Dr. Ramsey and Perinatal Advisory Council,

Covenant Children's Hospital is one of the facilities that will be affected by the Perinatal Advisory Council's review and decision regarding maternal transfers to a non-maternal designated facility. We would like to thank you for allowing us this time to share our facility structure, dynamics, and actions taken to provide the highest quality maternal care in our region.

CCH Facility and Team Structure

Covenant Children's Hospital (CCH) is 1 of 8 licensed, freestanding Children's Hospitals in the state, located in Lubbock, Texas, and services a 300-mile radius in West Texas and Eastern New Mexico. The Women's Care Center at Covenant Children's delivers more than 2200 mothers annually and is home to the region's first and only Obstetric Hospitalist program, Obstetric Emergency Department, and Obstetric Intensive Care Unit. We have an amazing team of specialty trained nurses, board-certified OB-GYN (Obstetrics and Gynecology) physicians and Maternal Fetal Medicine specialists. We are also proud to have a Level IV NICU (Neonatal ICU).

Covenant Medical Center (CMC) is a separately licensed adult facility within our health system and is located 0.8 miles (5 blocks) from Covenant Children's Hospital. Obstetric services are not routinely provided at this facility. All maternal physicians at CCH also have privileges at the CMC campus. Furthermore, we have a complete team of Intensivist and specialty services including Cardiology, Pulmonology, and Neurology with privileges at Covenant Children's Hospital. Through this partnership, the maternal and adult specialty teams co-manage a variety of complex maternal conditions and cases within our OB-ICU.

Maternal Levels of Care Journey

After receiving a contingent Level IV designation from our initial levels of care survey in January 2020 our contingency survey was held in October 2021. Texas EMS, Trauma & Acute Care Foundation (TETAF) surveyors visited our facility at that time and were highly complimentary of the quality of maternal care provided and the progress we had achieved since our initial survey. Upon receipt of our TETAF contingency survey report, CCH appeared to have met all criteria as required for a Level IV Maternal Designated Facility. Additionally, there were no deficiencies noted by surveyors in the written report and only minor opportunities for improvement within the finalized chart review documents.
An important aspect of our contingency survey to note is that surveyors reviewed charts of 30 patients deemed complex enough to have necessitated complete QAPI (Quality Assurance Performance Improvement) review. These charts were not chosen at random based on a list of triggers, but first from a list of those that had multidisciplinary, systems-level review with complete follow up and secondarily met the state criteria for review.

During 2021 we provided services for the following volume of patients:

Deliveries	OB-ICU Admissions	Total Transfers In	Regional Transfers	Transfers Out
2225	100	225	125	9

- 10% of our delivery volume was a result of patients transferred into our facility
- 5.6% of delivering women at CCH were from within our extended service area
- 4.5% of delivering women were admitted to the OB-ICU

- 0.4% of delivering women were transferred to another facility for specialty services not offered at Covenant Children's Hospital

Case Review
We would like to expand on 3 of the maternal cases reviewed during our contingency survey that necessitated a transfer to a non-maternal designated facility:

1. 37 year old G4P3 at 35 weeks with no prior prenatal care in our system presented with chest pain, shortness of breath, and cough. On evaluation, she was found to have heart failure with a severely depressed ejection fraction and significant mitral valvular disease. She was also incidentally COVID+.
    - Cardiology was consulted and recommended delivery at a facility with the availability of intraoperative mitral valve balloon valvuloplasty.
    - Delivered via cesarean in the cardiac OR at CMC, with cardiac anesthesia, OB, Cardiology, & NICU teams present.
    - OB providers continued to be involved in the care of the patient.
2. 35 year old primigravida at 38 weeks who presented as a regional transfer with brain stem hemorrhage and right sided hemiparesis.
    - Neurosurgery consulted and multi-disciplinary care coordination decision was delivery via cesarean at CCH followed by transfer CMC for specialty neurosurgical care at our accredited stroke center. Neurosurgery was planned but ultimately was unnecessary.
    - The patient was transferred to CMC Surgical Intensive Care Unit (SICU) as our region's only accredited Stroke Center.
    - OB providers continued to be involved in the care of the patient.
3. 28 year old G5P2 at 24 weeks presented as a regional transfer with severe pancreatitis and profound lactic acidosis in addition to poorly controlled diabetes.
    - Emergent cesarean delivery was performed by OB and MFM for non-reassuring fetal status.
    - Intubation was required a few hours postpartum for acute respiratory failure
    - Multisystem organ dysfunction ensued, including acute, anuric renal failure, and the patient was transferred to CMC for hemodialysis.
    - OB providers continued to be involved in the care of the patient.

These patients represent 3 of the 9 transfers in 2021; however, we successfully managed 91 complex maternal cases in our OB-ICU with variable obstetrical and medical diagnoses including but not limited to: COVID pneumonia requiring intubation, coagulopathy disorders, diabetic ketoacidosis, hypertensive emergencies (preeclampsia / eclampsia / HELLP syndrome), pulmonary edema, postpartum hemorrhage, sepsis, placental abruption, and placental accreta spectrum disorder. Each of these cases navigated our QAPI process including a complete system review involving appropriate specialties, services lines, and leaders from both campuses.

By transferring these very select cases to our adult facility, we provide continuity of care with the established obstetric and MFM providers while benefitting from the specialty services not routinely performed at CCH. Additionally, almost without exception, we are also able to avoid transferring patients to an out of network hospital system.

In Closing
There are a few large facilities within the state of Texas that offer every specialty service on one campus; however, a single facility may span more than 5 residential blocks in size. Moving a patient from one

unit to another (to an intensive care unit, for example) may, in fact, be a very laborious process despite that no ambulances are involved in the transfer. Despite that the 2 facilities that comprise our hospital system are located 5 blocks apart, they collectively provide the only accredited stroke center, the only pediatric and adult extracorporeal membrane oxygenation (ECMO) programs, as well as the only OB - specific emergency department, hospitalist program, and intensive care unit.

As it stands, the current maternal ruling does not take into consideration availability of specialty services within a hospital *system* or the level of maternal designation at those facilities *as a whole*. Appropriate use of transfer to a facility uniquely capable of providing an uncommonly needed service has a profound impact on the quality of patient care. By way of example, ECMO is a service which is not offered at our hospital to adult patients. It is only in exceedingly rare circumstances that an obstetric patient will require ECMO, but we did have one patient with severe Covid pneumonia who was transferred for this exact reason. Considering the cost of the equipment, competencies required to maintain a patient on the system, and overall rarity of its use, ECMO is a procedure which *should only* be offered in centers large enough to justify an ECMO program.

The overarching, prespecified goal of creating maternal levels of designation in our state was to improve the quality of care for pregnant women in Texas. Without question, this goal has been achieved in our hospital system, and we firmly believe that the quality of care we provide to our obstetric patients is exceptional. With a catchment area that extends from the northern panhandle to much of eastern New Mexico, we are a regional destination for women with myriad pregnancy complications, and it remains our goal to provide them with the highest level of care available. As a part of that goal, it is imperative that patients are placed in the most appropriate facility to address their specific needs. The vast majority of women will receive all of their care at CCH; however, a few, rare transfers (approximately 4-5/1000) to CMC will continue to be appropriate. It simply is not justifiable to try to develop certain adult specialty services (e.g., ECMO, stroke care, etc.) in our hospital where they would largely not be utilized. This model works for us, and it works quite well to maximize the quality of care to the individual patient and optimize outcomes for the pregnant women we serve.

We have satisfied all other criteria to be designated as a level 4 facility and feel that this designation remains appropriate for our hospital. As noted above, we had no deficiencies on our recent TETAF report; rather, the surveyors concluded their visit by praising the quality of care we provide to our patients. With the additional information provided today we hope to maintain our ability to distinguish ourselves as a hospital that provides the highest level of maternal care.–We humbly request that the committee consider ruling in favor of allowing maternal transfers to non-maternal designated facilities should the patient condition necessitate such a decision.

Thank you for your time and attention to this matter. We will be available at the July 27th PAC meeting and would be happy to speak in more detail or answer any questions you may have about our facility.

Sincerely,

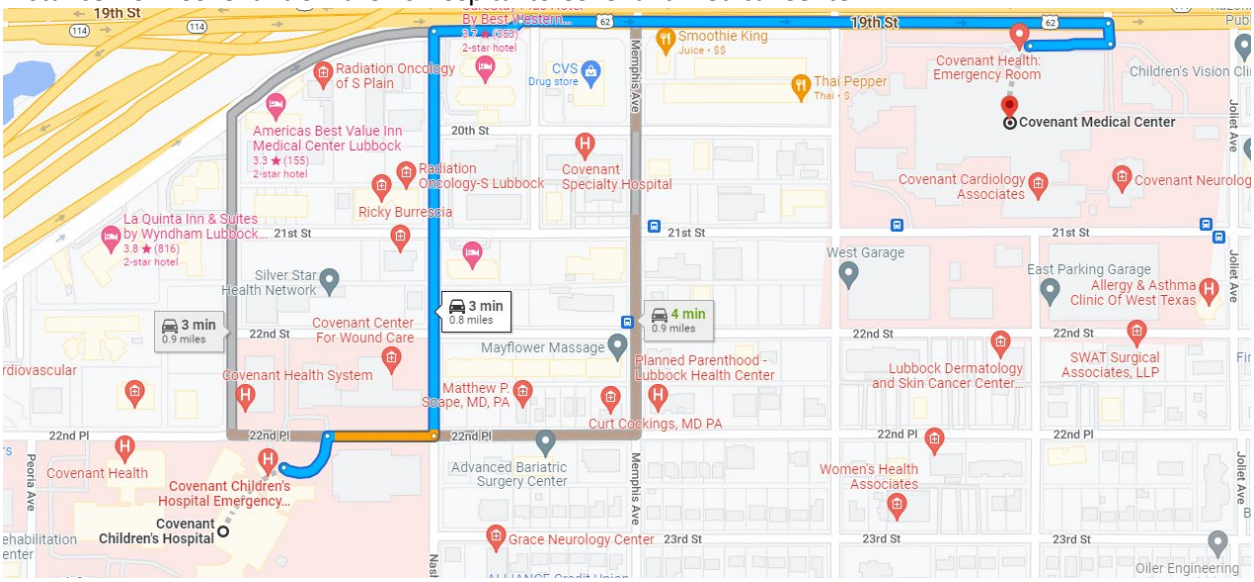
Dr. Amy Thompson, M.D.
CEO Covenant Children's Hospital

Dr. Kevin Worley, M.D.
Maternal Fetal Medicine
Maternal Medical Director

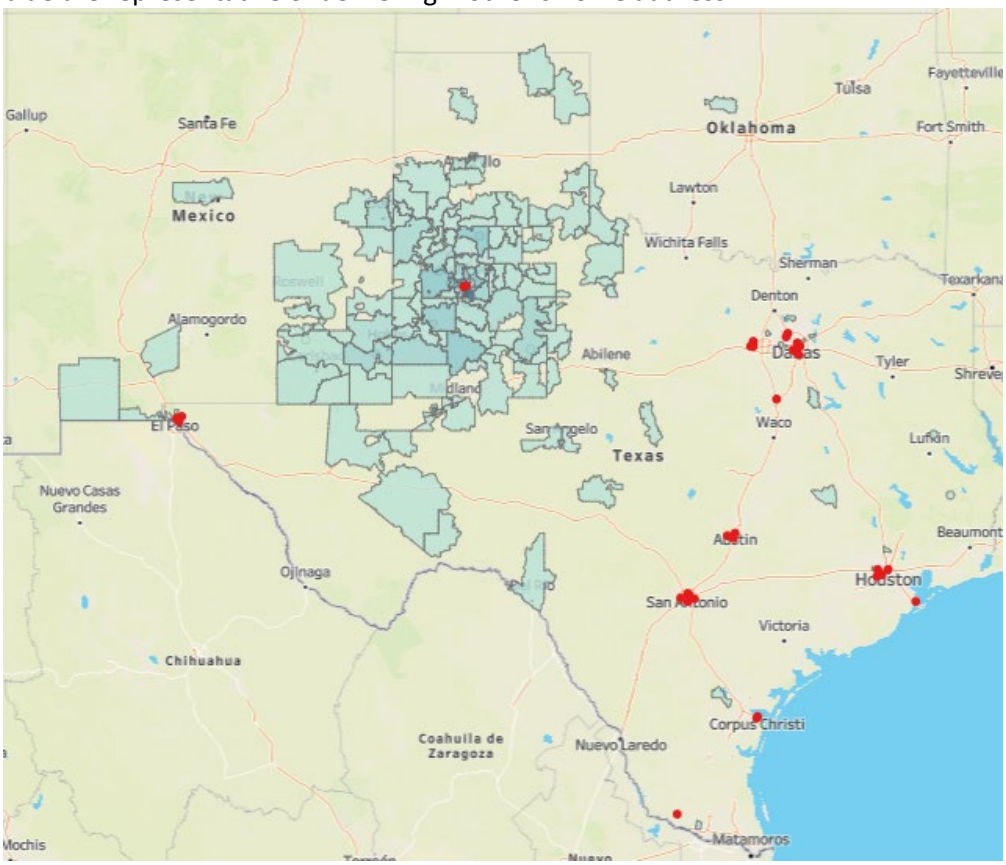
Kay Hatton, APRN, MSN, PNNP
Perinatal Nurse Practitioner
Maternal Program Manager

Appendix:

Distance from Covenant Children's Hospital to Covenant Medical Center



Covenant Children's Service Area in relation to other Level IV Designated Facilities. Zip Codes marked in blue are representative of delivering mother's home address.



DHRHealth

July 12, 2022

Emily Briggs MD
Chair
Perinatal Advisory Council
Texas Department of State Health Services

Cynthia Blanco MD
Co-Chair
Perinatal Advisory Council
Texas Department of State Health Services

Dear Chair Briggs, Co-Chair Blanco, and Members of the Council,

On behalf of Women's Hospital at Renaissance (WHR), I write to provide our comments and perspective with respect to the transfer of patients from designated Level IV maternal facilities. This issue was discussed at the March 30, 2022 meeting of the Perinatal Advisory Council (PAC).

We support and believe the current rules delegate the correct balance between ensuring patient safety and avoiding the imposition of overly burdensome, duplicative, and costly requirements on hospitals. We urge the PAC to recommend that the Department of State Health Services (DSHS) not tighten or impose further restrictions on the ability of a Level IV designated maternal hospital to transfer patients, *when needed*.

WHR is a 151 bed dedicated women's hospital located in Edinburg, Texas in the Rio Grande Valley[1] along the U.S.-Mexico Southern border. Our hospital serves a community of nearly 1.4M people. Since opening our doors in 2007, we have birthed over 110,000 babies and currently birth anywhere from 600-800 babies a month (6,000-8,000 per year). We provide the most advanced and comprehensive level of care in the region and are the only Level IV designated maternal facility in the Rio Grande Valley. Our Level III NICU has outcomes in the top 5% in the world according to the Vermont-Oxford Network. As of now, no other hospital in the Rio Grande Valley is designated above a Level II maternal facility. WHR is the tertiary referral hospital for high risk obstetric patients, including, but not limited to, placenta accreta spectrum disorder (PASD), complications in pregnancy due to diabetes, high blood pressure, kidney disease, blood clotting disorders and multiple gestation pregnancies.

WHR[2] is located on the DHR Health campus in Edinburg and is situated directly across the street from our 235-bed general acute care main hospital (DHR Main).[3] DHR Main and WHR operate under the same Texas hospital license.[4] WHR received a conditional Level IV designation due to a lack of an ICU within the women's facility. WHR is currently in the process of establishing an ICU. When a patient at WHR requires medical consults (cardiology, urology, surgical, etc.), the physician provides that consult at WHR. However, when a patient is in need of a higher level of care not available at WHR, the patient is transferred

[1] The Rio Grande Valley is made up of the four southernmost counties of Texas: Cameron, Hidalgo, Starr, and Willacy.
[2] 5502 S McColl Rd., Edinburg, TX 78539.
[3] 5501 S McColl Rd., Edinburg, TX 78539.
[4] Texas Hospital License No. 007971.

across the street to DHR Main. If a patient is transferred from WHR to Main, care is provided using a collaborative multidisciplinary team approach, composed of maternal fetal medicine, obstetrician, L&D staff nurses, Intensivist and ICU nursing staff. When the ICU at WHR is complete and operational, we expect transfers to DHR Main to be minimal, but not entirely eliminated. The DHR Main facility has 51 ICU beds and is a designated Level I Trauma facility, a designated Comprehensive stroke center, and operates a comprehensive open heart surgical program, a kidney transplant program, a neuroscience program, and soon, an extracorporeal membrane oxygenation (ECMO) program. Duplicating all of these services in their entirety at WHR is not feasible.

Levels of designation for maternal care are intended to improve outcomes for both pregnant women and newborns, and to provide the public and medical community with an indication of the level of services available at a particular hospital. Level IV designated maternal facilities are currently required to provide the highest level of maternity care, as is evidenced by the regulations which require a Level IV facility to:

> (1) provide comprehensive care for pregnant and postpartum patients with low risk conditions to the most complex medical, surgical and/or obstetrical conditions and their fetuses, that present a high risk of maternal morbidity or mortality;
> (2) ensure access to on-site consultation to a comprehensive range of medical and maternal subspecialists, surgical specialists and behavioral health specialists;
> (3) ensure capability to perform major surgery on-site;
> (4) have physicians with critical care training available at all times to actively collaborate with Maternal Fetal Medicine physicians and/or Obstetrics and Gynecology physicians with obstetrics training, experience and privileges in maternal care;
> (5) have a maternal fetal medicine critical care team with expertise and privileges to manage or co-manage highly complex, critically ill or unstable maternal patients;
> (6) have skilled personnel with documented training, competencies and annual continuing education, specific for the patient population served;
> (7) facilitate transports; and
> (8) provide outreach education to lower level designated facilities, including the Quality Assessment and Performance Improvement (QAPI) process.[5]

Notably, while the rules require a Level IV facility to provide a comprehensive level of care for conditions that present a high risk of maternal morbidity or mortality, the rules also envision instances where a Level IV may facilitate transfer if a level of care is available elsewhere. This flexibility is vitally important because it ensures that Level IV designated maternal hospitals have the high level of care and services expected of them, while not requiring these facilities to provide each and every advanced care service that may be necessary at one point in time. This is especially true, as is the case of WHR, if the maternal facility operates under the same license with, and is located directly across the street from, a facility that does provide additional advanced services that are not easily replicated.

Requiring Level IV designated maternal hospitals to duplicate all advanced care services would be extremely costly, overly burdensome, and inefficient. Furthermore, such mandates could de-incentivize otherwise capable facilities from making the investments necessary to become a Level IV designated

[5] 25 TAC 133.209(a)(1).

DHRHealth

maternal facility, and thereby depriving expecting mothers in those communities of a higher level of maternal care.

We appreciate the opportunity to provide our perspective on this important matter. We look forward to continuing to serve our community and improve maternal care in the Rio Grande Valley. If you have any questions or require additional information, please do not hesitate to reach out to myself per the contact information below, or to our Executive Vice President for Women's Hospital at Renaissance, Mrs. Aida Martinez by phone (956) 638-1672 or by email at aida.martinez@dhr-rgv.com.

Sincerely,

Efraim Vela MD OBGYN
Chief Medical Officer
Women's Hospital at Renaissance
DHR Health
(956) 605-9000
Ef.vela@dhr-rgv.com

cc
Dr. Linda Chase
Dr. Sadhana Chheda
Stephanie Ferguson, RN
Dr. Ryan Van Ramshorst
Dr. Alice Gong
Dr. Charleta Guillory
Mattie Mason
Dr. James Hill
Dara Lankford, RN
Dr. Alyssa Molina
Dr. Patrick Ramsey
Karen Rhodes, RN
Dr. David B. Nelson
Dr. Michael Stanley
Dr. Eugene Toy
Ms. Patricia Carr
Ms. Tanna Pirtle
Elizabeth Stevenson, RN, *Designation Program Manager, Texas Department of State Health Services*
Jorie Klein, MSN, MHN, BS, RN, *Director, EMS/Trauma Systems, Texas Department of State Health Services*