

Neonatal Rules Webinar

- Today is the Level I – Well Nursery Neonatal Rules Webinar.
- Power Point Presentation – which will be mailed out to participants, RACs and other stakeholders.
- Questions – will be answered at the end of the presentation.

How do I send questions?

- You may type your questions in the chat box and hit “enter”;
- Or
- You may email your questions to be answered at a later time to:
 - Elizabeth.Stevenson@dshs.state.tx.us



Hospital Level of Care Designations for Neonatal Care

Elizabeth Stevenson, Manager
Neonatal & Maternal
Designation
Department of State Health
Services

Debbie Lightfoot, Designation
Coordinator
Neonatal & Maternal
Designation
Department of State Health
Services

June 13, 2016



Objectives

- Review of Subchapter J Sections that pertain to Level I Neonatal Designation.
- Detailed review of Subchapter J Sections §133.185 and §133.186.
- Discuss deadlines for designation.
- Answer questions and next steps

Subchapter J



Texas Administrative Code

TITLE 25	HEALTH SERVICES
PART 1	DEPARTMENT OF STATE HEALTH SERVICES
CHAPTER 133	HOSPITAL LICENSING
SUBCHAPTER J	HOSPITAL LEVEL OF CARE DESIGNATIONS FOR NEONATAL AND MATERNAL CARE

Rules

§133.181	Purpose
§133.182	Definitions
§133.183	General Requirements
§133.184	Designation Process
§133.185	Program Requirements
§133.186	Neonatal Designation Level I
§133.187	Neonatal Designation Level II
§133.188	Neonatal Designation Level III
§133.189	Neonatal Designation Level IV
§133.190	Survey Team

TAC § 133.181 Purpose

- The purpose of this section is to implement Health and Safety Code, Chapter 241, Subchapter H, Hospital Level of Care Designations for Neonatal and Maternal Care, which requires a level of care designation of neonatal services to be eligible to receive reimbursement through the Medicaid program for neonatal services.

TAC § 133.182 Definitions

- The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.
 - (1) Attestation--A written statement, signed by the Chief Executive Officer of the facility, verifying the results of a self-survey represent a true and accurate assessment of the facility's capabilities required in this subchapter.

TAC § 133.182 Definitions

- (3) CAP--Corrective Action(s) Plan. A plan for the facility developed by the Office of EMS/Trauma Systems Coordination that describes the actions required of the facility to correct identified deficiencies to ensure compliance with the applicable designation requirements.
- (11) Immediate supervision--The supervisor is actually observing the task or activity as it is performed.

TAC § 133.182 Definitions

- (12) Immediately--Without delay.
- (22) PCR--Perinatal Care Region.
- (24) POC--Plan of Correction. A report submitted to the office by the facility detailing how the facility will correct any deficiencies cited in the survey report or documented in the self-attestation.

TAC § 133.182 Definitions

- (28) RAC--Regional Advisory Council as described in §157.123 of this title (relating to Regional Emergency Medical Services/Trauma Systems).

- (a) The Office of Emergency Medical Services (EMS)/Trauma Systems Coordination (office) shall recommend to the Executive Commissioner of the Health and Human Services Commission (executive commissioner) the designation of an applicant/healthcare facility as a neonatal facility at the level for each location of a facility, which the office deems appropriate.

- (b) A healthcare facility is defined under this subchapter as a single location where inpatients receive hospital services or each location if there are multiple buildings where inpatients receive hospital services and are covered under a single hospital license.

- (c) Each location shall be considered separately for designation and the office will determine the designation level for that location, based on, but not limited to, the location's own resources and level of care capabilities; Perinatal Care Region (PCR) capabilities; compliance with Chapter 133 of this title, concerning Hospital Licensing. A stand-alone children's facility that does not provide obstetrical services is exempt from obstetrical requirements. The final determination of the level of designation may not be the level requested by the facility.

- (e) PCRs.
 - Aligned with the Trauma Service Areas (TSAs) due to established infrastructure to support the functions of the PCRs.
 - Established for regional planning purposes, including emergency and disaster preparedness.
 - Not established for the purpose of restricting patient referral.

- The application packet submittal and the self-audit will be discussed in a webinar at a later date.
- Level I Statistics:
 - Total Live Births Annually
 - Live Births <35 Weeks, Not Transferred
 - Transfers Out
 - Total Multiple Births

TAC § 133.184 Designation Process

- (d) Non-refundable application fees for the three year designation period are as follows:
 - (1) Level I neonatal facility applicants, the fees are as follows:
 - (A) ≤ 100 licensed beds, the fee is \$250.00; or
 - (B) > 100 licensed beds, the fee is \$750.00.

- (C) A facility applying for Level I designation requiring an attestation may receive a shorter term designation at the discretion of the office. A designation for less than the full three-year term will have a pro-rated application fee.
- (D) The office, at its discretion, may designate a facility for a shorter term designation for any application received prior to September 1, 2018.
- (E) An application for a higher or lower level designation may be submitted at any time.

Guiding Principles

- If the rule does not specify the exact requirement (ex. Successful NRP completion), it is up to the facility to define the expectation appropriate for the population served.
- Medical Practice decisions are not regulated by the Department of State Health Services.

- (a) Designated facilities shall have a family centered philosophy. Parents shall have reasonable access to their infants at all times and be encouraged to participate in the care of their infants. The facility environment for perinatal care shall meet the physiologic and psychosocial needs of the mothers, infants, and families.

- (b) Program Plan. The facility shall develop a written plan of the neonatal program that includes a detailed description of the scope of services available to all maternal and neonatal patients, defines the neonatal patient population evaluated and/or treated, transferred, or transported by the facility, that is consistent with accepted professional standards of practice for neonatal and maternal care, and ensures the health and safety of patients.

TAC § 133.185 Program Requirements

- (1) The written plan and the program policies and procedures shall be reviewed and approved by the facility's governing body. The governing body shall ensure that the requirements of this section are implemented and enforced.
- (2) The written neonatal program plan shall include, at a minimum:
 - (A) standards of neonatal practice that the program policies and procedures are based upon that are adopted, implemented and enforced for the neonatal services it provides;
 - (B) a periodic review and revision schedule for all neonatal care policies and procedures;

- (C) written triage, stabilization and transfer guidelines for neonates and/or pregnant/postpartum women that include consultation and transport services;
- (D) ensure appropriate follow up for all neonates/infants;
- (E) provisions for disaster response to include evacuation of mothers and infants to appropriate levels of care;

TAC § 133.185 Program Requirements

- (F) a QAPI Program as described in §133.41(r) of this title (relating to Hospital Functions and Services). The facility shall demonstrate that the neonatal program evaluates the provision of neonatal care on an ongoing basis, identify opportunities for improvement, develop and implement improvement plans, and evaluate the implementation until a resolution is achieved. The neonatal program shall measure, analyze, and track quality indicators or other aspects of performance that the facility adopts or develops that reflect processes of care and is outcome based. Evidence shall support that aggregate patient data is continuously reviewed for trends and data is submitted to the department as requested;

- (G) requirements for minimal credentials for all staff participating in the care of neonatal patients;
- (H) provisions for providing continuing staff education; including annual competency and skills assessment that is appropriate for the patient population served;
- (I) a perinatal staff registered nurse as a representative on the nurse staffing committee under §133.41(o)(2)(F) of this title;

- (J) the availability of all necessary equipment and services to provide the appropriate level of care and support of the patient population served; and
- (K) the availability of personnel with knowledge and skills in breastfeeding.

- (c) Medical Staff. The facility shall have an organized, effective neonatal program that is recognized by the medical staff and approved by the facility's governing body. The credentialing of the medical staff shall include a process for the delineation of privileges for neonatal care.

- (d) Medical Director. There shall be an identified Neonatal Medical Director (NMD) and/or Transport Medical Director (TMD) as appropriate, responsible for the provision of neonatal care services and credentialed by the facility for the treatment of neonatal patients.

- (1) The NMD and/or TMD shall have the authority and responsibility to monitor neonatal patient care from admission, stabilization, operative intervention(s) if applicable, through discharge, inclusive of the QAPI Program.
- (2) The responsibilities and authority of the NMD and/or TMD shall include but are not limited to:

- (A) examining qualifications of medical staff requesting neonatal privileges and makes recommendations to the appropriate committee for such privileges;
- (B) assuring staff competency in resuscitation techniques;
- (C) participating in ongoing staff education and training in the care of the neonatal patient;

- (D) oversight of the inter-facility neonatal transport;
- (E) participating in the development, review and assurance of the implementation of the policies, procedures and guidelines of neonatal care in the facility including written criteria for transfer, consultation or higher level of care;
- (F) regular and active participation in neonatal care at the facility where medical director services are provided;

- (G) ensuring that the QAPI Program is specific to neonatal/infant care, is ongoing, data driven and outcome based; and regularly participates in the neonatal QAPI meeting; and
- (H) maintaining active staff privileges as defined in the facility's medical staff bylaws.

- (e) Neonatal Program Manager (NPM). The NPM responsible for the provision of neonatal care services shall be identified by the facility and:
 - (1) be a registered nurse:
 - (2) have successfully completed and is current in the Neonatal Resuscitation Program (NRP) or an office-approved equivalent:

- (3) have the authority and responsibility to monitor the provision of neonatal patient care services from admission, stabilization, operative intervention(s) if applicable, through discharge, inclusive of the QAPI Program as defined in subsection (b)(2)(E) of this section.
- (4) collaborate with the NMD in areas to include, but not limited to: developing and/or revising policies, procedures and guidelines; assuring staff competency, education, and training; the QAPI Program; and regularly participates in the neonatal QAPI meeting; and
- (5) develop collaborative relationships with other NPM(s) of designated facilities within the applicable Perinatal Care Region.

- (a) Level I (Well Nursery). The Level I neonatal designated facility will:
 - (1) provide care for mothers and their infants generally of ≥ 35 weeks gestational age who have routine, transient perinatal problems;
 - (2) have skilled personnel with documented training, competencies and continuing education specific for the patient population served; and

- (3) if an infant <35 weeks gestational age is retained, the facility shall provide the same level of care that the neonate would receive at a higher level designated neonatal facility and shall, through the QAPI Program complete an in depth critical review of the care provided.

- (b) Neonatal Medical Director (NMD). The NMD shall be a physician who:
 - (1) is a currently practicing pediatrician, family medicine physician, or physician specializing in obstetrics and gynecology with experience in the care of neonates/infants;
 - (2) demonstrates a current status on successful completion of the Neonatal Resuscitation Program (NRP);
 - (3) demonstrates effective administrative skills and oversight of the QAPI Program; and
 - (4) has completed continuing medical education annually specific to the care of neonates.

- (c) Program Functions and Services.
 - (1) Triage and assessment of all patients admitted to the perinatal service with identification of pregnant patients who are at high risk of delivering a neonate that requires a higher level of care who will be transferred to a higher level facility prior to delivery unless the transfer would be unsafe.
 - (2) Supportive and emergency care delivered by appropriately trained personnel for unanticipated maternal-fetal problems that occur during labor and delivery through the disposition of the patient.
 - (3) The ability to perform an emergency cesarean delivery.

- (4) The primary physician, advanced practice nurse and/or physician assistant with special competence in the care of neonates, whose credentials have been reviewed by the NMD and is on call, and:
 - (A) shall demonstrate a current status on successful completion of the American Heart Association/American Academy of Pediatrics for the resuscitation of all infants NRP;
 - (B) has completed continuing education annually, specific to the care of neonates;

- (C) shall arrive at the patient bedside within 30 minutes of an urgent request;
- (D) if not immediately available to respond or is covering more than one facility, be provided appropriate backup coverage who shall be available, documented in an on call schedule and readily available to facility staff; and
- (E) if the physician, advanced practice nurse and/or physician assistant is providing backup coverage, shall arrive at the patient bedside within 30 minutes of an urgent request.

TAC § 133.186 Level I Designation

- (5) Availability of appropriate anesthesia, laboratory, radiology, ultrasonography and blood bank services on a 24 hour basis as described in §133.41(a), (h), and (s) of this title, respectively.
- (A) If preliminary reading of imaging studies pending formal interpretation is performed, the preliminary findings must be documented in the medical record.
- (B) There must be regular monitoring of the preliminary versus final reading in the QAPI Program.

- (6) A pharmacist shall be available for consultation on a 24 hour basis.
- (A) If medication compounding is done by a pharmacy technician for neonates/infants, a pharmacist will provide immediate supervision of the compounding process.
- (B) If medication compounding is done for neonates/infants, the pharmacist will develop checks and balances to ensure the accuracy of the final product.

TAC § 133.186 Level I Designation

- (7) Resuscitation. The facility shall have appropriately trained staff, policies and procedures for the stabilization and resuscitation of neonates based on current standards of professional practice; shall ensure the availability of personnel who can stabilize distressed neonates including those <35 weeks gestation until they can be transferred to a higher level facility.
- (A) Each birth shall be attended by at least one person who demonstrates a current status of successful completion of the NRP whose primary responsibility is for the management of the neonate and initiating resuscitation.

TAC § 133.186 Level I Designation

- (B) At least one person must be immediately available on-site with the skills to perform a complete neonatal resuscitation including endotracheal intubation, establishment of vascular access and administration of medications.
- (C) Additional providers with current status of successful completion of the NRP shall be on-site and immediately available upon request;
- (D) Basic NRP equipment and supplies shall be immediately available for trained staff to perform resuscitation and stabilization on any neonate/infant.

TAC § 133.186 Level I Designation

- (8) Perinatal Education. A registered nurse with experience in neonatal and/or perinatal care shall provide supervision and coordination of staff education.
- (9) Ensures the availability of support personnel with knowledge and skills in breastfeeding to meet the needs of new mothers.
- (10) Social services and pastoral care shall be provided as appropriate to meet the needs of the patient population served.

Designation Deadline Dates

- Each hospital that provides neonatal care will need to be designated by September 1, 2018 to receive Medicaid funds.
- Applications must be received in our office before July 1, 2018 to be approved for designation by the Executive Commissioner before September 1, 2018.

DSHS Website

- The DSHS website is currently under construction and not available.
- Functional again in June
- Website will be updated with this webinar, the rule, educational opportunity dates and a Frequently Asked Questions (FAQ) section.



Neonatal Designation Coordinator

- Debbie Lightfoot, RN
- Debra.Lightfoot@dshs.state.tx.us
- (512) 834-6700 ext. 2032

Contact Information

- Please send your name, title, facility name, email address and phone number to:
- Jewell.Potter@dshs.state.tx.us
- or
- Debra.Lightfoot@dshs.state.tx.us
- or
- Elizabeth.Stevenson@dshs.state.tx.us



Questions?

