

LEVEL I SELF-SURVEY

Instructions

- 1) Review the "Self-Survey" form to plan a process to compile and label required documents. **Insert the name of the facility on each page of the Self-Survey form.**
- 2) Determine how the facility meets or does not meet the **complete** rule identified in each "block". Mark the correct box under the "Met" or "Not Met" column for each item.
- 3) Information **required** to be submitted to our office is identified in the "Instructions" box. All required documents **MUST** be labeled as an **attachment with a corresponding letter or number. All pages MUST be numbered.** The attachment letter and/or number should be referenced in the corresponding "Instructions" box.

Example: Written triage, stabilization and transfer guidelines. Label first page "Attachment B" and each subsequent page accordingly (i.e., B.1, B.2).

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(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 B (number each page of your transfer guidelines accordingly– i.e. B.1, B.2, etc.)

- 4) If the "Instructions" column is blank, it is not necessary to provide information for this item.
- 5) Once all information has been compiled and finalized, review the "Self-Survey" for any items which were noted as "Not Met" and complete a Plan of Correction (POC) for those items.
- 6) The Self-Survey report, Self-Survey attachments, POC, and Maternal Designation Application Form must be reviewed by the Chief Executive Officer (CEO). The CEO will attest to the information included in the application documents.
- 7) Once all documents are complete, submit the application packet to the DSHS office email, DSHS.EMS-TRAUMA@dshs.texas.gov or per "Application Packet Submission Instructions".
- 8) Any questions regarding completion of these documents should be referred to the Perinatal Designation Coordinators:

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	Met	Not Met	
133.205 Program Requirements.			
(a) Designated facilities shall have a family centered philosophy. The facility environment for perinatal care shall meet the physiologic and psychosocial needs of the mothers, infants, and families. Parents shall have reasonable access to their infants at all times and be encouraged to participate in the care of their infants.			
<p>(b) Program Plan. The facility shall develop a written plan of the maternal program that:</p> <ul style="list-style-type: none"> • includes a detailed description of the scope of services available to all maternal patients, • defines the maternal patient population evaluated and/or treated, transferred, or transported by the facility, that is consistent with accepted professional standards of practice for maternal care, and • ensures the health and safety of patients. 			<p>Combine the requirements of the Maternal and Neonatal Program Plan for one comprehensive Perinatal Program Plan:</p> <ul style="list-style-type: none"> • Scope of services available to maternal patients • Description of maternal patient population treated at facility • Statement of review and approval by your governing body • Identify current standards of maternal practice on which policies/procedures are based • Identify the periodic review/revision schedule for policies and procedures • Written triage, stabilization and transfer guidelines for pregnant/postpartum patients (including consultation and transport services)*
(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.			<ul style="list-style-type: none"> • Unit-specific disaster response plan, including evacuation of maternal/neonatal patients to appropriate levels of care* • QAPI program overview*

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			<ul style="list-style-type: none"> Identify requirements for minimal credentials for all staff participating in maternal care* Provisions for providing continuing staff education, including annual competency and skills assessment * Include ONLY the Program Plan in this section <p><i>*May reference a separate policy.</i></p>
(2) The written maternal program plan shall include, at a minimum:			
(A) Program policies and procedures that are:			
(i) based upon current standards of maternal practice; and			(see above)
(ii) adopted, implemented and enforced for the maternal services it provides;			
(B) a periodic review and revision schedule for all maternal care policies and procedures;			(see above)
(C) written triage, stabilization and transfer guidelines for pregnant and postpartum patients that include consultation and transport services;			Guideline/policy/procedure for maternal transfers or Information included in Program Plan
(D) written guidelines or protocols for prevention, early identification, early diagnosis, and therapy for conditions that place the pregnant or postpartum patient at risk for morbidity and/or mortality;			(see above)
(E) provisions for unit specific disaster response to include evacuation of maternal patients and infants to appropriate levels of care;			(see above)

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<p>(F) a Quality Assessment and Performance Improvement (QAPI) Program as described in §133.41 of this title (relating to Hospital Functions and Services). The facility shall demonstrate that the maternal program evaluates the provision of maternal care</p> <ul style="list-style-type: none"> • on an ongoing basis, • identify opportunities for improvement, • develop and implement improvement plans, and • evaluate the implementation until a resolution is achieved. <p>The maternal program shall measure, analyze, and track quality indicators and other aspects of performance that the facility adopts or develops that reflect processes of care is outcome based.</p> <p>Evidence shall support that aggregate patient data is continuously reviewed for trends and data is submitted to the department as requested.</p>			<p>Meeting Minutes from last two meetings</p> <p>Attendance sign-in sheets from last two meetings</p> <p>Evidence of regular monitoring of the preliminary versus final reading in the QAPI Program [from Medical Imaging Services (c)(i-iv)]</p> <p>Explanation of how Maternal Medical Director (MMD) and Maternal Program Manager (MPM) are involved with QAPI</p> <p>Description of process utilized to show how all aspects of the QAPI Program are addressed:</p> <ul style="list-style-type: none"> • Evaluates provision of maternal care on an ongoing basis (i.e. random chart audits/case reviews) • Identifies opportunities for improvement (i.e. extract data in need of improvement from chart audits/case reviews) • Develops and implements improvement plans (i.e. provision of staff education) • Evaluates implementation until a resolution is achieved (i.e. monitoring outcomes for attainment) • Measures, analyzes and tracks unit specific quality indicators • Ensures that aggregate patient data is continuously reviewed for trends (i.e. review data intermittently to ensure goal is maintained)

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(G) requirements for minimal credentials for all staff participating in the care of maternal 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 of this title; and			
(J) the availability of all necessary equipment and services to provide the appropriate level of care and support of the patient population served.			
(c) Medical Staff. The facility shall have an organized, maternal program that is: <ul style="list-style-type: none"> • recognized by the medical staff and • approved by the facility's governing body. 			
(1) The credentialing of the maternal medical staff shall include a process for the delineation of privileges for maternal care.			
(2) The maternal medical staff will participate in ongoing staff and team based education and training in the care of the maternal patient.			Description of maternal medical staff participation in ongoing staff and team based education and training related to maternal patients
(d) Medical Director. There shall be an identified Maternal Medical Director (MMD) and/or Transport Medical Director (TMD) as appropriate; <ul style="list-style-type: none"> • responsible for the provision of maternal care services; and • credentialed by the facility for the treatment of maternal patients. 			Maternal Medical Director's Resume/CV

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The responsibilities and authority of the MMD and/or TMD shall include:			
(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 Program;			
(4) participating in ongoing maternal staff and team based education and training in the care of the maternal patient;			
(5) overseeing the inter-facility maternal transport;			
(6) collaborating with the MPM in areas to include: <ul style="list-style-type: none"> • developing and/or revising policies, procedures and guidelines, • assuring medical staff and personnel competency, • education and training; and • the QAPI Program; 			
(7) frequently leading and participating in the maternal QAPI meetings;			
(8) ensuring that the QAPI Program is: <ul style="list-style-type: none"> • specific to maternal and fetal care, • is ongoing, 			

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<ul style="list-style-type: none"> • 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			
(11) developing collaborative relationships with other MMD(s) of designated facilities within the applicable Perinatal Care Region.			Does MMD participate in Perinatal Care Region (PCR)? Yes No If "No", identify how MMD develops collaborative relationships within the PCR.
(e) Maternal Program Manager (MPM). The MPM responsible for the provision of maternal care services shall be identified by the facility and:			Maternal Program Manager's Resume
(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 Program;			
(4) collaborates with the MMD in areas to include: <ul style="list-style-type: none"> • developing and/or revising policies, procedures and guidelines; • assuring staff competency, education, and training; and 			

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<ul style="list-style-type: none"> the QAPI Program; 			
(5) frequently leads and participates in the maternal QAPI meetings;			
(6) ensures that the QAPI Program is: <ul style="list-style-type: none"> specific to maternal and fetal care, ongoing, data driven and outcome based; and 			
(7) develops collaborative relationships with other MPM(s) of designated facilities within the applicable Perinatal Care Region.			Does MPM participate in Perinatal Care Region (PCR)? Yes No If "No", identify how MPM develops collaborative relationships within the PCR.
133.206 Maternal Designation Level I.			
(a) Level I (Basic Care). The Level I maternal designated facility will:			
(1) provide care of 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.			

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(b) Maternal Medical Director (MMD). The MMD shall 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) Program; and			
(3) has completed annual continuing education specific to maternal care.			
(c) Program Function 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 require a higher level of neonatal care than the scope of their neonatal facility shall be transferred to a higher level neonatal designated facility prior to delivery unless the transfer is unsafe.			Number of neonates transferred within 24 hours of delivery. Include date and diagnoses for each neonate transferred during reporting time period.
(B) Pregnant or postpartum patients identified with conditions and/or complications that require a higher level of maternal care shall be transferred to a higher level maternal designated facility unless the transfer is unsafe.			Number of pregnant or postpartum patients transferred out for a higher level of care. Include date and diagnoses for each patient transferred during reporting time period.
(2) Provide 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 and/or maternal care.			

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(3) An obstetrics and gynecology physician with obstetrics training and experience shall be available at all times.			Identify providers and/or facilities providing availability at all times for these services: Obstetrics/Gynecology Medical/Surgical Behavioral Health
(4) Medical, surgical and behavioral health specialists shall be available at all times for consultation appropriate to the patient population served.			
(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.			
(6) The 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:			
(A) shall arrive at the patient bedside within 30 minutes of an urgent request; and			Identify facility-defined process utilized for tracking and trending an urgent request (i.e. what constitutes an urgent request and how is it tracked?) Provide urgent request response log/list/report
(B) shall 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:			Does facility utilize nurse midwives, physician assistants or nurse practitioners to provide care for maternal patients? Yes No
(A) shall operate under guidelines reviewed and approved by the MMD; and			If yes to (7) above, include:

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			Practice guidelines pertaining to midwives, physician assistants or nurse practitioners that have been reviewed and approved by the MMD.
(B) shall have a formal arrangement with a physician with obstetrics training and/or experience, and with maternal privileges who will:			
(i) provide back-up and consultation;			
(ii) arrive at the patient 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 will be readily available to facility and maternal staff and posted on the labor and delivery unit.			Provider on-call list for most recent month
(9) Ensure that physicians providing back-up coverage shall 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 shall 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, shall be available at all times and arrive to the patient bedside within 30 minutes of an urgent request.			Include description of facility-specific qualifications which constitute required training and experience in obstetric anesthesia (i.e. minimum # OB related

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			procedures, number of CME hours in OB anesthesia, etc.) Urgent request response log/list/report for most recent month
(B) Laboratory and blood bank services shall have guidelines or protocols for:			
(i) massive blood component transfusion;			OB-specific policy(s) addressing: <ul style="list-style-type: none"> • Massive blood component transfusion • Emergency release of blood products • Management of multiple blood component therapy, including: <ul style="list-style-type: none"> - Process for initiation - Process for procurement - Process for administration
(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.			To be included in QAPI section above §133.205(b)(2)(F)
(ii) There shall be regular monitoring of the preliminary versus final reading in the QAPI Program.			
(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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(D) A pharmacist shall 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 the current standards of professional practice and maternal care.			Number of emergency cesarean sections during reporting year, including decision to incision times for each.
(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 shall have the capability of anesthesia, cesarean delivery, and maternal resuscitation on-site during the trial of labor.			Trial of Labor Policy or Policy in which trial of labor protocol/guidelines are addressed.
(12) Resuscitation. The facility shall 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:			List resuscitation team personnel (i.e. ED physician, RT, RN) How is ACLS certification and renewal ensured for resuscitation team members?
(A) ensures staff members, not responsible for the neonatal resuscitation, are immediately available on-site at all times who demonstrate current status of successful completion of ACLS and the skills to perform a complete resuscitation; and			
(B) ensures that resuscitation equipment including difficult airway management equipment			

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for pregnant and postpartum patients, is immediately available at all times to the labor and delivery, antepartum and postpartum areas.			
<p>(13) The facility shall have written guidelines or protocols for various conditions that place the pregnant or postpartum patient at risk for morbidity and/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>Guidelines or protocols addressing a minimum of:</p> <p>Massive hemorrhage and transfusion of the pregnant/postpartum patient, including:</p> <ul style="list-style-type: none"> • Coordination with blood bank • Management of unanticipated hemorrhage and/or coagulopathy <p>Obstetrical hemorrhage, including:</p> <ul style="list-style-type: none"> • Promoting identification of patients at risk • Early diagnosis • Therapy to reduce morbidity and mortality <p>Hypertensive disorders in pregnancy/postpartum</p> <ul style="list-style-type: none"> • Early diagnosis • Treatment • Follow-up <p>Sepsis and/or systemic infection in pregnant/postpartum patient</p> <p>Venous thromboembolism in pregnant/postpartum patients, including:</p> <ul style="list-style-type: none"> • Assessment of risk factors • Prevention • Early diagnosis • Treatment
(A) massive hemorrhage and transfusion of the pregnant or postpartum patient in coordination of the blood bank, including management of unanticipated hemorrhage and/or coagulopathy;			
(B) obstetrical hemorrhage including promoting the identification of patients at risk, early diagnosis, and therapy to reduce morbidity and mortality;			
(C) hypertensive disorders in pregnancy including eclampsia and the postpartum patient to promote early diagnosis and treatment to reduce morbidity and mortality;			
(D) sepsis and/or systemic infection in the pregnant or postpartum patient;			
(E) venous thromboembolism in pregnant and postpartum patient including assessment of risk factors, prevention, early diagnosis and treatment;			

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(F) shoulder dystocia, including assessment of risk factors, counseling of patient, and multi-disciplinary management; and			Shoulder dystocia, including: <ul style="list-style-type: none"> • Assessment of risk factors • Counseling of patient • Multidisciplinary management Behavioral health disorders, including: <ul style="list-style-type: none"> • Depression • Substance abuse and addiction Include screening, education, consultation with appropriate personnel and referral processes.
(G) behavioral health disorders, including depression, substance abuse and addiction that includes screening, education, consultation with appropriate personnel and referral.			
(14) Perinatal Education. <ul style="list-style-type: none"> • A registered nurse with experience in maternal care shall provide the supervision and coordination of staff education. • Perinatal education for high risk events will be provided at frequent intervals to prepare medical, nursing, and ancillary staff for these emergencies. 			
(15) Support personnel with knowledge and skills in breastfeeding and lactation to meet the needs of maternal patients shall be available at all times.			
(16) Social services, pastoral care and bereavement services shall be provided as appropriate to meet the needs of the patient population served.			
(17) Dietician or nutritionist available with appropriate training and experience for population served in compliance with the requirements in §133.41(d) of this title.			