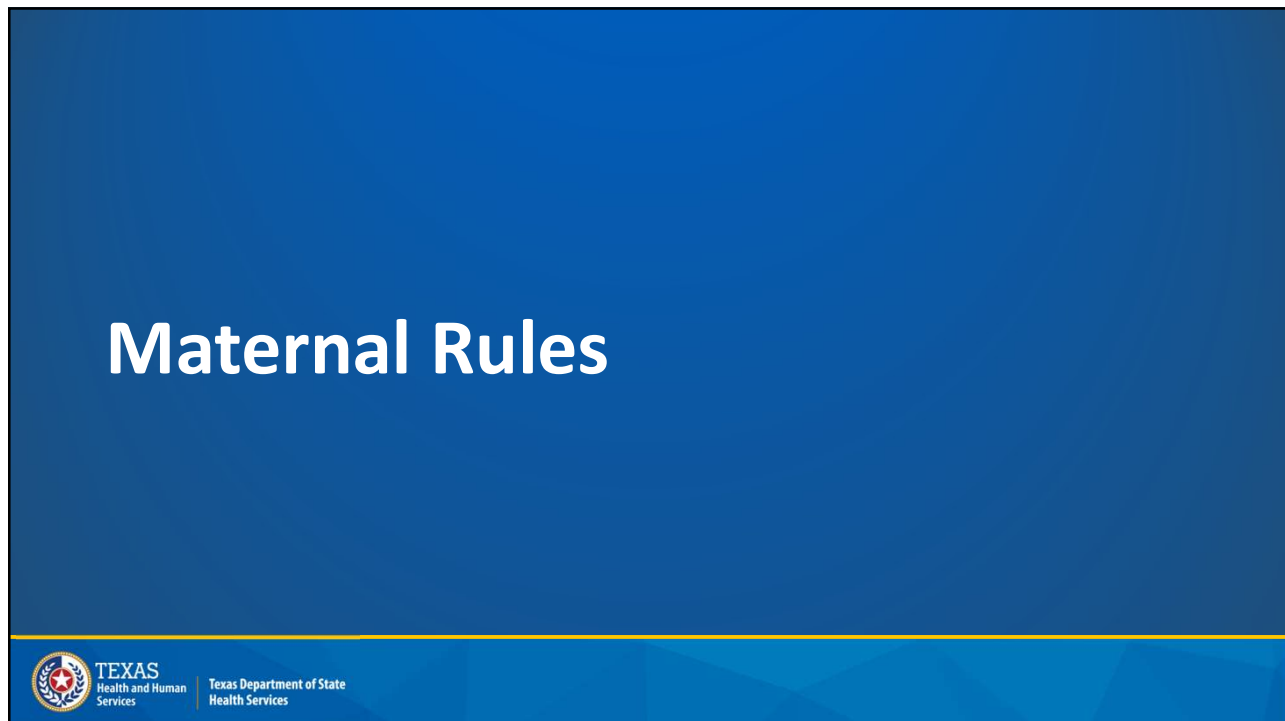




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2

Maternal Rules: Title 25 Part 1; Chapter 133 Hospital Licensing, Subchapter K Hospital Level of Care Designations for Maternal Care

- §133.201 Purpose
 - §133.202 Definitions
 - §133.203 General Requirements
 - §133.204 Designation Process
 - §133.205 Program Requirements
 - §133.206 Maternal Designation Level I
 - §133.207 Maternal Designation Level II
 - §133.208 Maternal Designation Level III
 - §133.209 Maternal Designation Level IV
 - §133.210 Survey Team
 - §133.211 Perinatal Care Regions
- Adopted March 1, 2018; Amended January 8, 2023



3

Designation Survey Guidelines

Department of State Health Services
Consumer Protection Division
EMS-Trauma Systems Section's Designation Unit



4

Designation Survey Guidelines

Goals of
Designation
Survey Guidelines

Survey
Expectations

Designation
Survey Process

Consultation
Surveys

Designation
Survey Overview

Department-
Approved Survey
Organization's Role

Survey Schedule

Summary

5

Designation Survey Guidelines



Appendix A: List of Current Department-Approved Survey Organizations



Appendix B: Screening Events Maternal Quality Assessment Performance Improvement (QAPI)



Appendix C: Data Management Process



Appendix D: Outreach Education, Publications, Research



Appendix E: Required Documentation ; Medical Record Review Planning; Medical Record Face Sheet



Appendix F: Conflict of Interest



Appendix G: Survey Organization Application

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Designation Survey Guidelines



Appendix H: Facility Walk-Through



Appendix I: Group Interview



Appendix J: Feedback Form



Appendix K: Staffing Recommendations

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Survey Expectations

Each survey serves
as an evaluation
process

Purpose is to
validate designation
requirements are
met

Review documented
evidence
requirements are
met

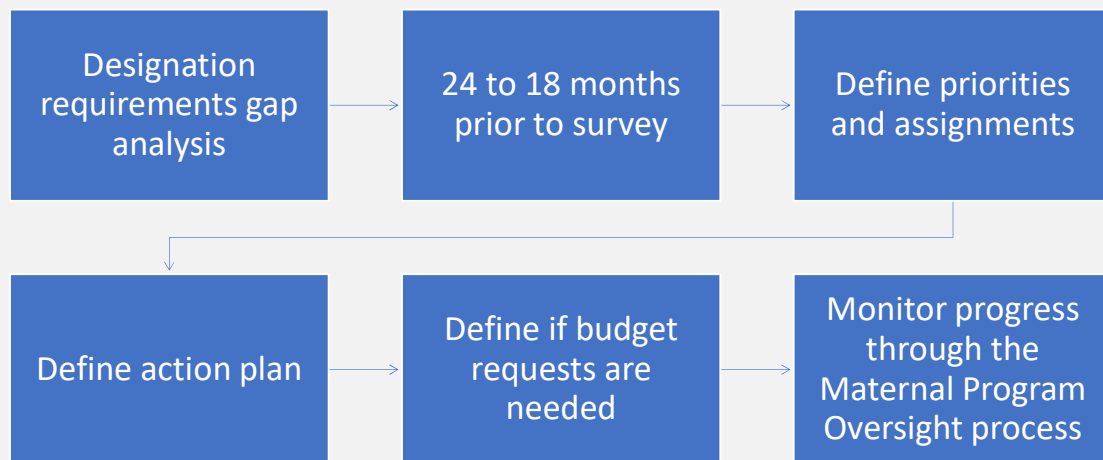
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Designation Leadership Team

- **Administrative leader**
- **Maternal Medical Director**
- **Maternal Program Manager**
- Job descriptions
- Organizational Charts
- QAPI Plan
- Maternal Program Plan
- Maternal Program Oversight process
- Designation survey process begins 24 months prior to survey or after completion of last designation survey
- Understand what is needed to complete the Designation Application Questionnaire

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Survey Planning



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Designation Survey Process

Designation Application Questionnaire

Facility Planning

- Survey Preparation – Contacting the Survey Organization (Hospital chooses: onsite or virtual)
- Preparing Survey Documentation (shared folder 45 days prior to survey)
- Preparing the Operational Processes for the survey
- Survey Pre-Conference Call with Surveyors and Facility (20 days prior to survey)
- Orientation process to Electronic Medical Record (EMR)
- Orientation process for Maternal QAPI Plan
- Planning the navigator – Medical Record Review
- Folders for Surveyors (Folder for schedule and documents; Folder for medical records)
- Preparing the Medical Records for Review

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Designation Survey Process

- Facility planning
 - Scheduling survey on Administrative Suites calendars
 - Organizing with Chief of IT, Quality, and CNO regarding platform and document sharing
 - IT and Facility scheduling to ensure available on days of survey
 - Planning for conference rooms (drinks, snacks, posters, abstracts)
 - Planning for parking
 - Planning for meals
 - Planning for closed conferences
 - Planning for interviews
 - Planning for restroom access

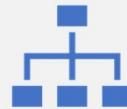
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Designation Survey Overview



Survey Organization

Survey Team Compositions (defined in rule)
 Conflict of Interest
 Recommend hospital has same type of signed document



Designation Coordinator – Department authority at the survey



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Department-Approved Survey Organization

Contact

Contact survey organization of choice at least 18 months in advance of anticipated survey date

Define

Define expectations for survey agreement

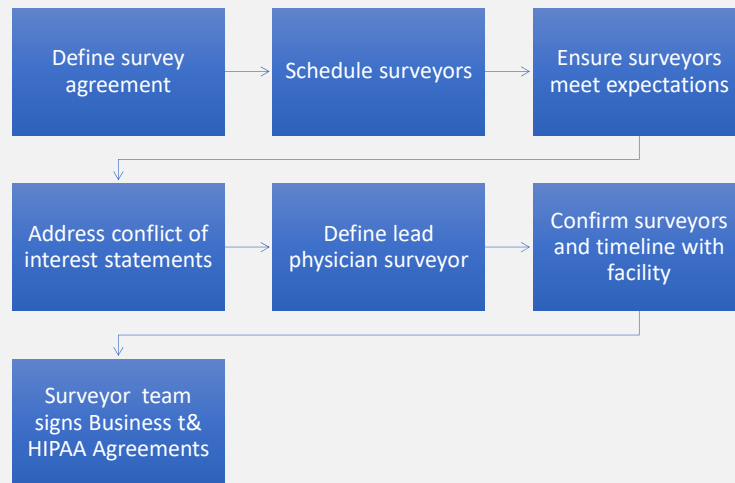
Address

Address budget requirements and timeline expectations








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Department-Approved Survey Organization



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Department-Approved Survey Organization

-  Must identify a lead physician surveyor for the team
-  Lead surveyor will define assignments for the surveyors
-  Validates Business Agreement sent to surveyors
-  Validates HIPAA Agreement sent to surveyors
-  Validates facility has process in place for the shared file for documents

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Preparing Survey Documents

- Evidence of RAC participation
- Organizational chart reflecting FTEs
- Facility's organizational chart and reporting structure for the program
- Operational budget for Maternal program
- Maternal QAPI Plan and list of routine screening events (12 months of meeting agendas and minutes)
- Maternal Program Plan (scope of services provided)
- Maternal Management Guidelines LAC
- Level III – MFM Response Guidelines
- TOLAC – Immediately Available Guidelines
- Evidence of implementation of management guidelines
- Program policies and procedures
- Placenta Accreta Spectrum Disorder Plan
- Telemedicine utilization
- Participation in TexasAIM
- Job descriptions
 - MMD
 - MPM
 - Administrator
 - APP
 - Physician liaisons
- List of physician liaisons
- List of APPs
- Outreach coordinator
- Outreach activities
- List of other resources available to Maternal program
- Transfer process
- Diversion Process
- Data management
- Process that defines how the facility monitors the designation requirements to ensure they are met

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Medical Record Review Planning

- Medical Record
 - Face sheet completion
 - Admission H&P
 - Discharge summary
- Shared file 45 days prior to the survey

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Survey Planning Schedule

Facility's choice – onsite or virtual

All initial designations are onsite, and all upgrades to designation

Hybrid – Medical Record Review Virtual or Paper

- Documents in shared folder 45 days prior to review
- Scheduled pre-conference call with the facility (20 days prior to survey)
- Medical record information available 5 days prior to the survey
- Onsite for complete medical record review

Provide login and passcode for shared file 45 days prior to survey



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Survey Pre-Conference Call (20 days prior to survey)



Conference Call between Surveyors and Facility



Scheduled 20 days prior to the survey date



Finalize planning process

Medical record review selection
Plan for Survey Morning Conference



Identify and clarify questions regarding the Designation Application Questionnaire (DAQ)



Define additional documents necessary to define requirements are met



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Pre-Survey Conference Call

- *Prior to Conference Call: Surveyors review the DAQ*
- *Prior to Conference Call: Surveyors review the documents in the shared file*
- *Prior to Conference Call: Lead surveyor defines surveyor assignments*
- Lead surveyor reviews the schedule with Maternal program leaders
- Surveyors select the medical records for review
- Surveyors clarify any issues in the questionnaire with Maternal program leaders
- Maternal Program leaders define actions taken since last survey to enhance the program (address requirements not met or opportunities to improve program)
- Lead surveyor will define specific agenda items for the Survey Morning Conference



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Surveyor Assignments

- Types of medical records to review
- QAPI Plan and documentation
- Physician and APP credentialing
- Placenta accreta spectrum disorder requirements
- Resources required
- Nursing education and skills competencies
- Program resources and administrative support
- Clinical support services
- Psychosocial/Spiritual services available
- Outreach education and training
- Specific designation requirements



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Survey Morning Conference

- Surveyors arrive at 0715
 - Opening conference begins at 0730
 - Introduction of surveyors
 - Introduction of facility leaders
 - Review purpose of the survey
 - Review survey timelines
 - Review Maternal Program's role in the region
 - Review Maternal Program's outreach and training
- (NOTE: Schedule timelines can change if hospital agrees)*



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Survey Morning Conference – Key Issues



Key areas of improvement since last survey

Maternal Program enhancements

Targeting requirements not met at last survey – actions taken and sustainment

Defined weaknesses (OFI) – actions taken and sustainment



Orientation to the EMR



Structure and process of the Maternal QAPI Plan; Performance dashboard



Disaster planning and preparedness – readiness



Virtual tour



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Virtual Tour

- Virtual tours are designed for facilities completing their second or third cycle of designation
- Flow of the Maternal Program's patient population
- Program's commitment to provide necessary resources for care
- Evaluate the flow and movement of the maternal patient through the progression of care
- Evaluate specific designation requirements



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Group Interviews

- Physician group interviews
- Nursing/Clinical Support – Continuum of care
- Scenario based event – used to guide questions
- Questions flow from prehospital or maternal patient arrival through to discharge
- Asking questions regarding management guidelines, resources, integration of services through all phases of care to include specialty service consults
- Assessing Maternal designation requirements
- Assesses staff training and competencies to care for patient population



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Group Interviews – Limited Volume

- Combined group interview
- Group interviews require planning
- Review of documents forwarded in the share file
- Pertinent and relevant to the facility



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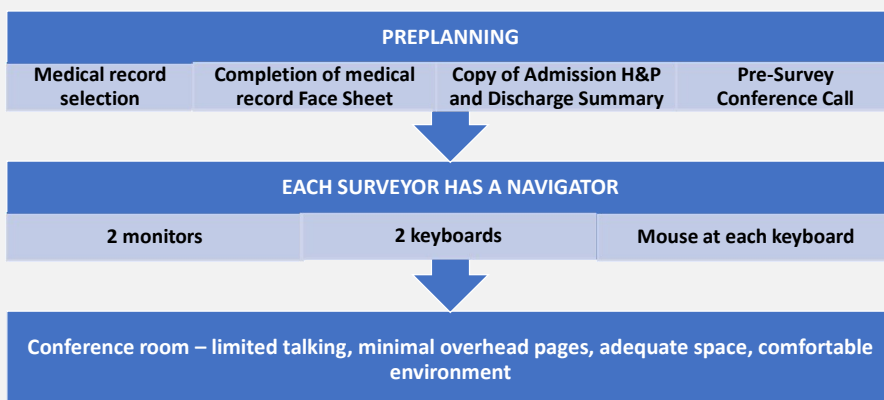
Facility Walk-Through Assessment / Interviews

- Lead surveyor defines assignments
- Survey team typically separates for time management
- Group interviews along the path of the patient
- Surveyors will utilize scenarios during the walk-through to assess resources and designation requirements
- *Remember – Facility Walk-Through Assessment is completed on initial surveys and when a facility is upgrading their level of designation*



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Medical Record Review



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Medical Record Review



Each record has a folder (online or paper)

All associated QAPI documents
 Events identified
 Level of harm
 Levels of review
 Opportunities for improvement
 Meeting minutes of case discussion or reviews
 Follow-up documentation; Referral follow-up
 Data analysis
 Transfer Records
 Autopsy as needed
 Associated management guidelines for the case



Navigator's Role

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Medical Record Review



Each phase of care

Management guidelines followed
 QAPI issues identified by facility
 QAPI issues identified by the surveyor missed by the facility
 Documentation
 Resources available



Any issues identified that need further information

Surveyor shares with Navigator
 Navigator shares with medical director or program manager
 Shared at the time the record is being reviewed
 Allows time to collect information prior to end of the survey

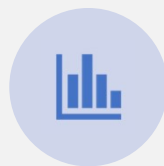


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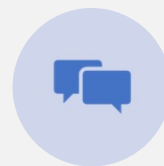
Medical Record Review



TRANSFER –
FOLLOW UP



AUTOPSY REPORTS



FEEDBACK FROM
REFERRALS



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Medical Record Review – QAPI

Facility processes
to identify events

Event Identified
Level of harm

If any data analysis
was completed

Level of review

Defined
opportunity(ies)
for improvement
(OFI)

Committee
Reviews

Corrective Action
Plan

Action plan
outcomes

Data to support
event resolution



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Staff Preparation

Navigators available
15 minutes prior to
starting medical
record review

Navigator practices
moving through the
closed medical
record

Barriers identified
and corrected

All staff entering the
medical record review
room need to
understand the process
and keep noise to a
minimum

Know the
location of the
interview room



34

Lunch – Closed Meeting

- Private lunch for surveyors
- Allows time for communication
 - Share findings
 - Review issues
 - Define additional information required, concerns
- Meet with Maternal Medical Director, Program Manager, and Administrator immediately after lunch (no more than 15 minutes)
- Goal – share issues that need clarification, identify additional information needed, keep schedule on track



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Medical Record Review Continues

- Medical Record review continues till 4:30
- If documents are requested
 - Bring them to the attention of the individual that requested the documents
 - Surveyor may have additional questions
 - Surveyor may ask to finish current medical record and then review the documents



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Survey Team Closed Meeting

- Surveyors
- Designation Coordinator
- Address designation checklist
- Share information gained during surveyor's specific assignment
- Define survey list of
 - Potential requirements not met
 - Potential opportunity for improvement
 - Best practices
 - Regional integration
 - Strengths
 - Recommendations
- Define the number of outstanding medical record reviews



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Program Update



Survey team updates the program team

Maternal Medical Director, Program Manager, Administrator



Share findings generated during the closed team meeting



Define what is needed to move the requirements not met to "met"



Review the schedule for the following day – specifically any adjustments to the schedule



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Day 2 Survey

- 0715 – 0930 – Medical record review
 - Review any documents provided by program staff
- Complete specific interviews
- Document review (defined survey assignments)
- 0930 - 1030 Closed survey meeting
 - Plan for Exit Conference



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Exit Conference Expectations

Lead surveyor

Validation
Statement

Review survey findings

- Requirements not met
- Opportunities for improvement
- Regional integration
- Best practices
- Documentation / Data
- Strengths

Recommendations

Media is not
approved to attend
the exit conference



40

Post Survey

- Survey team
- Facility
- Designation Unit
 - Designation / Re-Designation
 - Contingent Designation (1-3 designation requirements not met)
 - Contingent Probationary Designation (4 or more designation requirements not met)
- Appeal process
- Waivers / Exceptions
- Media release



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Next Step

1

Complete and
monitor Maternal
Designation
Requirement - self
assessment

2

Share Texas
Designation Survey
Guidelines

- Maternal Oversight Committee
- CNO, Chief of Quality, Chief of IT
- Physicians

3

Define timelines for
Survey



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Survey Timeline



Expected Survey July 1, 2024



Data for review Feb. 2024 to Feb. 2023



Medical record selection Feb. 2024 backwards

Goal records not greater 12 months out (July of 2023)

If necessary to meet the types of cases can be further out to include the previous years of the designation cycle

If cases reflect opportunities for improvement with great QAPI results



Other designation requirements need 12 months of data Feb. 2024 to Feb. 2023



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Summary



Monthly calls for the designated facilities keep individuals informed



RAC / PCR participation



Updates provided through Perinatal Advisory Council (PAC) and Committees



Goal – Keep everyone informed and updated



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Survey Planning and Preparation

