

## Wyoming Uses CDC Tool to Conduct First Formal Assessment of Its Maternity Facilities' Levels of Care

*After deciding to make risk-appropriate perinatal care a priority, Wyoming implemented CDC's Levels of Care Assessment Tool to formally assess the state's care levels for the first time.*

Wyoming does not have Level III or higher facilities in the state or a system for designation, which had created a knowledge gap about Wyoming maternity facilities' levels of care. There are four levels of care for maternity facilities, which classify a facility's capacity to provide care in a given medical specialty or severity from well newborn care (Level I), specialty care (Level II), subspecialty care (Level III), and regional neonatal intensive care unit (NICU). This issue was compounded by the fact that Wyoming is the ninth largest state for landmass but least populous overall. Additionally, the state has about 8,000 births per year, but many deliveries take place outside of Wyoming, because an out-of-state facility is often closer in proximity for the parents or the mother having a high-risk pregnancy.

- Wyoming is the ninth largest state for landmass but least populous overall.
- It has about 8,000 births per year.

To address the knowledge gap regarding its levels of maternity care, Wyoming chose to work on risk-appropriate perinatal care as a participant in HRSA's Collaborative Improvement and Innovation Network to Reduce Infant Mortality (CoIIN). Because Wyoming had never formally assessed its facilities' care levels before, it decided to use CDC's Levels of Care Assessment Tool (LOCATe) as the first step in a strategic plan to improve risk-appropriate perinatal care.

CDC LOCATe is a tool that assesses the neonatal and maternal levels of care at birth facilities using guidelines from the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG)/Society for Maternal-Fetal Medicine (SMFM). To avoid burdening healthcare providers, it is designed to require the minimum amount of information necessary to create standardized assessments. The Maternal and Child Health Epidemiology Program in CDC's Division of Reproductive Health supports jurisdictions using LOCATe by providing technical assistance and data analyses, such as level assessments. Jurisdictions can use their LOCATe findings to strengthen their risk-appropriate-care programs. Matching maternal and neonatal risk with facilities that have the appropriate specialists and technologies is linked to better health outcomes for infants and mothers.

### Steps Taken:

- Once Wyoming selected risk-appropriate perinatal care as a CoIIN project, the state's Coordinated Efforts to Prevent Preterm Birth workgroup adopted the issue as a focus area and helped develop a process for engaging hospitals. Work group members include the Wyoming Department of Health (WDH) Public Health Division, WDH Division of Healthcare Financing (Medicaid & CHIP), Wyoming Hospital Association, Wyoming Medical Society, Wyoming Business Coalition on Health, and other public and private stakeholders.
- The workgroup held internal discussions about whether to include additional questions in the LOCATe tool. Members had heard that some facilities were interested in increasing their level of

care, so they added a question to gauge that interest. The group also included a telemedicine question that asked facilities to specify if they have a specialist on-site or available remotely.

- The workgroup set a goal of achieving a 100 percent response rate from the surveyed facilities.
- To generate buy-in and prepare hospital leaders for questions about LOCATe, Ashley Busacker, the CDC maternal and child health epidemiology assignee at WDOH, and Alexia Harrist, the epidemic intelligence service officer, met with the Wyoming Hospital Association CEO and vice president to explain the project. During the meeting, they shared AAP and ACOG/SMFM guideline position papers and delivered a PowerPoint presentation about LOCATe. They also asked the association to help the workgroup develop an approach to contacting the facilities. As a result of this outreach, the hospital association endorsed the project and provided the workgroup with email addresses for hospital leadership.
- To launch LOCATe, the workgroup helped develop a request-for-information letter to hospitals that explained the project, who would receive the link, and how the facility could change that point of contact if necessary.
- As the workgroup crafted the letter, it was careful to emphasize that Wyoming was using LOCATe as a tool to learn about perinatal services, not as a formal, regulatory assessment. One way it conveyed that point was to use logos on the letter instead of signatures.
- The state health officer, Dr. Wendy Braund, approved the final letter to ensure that she was familiar with its contents and could answer facilities' questions about LOCATe and how Wyoming was using it.
- The final letter was emailed to 25 Wyoming hospitals' CEOs, chief nursing officers (CNOs), chief medical officers, and labor and delivery directors. Of these 25 facilities, 21 handle deliveries and four generally do not.
- One week later, workgroup representatives sent another email to the point of contact that included the electronic survey link, and also a PDF of the survey with guidance on how to complete the portion of the survey that requested statistics.
- Workgroup representatives followed up with reminders to complete the survey. The first reminders went to the original point of contact. If that didn't elicit a response, the representatives sent second reminders sent to CEOs, CNOs, and the point of contact. They also followed up on incompletes, most of which were in the statistics section.

## Results:

- The workgroup sent the LOCATe tool to 25 Wyoming hospitals, including all critical care hospitals. Twenty-four hospitals completed the tool, and one non-delivery facility assessment filed an incomplete. Because all of the delivery facilities completed the survey, and only one non-delivery hospital did not, the workgroup considers that a 100 percent response rate.
- The state has sent the data to CDC for analysis. Once the assessment is complete, Wyoming plans to share hospital-specific results with each of the facilities to identify opportunities for quality improvement.
- As next steps, the state is interested in performing assessments in neighboring states, where many of its births occur. It also wants to pair the assessment levels with outcomes data, such as hospital discharge and vital statistics data, to identify other opportunities for improvement.

## Lessons Learned:

- State health departments can use LOCATe to advance perinatal services in their jurisdictions no matter how their services are structured. Some states have perinatal quality of care collaboratives, while others house their continuous quality improvements efforts under the department of health. LOCATe has been implemented in both structures, and there is a role for the health department in each, according to Ashley Busacker, CDC's maternal and child health epidemiology assignee at WDH. She recommends three ways a state health department can implement LOCATe and promote risk-appropriate perinatal care:
  - Convene partners to help guide and implement the project.
  - Offer epidemiology expertise to pair the assessed levels with maternal and child health indicators from vital records and hospital discharge data.
  - Use the results from these analyses to help inform further quality of care improvement initiatives.
- Build partnerships to facilitate data collection. The workgroup helped Wyoming engage key stakeholders to ensure facilities completed the assessments. For example, in order to get the last facility to participate, a member of the workgroup personally called the hospital CEO to remind the facility staff to complete the survey.
- Similarly, use personal and individual outreach to develop relationships, as opposed to email blasts or other group communications. People will feel more comfortable asking questions and getting involved with the project in a more one-on-one format.
- Educate facilities about ways in which the state will and won't use the LOCATe results. For example, Wyoming emphasized that it was using LOCATe to learn about perinatal services, not to designate levels of care.
- If a facility doesn't have a chair of labor and delivery/neonatal care who can act as your point of contact, try looking for other job titles that suggest a similar role.
- Provide guidance on filling out the statistics section—the LOCATe section with which many hospitals struggle the most. Several Wyoming facilities started the survey, but stopped when they reached the statistics section because they found it daunting. Sending them a PDF with information about filling out the statistics section helped them overcome that hurdle.
- Leverage the strengths at your disposal. Although Wyoming does not have state level of care designations or perinatal regions, it was able to use the resources it does have to implement LOCATe, including: new momentum toward improving its services, partnerships, and the ability to work across communities and programs.

Three ways state health departments can implement LOCATe:

- Convene partners
- Offer data expertise
- Inform quality of care improvement initiatives

## For more information:

Ashley Busacker  
CDC Maternal and Child Health Epidemiology Assignee  
Wyoming Department of Health

# State Story



Email: [ashley.busacker@wyo.gov](mailto:ashley.busacker@wyo.gov)

Ellen Pliska, MHS, CPH  
Director, Family and Child Health  
ASTHO  
Email: [epliksa@astho.org](mailto:epliksa@astho.org)