What:
Moving Level IV OB services and Level III NICU over to the Maternity Tower.

- All OB Services need to be provided @ the Maternity Tower
- EXCEPT Level 1 Trauma- will be @ Methodist and extreme critical care patients that need to be in the specialized critical care units- example- ECMO, Brain bleeds, Heart Transplant, CRRT/CVVH. These exceptions had to be approved by ISDH for our Level IV Licensure

Maternity Tower built to take care of ALL levels of OB patients. Midwifery program (birthing tubs) up to the highest level of care (OB-ICU). Taking care of mothers and babies under one roof. Holistic patient care.

Riley Tower Overview:

Floor 2- Labor and Delivery

- OB ED- 10 rooms
- High Risk Obstetrics (Antepartum)- 14 rooms
- Labor, Delivery, Recovery- 13 rooms (3 of 13 have birthing tubs)
- OB-ICU Rooms- 3
- Operating Rooms- 4 (with 1 of them being Fetal Surgery OR)
- Prep-Recovery Bay- 6 rooms
- 2 Infant Resuscitation rooms

Floor 3- Level III NICU

- 45 private rooms
- 45 rooms include 4 sets of twin rooms (8 rooms)
- 2 additional Rooming in Rooms
- 4 bed Observation Room
- Ronald McDonald House Family Room
- Milk Lab

Floor 4- Mother/Baby (Post-Partum)

- 18 private rooms
- 3 dedicated NAS rooms

Floor 5- Mother/Baby (Post-Partum)

- 20 private rooms
- Gathering room

How:
Staffing:

- ICU physician 24/7 in house to staff OB-ICU
- OB-ICU RN to staff OB-ICU
- 2 OB Anesthesiologists 24/7 in house to support Maternity Tower and OB patients (this is additional 1 FTE then currently have)
- OB laborist 24/7 in house
- MFM on site or on call 24/7

Safe Care of Women- Goal to provide all care @ Maternity Tower/Riley

- Focusing on making sure we can do all the testing and procedures @ Maternity Tower/Riley
  - US
  - Echo
  - IR
  - Venous Access
  - Dialysis
  - Cardiac Cath
  - EKG
  - Telemetry monitoring
  - ERCP- will be done @ University- mapping out process
  - TEE

- Planning for emergency situations- needing to transfer emergently to Methodist but patient de-compensates. Example- emergency ECMO cannulation, trauma at wrong location
  - Plan- pediatric surgical specialists and Riley teams on-site will support emergency activation needs. Currently mapping out process flows, staffing, and equipment needs

- Procedure Locations
  - All OB cases will be done in Maternity Tower (Total 4 ORs)
  - Fetal Surgery OR Room 4 will have C-Arm (wound/abscess drains, central line placement, nephrostomy/ureteral stent management). Fetal Surgery OR 4 is where we are planning on doing non-OB procedures but still mapping out process with surgical specialists
  - IR Lab @ Riley- will do Uterine Artery Embolization, OB Hemorrhage, Internal Fogarty Balloon Placement (equipment too heavy to place in Maternity Tower)

- Consults
  - Dietary
  - Wound
  - Behavioral Health
  - Pharmacy
  - PT/OT/Speech Therapy
  - Medical specialty consults- will come on-site for initial but will have telemedicine option for follow up
  - Surgical specialty consults- will come on-site from University

- Transport
  - Getting patients back and forth emergently, urgently, and routine
  - Auto-accept options to bypass transfer center (decrease response time)
  - Proactive activation

- Maternal Code Activation
  - Code Carts- new supplies for Riley
  - Maternal Code Team, Rapid Response Team (OBERT)

Methodist Support- Safe Care of Women and Baby

Issue- there will be a small amount of OB patients @ Methodist

- Level 1 Trauma- patient initially in ER for trauma then will go to the floor, ICU, or etc. Patient cannot transfer
  to Maternity Tower until signed off by Trauma service due to regulations
- Extreme critical care issues- ECMO, CRRT/CVVH, Transplant, Brain bleed, etc.- moms located in ICU's

Why is this an issue? Need staffing to support OB patients as we are moving ALL services over. Also- need support if neonate born as we are moving NICU to Tower.

<u>Staffing for Methodist after the move:</u>

- 1 OB Hospitalist 24/7 in house
- 1 OB-ICU RN
- Neonatology will NOT be in house

<u>Current work:</u>

1. Supplies- making sure we have all of the supplies to care emergently for OB patients and for Neonatal resuscitation
   a. NRP warmers and equipment carts will be in ER, OR, and 1 centralized for the ICU's
   b. OB equipment/post-partum hemorrhage carts for ER, OR, and 1 centralized for the ICU's
2. Training
   a. NRP training for staff
   b. Scenario development by NPDs and simulation plans- initially and ongoing
3. Staffing
   a. STORK team activation for NRP needs to come over to help from Riley/Maternity Tower
   b. Looking at RN resource options to flex as needed
   c. ED and/or other physicians that are NRP trained that can help support onsite before STORK team/transport arrives
4. Maternal Code Response
   a. How to activate OB team
   b. Rapid Response

Special considerations:

Patients < 20 weeks gestation- can have procedure/surgery done @ Methodist or Maternity Tower

- Do NOT need continuous fetal monitoring- need fetal heart tones before and after procedure
- Anesthesia @ both locations comfortable with this population