HealthTech

Obstetric Services The New CoPs for Hospitals and CAHs

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Presenter

Carolyn St. Charles is the Chief Clinical Officer for HealthTech. Carolyn has extensive experience working with rural hospitals to develop and strengthen Swing Bed programs. St. Charles earned a master's degree in Business Administration from the Foster School of Business at the University of Washington and a bachelor's degree in Nursing from Northern Arizona University.

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Sept 2025 – Jan 2026 webinars

All webinars are recorded for on-demand viewing.

New CoPs for safe obstetrical care

Presenter: Carolyn St. Charles, RN, BSN, MBA – Chief Clinical Officer.
Date: September 5, 2025 | **Time:** 12pm CST
URL: https://bit.ly/4oI6G5i

HR 101: What matters most

Presenter: Kimberly Butts - Human Resources
Date: September 19, 2025 | **Time:** 12pm CST
URL: https://bit.ly/3V8TIjw

QAPI that matters

Presenter: Susan Runyan, Chief Executive Officer - Runyan Health Care Quality Consulting
Date: October 3, 2025 | **Time:** 12pm CST
URL: https://bit.ly/45oIi15

An innovative approach to rehab in a CAH Swing Bed program

Presenter: Stephen Leone, PT - CEO of Rural Health Resources
Date: October 17, 2025 | **Time:** 12pm CST
URL: https://bit.ly/4oFNkxO

Swing Bed what's new? - what's changed? - what's the same?

Presenter: Carolyn St. Charles, RN, BSN, MBA – Chief Clinical Officer.
Date: October 24, 2025 | **Time:** 12pm CST
URL: https://bit.ly/3Ve3iS9

Care Coordination service lines & you

Presenter: Marcella A Wright, DNP, MS, RN, Director Care Coordination & LEAN Consulting
Date: November 7, 2025 | **Time:** 12pm CST
URL: https://bit.ly/3Jko8wF

Non-Certified / Long-Term Swing Bed

Presenter: Carolyn St. Charles, RN, BSN, MBA – Chief Clinical Officer.
Date: December 5, 2025 | **Time:** 12pm CST
URL: https://bit.ly/45WBzLZ

Tools to increase employee engagement: Lessons from a 99th percentile hospital

Presenter: Scott Manis - Regional Vice President
Date: January 9, 2026 | **Time:** 12pm CST
URL: https://bit.ly/3UAFRlR

REH 101: A compliance guide for Rural Emergency Hospitals

Presenter: Cheri Benander, RN MSN, CHC, C-NHCE, HACP-CMS
Date: January 23, 2026 | **Time:** 12pm CST
URL: https://bit.ly/41PxdUt

Self-Paced Certificate Courses

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Leadership Development

$499 - 20 Contact Hours
Leadership Development is a comprehensive course designed to address the critical need for cultivating leadership skills among middle managers who find themselves in leadership roles without formal training and staff members who aspire to grow into management and leadership roles.

Lean Practitioner

$499, 16 Contact Hours
A Lean culture empowers individuals closest to the work to drive meaningful improvements. This Lean course equips frontline staff with the essential tools, resources, and knowledge to master and apply Lean principles effectively.

At its core, Lean focuses on enhancing process efficiency through fundamental concepts and tools. The four key principles for designing, assessing, and refining processes include defining the ideal state, identifying waste (muda), applying the four rules, and harnessing the power of observation. Critical tools such as value stream mapping and A3 problem-solving drive this methodology. While some may view Lean as a fleeting trend, its evidence-based history proves it to be a reliable, results-oriented approach with a proven track record of success. Lean isn't just a set of processes—it's a transformative mindset and methodology that fosters a safe, efficient, and high-quality environment for both patients and healthcare workers.

Care Coordination

HealthTech acknowledges the crucial role Care Coordination plays in driving success and sustainability within primary care. To empower the growth and sustainability of your programs, we provide arange of self-paced, asynchronous courses designed to enhance and expand services under CMS Care Coordination:

- **Care Coordination Fundamentals** – $299, offering 12 contact hours
- **Behavioral Health Integration** – $219, offering 9 contact hours
- **Transitional Care Management** – $159, offering 8 contact hours
- **Annual Wellness Visits** – $199, offering 7.5 contact hours
- **Advance Care Planning** – $149, offering 6 contact hours

These courses are tailored to support the continued development of your care coordination services, ensuring your team stays at the forefront of primary care excellence. Each course is crafted to equip members of the professional primary care team—including nurses, health educators, health coaches, and other qualified health-care providers—with the essential knowledge, skills, and expertise to conduct comprehensive consultative visits and create personalized preventive care plans. Focusing on a team-based care model, the platform prioritizes coordinated care, harnessing the collective expertise
of diverse team members. This approach enhances care coordination for patients with chronic and behavioral health conditions while reinforcing the integration of health promotion and prevention into everyday practice.

Swing Bed Courses for Critical Access Hospitals

The Swing Bed concept allows a hospital to use its beds interchangeably for either acute care or post-acute care. The reimbursement "swings" from billing for acute care services to billing for post-acute skilled nursing services, even though the patient usually stays in the same bed . Swing Bed allows patients to receive care close to home. The two courses Basics and Beyond Basics provide the fundamentals to care for Swing Bed patients and meet regulatory requirements.

Swing Bed Basics for Critical Access Hospitals
$299 - 9 Contact Hours
The Swing Bed Basics course focuses on the elements of a successful Swing Bed program including understanding and implementing CMS regulatory requirements found in the State Operations Manual Appendix W, State Operations Manual Appendix PP, and the Medicare Benefit Policy Manuals.

Swing Bed Beyond Basics for Critical Access Hospitals
$299 – 9 Contact Hours
The Swing Bed Advanced Course is focused on strategies to grow and strengthen the Swing Bed program including understanding the requirements in Appendix PP that apply to Swing Bed strategies for increasing volume. The course is divided into six modules, with one bonus module discussing the MDS which is required for Swing Beds in a PPS hospital. Each module may take up to two-weeks, but the course is self-paced.

HealthTech | For more information, visit: www.health-tech.us

Description

CMS issued a new set of Conditions of Participation(CoP) requirements focusing on safe obstetrical care. The requirements, which were published in November of 2024, include: emergency services readiness (effective 7/1/2025), transfer protocols (effective 7/1/2025), organization staffing and delivery of services (effective 1/1/2026), training for obstetrical staff in hospitals and critical access hospitals (effective 1/1/2027, and quality assessment and performance improvement program (effective 1/1/2027.

The emergency department regulations are applicable to ALL hospitals, even if they don't have obstetrical services.

The webinar will review each of the new regulatory requirements and provide strategies for implementation.

Learning Objectives

1. Describe the new CoP requirements for the emergency department
2. Describe the new CoP requirements for the obstetric department
3. Outline at least three (3) strategies for implementation

Instructions for Today

Please feel free to write questions in the Chat Box

The webinar is recorded and I will send out the recording within 2 days

Agenda

CoPs for Obstetric Services (Emergency Department) Effective July 1, 2025

CoPs for Obstetric Services Effective January 1, 2026

CoPs for Obstetric Services Effective July 1, 2027

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Obstetric Standards Purpose and Scope

CMS Announces New Policies to Reduce Maternal Mortality, Increase Access to Care, and Advance Health Equity

The Centers for Medicare & Medicaid Services (CMS) announced today new baseline health and safety requirements for hospitals and Critical Access Hospitals (CAHs) providing obstetrical (OB) services to make pregnancy, childbirth, and postpartum care safer.

CMS is also removing barriers to expand access to care for those formerly incarcerated and others in underserved communities.

CMS has finalized new health and safety requirements for hospitals and CAHs providing obstetrical services, which set baseline standards for the organization, staffing, and delivery of care within obstetrical units, update the quality assessment and performance improvement (QAPI) program, and require staff training on evidence-based maternal health practices.

CMS Announces New Policies to Reduce Maternal Mortality, Increase Access to Care, and Advance Health Equity

“These new requirements build on CMS’ maternity care action plan.

Additionally, CMS has established emergency services readiness and transfer protocol requirements for all patients, which will better prepare hospitals and CAHs to respond to obstetric emergencies.

Of note, CMS is finalizing a phased-in implementation for all of these new requirements in an effort to balance the need for improved maternal health outcomes while addressing potential burden concerns raised in public comments.”

Dr. Dora Hughes, Chief Medical Officer and Director for CMS’ Center for Clinical Standards and Quality.

https://www.cms.gov/newsroom/press-releases/cms-announces-new-policies-reduce-maternal-mortality-increase-access-care-and-advance-health-equity

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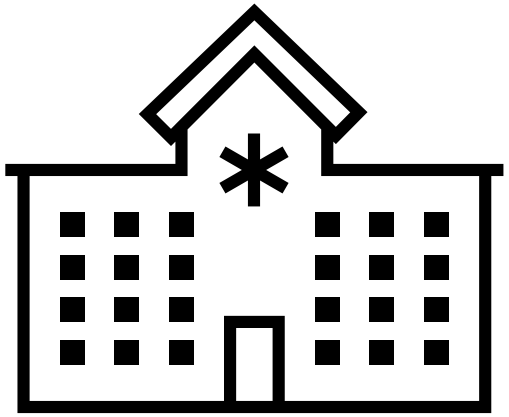
Emergency Needs Effective July 1, 2025

Scope

Applies to ALL acute care and critical access hospitals that provide emergency services and **not those with only obstetrical services**

Some requirements for Critical Access Hospitals are in current regulations and aren't new.



Meet Emergency Needs of Patients

Hospital §482.55(c)

Effective July 1, 2025, in accordance with the complexity and scope of services offered, there must be adequate provisions and protocols to meet the emergency needs of patients.

Critical Access Hospital §485.618(e)

Effective July 1, 2025, in accordance with the complexity and scope of services offered, there must be adequate provisions (as required under (b) and (c) of this section) and protocols to meet the emergency needs of patients.

Protocols

Protocols

Hospital §482.55 (c)

(1) Protocol must be consistent with nationally recognized and evidence-based guidelines for the care of patients with emergency conditions, including but not limited to patients with obstetrical emergencies, complications, and immediate post-delivery care.

Critical Access Hospital §485.618 (e)

(1) Protocol must be consistent with nationally recognized and evidence-based guidelines for the care of patients with emergency conditions, including but not limited to patients with obstetrical emergencies, complications, and immediate post-delivery care.

Resources

ACOG: Levels of Maternal Care. Obstetric Care Consensus No. 9. American College of Obstetricians and Gynecologists

Obstet Gynecol 2019;134:e41–55

https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care

ACOG: Identifying and Managing Obstetric Emergencies in Non-Obstetric Settings

This multiyear initiative seeks to enhance the identification and management of pregnancy-related emergencies in nonobstetric settings.

https://www.acog.org/programs/obstetric-emergencies-in-nonobstetric-settings

Resources

ACOG: Cardiovascular Disease (CVD) in Pregnancy and Postpartum Algorithm (PDF)

https://www.guidelinecentral.com/guideline/3911922/

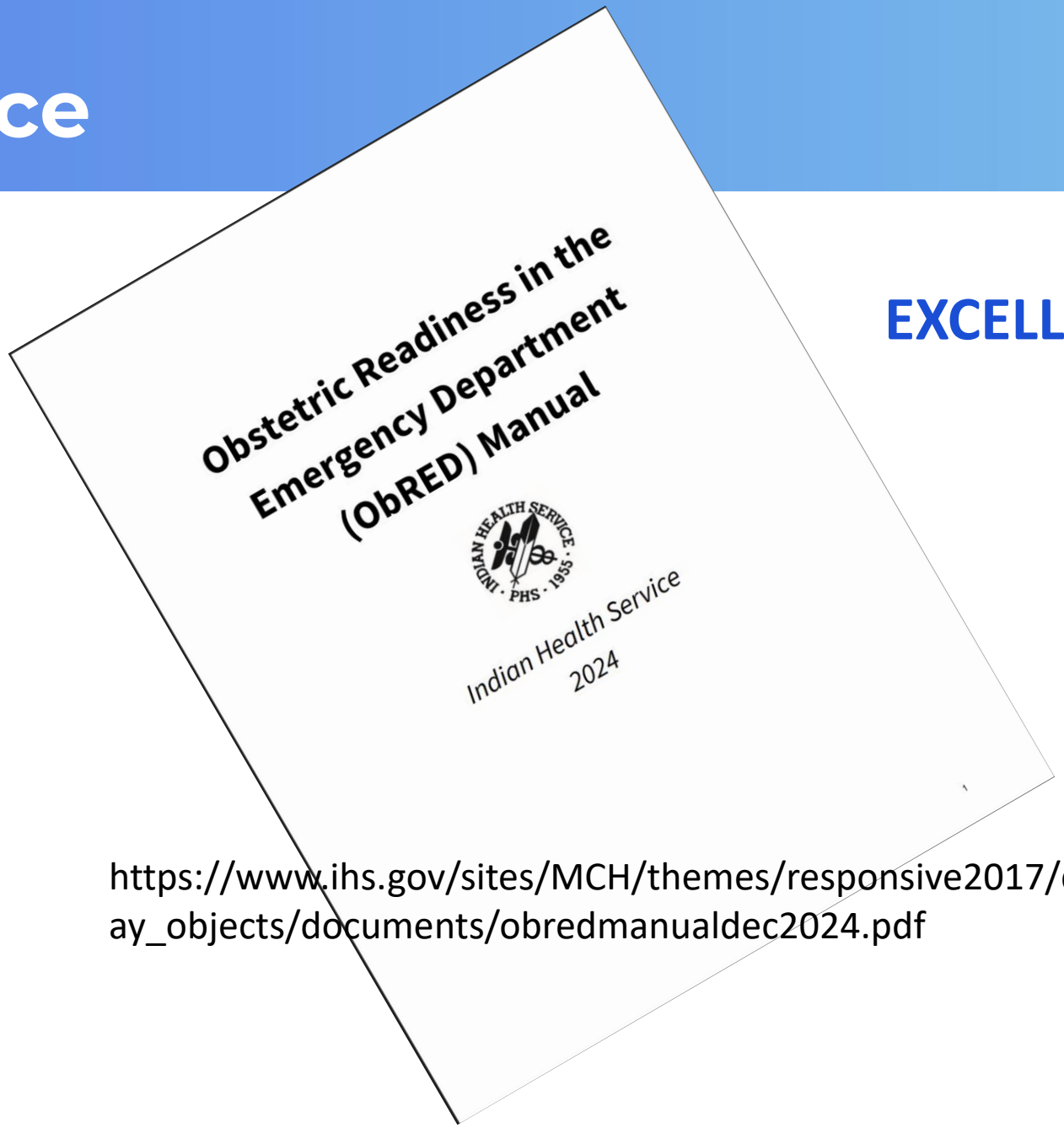
Acute Hypertension in Pregnancy and Postpartum Algorithm (PDF)

https://www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/safe-motherhood-initiative/severe-hypertension

Eclampsia Algorithm (PDF)

https://www.guidelinecentral.com/guideline/3911905/

Resource



EXCELLENT RESOURCE

https://www.ihs.gov/sites/MCH/themes/responsive2017/display_objects/documents/obredmanualdec2024.pdf

ObRED Manual

1. Ob Triage: Pre-Hospital (Field or EMS) or In-Hospital
2. Normal Delivery
3. Abnormal Deliveries
    - Shoulder Dystocia
    - Breech Delivery
4. Hemorrhage
    - Quantitative Blood Loss (QBL) Calculations
    - Example Mockup of PPH Box: Level 1 (Moderate)
    - Example of Hemorrhage Kit: Level 2 (Severe)
6. Hypertension
    - Example of Hypertension Kit
7. Maternal Cardiac Arrest
8. Maternal Sepsis
9. Maternal Substance Use
    - Opioid Use Disorder
    - Opioid Withdrawal:
    - Alcohol Use Disorder
10. Consultation and Transfer Guidelines

https://www.cms.gov/newsroom/press-releases/cms-announces-new-policies-reduce-maternal-mortality-increase-access-care-and-advance-health-equity

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Equipment, Supplies, Medication

Equipment, Supplies, Medication

Hospital §482.55(c)(2)

Provisions include equipment, supplies, and medication used in treating emergency cases.

Such provisions must be kept at the hospital and be readily available for treating emergency cases to meet the needs of patients.

Critical Access Hospital C-0884 §485.618(b) (not new)

Equipment, supplies, and medication used in treating emergency cases are kept at the CAH and are readily available for treating emergency cases. The items available must include the following:

Drugs, Blood and Blood Products, and Biologicals

Hospital §482.55(c)(2)(i)

Drugs, blood and blood products, and biologicals commonly used in life-saving procedures;

(not new)

C-0886 §485.618(b)(1) Drugs and biologicals commonly used in life-saving procedures, including analgesics, local anesthetics, antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, antiarrythmics, cardiac glycosides, antihypertensives, diuretics, and electrolytes and replacement solutions.

C-0890 §485.618(c) Standard: Blood and Blood Products The facility provides, either directly or under arrangements, the following: (1) Services for the procurement, safekeeping, and transfusion of blood, including the availability of blood products needed for emergencies on a 24-hour-a-day basis.

Interpretive Guidelines §485.618(c)(1) This requirement can be met at a CAH by providing blood or blood products on an emergency basis at the CAH, either directly or through arrangement, if that is what the patient's condition requires. **There is no requirement in the regulation for a CAH to store blood on site, although it may choose to do so.**

Recommended Blood Products (Hospital Only)

- ❑ 2 units of) negative Packed Red Blood Cells (PRBCs) available for emergencies if blood type unknown
- ❑ Ability to type and cross for further PRBCs
- ❑ Institutional massive transfusion protocol OR protocol for obtaining additional blood products outside of the hospital exists

Source: Bogaert K, Erickson A, Rozehnal J, Bartlett E, Capo P, Howe J, Pattara-Lau T. Obstetric Readiness in the Emergency Department (ObRED) Manual. Indian Health Service; 2024. https://www.ihs.gov/mch/obredmanua

Recommended Obstetric Emergency Checklist Medications

Hypertension Medications

- ❑ Nifedipine 10mg PO (IR)
- ❑ Hydralazine 5-10mg IV
- ❑ Labetalol 20mg IV
- ❑ Magnesium sulfate
  - IV: 4-6g 10% in 100ml over 20m, followed by 1-2g/hr continuous infusion
  - IM: 10g of 50% solution (5g in each buttock)
- Calcium Gluconate 10 mL 10% solution IV

Post-Partum Hemorrhage Medications

- ❑ Oxytocin 10U IM or 10-40U/1000mL IV
- ❑ Methergine 0.2mg IM
- ❑ Hemabate 0.25mg IM
- ❑ Misoprostol 1000mcg PR or 600 mcg PO
- ❑ TXA 1g IV

Fetal Distress

- ❑ Terbutaline 0.25 SQ

Source: Bogaert K, Erickson A, Rozehnal J, Bartlett E, Capo P, Howe J, Pattara-Lau T. Obstetric Readiness in the Emergency Department (ObRED) Manual. Indian Health Service; 2024. https://www.ihs.gov/mch/obredmanua

Recommended Neonatal Emergency Checklist Medications

Newborn Care

- ❑ Erythromycin ointment
- ❑ Vitamin K 1 mg. neonatal concentration
- ❑ Hepatitis B Vaccine

Neonatal Resuscitation

- ❑ Epinephrine 0.1mg/ml Oral Glucose 40% gel and 10% dextrose in water (D10W) IV fluid
- ❑ Normal saline (100-mL or 250-mL bag) or prefilled syringes
- ❑ Table of pre-calculated emergency medication dosages for babies weighing 0.5 to 4 kg

Source: Bogaert K, Erickson A, Rozehnal J, Bartlett E, Capo P, Howe J, Pattara-Lau T. Obstetric Readiness in the Emergency Department (ObRED) Manual. Indian Health Service; 2024. https://www.ihs.gov/mch/obredmanua

Recommended Obstetric and Neonatal Emergency Cart

ObRED has specific examples of what should be included in an OB and Neonatal Emergency Cart

- OB Triage Drawer
- OB Delivery Drawer
- OB Hemorrhage Drawer
- OB Medication Box

Source: Bogaert K, Erickson A, Rozehnal J, Bartlett E, Capo P, Howe J, Pattara-Lau T. Obstetric Readiness in the Emergency Department (ObRED) Manual. Indian Health Service; 2024. https://www.ihs.gov/mch/obredmanua

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Equipment and Supplies for Life Saving Procedures

Emergencies

Hospital §482.55(c)(2)

Provisions include equipment, supplies, and medication used in treating emergency cases.

Such provisions must be kept at the hospital and be readily available for treating emergency cases to meet the needs of patients.

(not new)
Critical Access Hospital C-0884 §485.618(b)

Equipment, supplies, and medication used in treating emergency cases are kept at the CAH and are readily available for treating emergency cases. The items available must include the following:

Equipment and Supplies for Life-Saving Procedures

Hospital §482.55(c)(2)(ii)

Equipment and supplies commonly used in life-saving procedures; and

(not new)
C-0888 §485.618(b)(2)

Equipment and supplies commonly used in life-saving procedures, including airways, endotracheal tubes, ambu bag/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, splints, IV therapy supplies, suction machine, defibrillator, cardiac monitor, chest tubes, and indwelling urinary catheters.

Recommended Obstetric Emergency Checklist - Equipment

Equipment stored in a dedicated OB area or OB cart and routinely checked for expiration and integrity. Some supplies may be in a premade sterile precipitous delivery kit.

- ❑ Fetal monitoring equipment. Fetal heart rate (doppler) and/or contraction monitors with ability to record
- ❑ Obstetric ultrasound. With curvilinear probe and OB setting
- ❑ Foley catheter | Straight catheter
- ❑ Sterile gloves in multiple sizes
- ❑ Vaginal packing

Recommended Obstetric Emergency Checklist Equipment, cont.

- ❑ Balloon tamponade. Intrauterine tamponade system for PPH
- ❑ Sterile scissors. For cutting umbilical cord
- ❑ Sterile scalpel. For cutting umbilical cord or perimortem Cesarean section; separate from precipitous delivery kit and easily accessible (i.e. taped to wall)
- ❑ Sterile umbilical cord clamps x2. For clamping umbilical cord
- ❑ Refer to the example Obstetric Emergency cart for additional supplies

Source: Bogaert K, Erickson A, Rozehnal J, Bartlett E, Capo P, Howe J, Pattara-Lau T. Obstetric Readiness in the Emergency Department (ObRED) Manual. Indian Health Service; 2024. https://www.ihs.gov/mch/obredmanua

Recommended Neonatal Emergency Checklist

Basics

- ❑ Warm towels/blankets
- ❑ Hat
- ❑ Plastic bag or wrap
- ❑ Bulb syringe

Monitors

- ❑ Temperature sensor
- ❑ Cardiac monitor / leads
- ❑ Pulse oximeter
- ❑ Carbon dioxide detector

Resuscitation Materials

- ❑ 10F or 12F suction catheter
- ❑ Flowmeter
- ❑ Meconium. tracheal aspirator
- ❑ PPV device with magometer
- ❑ Term and preterm masks
- ❑ Laryngeal mask with 5mL syringe
- ❑ 5F or 6F orogastric tube
- ❑ Laryngoscope with size 0 and size 1 straight blade
- ❑ Endotracheal tubes (sizes 2.5, 3.0, 3.5)

Resuscitation Materials, cont.

- ❑ 8F feeding tube
- ❑ Measuring tape and/or endotracheal tube insertion depth table
- ❑ Waterproof tape or tube-securing device
- ❑ Umbilical venous catheterization tray
- ❑ Umbilical line catheter sizes 3.5 French, 5 French
- ❑ Peripheral IV catheters and supplies (not all facilities or providers may have this capability or training)

Source: Bogaert K, Erickson A, Rozehnal J, Bartlett E, Capo P, Howe J, Pattara-Lau T. Obstetric Readiness in the Emergency Department (ObRED) Manual. Indian Health Service; 2024. https://www.ihs.gov/mch/obredmanua

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Call In System

Call In System

Hospital §482.55(c)

(2)(iii) Each emergency services treatment area must have a call-in system for each patient.

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Staff Training to Meet Emergency Needs Effective July 1, 2025

Staff Training

Hospital §482.55 (c)(3)

Applicable staff, as identified by the hospital, must be trained annually on the protocols and provisions implemented pursuant to this section.

Critical Access Hospital §485.618 (e)(2)

Applicable staff, as identified by the CAH, must be trained annually on the protocols and provisions implemented pursuant to this section.

IMPORTANT

If you utilize travelers or contract staff, they must be included in the Training / Education / Competency if they work in the ED. (This would also be true for standards for OB effective 1/2026 and 1/2027)

You can't rely on a self-assessment by the contract staff person

And not just nurses ---- respiratory therapists, ultrasound technicians, etc.

And providers, if they have not had training in OB or Obstetrical Emergencies

Governing Board

Hospital §482.55 (c)(3)(i)

The governing board must identify and document which staff must complete such training.

Critical Access Hospital §485.618 (e)(2)(i)

The governing board must identify and document which staff must complete such training.

Documentation

Hospital §482.55 (c)(3)(ii)

The hospital must document in the staff personnel records that the training was successfully completed.

Critical Access Hospital §485.618 (e)(2)(ii)

The CAH must document in the staff personnel records that the training was successfully completed.

Staff Training and Competency

Hospital §482.55(c)(3)iii

The hospital must be able to demonstrate staff knowledge on the topics implemented pursuant to this section.

Critical Access Hospital §485.618 (e)(2)(iii)

The CAH must be able to demonstrate staff knowledge on the topics implemented pursuant to this section

ObRED Education and Simulation Materials

1. Basic Obstetrics Education
    - Precipitous delivery simulation
2. Abnormal Deliveries Education
    - Abnormal Deliveries Simulation
3. Hemorrhage Simulation
4. Hypertension Simulation
5. Maternal Resuscitation Education
6. Maternal Sepsis Education & Simulation
7. Maternal Substance Use Simulation
8. Neonatal Resuscitation Simulation

https://www.cms.gov/newsroom/press-releases/cms-announces-new-policies-reduce-maternal-mortality-increase-access-care-and-advance-health-equity

Just a Reminder
Education is NOT Competency

Competency Means Verified!

Demonstration of competency is not documentation that staff attended a training, listened to a lecture, or watched a video. A staff's ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by staff already determined to be competent in these skill areas.

Methods for verifying competency:

- **Observation**
- **Demonstration**
- **Simulation**
- **Verbal (Use selectively!)**
- **Written Test**
- **Documentation Audit**

<u>Competencies must be based on role and responsibilities</u>

Staff Training and QAPI

Hospital §482.55 (c)(3)(iv)

The hospital must use findings from its QAPI program, as required at 482.21, to inform staff training needs and any additions, revisions, or updates to training topics on a going basis.

Critical Access Hospital §485.618 (e)(2)(iv)

The CAH must use findings from its QAPI program, as required at 485.641, to inform staff training needs and any additions, revisions, or updates to training topics on a going basis.

Process and Quality Measures Example Only

Education and Competency

1. Education modules developed
2. Initial competency completed for all clinical staff and providers who work in the ED
3. Annual competency completed for all clinical staff and providers who work in the ED completed
4. Travelers do not work in the ED without competency, or – are not permitted to care for emergency OB patients
5. All staff and providers who work in the ED have current NRP certification
6. Annual education plan based on outcomes from QAPI program

Protocols

1. Protocols developed and approved by the medical staff
2. Protocols followed (chart audits)

Outcome Measures

1. No birth injury to the mother
2. No birth injury to the infant
3. FHR accurate (as determined by QC)
4. Staff and providers recognize fetal and maternal distress
5. Blood available within 10 minutes for emergency transfusion
6. Time from delivery to transfer (if no OB service)
7. Outcomes of external chart review

Case Review

For patients who receive care in the ED for an obstetric emergency -

1) Review 100% of cases with a multi-disciplinary team as soon as possible after the event

2) Include the TEAM…. Not just providers

3) Consider an external review if the facility does not have obstetricians or physicians with expertise in obstetrics on the medical staff

Track Patients

Tracking all pregnant patients, duration at the hospital, interventions, and dispositions, for example:

1. MRN
2. Time & Date of Arrival to this hospital
3. Disposition (transfer, discharge home)
4. Time of departure
5. Gravida/ Para, estimated gestational age?
6. Delivered here?
7. If transferred, brief description of events at outside hospital

FHR Tracking Tool

MRN	Date	FHR Start	FHR Duration	Interpreter	Interpretation	QC (Name)	QC Interpretation

Analyze Data for Improvement and Education

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Transfer
Effective July 1, 2025

Hospital Transfer

Hospital §482.43(c)

Effective July 1, 2025, the hospital must have **written policies and procedures** for **transferring patients** under its care (inclusive of inpatient services) to the appropriate level of care (including to another hospital) as needed to meet the needs of the patient.

CAH Transfer
No New Requirements

C-0864 §485.616(a)(1) Patient referral and transfer;

C-0866 §485.616(a)(2) The development and use of communications systems of the network, including the network's system for the electronic sharing of patient data, and telemetry and medical records, if the network has in operation such a system; and

C-0868 §485.616(a)(3) The provision of emergency and non-emergency transportation between the facility and the hospital.

C-0995 §485.631(c)(2) The physician assistant, nurse practitioner, or clinical nurse specialist performs the following functions to the extent they are not being performed by a doctor of medicine or osteopathy

C-0997 §485.631(c)(2)(ii) Arranges for, or refers patients to, needed services that cannot be furnished at the CAH, and assures that adequate patient health records are maintained and transferred as required when patients are referred.

C-1430 §485.642 The CAH must discharge the patient, and also transfer or refer the patient where applicable, along with all necessary medical information pertaining to the patient's current course of illness and treatment, post discharge goals of care, and treatment preferences, at the time of discharge, to the appropriate post- acute care service providers and suppliers, facilities, agencies, and other outpatient service providers and practitioners responsible for the patient's follow-up or ancillary ***care.***

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Staff Training for Transfer Effective July 1, 2025

Staff Training

Hospital §482.55 (c)(3)

Applicable staff, as identified by the hospital, must be trained annually on the protocols and provisions implemented pursuant to this section.

Critical Access Hospital §485.618 (e)(2)

Applicable staff, as identified by the CAH, must be trained annually on the protocols and provisions implemented pursuant to this section.

Training

Hospital §482.43(c)

The hospital must also provide annual training to relevant staff regarding the hospital policies and procedures for transferring patients under its care

Critical Access Hospital

No CAH Requirement

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Implementation Strategies

Implementation Strategies

1. Identify a champion(s) who can advocate for safe maternal care
2. Form a multidisciplinary team to lead initiatives. Include advocates from the emergency department, maternal health, pediatrics, nursing, laboratory, pharmacy, patient transport, and EMS
3. Print out section(s) of the ObRED manual and store in a labeled binder
4. Provide protected time for your team to practice drills and simulations
5. Gather data on outcomes and use them for improvement

Champion / Leader

1. Provider or nurse with special interest, knowledge, and skill in the emergency care of pregnant women
2. Maintains competency in emergency care

Suggested Responsibilities

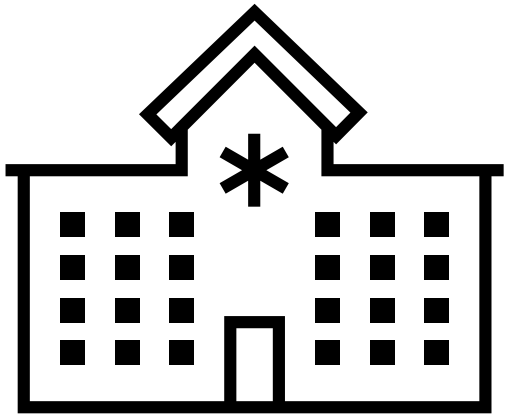
1. Facilitating quality improvement activities for improved obstetric emergency care
2. Facilitates ED-based educational activities for continuing education in Obstetric care
3. Upholds clinical competencies for new employees with OB Readiness checklist
4. Maintains competencies for ED nursing staff relevant to OB patients
5. Maintains OB-relevant policies and procedures for the ED
6. Assists pre-hospital providers (e.g., Emergency Medical Services) with OB relevant education
7. Works with ED leadership to ensure adequate equipment, medications, and resources are available in the ED for OB emergencies

HealthTech

Organization and Supervision of Services Effective January 1, 2026

Scope

Applies to ALL acute care and critical access hospitals that provide **obstetrical services**



Staff Training

Hospital §482.55 (c)(3)

Applicable staff, as identified by the hospital, must be trained annually on the protocols and provisions implemented pursuant to this section.

Critical Access Hospital §485.618 (e)(2)

Applicable staff, as identified by the CAH, must be trained annually on the protocols and provisions implemented pursuant to this section.

Standards of Care

Hospital §482.59

If the hospital offers obstetrical services, the services must be well organized and provided in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services must be consistent in quality with inpatient care in accordance with the complexity of services offered

CAH §485.649

If the CAH offers obstetrical services, the services must be well organized and provided in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, postpartum patients. If outpatient obstetrical services are offered, the services must be consistent in quality with inpatient care in accordance with the complexity of services offered

Organization and Staffing

Hospital §482.59

(a) Effective January 1, 2026, the organization of the obstetrical services must be appropriate to the scope of the services offered. As applicable, the services must be integrated with other departments of the hospital

CAH §485.649

(a) Effective January 1, 2026, the organization of the obstetrical services must be appropriate to the scope of the services offered. As applicable, the services must be integrated with other departments of the CAH

Supervision

CAH §485.649(a)(1)

Labor and delivery rooms/suites (including labor rooms, delivery rooms (including rooms for operative delivery), and post-partum/recovery rooms whether combined or separate) must be supervised by an experienced registered nurse, certified nurse midwife, nurse practitioner, physician assistant, or a doctor of medicine or osteopathy

CAH §485.649 (a)(1)

Labor and delivery rooms/suites (including labor rooms, delivery rooms (including rooms for operative delivery), and post-partum/recovery rooms whether combined or separate) must be supervised by an experienced registered nurse, certified nurse midwife, nurse practitioner, physician assistant, or a Doctor of Medicine or a Doctor of Osteopathy (MD/DO)

Medical Staff Privileges

Hospital §482.59 (a)(2)

Obstetrical privileges must be delineated for all practitioners providing obstetrical care in accordance with the competencies of each practitioner in accordance with § 482.22(c).

CAH §485.649 (a)(2)

Obstetrical privileges must be delineated for all practitioners providing obstetrical care in accordance with the competencies of each practitioner, and consistent with credentialing agreements established under § 485.616(b).

Policies for Obstetrical Care

Hospital §482.59(b)

Effective January 1, 2026, Obstetrical services must be consistent with needs and resources of the facility.

Policies governing obstetrical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care and safety.

CAH §485.649 (b)

Effective January 1, 2026, obstetrical services must be consistent with needs and resources of the CAH. Policies governing obstetrical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care and safety.

Equipment

Hospital §482.59(b)(1)

The following equipment must be kept at the hospital and be readily available for treating obstetrical cases to meet the needs of patients in accordance with the scope, volume, and complexity of services offered: **call-in-system, cardiac monitor, and fetal doppler or monitor.**

CAH §485.649 (b)(1)

The following equipment must be kept at the CAH and be readily available for treating obstetrical cases to meet the needs of patients in accordance with the scope, volume, and complexity of services offered: **call-in-system, cardiac monitor, and fetal doppler or monitor.**

Protocols

Hospital §482.59(b)(2)

There must be adequate provisions and protocols, consistent with nationally recognized and evidence-based guidelines, for obstetrical emergencies, complications, immediate post-delivery care, and other patient health and safety events as identified as part of the QAPI program (§ 482.21). Provisions include equipment (in addition to the equipment required under paragraph (b)(1) of this section), supplies, and medication used in treating emergency cases. Such provisions must be kept in the hospital and be readily available for treating emergency cases

CAH §485.649 (b)(2)

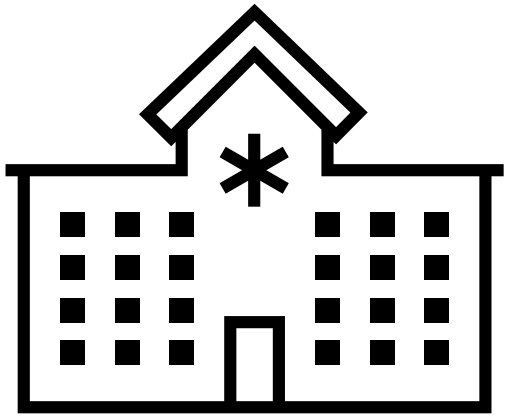
There must be adequate provisions and protocols, consistent with nationally recognized and evidence-based guidelines, for obstetrical emergencies, complications, immediate post-delivery care, and other patient health and safety events as identified as part of the QAPI program (§ 485.641). Provisions include equipment (in addition to the equipment required under paragraph (b)(1) of this section), supplies, and medication used in treating emergency cases. Such provisions must be kept in the CAH and be readily available for treating emergency cases.

HealthTech

Effective January 1, 2027

Scope

Applies to ALL acute care and critical access hospitals that provide **obstetrical services**



Training

Hospital § 482.59 (c)

Effective January 1, 2027, the hospital must develop policies and procedures to ensure that relevant staff are trained on select topics for improving the delivery of maternal care.

Critical Access Hospital §485.649(c)

Effective January 1, 2027, the CAH must develop policies and procedures to ensure that relevant staff are trained on select topics for improving the delivery of maternal care.

Training and QAPI

Hospital § 482.59 (c)

(1) Training concepts must reflect the scope and complexity of services offered within the facility, including but not limited to:

(i) Facility-identified evidence-based best practices and protocols to improve the delivery of maternal care within the facility; and

(ii) The hospital must use findings from its QAPI program, as required at § 482.21, to inform staff training needs and any additions, revisions, or updates to training topics on an ongoing basis.

Critical Access Hospital §485.649

(1) Training concepts must reflect the scope and complexity of services offered within the facility, including but not limited to:

(i) Facility-identified evidence-based best practices and protocols to improve the delivery of maternal care within the facility; and

(ii) The CAH must use findings from its quality assessment and performance improvement (QAPI) program, as required at § 485.641, to inform staff training needs and any additions, revisions, or updates to training topics on an ongoing basis.

Staff Training

Hospital § 482.59(c)

(2) The hospital must provide relevant new staff with initial training.

(3) The governing body must identify and document which staff must complete initial training and subsequent biennial training on the topics identified at paragraph (c)(1) of this section.

(4) The hospital must document in the staff personnel records that the training was successfully completed.

(5) The hospital must be able to demonstrate staff knowledge on the topics identified at paragraph (c)(1) of this section

Critical Access Hospital §485.649

(2) The CAH must provide relevant new staff with initial training.

(3) The governing body must identify and document which staff must complete initial training and subsequent biennial training on the topics identified at paragraph (c)(1) of this section.

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(5) The CAH must be able to demonstrate staff knowledge on the topics identified at paragraph (c)(1) of this section

QUESTIONS

Sept 2025 – Jan 2026 webinars

All webinars are recorded for on-demand viewing.

New CoPs for safe obstetrical care

Presenter: Carolyn St. Charles, RN, BSN, MBA – Chief Clinical Officer.
Date: September 5, 2025 | **Time:** 12pm CST
URL: https://bit.ly/4oI6G5i

HR 101: What matters most

Presenter: Kimberly Butts - Human Resources
Date: September 19, 2025 | **Time:** 12pm CST
URL: https://bit.ly/3V8TIjw

QAPI that matters

Presenter: Susan Runyan, Chief Executive Officer - Runyan Health Care Quality Consulting
Date: October 3, 2025 | **Time:** 12pm CST
URL: https://bit.ly/45oIi15

An innovative approach to rehab in a CAH Swing Bed program

Presenter: Stephen Leone, PT - CEO of Rural Health Resources
Date: October 17, 2025 | **Time:** 12pm CST
URL: https://bit.ly/4oFNkxO

Swing Bed what's new? - what's changed? - what's the same?

Presenter: Carolyn St. Charles, RN, BSN, MBA – Chief Clinical Officer.
Date: October 24, 2025 | **Time:** 12pm CST
URL: https://bit.ly/3Ve3iS9

Care Coordination service lines & you

Presenter: Marcella A Wright, DNP, MS, RN, Director Care Coordination & LEAN Consulting
Date: November 7, 2025 | **Time:** 12pm CST
URL: https://bit.ly/3Jko8wF

Non-Certified / Long-Term Swing Bed

Presenter: Carolyn St. Charles, RN, BSN, MBA – Chief Clinical Officer.
Date: December 5, 2025 | **Time:** 12pm CST
URL: https://bit.ly/45WBzLZ

Tools to increase employee engagement: Lessons from a 99th percentile hospital

Presenter: Scott Manis - Regional Vice President
Date: January 9, 2026 | **Time:** 12pm CST
URL: https://bit.ly/3UAFRlR

REH 101: A compliance guide for Rural Emergency Hospitals

Presenter: Cheri Benander, RN MSN, CHC, C-NHCE, HACP-CMS
Date: January 23, 2026 | **Time:** 12pm CST
URL: https://bit.ly/41PxdUt

Thank you.

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