



# Plumas Model

Alternative Birthing Center + Rural Health Center + Critical Access Hospital

## The Team

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- Our Why
- About Plumas District Hospital

## Program Timeline

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- Closure Factors + Impacts

## Plumas Model

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- Rural Health Clinic
- Alternative Birth Center
- Critical Access Hospital

## Barriers & Solutions

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- HSC 1204.3(a)(4)(A)
- Standby Perinatal Unit, Team on Call

# OUR TEAM



**Lori Link CNM, MSN**  
Directory of Midwifery  
Services



**Tiffany Leonhardt** Director  
of Business Development



**Lisette Brown RN**  
Chief Clinical Officer

# PLUMAS HOSPITAL DISTRICT

Critical Access  
Hospital

Rural Health  
Center

This is our **WHY!**

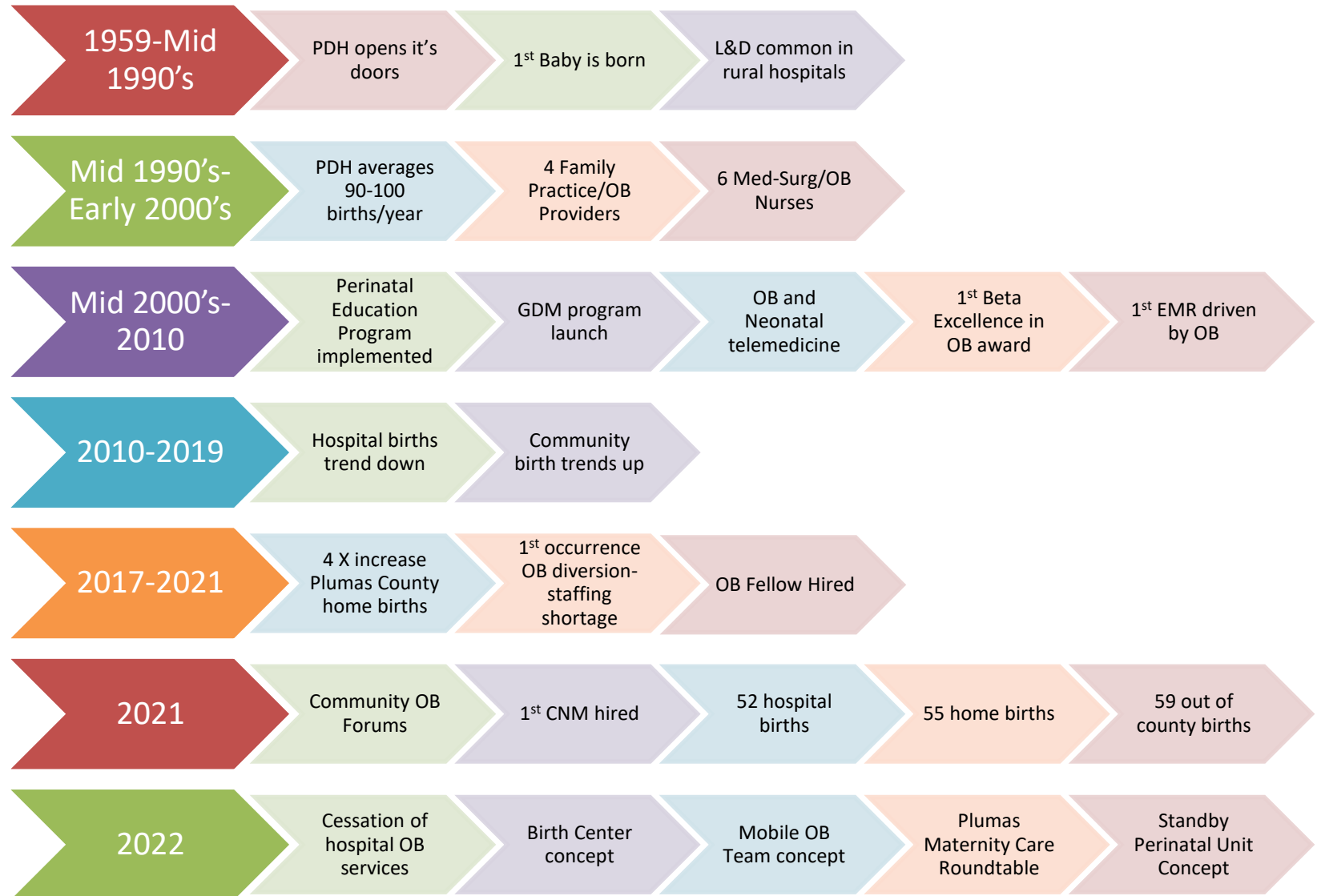


To Preserve and Improve our community and it's maternal and infant health:

By creating a **Maternity Oasis** through evidenced based, midwifery- led, team-supported, birthing care and efficient use of our resources,

**Because it is the Right Thing to do.**

# Program Timeline



# Closure Factors + Impacts





## Consumer Preference Changes

### ↑ TRENDS

- More community birth
- More out of county birth

### ↓ IMPACTS

- Fewer PDH births = fewer cases to maintain competency
- Social determinants = birthing people with ↑ risk at PDH



## ↑ TRENDS

- Nursing schools drive RN specialization
- Rural nursing programs are rare
- Nurse professional organizations emphasize risk and need for specialty support
- FP/OBs treat ↑% high risk patients with complicating socioeconomic factors

## ↓ IMPACTS

- Rare is the RN skilled in Med-Surg & OB
- Inter-professional strain

Nurse &  
Provider  
Practice  
Changes

## ↑ TRENDS

- Many veteran PDH RNs retired
- Nationwide nurse shortage
- Work/life balance
- AWOHHN staffing standard-of-care:
- 2 OB RNs 24/7\*
- More OB RN travelers

## ↓ IMPACTS

- High OB RN (traveler) turnover
- Low-volume OB unit has high non-productive OB RN hours
- Inter-professional communication breakdown



Staffing

\*PDH had approved OB staffing program flexibility from CDPH 2002-2022: OB RN on-call within 30 minutes



Financial

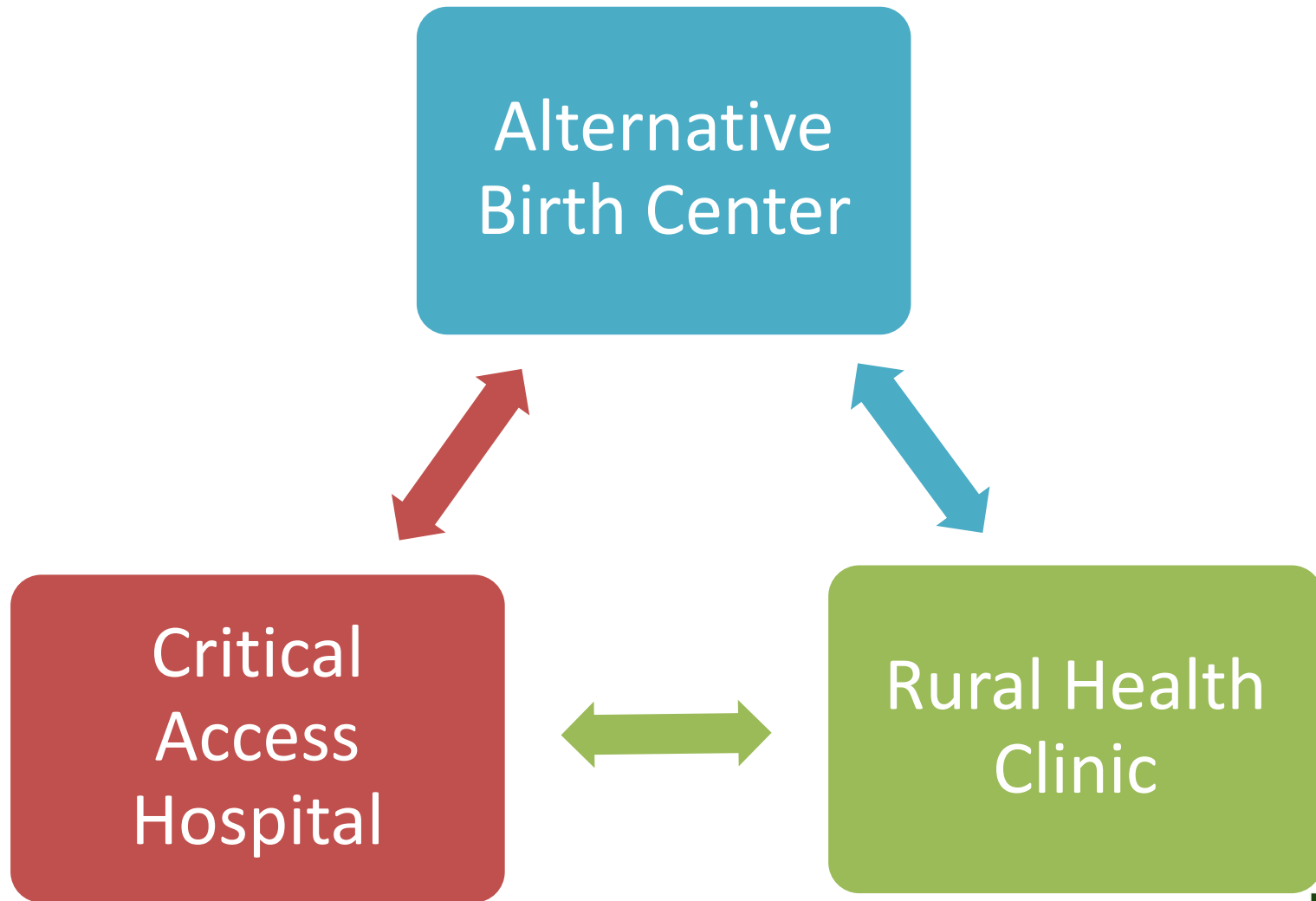
## ↑ TRENDS

- More traveler OB RNs
- High percentage of Medi-Cal patients
- Fewer births

## ↓ IMPACTS

- Increased RN staffing costs
- 24/7 call (surgery, RT, anesthesia, & ultrasound) spread over fewer births
- Decreased revenues

# The Plumas Model



# Plumas Rural Health Center (Rural Health Clinic)

## Financial Considerations

Under provisions of Medi-Cal cost-based reimbursement, the CNM qualifies as face-to-face encounter

CNM and RN salaried

## Services Provided

Prenatal visits

Postpartum follow-up

Well-woman visits/contraception

Well-baby care

Circumcision

Lactation consultation

Gestational diabetes management

Routine non-stress tests

Case management

Telemedicine: real-time perinatology

Referral to specialty provider when indicated

# Alternative Birth Center (Future)

Financial Considerations	Services Provided
Medi-Cal Fee-for-Service Private Pay Option Commercial Insurance	Labor, delivery, postpartum management for low risk birthing and newborn screenings
Medi-Cal Fee-For-Service allows for group classes to be provided and billed out of this setting	Childbirth classes Comprehensive Perinatal Services Program (CPSP)
FP/OBs already take call as OB/Hospitalist	
CNM and RN birth stipend	

# Plumas District Hospital (Critical Access Hospital)

Financial Considerations	Current Services Provided
Medi-Cal Fee-for-Service	<p>Emergency Department</p> <ul style="list-style-type: none"><li>• License: Standby Emergency Medical Service</li><li>• Operations: MD &amp; RN in house 24/7</li><li>• Triage, stabilization, transfer to higher level of care</li></ul>
	<p>Surgical Services</p> <ul style="list-style-type: none"><li>• 24/7 team-on-call</li><li>• C-section</li></ul>
FP/OBs take OB/Hospitalist call simultaneously	<ul style="list-style-type: none"><li>• Hospitalist</li></ul>
	<p>Ancillary Services</p> <ul style="list-style-type: none"><li>• Lab, Respiratory Therapy, Ultrasound</li></ul>
	<p>Tertiary Telemedicine Consultation</p> <ul style="list-style-type: none"><li>• Real-time perinatology &amp; neonatal consultation - UC Davis Health</li></ul>
	<p>EMS-Ambulance</p> <ul style="list-style-type: none"><li>• EMS team integrated in PDH ED</li><li>• Transport</li></ul>



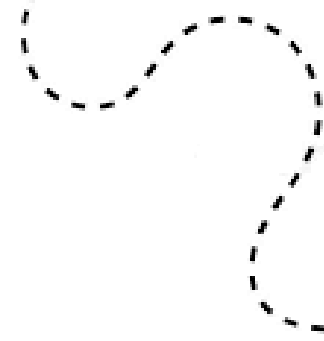
**BIG**



**Problem**



No perinatal unit since June 2022



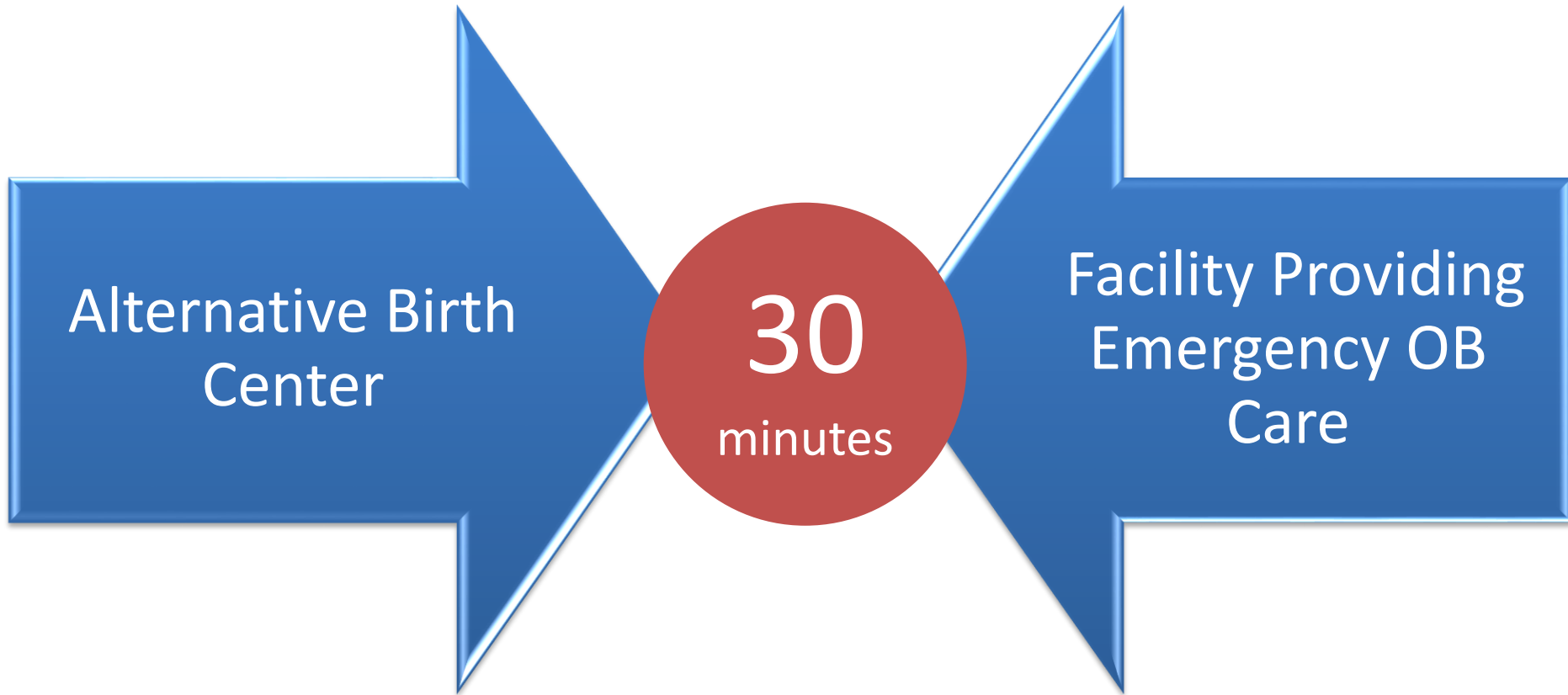
Nearest perinatal unit

87 miles

1 ½ hour drive

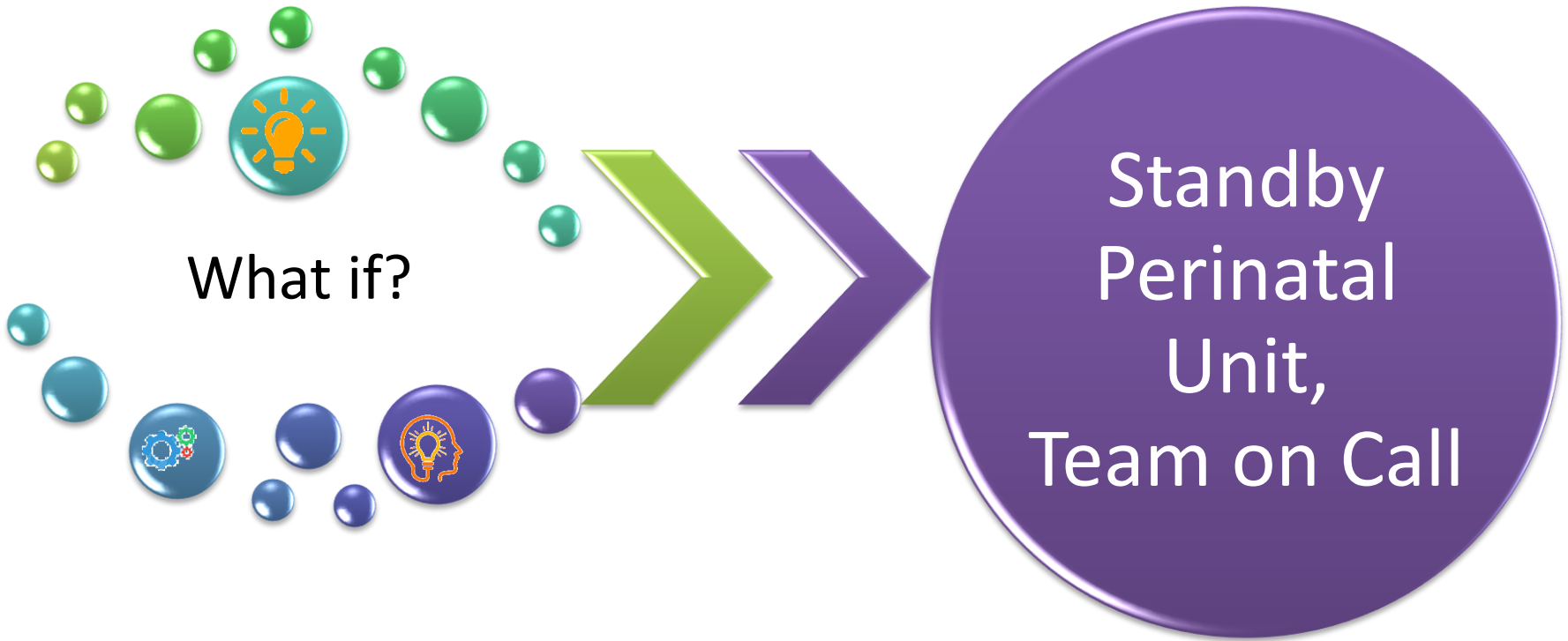


# Requirements for Birth Center Licensure

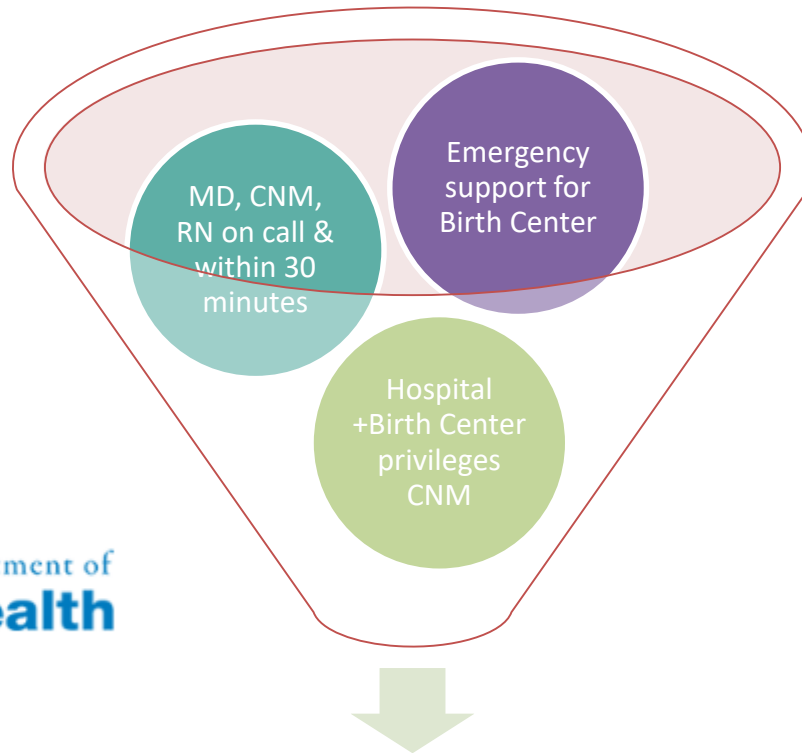


HSC 1204.3(a)(4)(A) Be located in proximity, in time and distance, to a facility with the capacity for management of obstetrical and neonatal emergencies, including the ability to provide cesarean section delivery, within 30 minutes from time of diagnosis of the emergency.

# Potential Solution

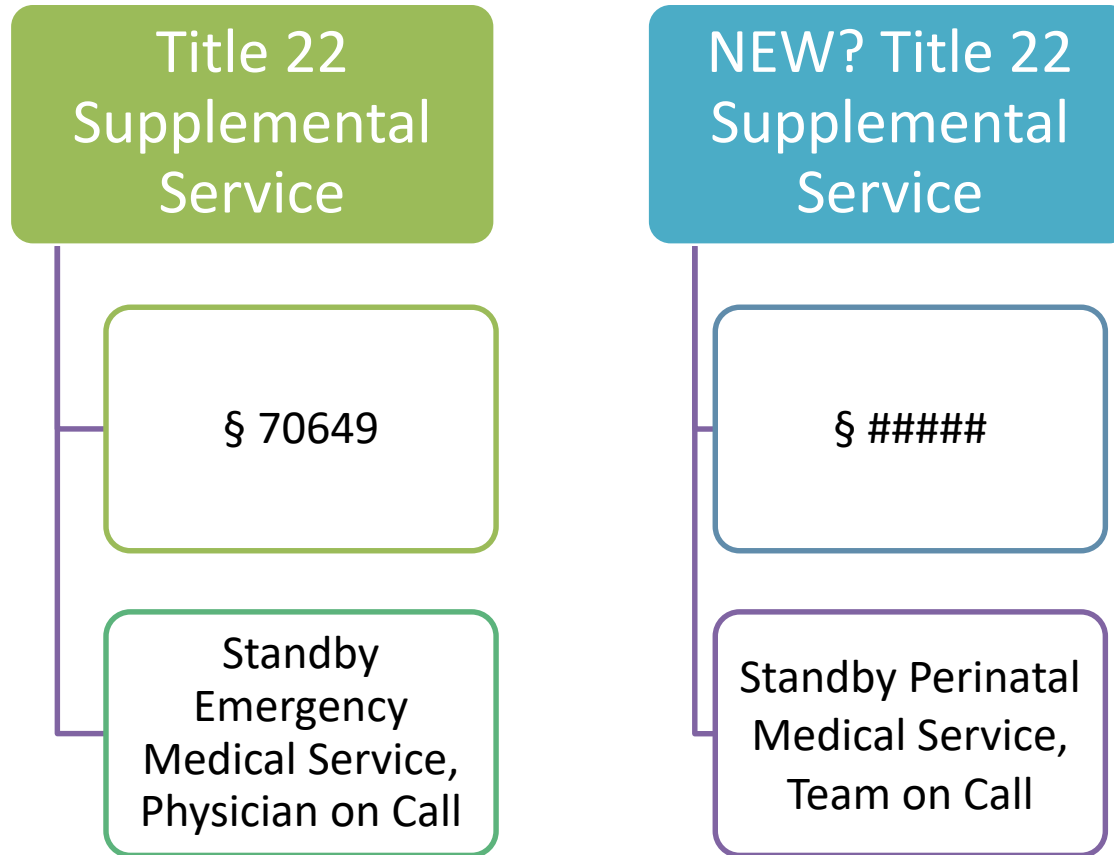


# Program Flexibility Application



Standby Perinatal Unit

# Taking it a Step Further....



## Existing - Standby Emergency Medical Service

Standby emergency medical service, physician on call, means the provision of emergency medical care in a specifically designated area of the hospital which is equipped and maintained at all times to receive patients with urgent medical problems and capable of providing physician service within a reasonable time.

## Proposed - Standby Perinatal Medical Service

Standby perinatal medical service, team on call, means the provision of emergency obstetric medical care in a specifically designated area of the hospital which is equipped and maintained at all times to receive patients with urgent obstetric problems and capable of providing physician, midwifery and nursing service within a reasonable time, not to exceed 30 minutes.

# Ongoing Work

## Emergency Department

New order sets implemented for the ED doctors

New neonatal transport device to support transfer of mother baby dyad

New transport birth pack

ED delivery debriefs

## Training and Competency

CNM credentialed in per diem role private birth center and tertiary hospital

Physicians seeking per diem roles at other regional hospitals

Maintenance of all obstetric certification: Fetal monitoring, STABLE, NRP

Neonatal airway management class

## Collaboration

Robust collaboration with regional and tertiary hospitals

Local CPM

Regional & tertiary hospital transfer agreements

UCD Health obstetric and neonatal telemedicine

Partnership Health Plan

## Regulatory

NorCal EMS changes policy to allow for CNM to participate in maternal transport

# Plumas Model - Concept Viability



## Rural Maternity and Obstetrics Management Strategies (RMOMS) Program

Health Resources and Services Administration  
HRSA-23-049

FORHP: Rural Maternity Obstetrics and Management Strategies  
Program

Objective Review Committee Final Summary Statement

Score: 96

Application Number: 219394

Application Name: PLUMAS HOSPITAL DISTRICT

State: CA City: Quincy

# Proposed Solutions

## Regulation

- Official recognition of standby perinatal unit concept
- Nursing schools add rural nursing track
- Embrace regulation removing CNM supervisory practice requirement
- CNMs admission/discharge privileges

## Finance

- Cost based reimbursement for OB (in Birth Center and Critical Access Hospital)

## Competency /Staffing

- Formation of coalitions and agency partnerships to provide training and staffing for low volume entities.
- CNM competent across the spectrum: community ↔ hospital birth

## Cultural Acceptance

- Change in views on community birth
- Broad acceptance of the role of Doulas in supporting birth



# Connect with Us



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# Thank You

