NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.

CLINICAL POLICY BULLETIN 06 – 2

Corporate Area/Department: Clinical Services
Subject: Referral of High Risk Patients
Date: 7/5/06
Effective Date: 8/1/06

New Bulletin: 
Revision: X

Purpose
The purpose of this clinical policy bulletin is to provide an update and clarity on which obstetrical patients, upon initial or subsequent presentations, should be referred out to non-NEON physician-based obstetrics practices because these particular patients are considered beyond the scope of care for our primary care obstetrics practice that features certified nurse midwives.

Policy
All patients who are pregnant, registered to NEON, appointed to see an obstetrics provider, and appear for said care should be seen by the appointed provider at least once in order that she can be evaluated clinically. This prenatal clinical evaluation should be directed at performing those services that are in accordance to the clinical guidelines put forth by the American College of Obstetrics and Gynecology.

Initial and subsequent prenatal clinical evaluations should also be directed at determining whether at any point in the clinical course of the expectant mother she is beyond the clinical scope of care for our certified nurse midwives. If at any time during the initial or subsequent evaluations, it is determined that the expectant mother falls outside NEON’s clinical scope of obstetrical care, the patient should be referred to a non-NEON physician-based obstetrics practice that is willing and capable of medically managing the patient.

Considered to be beyond the scope of care for NEON’s obstetrics practice, which features certified nurse midwives, are expectant mothers who have the following conditions:

1. Sickle Cell disease (SS or SC disease);
2. Seizure disorder, if has had a seizure within 3 months of the LMP or during current pregnancy;
3. Systemic Lupus Erythematosus;
4. Connective tissue disease and on steroid therapy;
5. Seropositive of HIV;
6. NYHA Class II cardiac disease or greater;
7. Multiple gestation;
8. Chronic hypertension;
9. Diabetes;
10. Asthma (persistent categories), if poorly controlled by NEON adult or pediatric medicine providers;
11. Invasive carcinoma;
12. Placenta previa;
13. Placenta accrete complicating their previous pregnancy;
14. Deep venous thrombosis or any type of hypercoagulation (clot forming) syndrome;
15. Active thyroid disease;
16. Pulmonary hypertension;
17. Active renal disease (serum creatinine greater than 1.5 mg/dl)
18. History of major abdominal surgery;
19. History of C-section, desiring repeat C-section, when 4\textsuperscript{th} C-section or more;
20. Incompetent cervix;
21. Mental illness – Schizophrenia;
22. Rh antibody sensitization (Rh-negative antibody positive);
23. Severe Obesity with a BMI of 50 or greater (e.g., 300 lb woman with a height of 65 inches).

Procedure

Provision of health services to expectant mothers who may be referred out:

1. All patients presenting for prenatal care should be evaluated clinically by our obstetrical providers at once as part of a normal prenatal care visit/encounter.
2. All patients upon discharge from the obstetrics area by an obstetrical provider shall be given clear guidance and follow-up information as part of their discharge information.
3. If it is determined that an expectant mother is beyond NEON’s obstetrical scope of care, the patient should be informed as pleasantly as possible the reason the patient falls outside our scope of care why it is in the best interests of the patient that she be referred out.
4. If it is determined that an expectant mother is beyond NEON’s obstetrical scope of care, the patient should be informed, in no uncertain terms, their options in receiving prenatal medical care by a non-NEON obstetrics provider.
5. If it is determined that an expectant mother is beyond NEON’s obstetrical scope of care, NEON clinical and non-clinical staff should assist the patient in making arrangements for prenatal medical care elsewhere.
6. Until that time in which the patient (who falls outside NEON’s scope of care) is in the hands of another medical practice, NEON obstetrical providers shall continue to provide medical and consultative support.
7. When referring a patient to an outside medical provider, health insurance coverage or the patient’s ability to pay for the services should not be a barrier for the patient in receiving care by the recommended outside medical provider. While making an appointment for the patient, it should be determined during the referral process what type of resources the patient requires in order to see the outside medical provider. The patient should be advised of and willing to produce the required resources in order to see the outside medical provider.