibility worker for eligibility determination.

- j. A hospital that provides Level II or III services must provide in-hospital intervention services for infants identified as being at high risk for developmental disabilities to include developmental assessment, intervention, and parental support and education.
 - k. A hospital that provides Level II or Level III services must have an interdisciplinary staff responsible for discharge planning. Each hospital must designate a person responsible for discharge planning.
- E. Hospitals providing Level II neonatal intensive care services must comply with the following Level II NICU standards pursuant to 59C-1.042(9), F.A.C.
- a. Hospitals must have a nurse to neonate ratio of at least 1:4 in Level II NICUs at all times. At least 50% percent of the nurses must be registered nurses.
 - b. Each patient station in a Level II NICU must have, at a minimum, 50 square feet per infant, 2 wall mounted suction outlets preferably equipped with a unit alarm to signal loss of vacuum, 8 electrical outlets, 2 oxygen outlets (and an equal number of compressed air outlets and adequate provisions for mixing these gases), an incubator or radiant warmer, one heated humidifier and oxyhood, one respiration or heart rate monitor, one resuscitation bag and mask, one infusion pump, at least one oxygen analyzer for every three beds, at least one non-invasive blood pressure monitoring device for every three beds, at least one portable suction device, and not less than one ventilator for every three beds.
 - c. Each Level II NICU must have available to the unit on demand an EKG machine with print-out capability, transcutaneous oxygen monitoring equipment, and availability of continuous blood pressure measurement.
- F. Hospitals providing Level III neonatal intensive care services must comply with the following Level III NICU standards pursuant to 59C-1.042(10), F.A.C.
- a. A facility providing Level III services must have a pediatric cardiologist, who is either board certified or board eligible in pediatric cardiology, available for consultation at all times.
 - b. Hospitals must have a nurse to neonate ratio of at least 1:2 in Level III NICUs at all times. At least 50% percent of the nurses must be registered nurses.
 - c. Each patient station in a Level III NICU must have, at a minimum, 80 square feet per infant, 2 wall mounted suction outlets preferably equipped with an alarm to signal loss of vacuum, 12 electrical outlets, 2 oxygen outlets (and an equal number of compressed air outlets with adequate provision for mixing these gases), an incubator and radiant warmer, one heated humidifier and oxyhood, one respiration or heart rate monitor, one resuscitation bag and mask, one infusion pump, at least one non-invasive blood pressure monitoring device for every three beds, at least one portable suction device, and availability of devices capable of measuring continuous arterial oxygenation in the patient.
 - d. Each Level III NICU must be equipped with an EKG machine with print-out capability, portable suction equipment, and not less than one ventilator for every three beds.
- G. Hospitals providing Level II or Level III neonatal intensive care services must have or participate in an emergency 24-hour patient transportation system pursuant to 59C-1.042(11), F.A.C. The hospital must operate a 24-hour emergency transportation system directly, or contract for this service, or participate through a written financial or non-financial agreement with a provider of emergency transportation services, and the emergency transportation system must conform to Rule 64J-1.006, F.A.C.
- H. A hospital providing only Level II neonatal intensive care services must provide documentation of a transfer agreement with a facility providing Level III neonatal intensive care services in the same or nearest service district (as defined in 59C-1.042(2)(e), F.A.C.) for patients in need of Level III services. Hospitals providing Level III neonatal intensive care services must not unreasonably withhold consent to transfer agreements which provide for transfers based upon availability of service in the Level III facility, and which will be applied uniformly to all patients requiring transfer to Level III. Each hospital must have a written protocol governing the transfer of neonatal intensive care services patients to other inpatient facilities.