

MATERNAL LEVEL I SELF-SURVEY

Instructions

- 1) Review the entire "Self-Survey" form to become familiar with the requirements and plan a process to compile and label required documents. **Ensure the facility name is on each page of the Self-Survey form.**
- 2) Determine how the facility meets or does not meet the **complete** requirement identified in each "block". Mark the correct box under the "Met" or "Not Met" column for each requirement.
- 3) Documents **required to be submitted** to the department are identified in the "Instructions" box. All required documents **MUST** be labeled as an **attachment and their page numbers. All pages MUST be numbered.** The attachment name should be listed in the corresponding "Attachment Name" box.

See example below:

Level I (Basic Care) Requirements	Met	Not Met	Instructions
(C) written triage, stabilization and transfer guidelines for pregnant and postpartum patients that include consultation and transport services;			Policy/procedure/guidelines for maternal transfers Attachment Name: Page Numbers:

- 4) If the "Instructions" column is blank, it is not necessary to provide documentation for the requirement.
- 5) Once all documents have been compiled and finalized, review to **ensure that all patient identifiers are redacted for HIPAA compliance.**
- 6) Review the "Self-Survey" for any requirements which were noted as "Not Met" and complete a Plan of Correction (POC) for those requirements.
- 7) The "Self-Survey", Self-Survey required attachments, POC (if required), Maternal Facility Designation Application, copy of remittance form, and PCR letter of participation, are reviewed by the hospital administrator and an appropriate Letter of Attestation executed and signed by the hospital administrator to complete the packet.
- 8) Once all documents are completed, the application packet is sent to the DSHS designation email DSHS.EMS-TRAUMA@dshs.texas.gov per "Application Packet Submission Instructions".
- 9) Any questions regarding completion of these documents should be referred to the Perinatal Designation Coordinators:

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Level I (Basic Care) Requirements	Facility		Instructions
	Met	Not Met	

§133.205 Program Requirements			
(a) Maternal Program Philosophy. Designated facilities must have a family centered philosophy. The facility environment for perinatal care must meet the physiologic and psychosocial needs of the mothers, infants, and families. Parents must have reasonable access to their infants at all times and be encouraged to participate in the care of their infants.			
(b) Maternal Program Plan. <ul style="list-style-type: none"> The facility must develop a written maternal operational plan for the maternal program that includes a detailed description of the scope of services and clinical resources available for all maternal patients and families. The plan will define the maternal patient population evaluated, treated, transferred, or transported by the facility consistent with clinical guidelines based on current standards of maternal practice ensuring the health and safety of patients. 			<p>Facility Maternal Program Plan or Perinatal Program Plan (ensure all requirements (2)A - K are addressed).</p> <p>Attachment Name:</p> <p>Page Numbers:</p>

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Level I (Basic Care) Requirements	Facility		Instructions
	Met	Not Met	
(1) The written Maternal Program Plan must be <ul style="list-style-type: none"> reviewed and approved by Maternal Program Oversight and be submitted to the facility's governing body for review and approval. The governing body must ensure that the requirements of this section are implemented and enforced. 			
(2) The written Maternal Program Plan must include, at a minimum:			
(A) clinical guidelines based on current standards of maternal practice, and policies and procedures that are: <ul style="list-style-type: none"> adopted, implemented, and enforced by the maternal program; 			
(B) a process to ensure and validate that these clinical guidelines based on current standards of maternal practice, policies, and procedures are reviewed and revised a minimum of every three years;			
(C) written triage, stabilization, and transfer guidelines for pregnant and postpartum patients that include consultation and transport services;			

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	Met	Not Met	
<p>(D) written guidelines or protocols for:</p> <ul style="list-style-type: none"> • prevention, • early identification, • early diagnosis, and • therapy <p>for conditions that place the pregnant or postpartum patient at risk for morbidity or mortality;</p>			
<p>(E) the role and scope of telehealth/telemedicine practices if utilized, including:</p>			
<p>(i) documented and approved written policies and procedures that outline the use of telehealth/telemedicine for inpatient hospital care, or for inpatient consultation, including:</p> <ul style="list-style-type: none"> • appropriate situations, • scope of care, and • documentation <p>that is monitored through the QAPI Plan and process; and</p>			
<p>(ii) written and approved procedures to gain informed consent from the patient or designee for the use of telehealth/telemedicine, if utilized, that are monitored for compliance;</p>			

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	Met	Not Met	
(F) written guidelines for discharge planning instructions and appropriate follow up appointments for all mothers and infants;			
(G) written guidelines for the hospital disaster response, including: <ul style="list-style-type: none"> • a defined mother and infant evacuation plan and process to relocate mothers and infants to appropriate levels of care with identified resources, and • this process must be evaluated annually to ensure maternal care can be sustained and adequate resources are available; 			<p>Documentation of participation in annual disaster drills. Include identified opportunities for improvement and corrective actions, if applicable.</p> <p>Attachment Name:</p> <p>Page Numbers:</p>
(H) requirements for minimal credentials for all staff participating in the care of maternal patients;			
(I) provisions for providing continuing staff education, including annual competency and skills assessment that is appropriate for the patient population served;			
(J) a perinatal staff registered nurse as a representative on the nurse staffing committee under §133.41 of this title (relating to Hospital Functions and Services); and			

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	Met	Not Met	
(K) the availability of all necessary equipment and services to provide the appropriate level of care and support of the patient population served.			
(3) The facility must have a documented QAPI Plan. The maternal program must measure, analyze, and track quality indicators and other aspects of performance that the facility adopts or develops that reflect processes of care and is outcome based.			<p>The Maternal or Perinatal QAPI plan (ensure all elements (3)A - G are addressed) including:</p> <ul style="list-style-type: none"> • Minutes/documentation of the two most recent QAPI meetings; • Attendance documentation; and • Cases and data reviewed. <p>Attachment Name:</p> <p>Page Numbers:</p>
(A) The Chief Executive Officer, Chief Medical Officer, and Chief Nursing Officer must implement a culture of safety for the facility and ensure adequate resources are allocated to support a concurrent, data-driven maternal QAPI Plan.			

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<p>(B) The facility must demonstrate that the maternal QAPI Plan consistently assesses the provision of maternal care provided. The assessment will:</p> <ul style="list-style-type: none"> • identify variances in care, • the impact to the patient, and • the appropriate levels of review. <p>This process will:</p> <ul style="list-style-type: none"> • identify opportunities for improvement and • develop a plan of correction to address the variances in care or the system response. <p>An action plan will track and analyze data through resolution or correction of the identified variance.</p>			<p>Two record reviews in which variances in care were identified from the reporting period.</p> <p>Documentation from QAPI meetings in which opportunities for these care variances were identified, addressed, monitored, and resolved.</p> <p>Attachment Name:</p> <p>Page Numbers:</p>
<p>(C) Maternal facilities must review their incidence and management of placenta accreta spectrum disorder through the QAPI Plan and report the incidence and outcomes through the Maternal Program Oversight.</p>			
<p>(D) The Maternal Medical Director (MMD) must:</p> <ul style="list-style-type: none"> • have the authority to make referrals for peer review, • receive feedback from the peer review process, and • ensure maternal physician representation in the peer review process for maternal cases. 			

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<p>(E) The MMD and the Maternal Program Manager (MPM) must participate in:</p> <ul style="list-style-type: none"> • the PCR meetings, • QAPI regional initiatives, and • regional collaboratives, and • submit requested data to assist with data analysis to evaluate regional outcomes as an element of their maternal QAPI Plan. 			<p>Evidence of participation in regional initiatives or collaboratives.</p> <p>Attachment Name:</p> <p>Page Numbers:</p>
<p>(F) The facility must have documented evidence of maternal QAPI summary reports reviewed and reported by Maternal Program Oversight that monitor and ensure the provision of services or procedures through the telehealth and telemedicine, if utilized, is in accordance with the standard of care applicable to the provision of the same service or procedure in an in-person setting.</p>			

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	Met	Not Met	
<p>(G) The facility must have documented evidence of maternal QAPI summary reports to support that aggregate maternal data are consistently reviewed to identify:</p> <ul style="list-style-type: none"> • developing trends, • opportunities for improvement, and • necessary corrective actions. <p>Summary reports must be provided through Maternal Program Oversight, available for site surveyors, and submitted to the department as requested.</p>			
<p>(c) Medical Staff. The facility must have an organized maternal program that is recognized by the facility's medical staff and approved by the facility's governing body.</p>			
<p>(1) The credentialing of the maternal medical staff must include a process for the delineation of privileges for maternal care.</p>			
<p>(2) The maternal medical staff must participate in ongoing staff and team-based education and training in the care of the maternal patient.</p>			<p>Evidence of maternal medical staff participation in ongoing staff and team-based education and training for the reporting period (attendance records).</p> <p>Attachment Name:</p> <p>Page Numbers:</p>

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	Met	Not Met	
(d) Medical Director. There must be an identified MMD and an identified Transport Medical Director (TMD) if the facility has its own transport program. The MMD and TMD must be credentialed by the facility for treatment of maternal patients and have their responsibilities and authority defined in a job description. The MMD is responsible for the provision of maternal care services and:			<p>Job description for the Maternal Medical Director (ensure all job requirements in (d)1 – 11 are included).</p> <p>Attachment Name:</p> <p>Page Numbers:</p>
(1) examining qualifications of medical staff requesting maternal privileges and making recommendations to the appropriate committee for such privileges;			
(2) assuring maternal medical staff competency in managing obstetrical emergencies, complications and resuscitation techniques;			
(3) monitoring maternal patient care from transport if applicable, to admission, stabilization, operative intervention(s) if applicable, through discharge, and inclusive of the QAPI Plan;			
(4) participating in ongoing maternal staff and team-based education and training in the care of the maternal patient;			

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	Met	Not Met	
(5) overseeing the inter-facility maternal transport;			
(6) collaborating with the MPM in areas to include: <ul style="list-style-type: none">• developing or revising policies, procedures and guidelines,• assuring medical staff and personnel competency, education and training; and• the QAPI Plan;			
(7) frequently leading the maternal QAPI meetings with the MPM and participating in Maternal Program Oversight and other maternal meetings as appropriate;			
(8) ensuring that the QAPI Plan is specific to maternal and fetal care, is ongoing, data-driven and outcome-based;			
(9) participating as a clinically active and practicing physician in maternal care at the facility where medical director services are provided;			
(10) maintaining active staff privileges as defined in the facility's medical staff bylaws; and			

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	Met	Not Met	
(11) developing collaborative relationships with other MMD(s) of designated facilities within the applicable Perinatal Care Region.			
(e) MPM. The facility must identify a MPM who has the authority and oversight responsibilities written in his or her job description for the provision of maternal services through all phases of care, including discharge and identifying variances in care for inclusion in the QAPI Plan and:			<p>Maternal Program Manager’s resume’ and job description (ensure that the program manager job description includes a minimum of all job requirements in (e)1 - 7).</p> <p>Attachment Name:</p> <p>Page Numbers:</p>
(1) be a registered nurse with perinatal experience;			
(2) be a clinically active and practicing registered nurse participating in maternal care at the facility where program manager services are provided;			
(3) has the authority and responsibility to monitor the provision of maternal patient care services from admission, stabilization, operative intervention(s) if applicable, through discharge, and inclusive of the QAPI Plan;			

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	Met	Not Met	
(4) collaborates with the MMD in areas to include: <ul style="list-style-type: none">• developing or revising policies, procedures and guidelines;• assuring staff competency, education, and training and• the QAPI Plan;			
(5) frequently leads the maternal QAPI meetings and participates in Maternal Program Oversight and other maternal meetings as appropriate;			
(6) ensures that the QAPI Plan is specific to maternal and fetal care, is ongoing, data-driven and outcome based, including telehealth/telemedicine utilization, when used; and			
(7) develops collaborative relationships with other MPM(s) of designated facilities within the applicable Perinatal Care Region.			

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Level I (Basic Care) Requirements	Facility		Instructions
	Met	Not Met	

§133.206 Level I (Basic Care)			
(a) Level I (Basic Care). The Level I maternal designated facility must:			
(1) provide care for pregnant and postpartum patients who are generally healthy, and do not have medical, surgical, or obstetrical conditions that present a significant risk of maternal morbidity or mortality; and			
(2) have skilled personnel with documented training, competencies, and annual continuing education specific for the patient population served.			
(b) Maternal Medical Director (MMD). The MMD must be a physician who:			
(1) is a family medicine physician or an obstetrics and gynecology physician, with obstetrics training and experience, and with privileges in maternal care;			
(2) demonstrates administrative skills and oversight of the Quality Assessment and Performance Improvement (QAPI) Plan; and			

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	Met	Not Met	
(3) has completed annual continuing education specific to maternal care.			<p>Continuing education documentation specific to maternal care for the reporting period.</p> <p>Attachment Name:</p> <p>Page Numbers:</p>
(c) Program Functions and Services.			
(1) Triage and assessment of all patients admitted to the perinatal service.			
(A) Pregnant patients who are identified at high risk of delivering a neonate that requires a higher level of neonatal care than the scope of their neonatal facility must be transferred to a higher level neonatal designated facility before delivery unless the transfer is unsafe.			
(B) Pregnant or postpartum patients identified with conditions or complications that require a higher level of maternal care must be transferred to a higher level maternal designated facility unless the transfer is unsafe.			

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Level I (Basic Care) Requirements	Facility		Instructions
	Met	Not Met	
(2) Provide care for patients with uncomplicated pregnancies with the capability to detect, stabilize, and initiate management of unanticipated maternal-fetal or maternal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a higher level of neonatal or maternal care.			
(3) An obstetrics and gynecology physician with obstetrics training and experience must be available for consultation, at all times.			OB physician on-call schedule or process for OB consults. Attachment Name: Page Numbers:
(4) Medical, surgical and behavioral health specialists must be available at all times for consultation appropriate to the patient population served.			Most recent month of on-call schedules for available specialists and/or process for consults. Attachment Name: Page Numbers:
(5) Ensure that a qualified physician or certified nurse midwife with appropriate physician back-up is available to attend all deliveries or other obstetrical emergencies.			Two most recent months of on-call schedules for maternal coverage. Attachment Name: Page Numbers:
(6) The family medicine physician, primary physician, or certified nurse midwife with competence in the care of pregnant patients, whose credentials have been reviewed by the MMD and is on call:			

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Level I (Basic Care) Requirements	Facility		Instructions
	Met	Not Met	
(A) must arrive at the patient bedside within 30 minutes of an urgent request; and			<p>Urgent request tracking data for the reporting period.</p> <p>Attachment Name:</p> <p>Page Numbers:</p>
(B) must complete annual continuing education, specific to the care of pregnant and postpartum patients, including complicated conditions.			
(7) Certified nurse midwives, physician assistants and nurse practitioners who provide care for maternal patients:			<p>Does facility utilize nurse midwives, physician assistants or nurse practitioners to provide care for maternal patients?</p> <p>Yes No</p>
(A) must operate under guidelines reviewed and approved by the MMD; and			<p>If yes to (7) above, include:</p> <p>Guidelines for midwives, physician assistants or nurse practitioners that have been reviewed and approved by the MMD.</p> <p>Attachment Name:</p> <p>Page Numbers:</p>
(B) must have a formal arrangement with a physician with obstetrics training or experience, and with maternal privileges who must:			
(i) provide back-up and consultation;			

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	Met	Not Met	
(ii) arrive at the bedside within 30 minutes of an urgent request; and			
(iii) meet requirements for medical staff as described in §133.205 of this title (relating to Program Requirements) respectively.			
(8) An on-call schedule of providers, back-up providers, and provision for patients without a physician must be readily available to facility and maternal staff and posted on the labor and delivery unit.			
(9) Ensure that physicians providing back-up coverage must arrive at the patient bedside within 30 minutes of an urgent request.			
(10) Appropriate anesthesia, laboratory, pharmacy, radiology, respiratory therapy, ultrasonography and blood bank services must be available on a 24-hour basis as described in §133.41 of this title (relating to Hospital Functions and Services) respectively.			
(A) Anesthesia personnel with training and experience in obstetric anesthesia must be available at all times and arrive to the patient bedside within 30 minutes of an urgent request.			<p>Urgent request tracking data for the reporting period.</p> <p>Attachment Name:</p> <p>Page Numbers:</p>

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Level I (Basic Care) Requirements	Facility		Instructions
	Met	Not Met	
(B) Laboratory and blood bank services must have guidelines or protocols for:			
(i) massive blood component transfusion;			
(ii) emergency release of blood components; and			
(iii) management of multiple blood component therapy.			
(C) Medical Imaging Services.			
(i) If preliminary reading of imaging studies pending formal interpretation is performed, the preliminary findings must be documented in the medical record.			
(ii) There must be regular monitoring of the preliminary versus final reading in the QAPI Plan.			
(iii) Basic ultrasonographic imaging for maternal or fetal assessment, including interpretation available at all times.			
(iv) A portable ultrasound machine immediately available at all times to the labor and delivery and antepartum unit.			

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Level I (Basic Care) Requirements	Facility		Instructions
	Met	Not Met	
(D) A pharmacist must be available for consultation at all times.			
(11) Obstetrical Services.			
(A) The ability to begin an emergency cesarean delivery and ensure the availability of a physician with the training, skills, and privileges to perform the surgery within a time period consistent with current standards of professional practice and maternal care.			<p>Management guidelines for cesarean sections.</p> <p>QAPI monitoring and review of decision to incision times for emergent/urgent cesarean sections for the reporting period.</p> <p>Attachment Name:</p> <p>Page Numbers:</p>
(B) Ensure the availability and interpretation of non-stress testing, and electronic fetal monitoring.			
(C) A trial of labor for patients with prior cesarean delivery must have the capability of anesthesia, cesarean delivery, and maternal resuscitation on-site during the trial of labor.			
(12) Resuscitation. The facility must have written policies and procedures specific to the facility for the stabilization and resuscitation of the pregnant or postpartum patient based on current standards of professional practice. The facility:			

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Level I (Basic Care) Requirements	Facility		Instructions
	Met	Not Met	
<p>(A) ensures staff members, not responsible for the neonatal resuscitation, are immediately available on-site at all times who:</p> <ul style="list-style-type: none"> • demonstrate current status of successful completion of ACLS, or a department-approved equivalent course, and • the skills to perform a complete resuscitation; and 			
<p>(B) ensures that resuscitation equipment, including difficult airway management equipment for pregnant and postpartum patients, is immediately available at all times to the labor and delivery, antepartum and postpartum areas.</p>			
<p>(13) The facility must have a written hospital preparedness and management plan for patients with placenta accreta spectrum disorder who are undiagnosed until delivery, including:</p> <ul style="list-style-type: none"> • educating hospital and medical staff who may be involved in the treatment and management of placenta accreta spectrum disorder about: • risk factors, • diagnosis, and • management. 			

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	Met	Not Met	
<p>(14) The facility must have written guidelines or protocols for various conditions that place the pregnant or postpartum patient at risk for morbidity or mortality, including:</p> <ul style="list-style-type: none"> • promoting prevention, • early identification, • early diagnosis, • therapy, • stabilization, and • transfer. <p>The guidelines or protocols must address a minimum of:</p>			
<p>(A) massive hemorrhage and transfusion of the pregnant or postpartum patient in coordination of the blood bank, including management of unanticipated hemorrhage or coagulopathy;</p>			
<p>(B) obstetrical hemorrhage, including:</p> <ul style="list-style-type: none"> • promoting the identification of patients at risk, • early diagnosis, and • therapy to reduce morbidity and mortality; 			

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	Met	Not Met	
(C) placenta accreta spectrum disorder, including: <ul style="list-style-type: none"> • team education, • risk factor screening, • evaluation, • diagnosis, • fostering telemedicine medical services and referral as appropriate, • treatment and • multidisciplinary management of both anticipated and unanticipated placenta accreta spectrum disorder cases, including postpartum care; 			Management guidelines addressing PASD. Submit documented education provided to staff and attendance documentation. QAPI related to PASD patients. Attachment Name: Page Numbers:
(D) hypertensive disorders in pregnancy, including eclampsia and the postpartum patient to promote early diagnosis and treatment to reduce morbidity and mortality;			
(E) sepsis or systemic infection in the pregnant or postpartum patient;			
(F) venous thromboembolism in the pregnant and postpartum patient, including: <ul style="list-style-type: none"> • assessment of risk factors, • prevention, • early diagnosis and • treatment; 			

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	Met	Not Met	
(G) shoulder dystocia, including: <ul style="list-style-type: none"> • assessment of risk factors, • counseling of patient, and • multidisciplinary management; and 			
(H) behavioral health disorders, including: <ul style="list-style-type: none"> • depression, • substance abuse and addiction that includes: <ul style="list-style-type: none"> • screening, • education, • consultation with appropriate personnel and • referral. 			
(15) Perinatal Education. <ul style="list-style-type: none"> • A registered nurse with experience in maternal care • must provide the supervision and coordination of staff education. • Perinatal education for high-risk events must be provided at frequent intervals to prepare medical, nursing, and ancillary staff for these emergencies. 			
(16) Support personnel with knowledge and skills in breastfeeding and lactation to meet the needs of maternal patients must be available at all times.			

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(17) Social services, <ul style="list-style-type: none">• pastoral care and• bereavement services must be provided as appropriate to meet the needs of the patient population served.			Guidelines or policies for social services, pastoral care and bereavement services (department specific). Attachment Name: Page Numbers:
(18) Dietician or nutritionist available with appropriate training and experience for population served in compliance with the requirements in §133.41 of this title.			Guidelines or policies for dietician or nutritionist consults for the pregnant or postpartum patient (department specific). Attachment Name: Page Numbers:

Maternal Program Manager Signature, Date

Maternal Medical Director Signature, Date

E-Signature Instructions:

This form must be open in the Adobe Acrobat Reader program installed on your computer. If you do not have it, you can download a free license from Adobe's website - <https://get.adobe.com/reader/>
Click the gray signature box to sign electronically. Save the file to your computer or cloud service and email it to your medical director to request they sign it electronically and email it back to you. Send the electronic file to dshs.ems-trauma@dshs.texas.gov along with your designation application and other supporting documentation.

Please do not submit a printed and scanned version of the application.

Do you need help? Contact Rebecca Wright for technical assistance - 512-657-0804, rebecca.wright@dshs.texas.gov