Maine Hospital Association

Feasibility Study: Rural Nurse Immersion Program in Obstetrics

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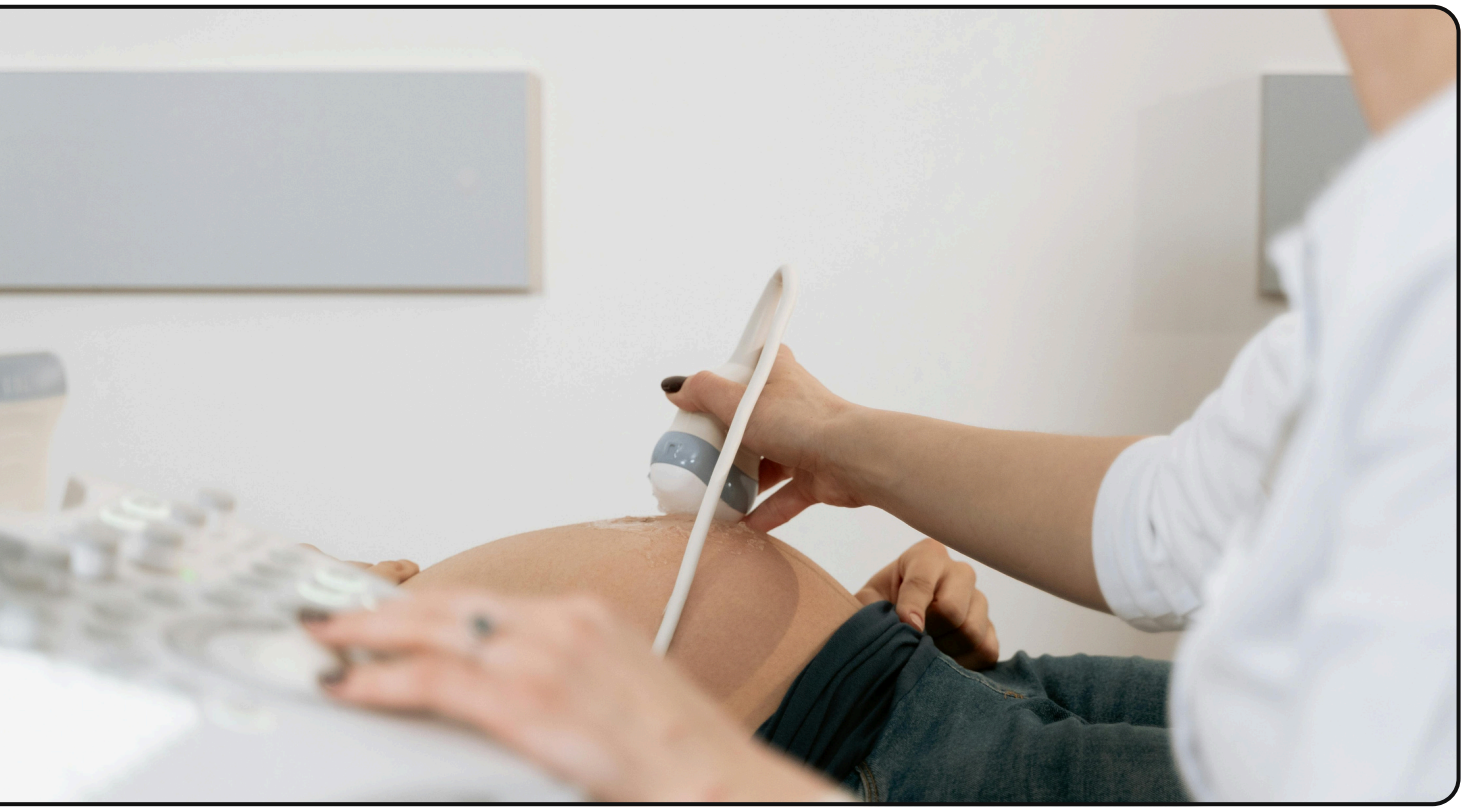
Sally Weiss, M.Sc.



Abstract

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A labor and delivery nursing program that provides nurses from rural or low birthing volume hospitals with high-volume clinical immersion experiences at larger, higher-volume birthing facilities with the goal of building clinical confidence, skill proficiency, and preparedness in managing labor and delivery scenarios that may be infrequent but are critical when they arise.

Executive Summary

The Maine Hospital Association (MHA), under a Rural Maternity and Obstetrics Management Strategies (RMOMS) grant, conducted a feasibility study to design and implement a **Rural Nurse Immersion Program in Obstetrics**. The program aims to strengthen clinical confidence and competency among nurses from rural, low-volume birthing hospitals by providing structured immersion experiences at high-volume obstetric centers.

This assessment was developed with support from the MaineHealth Rural Maternity and Obstetrics Management Strategies (RMOMS) grant number UK9RH46984, through the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS or the U.S. Government.

Purpose & Rationale

- Rural hospitals face challenges in maintaining obstetric skills due to **low birth volumes**, staffing shortages, and geographic isolation.
- High-acuity, low-occurrence (HALO) events — such as postpartum hemorrhage and neonatal resuscitation — require hands-on experience that rural nurses rarely encounter.
- The proposed program addresses these gaps through **immersive, supervised clinical rotations**, simulation-based training, and blended learning models.

Key Findings

Low-Volume Hospitals:

- Strong interest in immersion opportunities; prefer hands-on practice over shadowing.
- Barriers include staffing constraints, travel costs, and limited access to educators.
- Ideal model: extended immersion for new hires, ongoing high-risk simulations, and shared resources across facilities.

High-Volume Hospitals:

- Significant capacity and willingness to host rural nurses; robust existing education programs.
- Recommend blended learning, structured preceptorships, and nationally recognized curricula (e.g., AWHONN POEP).
- Main challenge: logistical coordination, not willingness.

Program Design Recommendations

Immersion Tracks:

- **Track 1:** New OB nurses (0–2 years) – foundational skills, fetal monitoring, labor management.
- **Track 2:** Experienced nurses – HALO events, emergency response, leadership in simulations.

Duration:

- Initial immersion: ~2 weeks at high-volume centers; annual refreshers (2–3 days).

Competency Maintenance:

- Semi-annual simulation drills at rural hospitals; scenario-based refreshers for high-risk events.

Blended Learning:

- Online modules + in-person workshops; statewide educator support.

Legal & Compliance Framework

- Nurses remain employees of sending hospitals; treated as temporary workforce for training at host sites.
- Orientation required: HIPAA, infection control, emergency protocols.
- Liability and insurance responsibilities clearly defined; no financial exchange between hospitals.
- Compliance with Maine Nurse Practice Act, CMS, and Joint Commission standards.

Implementation & Sustainability

- **Pilot Timeline:** One-year rollout with structured evaluation (pre/post surveys).
- **Funding:** Explore state and philanthropic sources; consider CME-like funds for nurses.
- **Barriers:** Staffing shortages, geographic distance, educator capacity.
- **Solutions:** Flexible scheduling, temporary housing options, regional simulation hubs, and potential bi-directional exchange programs.

Expected Outcomes

- Improved clinical confidence and readiness for obstetric emergencies.
- Enhanced collaboration between rural and high-volume hospitals.
- Reduction in disparities and improved maternal-newborn safety statewide.

Introduction

The Maine Hospital Association (MHA) was sub-awarded a grant through the Rural Maternity and Obstetrics Management Strategies (RMOMS) to conduct a feasibility study and create an implementation plan for a rural nurse immersion program in obstetrics.

MHA was asked to assess the feasibility of an obstetrical/labor and delivery nursing program that provides nurses from rural or low birthing volume hospitals with high-volume clinical immersion experiences at larger, higher-volume birthing facilities. The goal of such program is to build clinical confidence, skill proficiency, and preparedness in managing labor and delivery scenarios that may be infrequent but are critical when they arise.

Project Scope & Methodology

The MHA was asked to assess the capacity of high-volume sites to host OB nurse learners and identify one or more hospitals interested in hosting nurses. The feasibility study will also include a draft timeline, budget estimate (to the extent this information is known), partnership models, and sustainability options.

In addition, MHA was asked to develop detailed plans that include key partners, program design recommendations (such as the duration of immersion), and program outcomes. The plan will also explore regulatory, legal, and logistical considerations such as housing, licensure, scheduling, and supervision.

The MHA identified key stakeholders to engage with and sought input and guidance in terms of current training gaps and potential for participation in a program for nurses. MHA followed up these initial meetings with two surveys: one was sent to the large volume birthing hospitals and the second was sent to the smaller volume birthing hospitals. Surveys asked a series of questions related to current and projected birthing volume, number of nurses who could participate in education (hosting and sending), current training being offered to labor and delivery nurses, current training needs or gaps, and what “ideal” training would entail for sustainability and efficacy.

In addition to the survey results, MHA conducted an extensive review of current legal and compliance considerations when developing and implementing a nurse immersion program. Lastly, MHA worked with identified stakeholders to examine approaches to scheduling, housing and potential costs.

2025 Survey Findings and Program Design Considerations

Low-Volume Birthing Hospitals

The 2025 survey of six low-volume birthing hospitals revealed both needs and opportunities in strengthening obstetric nurse training. Training requirements varied widely across facilities. Some hospitals reported that only three to five nurses needed additional education, while others believed that every staff member, including per diem nurses and new orientees, would benefit. Despite this range, there was broad agreement that even experienced teams value structured, ongoing education.

Current training offerings were consistent in some areas, with all hospitals providing Neonatal Resuscitation Program (NRP) training at intervals ranging from monthly to every two years. Advanced Life Support in Obstetrics (ALSO) was also offered at some facilities, either on-site or through larger regional centers such as EMMC. Larger hospitals tended to provide more certification options, including PALS, ACLS, STABLE, fetal monitoring, and lactation training, while smaller rural hospitals often had to send staff away for training, creating challenges with access and coverage.

Every hospital expressed interest in immersion opportunities at higher-volume facilities, typically envisioning two to six days per month per nurse. However, several noted that past immersion efforts often ended up being “shadow-only” experiences. Hospitals emphasized that true hands-on practice was essential for skill-building. While COVID-19 temporarily interrupted exchange programs, hospitals indicated a strong interest to resume them.

Hospitals were also open to virtual learning as a backup option. Most expressed interest in simulation-based or didactic virtual training, though one hospital preferred in-person only. This suggests that while online tools have a role, direct simulation and face-to-face training remain the preferred approach.

In terms of maintaining competencies, hospitals emphasized the value of simulation and skills stations, with a focus on high-risk drills such as managing shoulder dystocia, cord prolapse, and hemorrhage. Quarterly or monthly refreshers were requested most often. Some hospitals also identified the need for a dedicated educator role to sustain training efforts. Certification requirements were noted as another way to keep staff motivated and accountable.

The main barriers cited by rural hospitals were predictable: low birth volumes, staffing shortages, geographic isolation, and difficulty accessing outside classes. As OB units close or shrink, opportunities to practice real-world scenarios become even more limited.

When asked to describe an ideal training program, hospitals outlined several key elements: extended immersion for new hires at higher-volume centers, ongoing high-risk simulations, a blended model of classroom and hands-on instruction, on-site opportunities where external educators travel to rural hospitals, and shared resources across facilities such as pooled instructors, materials, and best practices.

In summary, low-volume hospitals expressed a clear interest for immersive, hands-on training to strengthen both new and experienced staff. High-risk simulations were seen as central, while barriers were mostly logistical rather than attitudinal. Collaboration across hospitals could help ease these barriers, particularly through shared educators and regional training hubs.

2025 Survey Findings and Program Design Considerations

High-Volume Birthing Hospitals

The survey of six high-volume birthing hospitals highlighted their significant capacity to support rural colleagues. All of these facilities reported having staff nurses who could serve as educators, ranging from 10 to 25 per site, with one facility reporting over 60. This represents a strong teaching workforce across the state.

High-volume hospitals already maintain robust education programs. NRP is universally provided, with ALSO and additional certifications offered depending on the site. Many also run fetal monitoring courses, lactation support training, NICU and OB simulations, interdisciplinary drills, and structured orientation programs. These centers provide a much broader range of training than their rural counterparts.

All high-volume facilities expressed willingness to host rural OB nurses for immersion. Capacity varied — some could host small numbers daily, while others could offer near-continuous opportunities with advance coordination. Barriers were minimal and typically related to staffing levels, patient census, or competing learners such as students and residents. Importantly, no hospital declined to participate.

Alternative education options were also discussed. Many hospitals were open to virtual or offsite education, leveraging existing simulation programs. Some still preferred immersion as the "gold standard," while others suggested that outreach educators could help reduce the burden on direct-care staff. One facility also highlighted its Professional Advancement program, which recognizes and rewards expert nurses who provide peer education.

When envisioning an ideal statewide program, high-volume hospitals identified several key priorities: blended learning models combining didactic content with hands-on immersion, coverage of core OB competencies across antepartum through newborn care, training in high-risk/low-frequency emergencies, regular simulation drills, and interprofessional collaboration. They also noted the importance of equity and diversity training, exposure to a range of patient populations, and adoption of nationally recognized curricula such as AWHONN's Perinatal Orientation and Education Program (POEP). Structured orientations pairing rural nurses with experienced preceptors were seen as best practice.

In summary, high-volume centers are enthusiastic partners, with the staff, infrastructure, and programs already in place to support rural nurse education. They see simulation, immersion, and blended learning as the most effective training models, with the main challenges being logistical coordination rather than willingness.

Legal and Compliance Considerations

For immersion programs to succeed, hospitals must address legal and compliance guardrails without creating unnecessary barriers. Nurses must work within Maine's Nurse Practice Act and Board of Nursing rules, and follow the host hospital's policies on supervision, delegation, and competency. CMS also requires that nursing services have clear structures of responsibility, so immersion programs must fit within those frameworks.

Confidentiality is a critical consideration. The simplest approach is to treat immersion nurses as temporary members of the host hospital's workforce for training purposes. This allows them to follow the host's HIPAA policies without requiring complicated legal agreements. Orientation will also be essential — immersion nurses must complete safety, infection prevention, and confidentiality training before caring for patients, with ongoing competency checks built in.

Liability and insurance should be clear from the outset, including professional malpractice coverage, general liability, and workers' compensation. Similarly, employee health and safety requirements will apply, such as proof of immunizations, TB screening, and fit-testing for personal protective equipment. From a human resources perspective, wages, travel time, and scheduling need to be addressed, but ideally no money will be exchanged between receiving and sending hospitals for participation in immersion training. The sending hospital will need to pay the rural nurse for their time doing the immersion but shouldn't be expected to pay the host hospital. Reimbursement for mileage and travel will also need to be considered and this cost could vary depending on how far a nurse travels to access an immersion experience. Ideally, and for sustainability purposes, there could be education funds made available for all rural OB nurses to access and use for additional experience and training, like Continuing Medical Education (CME) funds for physicians. Funding sources should be explored, including state and philanthropic resources. This would reduce the costs of the sending hospital and create equity among the care team.

On the clinical side, immersion nurses will not bill independently for clinical services. Their role will be as supervised nurses, with clear documentation rules and co-signatures as appropriate. The focus remains on education rather than service provision.

Program Design Recommendations

This section summarizes the proposed structure, rationale, and implementation framework for a nurse immersion program designed to enhance obstetric (OB) nursing competencies across Maine's rural hospitals. The initiative responds to identified gaps in hands-on experience and exposure to high-acuity, low-occurrence (HALO) events by embedding rural labor and delivery (L&D) nurses within higher-volume facilities for focused skill development and confidence building.

Affiliation Agreements (Appendix A)

Agreements between host and sending hospitals should establish key expectations. These include:

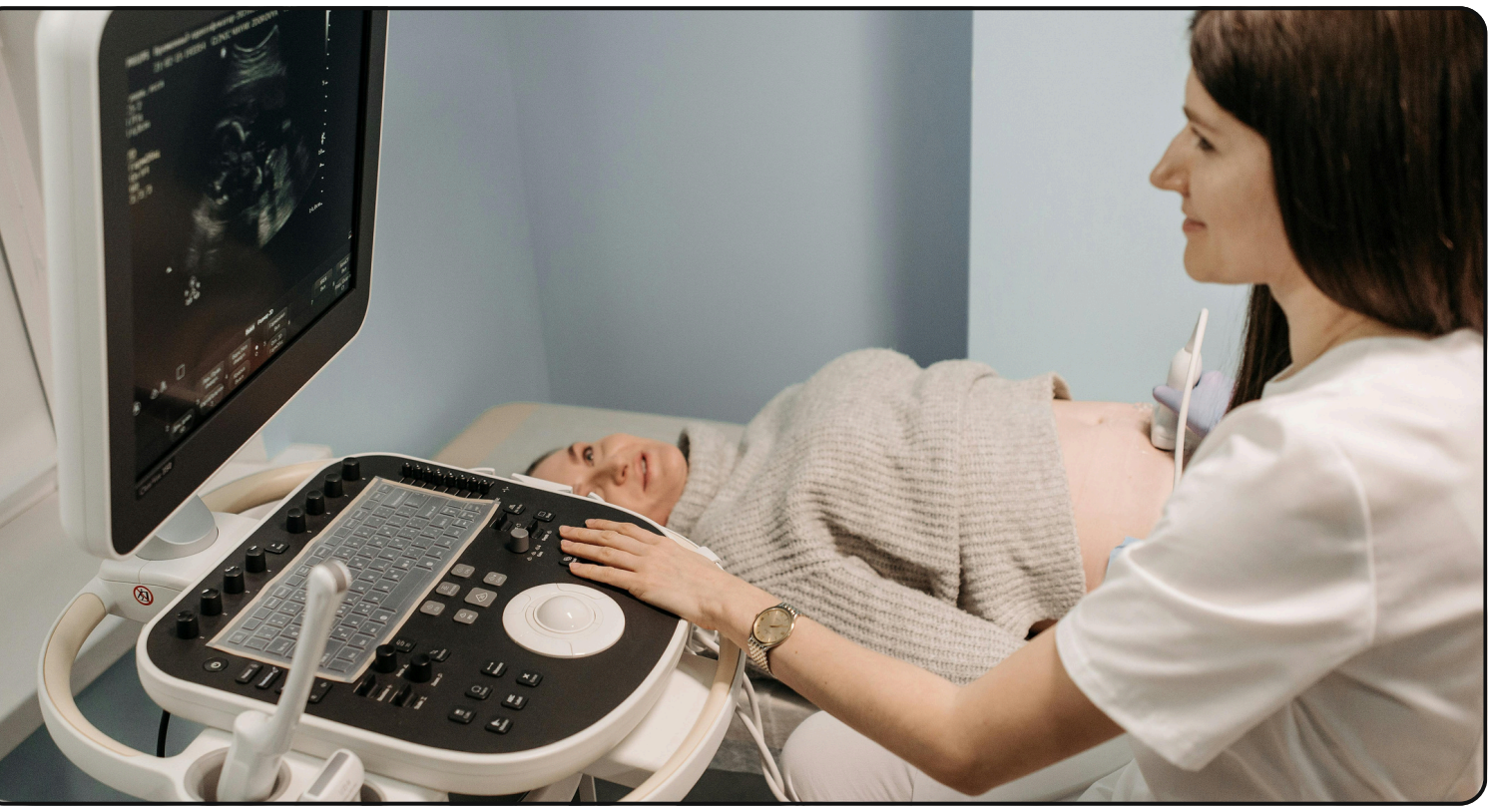
- Nurses are designated as temporary workforce for training purposes only, not as employees of the host.
- Activities, supervision levels, and scope of practice are clearly defined, with no independent practice or billing.
- Standard orientation modules cover safety, HIPAA, infection prevention, and emergency procedures.
- Liability coverage, confidentiality rules, and safety protocols are clearly documented.
- Scheduling processes include caps on daily learners and flexibility during periods of high census.
- Clear procedures for reporting and resolving any safety concerns.

Hosts can also benefit from a standard playbook, including pre-arrival packets (license verification, background checks, health records), day-one checklists (badging, EHR access, scope limits), supervision matrices, documentation guidelines, and structured debriefings.

Immersion Training at High-Volume Centers

New hires participate in 2 weeks or more of structured immersion at high-volume hospitals, where they receive orientation, progressive skill exposure, and competency sign-off. These initial weeks could be sequential or intermittent days, depending on capacity of host hospital and needs of sending hospital. To maintain readiness, rural nurses return for shorter refreshers of 2–3 days every 12 months, depending on need and capacity. Learning activities include supervised practice in labor, delivery, postpartum, and newborn care, exposure to high-risk emergencies and daily debriefs with preceptors.

Interviews with stakeholders suggested that the program adopt a structured two-track approach to align training content with nurses' experience levels and the clinical realities of rural obstetric practice. Track 1 immersion would be for nurses new to obstetrics with 0–2 years' experience and would focus on fundamental labor management, fetal monitoring, device operation, and foundational physiology. The immersion experience would combine didactic and supervised clinical rotations in high-volume units for establishing core competencies. Track 2 immersion would be for advanced obstetric nurses, considered with two or more years' experience, with a focus on HALO events, triage stabilization, emergency response, and leadership in simulations. Immersion education would be focused on building depth in pathophysiology, team communication, and decision-making under pressure.



Program Design Recommendations

Simulation-Based Competency Maintenance

Simulation was identified as core component to ongoing education and was especially important for those rural hospitals that are geographically separated from large birthing centers and distance remains a barrier. Semi-annual to annual drills conducted at rural hospitals, supported by traveling faculty or simulation kits, perhaps facilitated by Maine's Perinatal Outreach Coordinators, would strengthen the overall competencies of the rural perinatal workforce. The scenario-based refreshers should focus on high-risk events such as shoulder dystocia, postpartum hemorrhage, cord prolapse, maternal cardiac arrest, and neonatal resuscitation. Short, practical sessions allow nurses to practice skills during downtime without disrupting staffing needs.

Blended Learning Approach

Didactic online modules and virtual case reviews can supplement hands-on experiences, ensuring nurses can review rare but critical cases. On-site or regionally based workshops, delivered at least annually by educators from high-volume hospitals or statewide perinatal outreach coordinators, can provide additional training on topics such as hypertensive crises and fetal monitoring updates.

Orientation and Immersion Experience Sign-Off (Appendix B)

All immersion nurses complete abbreviated host orientation, including safety, HIPAA, infection prevention, and escalation pathways. Competencies and case exposure can be tracked using standardized statewide checklists tied to recognized curricula such as AWHONN POEP, NRP, and ALSO. Preceptors should document skills utilized during immersion experience and sign off on immersion period for portability, especially for those L&D nurses with two years or less experience.

One-Year Pilot Implementation Timeline

Phase	Timeline	Key Activities
Phase 1: Planning	Months 1–3	• Finalize curriculum materials, host-site agreements (Appendix A), and scheduling framework. • If using, develop standardized preceptor guides and evaluation tools. •Identify nurses who will participate in pilot from sending and hosting hospitals. Complete host site's onboarding requirements (Appendix B)
Phase 2: Implementation	Months 4–9	• Conduct first cohort rotations depending on experience of nurse and scheduling. • Hold quarterly to semi-annual simulation events and ongoing virtual case reviews. • Monitor and document attendance, exposure types, and skill progression.
Phase 3: Evaluation & Refinement	Months 10–12	• Collect feedback from immersion nurses, educators, and host units. • Review outcomes and feedback and refine curriculum. • Prepare policy and operational recommendations for broader rollout.

Logic Model for L&D Nurse Immersion Program:

Inputs	Funding for L&D Nurse travel expenses and time away, educator time, host-site agreements, training space, standardized curriculum, simulation resources.
Activities	Develop two-tier training tracks; conduct immersion rotations; host quarterly to semi-annual simulations; track competencies; coordinate with rural hospitals.
Outputs	Number of nurses completing immersion; number of HALO scenarios observed/taught; simulation participation rates; documented skill attainment.
Outcomes	Improved readiness for obstetric emergencies; increased staff retention; enhanced quality and safety of rural deliveries; stronger interfacility collaboration.

Addressing Potential Barriers & Conclusion

A rural OB nurse immersion initiative is well-positioned for success, supported by several key enablers. First, there is clear statewide interest and an existing foundation of perinatal education programs, such as fetal monitoring training, Advanced Life Support in Obstetrics (ALSO), and Basic Life Support in Obstetrics (BLSO). Furthermore, the growing HALO simulation program through RMOMS adds another valuable layer of infrastructure for L&D nurse training and could be incorporated as a central part of the immersion model. Maine can also take advantage of online modules and resources offered by the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) to expand virtual learning and complement hands-on training.

At the same time, several barriers need to be addressed for the program to succeed. These include limited statewide capacity among perinatal educators, variability in hospital equipment and protocols, ongoing staffing challenges, and the geographic distance between rural and high-volume birthing hospitals. Overcoming these obstacles will be critical to keeping hospitals engaged and ensuring the program can be sustained across the state.

Additional funding and time for statewide perinatal educators may be needed to expand simulation and didactic training, especially in rural hospitals that have fewer resources. These educators are well positioned to help develop the curriculum for each training track, define key competencies and skills, and assess equipment needs regionally to make sure simulations can be delivered effectively. Rural hospitals may also benefit from support in reviewing their equipment, policies, and procedures to ensure alignment with training received at larger birthing centers.

Geography continues to be a real challenge. For some rural hospitals, sending a nurse several hours away for an immersion experience may simply not be practical. In those cases, hospitals could lean more on local simulation, didactic education, and online modules. Another option worth exploring is whether larger birthing hospitals could offer temporary housing used by medical students, residents, or traveling staff to accommodate OB nurses during immersion experiences.

Staffing remains the most significant concern raised by hospitals and stakeholders. Limited staffing makes it hard for hospitals to send or host nurses, and there's no easy fix for that. Limiting participation to a few nurses at a time and maintaining flexible scheduling expectations could help. Some stakeholders proposed a bi-directional immersion model, in which rural nurses train at larger birthing centers while nurses from those centers rotate through rural hospitals. This reciprocal exchange could strengthen mutual understanding, provide additional staffing support, and foster a stronger statewide perinatal network.

For long-term success, it will be important for the state and health systems to consider embedding immersion and ongoing training into job expectations, linking continuing education funding to required skill maintenance, and creating statewide standards for obstetric nurse competencies. Using pre- and post-program surveys would also help evaluate how the program strengthens skills and confidence.

If implemented well and supported at both the institutional and individual levels, an obstetric nurse immersion program can make a meaningful difference. It has the potential to strengthen the OB workforce by building confidence and competence among rural nurses, improving patient safety, and ensuring readiness for obstetric emergencies. Just as importantly, it can foster stronger collaboration between rural and larger hospitals, helping to reduce disparities and ensure that mothers and babies across Maine receive the highest quality of care.

Appendix A: Affiliation & Immersion Agreement with Schedules (Templates)

Agreement Framework:
- Host Hospital: [Large Birthing Hospital Name]
- Sending Hospital: [Small Rural Birthing Hospital Name]

Purpose: To allow nurses employed by the Sending Hospital ("Immersion Nurses") to participate in supervised clinical immersion experiences at the Host Hospital ("Program"), in order to strengthen competency of nurses in rural obstetrical care.

1. Status of Participants

Immersion Nurses remain employees of Sending Hospital for payroll and HR purposes.
For the limited duration of the Program, Immersion Nurses are deemed part of the Host Hospital's "workforce" for HIPAA and compliance purposes.
Immersion Nurses shall not be considered employees of Host Hospital.

2. Licensure & Scope of Practice

- All Immersion Nurses must hold an active Maine RN license and meet requirements of the Maine Board of Nursing.
- Immersion Nurses shall practice only under the supervision of Host Hospital staff and may not independently assume patient assignments.
- Activities permitted are limited to those set forth in Appendix A (Scope & Orientation Checklist).

3. Supervision

- Host Hospital shall assign a qualified preceptor for each Immersion Nurse.
- The ratio of preceptors to Immersion Nurses shall not exceed [1:1 or 1:2].
- High-risk interventions (e.g., oxytocin titration, neonatal resuscitation) require direct supervision.

4. Orientation & Competency

- Prior to clinical participation, Immersion Nurses must complete Host's orientation modules on: HIPAA, infection control, emergency codes, patient safety, and unit-specific policies.
- Skills and competencies shall be documented on the Orientation Checklist (Appendix A) and signed by the preceptor.

5. Confidentiality & HIPAA

- Immersion Nurses are bound by Host Hospital's confidentiality and HIPAA policies.
- PHI access shall be limited to the minimum necessary for educational purposes.
- Any PHI disclosures outside of Host Hospital are prohibited.

6. Insurance & Liability

- Sending Hospital shall maintain professional liability insurance of at least $[X] per claim and $[Y] aggregate covering its employees.
- Host Hospital shall maintain its own insurance covering its staff and premises.
- Each party shall be responsible for its own acts and omissions.
- Workers' Compensation remains the responsibility of the Sending Hospital.

Appendix A: Affiliation & Immersion Agreement with Schedules (Templates)

7. Costs & Compensation
- The Parties agree that participation is for educational purposes only, no fees will be invoiced by host hospital or paid by sending hospital to participate in this agreement.
- No payment is conditioned on, or related to, patient referrals.

8. Scheduling & Capacity
- Immersion Nurses may attend up to [X] days per month, subject to Host's staffing, census, and orientation schedules.
- Host may reschedule immersion days based on patient volume, acuity, or safety concerns.

9. Term & Termination
- This Agreement is effective [start date] through [end date], unless earlier terminated by either party with [30] days' written notice.
- Either party may suspend participation immediately if patient safety, compliance, or regulatory concerns arise.

10. Compliance
- Both parties shall comply with CMS Conditions of Participation, The Joint Commission standards, and Maine Board of Nursing rules.
- The Program shall be conducted in a commercially reasonable manner, not tied to the volume or value of referrals.

11. Miscellaneous
- This Agreement constitutes the entire understanding of the Parties.
- Modifications must be in writing and signed by both parties.

EXAMPLE

Labor and Delivery Nursing Education Program Agreement

THIS AGREEMENT made effective the last date signed by the parties by and between ____, a nonprofit corporation organized and existing under the laws of the State of Maine and whose mailing address is____ (hereinafter referred to as "Rural Hospital") and HOST HOSPITAL, a nonprofit corporation organized and existing under the laws of the State of Maine and whose mailing address is XX (hereinafter referred to as "XX") shall be for the purpose of providing nurses employed by Rural Hospital ("Immersion Nurses") with high-volume labor and delivery clinical education immersion experience in a hospital setting.

NOW, THEREFORE, IN CONSIDERATION OF the mutual covenants contained herein, the parties hereto agree as follows:

1. Scope of the Labor and Delivery Nursing Education Program. The parties hereto agree that the Immersion Nurses to participate in supervised labor and delivery clinical education immersion experiences at HOST SITE ("Labor and Delivery Nursing Program") shall participate in the following activities:

a. Observe the labor and delivery assessment of patients performed by the participating nursing personnel and physicians ("HOST SITE Preceptors") assigned by HOST SITE;
b. Participate in blended learning models combining didactic content with hands-on immersion;
c. Participate in coverage of core OB competencies across antepartum through newborn care;
d. Participate in training in high-risk/low-frequency emergencies; and
e. Participate in regular simulation drills.

2. Assignment of Immersion Nurses and Scheduling of Clinical Rotations. All Immersion Nurses must hold an active Maine RN license, meet requirements of the Maine Board of Nursing, and meet skills and competencies as determined by HOST SITE for the Labor and Delivery Nursing Program. Immersion Nurses shall practice only under the supervision of HOST SITE staff and may not independently assume patient assignments. Rural Hospital may assign a maximum of ____ (____) Immersion Nurses to participate in the Labor and Delivery Nursing Program at HOST SITE to the extent that the Immersion Nurses meet such criteria and are assigned to the Labor and Delivery Nursing Program. If labor and delivery cases are not available, assignments can be made in other services related to perinatal care, as appropriate, at the discretion of HOST SITE staff. Each Immersion Nurse shall be assigned to HOST SITE for two to six days per month depending on training duration and needs. The parties hereto agree that there shall be a maximum of two (2) Immersion Nurses assigned to HOST SITE during any month, subject to HOST SITE staffing census. HOST SITE may reschedule Labor and Delivery Nursing Program rotation days in its sole discretion. The Rural Hospital shall designate a point of contact to provide HOST SITE with a rotation schedule including the particular dates and identities of the Immersion Nurses participating in the Labor and Delivery Nursing Program at least two weeks prior to the commencement date of such rotations. Rural Hospital shall notify HOST SITE of any changes in the particular dates and identities of the Immersion Nurses participating in such Labor and Delivery Nursing Program rotations prior to the commencement date of the affected rotations.

3. Supervision. It is understood and agreed between the parties hereto that a duly qualified and experienced HOST SITE Preceptors assigned by HOST SITE shall have primary responsibility for supervising all Immersion Nurses participating in the clinical rotations described herein and for assuring that the participation of such Immersion Nurse in patient care activities shall be consistent with the Labor and Delivery Nursing Program.

4. Exposure to Pathogens. It is agreed that HOST SITE will take reasonable measures to ensure that Immersion Nursess are protected from exposures to blood borne pathogens. In the event of an exposure to blood borne pathogens or other potentially infectious materials, HOST SITE will ensure the post-exposure evaluation of the source individual is done in a timely fashion and will provide source risk data and test results to Rural Hospital's Department of Employee Health; provided, however, that any disclosure of HIV status shall comply with the provisions of 5 M.R.S.A. 19201 et seq.

5. Evaluations. HOST SITE shall complete an evaluation form for competencies for each Rural Hospital Immersion Nurse participating in the Labor and Delivery Nursing Program described herein within (2) two weeks following the completion of such Labor and Delivery Nursing Program rotation.

6**. Suspension of Clinical Rotations.** HOST SITE in its sole discretion may (i) summarily relieve a Immersion Nurse from a specific assignment, (ii) require an Immersion Nurse to leave a patient care area, or (iii) suspend or terminate from the Labor and Delivery Nursing Program at HOST SITE any Immersion Nurse due to unsatisfactory performance, a medical condition that renders the Immersion Nurse unable to perform the requirements of the Labor and Delivery Nursing Program, failure to comply with privacy or confidentiality policies, or any other reasonable cause when HOST SITE deems it in the best interests of HOST SITE or its patients to do so. This does not limit the right of HOST SITE in its sole discretion on any specific occasion to deny the privilege of practice or participation in the Labor and Delivery Nursing Program when HOST SITE deems it in the best interests of HOST SITE or its patients to do so.

7. Patient Records. The parties hereto agree that Rural Hospital Immersion Nurses shall have access to HOST SITE medical information and records of patients as necessary to participate in the Labor and Delivery Nursing Program described herein. Rural Hospital shall be responsible for informing all Immersion Nurses participating in the Labor and Delivery Nursing Program of their obligation to maintain patient confidentiality and not to disclose such medical information and records provided under this Agreement to third parties without the prior approval of HOST SITE and/or the patient as appropriate except to the extent that disclosure is permitted by law.

8. Compensation/Patient Billing.

a. The parties agree that HOST SITE is providing this education program without receiving compensation. HOST SITE will not be compensated by Rural Hospital for their Immersion Nurses' participation in the Labor and Delivery Nursing Program.

b. HOST SITE shall solely have the right to the billing and collection of all patient and third-party payor revenues relating to services provided at HOST SITE.

9. Immersion Nurse Status. Immersion Nurses remain employees of Rural Hospital for payroll and HR purposes and shall not be considered employees of HOST SITE. No rights or benefits of an employee shall accrue or be vested in Immersion Nursesunder any personnel policies or benefit plans maintained by HOST SITE for the benefit of its employees.Immersion Nurses shall not be entitled to any payment from HOST SITE in the nature of benefits under the Maine Workers' Compensation Act for any accident, illness, occurrence or event occurring at or arising out of the clinical rotations. Immersion Nurses will work within Maine's Nurse Practice Act and Board of Nursing rules, and follow the HOST SITE'S policies on supervision, delegation, and competency training.

10. Insurance. Rural Hospital shall maintain or cause to be maintained commercial general liability insurance (includes coverage for bodily injury and property damage), professional liability insurance in the minimum amount of $1 Million per occurrence and $3 Million annual aggregate, and Worker's Compensation insurance for all Rural Hospital Immersion Nurses participating in Labor and Delivery Nursing Program rotations at HOST SITE during the term of this Agreement. HOST SITE shall maintain or cause to be maintained insurance covering its HOST SITE Preceptors and premises including but not limited to professional liability insurance in the minimum amount of $1 Million per occurrence and $3 Million annual aggregate for all HOST SITE Preceptors assigned by HOST SITE to participate in the educational activities described herein during the term of this Agreement. Each party further agrees to maintain such insurance in the above stated limits during the term of this Agreement and shall provide the other party with a Certificate of Insurance evidencing such coverage upon request. Each party shall provide the other party with not less than thirty (30) days written notice prior to the cancellation or expiration of such insurance policy.

11. Review. Representatives of both Rural Hospital and HOST SITE agree to meet on an annual basis, as needed, to review the objectives of this Labor and Delivery Nursing Program and related issues at dates and times mutually agreed upon.

12. Amendment. This Agreement may be modified or amended by the mutual assent of the parties hereto; provided, however, that no such modification or amendment to this Agreement shall be binding unless in writing and signed by both parties.

13. Term. This Agreement shall extend for a period of twenty-four (24) months commencing on ____, and ending on ____.

14. Early Termination. This Agreement may be terminated, with or without cause, prior to the expiration date stated herein by the mutual assent of the parties hereto, or by either party upon at least thirty (30) days written notice to the other party.

15. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Maine.

16. Miscellaneous.

a. RURAL HOSPITAL'S RESPONSIBILITIES. During the term of this Agreement, Rural Hospital shall fulfill the responsibilities and duties set forth on the attached Schedule A.

b. HOST SITE'S RESPONSIBILITIES. During the term of this Agreement, HOST SITE shall fulfill the responsibilities and duties set forth on the attached Schedule B.

c. IMMERISON NURSE STATUS. It is expressly agreed and understood that it is of the essence of this Agreement that Rural Hospital and its Immersion Nurses shall be acting and performing services hereunder at all times and for all purposes as students and not as an employee or agent of HOST SITE. Accordingly, except as expressly stated otherwise in this Agreement, HOST SITE shall neither have nor exercise any specific control or direction over the particular methods by which Rural Hospital and its Immersion Nurses shall perform or cause to be performed the services required by this Agreement.Rural Hospital, its Immersion Nurses and its personnel shall have no claim under this Agreement or otherwise against HOST SITE for any vacation pay, paid sick leave, retirement benefits, social security, workers' compensation, health, disability, professional malpractice, or unemployment insurance benefits or any other employee benefits of any kind. Rural Hospital and its Immersion Nurses shall be responsible for making all required tax filings with respect to its personnel, including without limitation any required withholding filings, and shall provide HOST SITE with satisfactory proof of the same on request.

d. REFERRALS. This Agreement is in no way dependent or contingent upon any referrals of patients, direct or indirect, by either party, or their respective employees or personnel, to the other or to any affiliate of said party, and it is the intent of the parties not to create any improper inducement for such referrals by virtue of any provision of this Agreement.

e. REPRESENTATIONS AND WARRANTIES. Each party represents and warrants to the other that said party, its employees and for Rural Hospital, its Immersion Nurses: (i) are not currently under investigation by a governmental entity with respect to the provision of healthcare services; (ii) are not currently excluded, suspended, debarred or otherwise ineligible to participate in any federal or state healthcare program; or (iii) have not been convicted of a criminal offense related to the provision of health care items or services.

f. NOTIFICATION. Rural Hospital shall immediately notify HOST SITE upon the occurrence of any one of the following events:

i. Any exclusion, suspension, debarment or other event occurs that renders Rural Hospital or Rural Hospital's Immersion Nurses ineligible to participate in federal or state healthcare programs, including but not limited to Medicare and Medicaid programs, or Rural Hospital knows of any governmental investigation related to Rural Hospital's or Rural Hospital's Immersion Nurse's participation in such programs; or

ii. Arrest, Charge, Conviction or Indictment of Rural Hospital's Immersion Nurse for a crime punishable as a felony, or involving prescription drugs, or bodily injury to another person or a crime involving moral turpitude or related to the provision of health care items or services otherwise adversely affecting Immersion Nurse's fitness to provide services hereunder.

g. ALTERNATIVE DISPUTE RESOLUTION. The parties agree to make a good faith attempt to resolve informally any controversy, dispute, or claim that may arise out of or relate to this Agreement by engaging in mediation. Such mediation shall be conducted in Maine and shall be facilitated by a third-party neutral acceptable to both parties.

h. WAIVER OF JURY TRIAL. In the interest of obtaining a speedier and less costly resolution of any controversy, dispute or claim arising out of or relating to this Agreement, the parties hereby irrevocably waive the right to trial by jury.

i. ASSIGNMENT. Notwithstanding the foregoing, no consent shall be required for assignment of this Agreement by either party, by operation of law or otherwise, to an entity in common control with the assigning party pursuant to a transaction by which the assignee will assume the relevant operations of the assigning party and its obligations under this Agreement.

[The remainder of the page is left intentionally blank; signatures on next page]

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized officers as of the day and year first above written.

_____
Name:
Its:
Date:

HOST SITE

_____
Name:
Its:
Date:

Schedule A:
Rural Hospital's Responsibilities

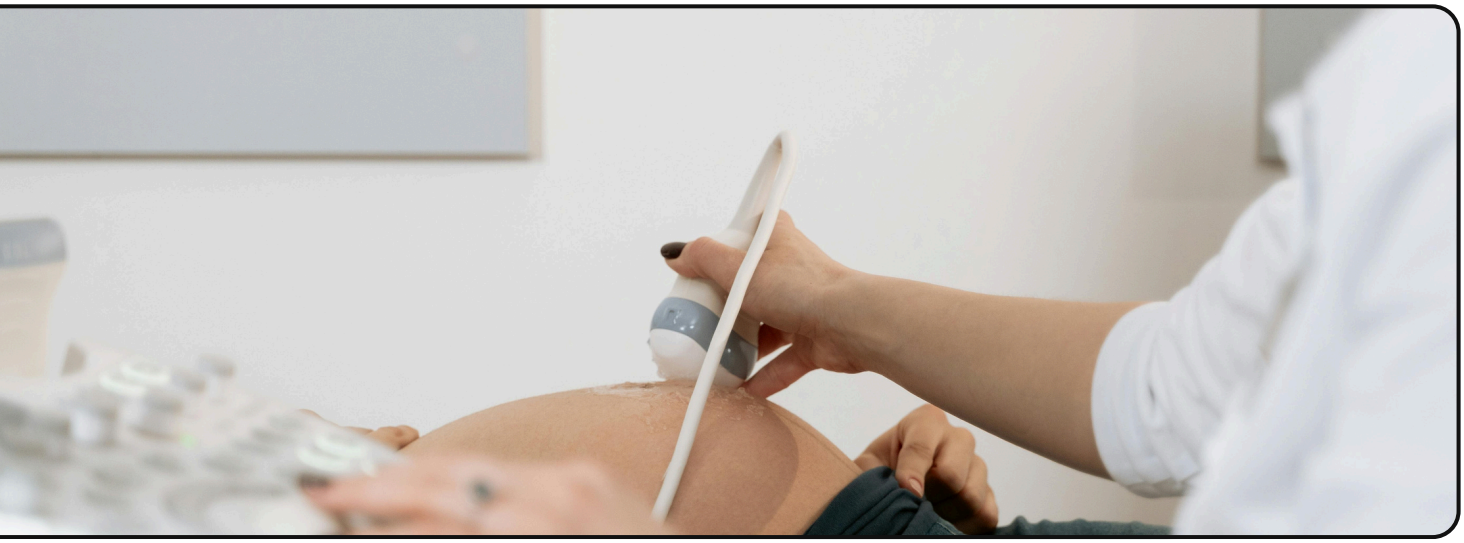
During the Term of this Agreement, Rural Hospital shall:

1. Present qualified Immersion Nurses for participation in the Labor and Delivery Nursing Program who have an active Maine RN license, meet requirements of the Maine Board of Nursing, have adequate preclinical instruction and who, in the discretion of the Rural Hospital, have adequately fulfilled the requirements of the curriculum for the Labor and Delivery Nursing Program.
2. Upon request by HOST SITE, provide verification of each Immersion Nurse's:
   a. Current CPR certification;
   b. Criminal background;
   c. Fit-testing for protective equipment; and
   d. Validated proof of immunizations, health screenings and laboratory documentation as required by HOST SITE for each Immersion Nurse and faculty, if applicable, participating in the Labor and Delivery Nursing Program. HOST SITE requires proof of Measles, Mumps, Rubella, Hepatitis B, and Varicella, including documented Tuberculin testing, the current year's seasonal influenza vaccination, and the COVID-19 vaccination, as required by policy. This list may be revised by HOST SITE from time to time, and can be confirmed with HOST SITE's Center for Employee Health Services for each Program. Rural Hospital shall be responsible for confirming compliance, obtaining the Immersion Nurse's written authorization to disclose this information to HOST SITE and maintaining source records for each Immersion Nurse. Rural Hospital warrants and certifies that no Immersion Nurse will commence at any Labor and Delivery Nursing Program at HOST SITE unless Rural Hospital has proof of compliance with this provision on file in Rural Hospital records.
3. Require that its Immersion Nurses appear in such uniform and identification badge as is prescribed by or acceptable to HOST SITE observe the hours of clinical participation agreed upon by HOST SITE and Rural Hospital; and participate in pre-approved departmental activities.
   a. Immersion Nurse will report on the first day of their HOST SITE rotation, receive a badge, sign the Health Insurance Portability and Accountability Act ("HIPAA") confidentiality agreement, watch the COVID 19 video, and be assigned a HOST SITE Preceptor(s).
4. Maintain all educational records and reports relating to the experiences of its Immersion Nurses in the Labor and Delivery Nursing Program.
5. Indemnify and hold HOST SITE and its trustees, officers, and employees harmless from and against any and all damages, claims and liabilities, including reasonable attorney's fees, to the extent caused by the acts or omissions of Rural Hospital, its directors, Immersion Nurses, or employees in connection with or arising out of this Agreement.

Schedule B:
HOST SITE's Responsibilities

During the Term of this Agreement, HOST SITE shall:

1. Be responsible for providing the Labor and Delivery Nursing Program and supervising the Immersion Nurses, through its employees.
2. Provide suitable work area to support Immersion Nurses duties.
3. Have sole authority and control over all aspects of patient services and that HOST SITE will be responsible for and retain control over the organization, operation and financing of its services.
4. Provide initial emergency care, if available, for Immersion Nurses who are injured or become ill while on duty in the Labor and Delivery Nursing Program at HOST SITE. It is understood that Immersion Nurses shall be responsible for their own medical expenses, whether incurred at HOST SITE or elsewhere.
5. Comply with all regulations and laws including those affecting health and safety and exposure to blood or other potentially infectious bodily fluids, including providing Immersion Nurses the same testing and counseling provided to HOST SITE's employees. Immersion Nurses shall be responsible for the cost of the testing and counseling.
6. In its sole discretion, (i) summarily relieve an Immersion Nurse from a specific assignment, (ii) require an Immersion Nurse to leave a patient care area, or (iii) suspend or terminate from the Labor and Delivery Nursing Program at HOST SITE any Immersion Nurse due to unsatisfactory performance, a medical condition that renders the Immersion Nurse unable to perform the requirements of the Labor and Delivery Nursing Program, failure to comply with privacy or confidentiality policies, or any other reasonable cause when HOST SITE deems it in the best interests of HOST SITE or its patients to do so. This does not limit the right of HOST SITE in its sole discretion on any specific occasion to deny the privilege of practice or participation in the Labor and Delivery Nursing Program when HOST SITE deems it in the best interests of HOST SITE or its patients to do so.
7. Reserve the right to refuse an Immersion Nurse's services at any time for any reason.
8. Except to the extent arising out of the negligent or willful acts or omissions of Rural Hospital, its directors, employees, Immersion Nurses and/or agents, HOST SITE shall indemnify and hold Rural Hospital and its trustees, officers, employees and/or agents harmless from and against any and all claims and liabilities, including reasonable attorney's fees, relating to personal injury or property damage to the extent caused by the negligent acts or omissions of HOST SITE, its directors, employees and/or agents in connection with or arising out of this Agreement.



Appendix B: Orientation & Scope Checklist

Pre-Participation Requirements (all must be verified):

- Active Maine RN license verified
- Health clearance (immunizations, TB, fit-test, OSHA training)
- Background check complete
- Professional liability insurance verified

Orientation Modules (to be completed at Host):

- HIPAA & confidentiality
- Infection prevention & PPE
- Emergency codes / rapid response
- Electronic health record access & documentation rules
- Medication administration policy & restrictions
- Blood product administration policy & restrictions

Clinical Scope (with supervision by/assignment to host-site nurse)

- Patient admission & initial assessment
- Fetal monitoring setup & interpretation (with preceptor review)
- Labor support & documentation
- Assisting with deliveries (normal & high-risk)
- Immediate newborn care and resuscitation (with NRP-trained preceptor)
- Postpartum assessments & education

Excluded Activities:

- Independent patient assignment
- Unsupervised medication administration
- Charting without preceptor co-signature

Sign-Off:

Preceptor Name: _____ Date: _____

Immersion Nurse Signature: _____ Date: _____

MHA

Maine Hospital Association

MAINE'S LEADING
VOICE FOR HEALTHCARE

Questions?

(207) 622-4794
sweiss@themha.org
www.themha.org