

The New Neonatal Care Center at Soroka Medical Center





The New Neonatal Care Center at Soroka Medical Center

The new Neonatal Care Center will serve all newborns in the Negev and provide full protection against missile attacks in accordance with the standards of the Home Front Command of the Israel Defense Forces.

Soroka Medical Center: An Overview

Soroka Medical Center is among Israel's largest, busiest and most advanced hospitals. Soroka is the only major medical center in the entire Negev, serving a population of more than one million inhabitants, including 400,000 children, in a region that accounts for 60% of the country's total land area. Soroka serves as the teaching hospital of both the Medical School of Ben-Gurion University, whose Faculty of Health Sciences is located on the hospital campus, and its Medical School for International Health.

On par with leading international institutions, Soroka specializes in areas that include early detection and treatment of breast cancer using minimally invasive procedures, non-invasive removal of malignant tumors, trauma rehabilitation of children and adolescents, pediatric infectious diseases, and more.

Each year, excellent care is provided for more than 595,000 visits at outpatient clinics; 240,000 patient visits at our Emergency Medicine Department (the busiest in the country); 83,000 inpatient admissions; over 30,000 surgical procedures; and more than 17,000 babies are born.

Soroka's Trauma Unit is one of the largest and busiest in Israel, always on call, 24 hours a day, 365 days a year. Soroka serves as the regional trauma center for victims of terror and for all Israel Defense Force bases in and near the Negev. This need is unfortunately constant and increasing in light of the ongoing security situation in areas bordering Gaza.

Soroka Medical Center stands at the forefront of medical progress, and is currently upgrading and enhancing research capabilities and the healthcare it provides. Soroka's staff is dedicated to advancing research and providing optimal medical and emergency care while treating the patient as a whole human being.



Neonatal Department

The Neonatal Department at Soroka Medical Center is the busiest in the country and one of the finest. More than 15% of all newborn infants have serious medical problems that require intensive or special care. Soroka's Neonatal Department cares for several thousands of these infants annually.

As the only medical center in the Negev, our mission is to serve the entire population that depends on us. Not being able to do so is simply unacceptable. The physical conditions of the existing Neonatal Department, built in the 1980s, are outmoded and no longer sufficient or appropriate. Each year, a significant number of infants must be transferred to other parts of the country because beds are unavailable for them. Premature babies may be hospitalized for several months, so transferring them is extremely traumatic for infants, mothers, and their families. The unit's present building has a glass brick ceiling and many windows, originally intended to allow the penetration of daylight. These features become life-threatening with the increasing frequency of missile attacks from the Gaza Strip.

When under threat or attack, the neonatal team is forced to immediately evacuate all mothers and infants from the building to protected quarters. Moving premature babies is dangerous, but the risk of injury from missiles is intolerable. Infants and staff need a safe environment. In the last decade we have been forced to evacuate and move the unit repeatedly as Beer-Sheva and Soroka have come under missile attacks numerous times.



This urgent and important project will be of major proportions. The new Neonatal Care Center will include an area of 5,730 square meters (more than 61,700 square feet).

The total cost of the new expanded and protected facility will be \$30,000,000.



The Current Situation

The staff of the Neonatal Department emphasizes infant health and safety, maximum parental involvement, and preparation of the family to assume responsibility for the care of their infant. Healthy newborns are cared for in the maternity wards with full rooming-in with their mothers. Sick infants are cared for in the two units of the department:

- The Neonatal Intensive Care Unit (NICU) for premature and very sick infants
- The Special Care Unit for moderately sick and near-term infants

The Needs

- To construct an urgently-needed missile-proof facility in accordance with the security dictates of the area
- To increase the number of beds from 64 to 88 in response to population growth
- Provide space for maternal and family involvement in the care of all sick infants
- To include state-of-the-art equipment and technologies
- To implement the concepts of family-integrated neonatal care
- To accommodate teaching needs for the more than 150 medical students and healthcare professionals trained annually in the department

The Goal

Our goal is to expand and protect Soroka's neonatal care facilities, which provide care for all infants born in the southern half of Israel, and to provide them with medical care of the highest standard while emphasizing the family-integrated approach that we have pioneered. The expanded, missile-protected facility will allow our professional staff to provide the best care possible to the most vulnerable infants and their families.

The neonatal care center is a four-flour building planned for the care of all the sick newborn infants born at Soroka.

Funding Opportunities

The new Neonatal Care Center at Soroka will make it possible to provide the most advanced standard of family-centered care with its highly improved conditions in terms of protection, accessibility, comfort for patients and their families, and technology.

Total construction costs for the New Neonatal Care Center are \$30,000,000

The New Neonatal Care Center will be named in accordance with the wishes of the donor for a gift of \$10,000,000, with matching funds provided by Soroka Medical Center.



Donor Recognition

The Naming will be recognized in individual lettering on a prominent outside façade of the building. The donor will be listed on the Soroka Wall of Honor. The donor will also be our honored guest at a dignified public dedication ceremony.

In order to Realize Our Vision, We also Require Funding for the Following:

Treatment Areas and Rooms

- **Neonatal Intensive Care Unit (NICU) 3rd floor** – Currently, some 600 infants, from tiny preemies to full-term infants with complex medical conditions, are hospitalized annually in the NICU. The new NICU is planned to include 30 beds dedicated entirely to neonatal intensive care.

This unit may be named for a gift of \$5,000,000, with matching funds provided by Soroka Medical Center. The naming will be recognized in prominent signage on the outside of the building and at the Neonatal Intensive Care Unit. The donor will be listed on the Soroka Wall of Honor. The donor will be our honored guest at a dignified public dedication ceremony.

- **Intermediate Care Unit 2nd floor** - The Intermediate Care Unit, where infants who are ready to leave the NICU are hospitalized, is planned to include 58 beds. This Level 2 unit provides care for growing premature babies and for moderately sick term or near-term infants. Here the babies are slowly transitioned to full family care and prepared for the move to home. The unit is in close touch with the NICU, on one hand, and the community, on the other. The medical team rotates at all levels of care. The medical problems encountered here are varied and extremely challenging. Patients include infants with severe congenital anomalies, infants born to drug-addicted mothers, and infants who require phototherapy.

This unit may be named for a gift of \$3,000,000, with matching funds provided by Soroka Medical Center. The naming will be recognized in prominent signage at the Neonatal Intermediate Care Unit. The donor will be listed on the Soroka Wall of Honor and be our honored guest at a dignified public dedication ceremony.

- **Single Family Treatment Rooms** - There will be 38 single-family treatment rooms that will form the heart of the new facility, with sufficient space to allow at least one parent to comfortably care for their infant throughout the day.



These rooms constitute a major component of our family-integrated approach and will allow parents to be fully present and involved in the care of their infant. They provide a quiet, calm environment and a significant reduction in the stress-related issues so common in the NICU environment.

Although the initial investment in single rooms is relatively high, long-term costs are significantly reduced as hospital stays are shortened and, most importantly, morbidity is significantly lowered.

Donation requested for naming each single-family treatment room: \$100,000

- **Open Bay Areas** – There are eight open bay areas in the department. Each one will accommodate six incubators for premature infants. For each patient, there will be a recliner for kangaroo care, in which infants are held skin-to-skin against their mother or father to ensure physiological and psychological warmth.

The environment where infants are treated, whether in single rooms or open bays, must provide a calm and comfortable atmosphere with minimal stress in order to enable bonding with all family members and improve neonatal outcomes.

Donation requested for naming: \$250,000 for each open bay area

- **Isolation Rooms** – Isolation rooms will provide space within the NICU to safely treat individual infants or groups of infants infected with or exposed to a common airborne pathogen without endangering the other infants on the ward. Four isolation rooms are planned.

Donation requested for naming: \$100,000 for each isolation room

Infant Feeding Rooms

- **Breast Milk Pumping Room** – The NICU actively encourages mothers to breastfeed. This begins with pumping milk for days or weeks until the premature baby can feed directly from the breast. Beyond the health benefits for babies and the medical importance of human milk, pumping allows mothers to take an active part in the care of their infants while they are hospitalized. Providing appropriately equipped, pleasant, private rooms for pumping is an important part of our patients' care.

Donation requested for naming each of the two breast milk pumping rooms: \$100,000



- **Breast Milk and Infant Formula Preparation and Storage Room** – The Neonatal Department has a special room where infants’ food is prepared daily by trained staff in syringes or bottles, depending on how the baby is able to feed. Infection control and proper labeling are only part of the meticulous work done in these rooms.

Donation requested for naming the breast milk and infant formula preparation and storage room: \$100,000

Special Rooms for Families

- **Family Lounge** – In this vitally important area, parents are welcome to stay and take an active part in the care of their babies, in line with our family-integrated approach. Families play a central role as part of the infant care team, and it is known today that their stay directly affects babies’ outcomes. Kangaroo mother care is encouraged and monitored for each infant. The lounge will provide facilities for rest, computer communication, secure storage of personal items, and a kitchenette, as well as educational reading materials. Siblings will be able to visit their parents who are away from the family in the hospital. There will be comfortable seating and a play area with games and toys.

Donation requested for naming family lounge: \$200,000

- **Transition Rooms** –The transition from the NICU to home requires special attention and facilities. Before a baby is discharged, parents must feel comfortable and confident in caring independently for their infant. Facilitating a “secure landing” at home and in the community is part of our mission. Families are encouraged to stay a minimum of 24 hours before taking their baby home. During this time, parents take over the full care of the baby. Four transition rooms are needed.

Donation requested for naming: \$90,000 for each of the four transition rooms



Staff Areas

- **Conference Room** – Soroka Medical Center is a teaching hospital affiliated with Ben-Gurion University of the Negev. As such, research meetings and case discussions are part of the daily activity of the Neonatal Department. A state-of-the-art conference room is needed for such meetings. The conference room will be located on the ground floor of the Neonatal Care Center and equipped with audio/visual and video conference facilities. Students, fellows, nurses, residents and physicians will all use this facility.

Donation requested for naming the conference room: \$250,000

- **Multidisciplinary Staff Room** – Professionals from many medical fields participate in the care of the premature or sick infant. Physiotherapists, social workers, dietitians, respiratory therapists, and other professionals all spend many hours in the NICU. A room designated for their use, with dedicated space for each profession will enable them to participate fully in important patient care and welcome members of our team.

Donation requested for naming the multidisciplinary staff room: \$100,000

- **Social Workers' Room** – During their long stay in the Neonatal Department, parents are accompanied by social workers from our team. Beyond the office space needed, the social worker's room must provide a comfortable discussion area for regular individual meetings between staff and family members.

Donation requested for naming the social workers' room: \$72,000

Clinical Support

- **Neonatal Pharmacy** – The Neonatal Care Center includes its own specialized pharmacy to provide essential medications around the clock. Drugs and neonatal infusion solutions are prepared individually for each infant under strict laminar flow conditions. The pharmacy is located in close proximity to the NICU, providing on-site services and fulfilling all pharmaceutical needs as swiftly as possible.

Donation requested for naming the Neonatal Pharmacy: \$200,000



Equipment

- **Portable Ultrasound** – Portable ultrasound devices are widely used in diagnosing neonates at the bedside if they are too fragile or unstable to be moved. Imaging is practiced mainly for detection of brain pathology, but also for abnormalities of the heart, abdomen, lungs, eyes, and bones. Early bedside diagnosis enables timely interventions and is a crucially important element in improving the immediate and long-term outcomes of tiny, sick infants. We need two portable ultrasound devices.

Donation requested for naming: \$67,000 for each portable ultrasound device

- **Cardiorespiratory Monitor** – All infants hospitalized in intensive care or intermediate care need continuous monitoring of all vital signs, including heart rate, respiratory rate, blood pressure, and oxygen levels. The Neonatal Department uses monitors with multiple functions and channels for highly intensive care. We need to add 30 additional cardiorespiratory monitors and upgrade the old ones.

Donation requested for naming: \$12,000 for each cardiorespiratory monitor

- **Incubators (Isolettes) and Heated Cribs** – An incubator, the most basic piece of equipment in preemie and infant care, simulates the stable, protected environment of the womb, regulating temperature, oxygen, and humidity and maintaining dim lighting. It provides staff convenient access to the infant to monitor breathing, color, and other vital signs. Sick newborns are taken care of in different types of incubators, depending upon their medical condition, and moved from one type of incubator to another in accordance with their medical needs. Babies should be transferred minimally in order to ensure their stability. Incubators with multiple functions are preferable, especially for very small or very sick infants.

- **Dual Incubators** are the most expensive and modern Isolettes and are suitable for a wide variety of clinical conditions. The great advantage of this type of incubator is that there is no need to transfer the infant from one incubator to another, thus eliminating a range of potential risks. Infants who weigh less than 2.2 pounds at birth should not be moved in the first two weeks of life, so dual incubators are needed for them. We need 26 dual incubators.

Donation requested for naming: \$45,000 for each dual incubator



- **Closed Incubators** are suitable for sick preemies and infants and are used when a dual incubator is not needed or not available. Low-weight infants need an incubator to maintain stable body temperature and may remain in it for up to three months. Care is provided through doors and portholes that enable access and observation. We need 20 closed incubators.
Donation requested for naming: \$20,000 for each closed incubator
- **Open Incubators** are used upon admission, in the delivery room, the triage room, and sometimes in intensive care. These free-standing overhead warmers, equipped with all the necessary monitoring and resuscitation equipment, are required for infants' assessment, resuscitation, and stabilization. Procedures are usually conducted in open overhead incubators, especially with full-term infants. We need 15 open incubators.
Donation requested for naming: \$20,000 for each open incubator
- **Heated Cribs** – When they are ready, babies are moved from Isolettes to heated cribs, used when infants are clinically stable and able to maintain their own body temperature. These are the last beds that babies use before they are discharged. We need 30 heated cribs.
Donation requested for naming: \$10,000 for each heated crib

Donor Recognition

Prominent donor recognition for these rooms and equipment will be provided at the Neonatal Care Center of Soroka Medical Center.

Gifts of over \$100,000 will also be recognized on the Donors' Wall of Honor.

