

**West Virginia Perinatal Partnership
Hospital Guidelines and Levels of Care Self-Assessment Initiative**

Hospital Participation Form

This process is voluntary. Results of self assessments will be confidential. Hospitals wishing for an official designation may request a Perinatal Team Review and submit their checklists. Others completing the self assessment will submit only this form. All hospitals that voluntarily agree to participate in any part of this process will be publicly recognized on our website and at our annual conference to be held November 12th and 13th, 2009 with either certificates of levels of care or certificates of participation.

- We are submitting the following information and would like to request a formal review and designation of level of care by the West Virginia Perinatal Partnership. Our Hospital Checklist is enclosed.

- We are submitting the following information and would like to receive recognition of participation in the self-assessment process. We would prefer not to submit our hospital checklist at this time.

1. Name of Hospital _____

2. Address _____

3. Phone Number _____

4. Web Address _____

5. Name of person(s) who coordinated the self-assessment process:

a. Name _____

b. Title _____

c. Phone Number _____

d. Email Address _____

6. Names and titles of staff members who participated in the self-assessment process:

a. _____

b. _____

c. _____

d. _____

e. _____

7. Statistical Information*:	2008	2007
a. Number of mothers delivered:	_____	_____
b. Number of newborns admitted to high risk nursery:	_____	_____
c. Number of newborns transferred:	_____	_____

*Deliveries >500 GMS/20 week gestations (live born or stillborn)

8. What level of care would you designate your facility as, according to the WVPP levels of care criteria sets? (circle one)
- a. Level I
 - b. Level IIA
 - c. Level IIB
 - d. Level III

Name of self-assessment process facilitator

Signature

Date

Name of facility or system CEO

Signature*

Date

*Name of hospital administrator or designee signature is required for a submission to be considered complete.

Send completed form to: **WV Perinatal Partnership, 2207 Washington St. East, Charleston, WV 35311**