

## Report of Survey Process Subcommittee

To Perinatal Advisory Council

July 27, 2022

### **Introduction**

The survey process subcommittee was established by motion during the December 1, 2021 Perinatal Advisory Council meeting and volunteers to serve on said committee were solicited at the same meeting. This subcommittee was charged with identifying outcome processes that can be used to evaluate and strengthen the current survey process following the completion of a survey cycle for both Maternal and NICU Designation. A variety of neonatal and maternal representatives were selected under the direction of Dr. Briggs, chairperson of the Perinatal Advisory Council (PAC), and included both PAC and non-PAC members. Those representatives to the survey process subcommittee include:

Dr. Emily Briggs

Ms. Trish Carr

Dr. Linda Chase

Dr. Snehal Doshi

Ms. Kate Drone

Ms. Dara Lankford

Dr. Patrick Ramsey

Ms. Carla Rider

Dr. David Weisoly

Mr. David Williams, Council Coordinator

Meetings were conducted using the TEAMS platform on the following dates:

January 14, 2022

January 28, 2022

February 11, 2022

February 25, 2022 (DSHS in attendance)

March 10, 2022 (Representatives from AAP, ACOG and TETAF survey team in attendance for designated 15-minute time slots)

March 21, 2022

March 30, 2022 Initial report to PAC

April 22, 2022

May 6, 2022

June 3, 2022

June 17, 2022

July 1, 2022

July 17, 2022

It is important to recognize the work that has been completed by the PAC up to this point to improve the care provided to our mothers and babies within Texas. It has been a laborious process with extreme detail given to providing rules as a framework for Maternal and Neonatal providers to build their programs upon. These rules have been strategically constructed to not dictate medical care and allow facilities to provide care according to the nationally accepted practice guidelines and in accordance with individual resource availability. PAC members, past, present and future, are to be commended for their dedication to providing our maternal and neonatal patients optimal medical opportunities.

### **Process**

In our initial three meetings, there was discussion on existing data that could be utilized to determine effectiveness of survey process, potential areas that could create inconsistencies with the process and how the subcommittee could best evaluate an equitable, consistent and transparent survey for those facilities participating in the Neonatal/Maternal Designation Process. In our initial meeting, we began discussion regarding the overarching goal of the designation process promoting improved outcomes for Texas mothers and infants. As PAC has discussed previously, this goal cannot be measured without a statewide, granular patient-level data base to sufficiently monitor outcomes data, and this subcommittee strongly endorses the need for this data. Our discussions quickly turned to both data that existed or could be obtained that we could use to evaluate the transparency and equitability of the survey process for both Maternal and Neonatal designation. At this point, our focus turned to stakeholder input and moved towards gaining information and insight from DSHS, our survey bodies and our hospital partners that had been through the survey process. The subcommittee then began developing a survey for our hospital stakeholders to be distributed via our Perinatal Care Regions. This subcommittee recognizes the importance of gaining feedback and insights from our hospital stakeholders on their experiences and perceptions to evaluate the survey process and identify what is working well and what areas may be improved.

The survey was created utilizing the Survey Monkey platform and was created to solicit feedback on the survey process and their individual experience from pre-survey to the awarding of designation level of care. The subcommittee worked tirelessly to provide both closed and open-ended questions to gather data that could be used to improve the survey process, giving each facility the opportunity to be heard and their valuable input be utilized to strengthen the process. The entirety of the survey will be included in a separate document and questions will be

able to be visualized in the findings section of report. Utilizing the leadership of Perinatal Care Regions statewide for distribution of the electronic survey, the survey became available on March 2, 2022 and remained open through March 18, 2022. When requested for review prior to completion of survey, a PDF version of the survey was provided

At our February 25<sup>th</sup> meeting, Jorie Klein and Elizabeth Stevenson joined us as representatives of DSHS to share how their processes work around the following questions that were provided prior to our meeting:

#### **NICU**

Total number of survey applicants for NICU Designation

1. Number by AAP
2. Number by TETAF

Top 5 Deficiencies as a result of NICU Designation surveys

Of NICU applicants, number of facilities not receiving designation level applied for?

Describe the appeals process, including any fees schedule.

Of NICU applicants, number of requested appeals? Number of appeals resulting in change of Designation level? (breakdown of number of each by AAP and TETAF if available)

How did the state identify deficiencies that were not identified by the survey agency? (Assumption of same process for Maternal/NICU)

Did facilities have the opportunity to provide evidence before considered a deficiency? (Assumption of same process for Maternal/NICU)

Was there any communication with survey agency when this finding occurred, or only communication with the facility? (Assumption of same process for Maternal/NICU)

#### **Maternal**

Total number of survey applicants for Maternal Designation

1. Number by ACOG
2. Number by TETAF

Top 5 Deficiencies as a result of Maternal Designation surveys

Of Maternal applicants, number of facilities not receiving designation level applied for?

Of Maternal applicants, number of requested appeals? Number of appeals resulting in change of Designation level? (breakdown of number of each by ACOG and TETAF if available)

#### **Survey Process**

Did your agency identify any barriers to a transparent survey process?

Did your agency identify any positive outcomes to the survey process?

What is working well with the Maternal/Neonatal Designation survey process?

Where can we improve the Maternal/Neonatal Designation survey process?

### Survey Subcommittee Questions for Survey agencies

- 1) Please describe how surveyor candidates are selected and then trained.
- 2) How were your survey documents created and then developed for use by your surveyors? Are they updated? If updates occur, how are the changes communicated to your surveyors?
- 3) How are your surveyors assigned to surveys to be completed?
- 4) How are your surveyors evaluated?
- 5) What do you feel is working well with the current survey and designation process?
- 6) What do you feel needs improvement in the current survey and designation process?

Upon our initial report to the Perinatal Advisory Council on March 30, 2022, there was a desire to request feedback from the surveyors. As requested, the subcommittee began meeting again in April of 2022 to create a survey to be distributed to the surveyors of AAP, ACOG and TETAF. Once again, a Survey Monkey platform was utilized and graciously distributed by our survey bodies (AAP, ACOG and TETAF). This survey was available for one month, May 16 – June 13, 2022.

The subcommittee would like to extend our gratitude to DSHS, AAP, ACOG and TETAF for their willingness to meet with our group virtually and help expand our knowledge and understanding of their processes. Each of them went above and beyond to assist us in evaluating the current state of the designation survey process.

### Findings

DSHS and survey body responses

Following interaction with DSHS and all three survey agencies, to include ACOG, AAP and TETAF, the following areas of focus were identified by the subcommittee as potential risks to an equitable and transparent process:

- 1) No standardization of survey documents among surveying bodies creates potential for personal bias and may influence surveyor responses.
- 2) Inconsistencies of surveyor training among surveying bodies.
- 3) Variation in surveyor selection among surveying bodies.
- 4) Variation with how surveyors are evaluated and provided feedback among surveying bodies.
- 5) Absence of formal process to evaluate survey body processes and documents prior to surveyor utilization.

- 6) Barriers to DSHS attendance at surveys (restricted surveyor closed meetings, unable to plan travel due to delayed notification, virtual format, COVID, physical separation of surveyors in facility)

Positive findings from DSHS to be commended:

- 1) Promotion of continuous learning environment
- 2) Increased collaboration between DSHS, surveyors, facilities and survey organizations
- 3) Improved surveyor identification of evidence to meet requirements
- 4) Facilities overall improved QAPI programs

Positive finding from AAP, ACOG and TETAF to be commended:

- 1) Each has a formal process in place to select, train and mentor surveyors
- 2) Each survey body has a person attend the survey in a “liason” type role (non-surveyor)
- 3) Each survey body provides survey documents they have developed to their survey team, encouraging consistency among their own surveyors

Quantitative data Collected from stakeholder survey

There were a total of 157 surveys completed to be included in the data query. Of the survey responses 44 (28.03%) were for Maternal, 47 (29.94%) for Neonatal surveys and 66 (42.04%) completed for both. When evaluating the responses, please be mindful that with the survey platform used, there was no barrier to stakeholders completing the survey more than once. In our email requesting feedback, we instructed to have one survey completed per facility, answering the questions that applied to the specific entity.

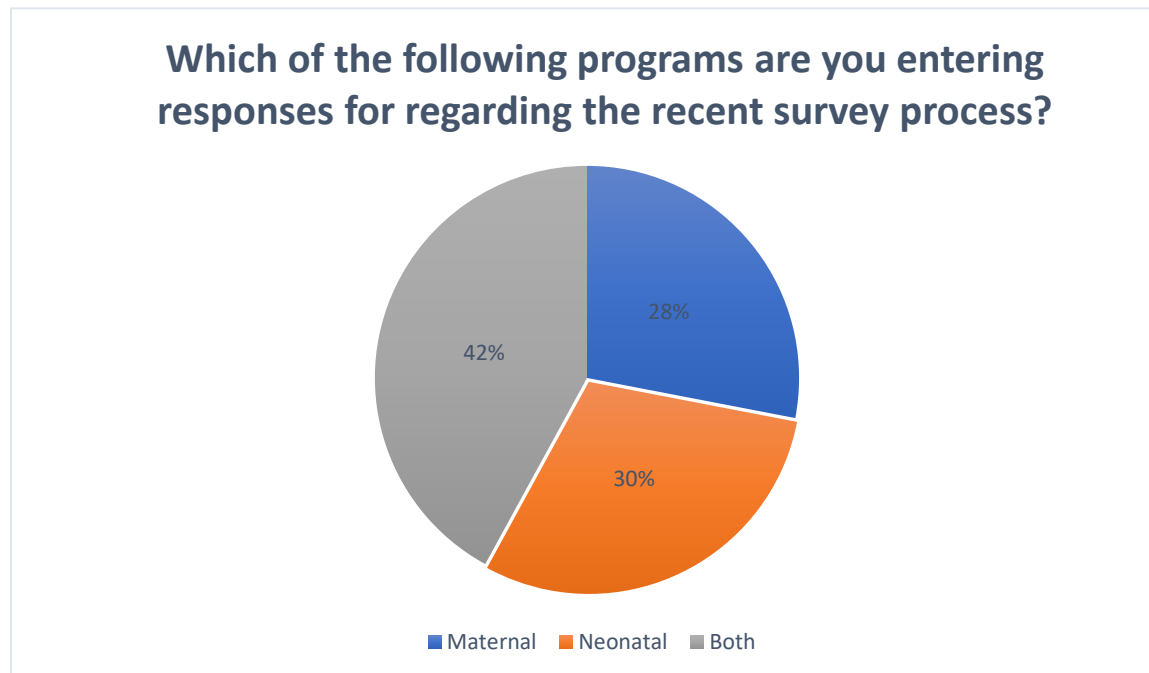


Figure 1 Breakdown of survey respondents by services offered at facilities responding

For reference, the following chart provides the number and level of designated facilities in Texas as of 3/3/22 to assist in measuring participation rates.

	Neonatal	Maternal
Level I	82	53
Level II	54	93
Level III	69	44
Level IV	22	32
<b>Total</b>	<b>227</b>	<b>222</b>

\*\* Information retrieved from [Neonatal System Development \(texas.gov\)](https://www.texas.gov/neonatal-system-development) [Maternal Levels of Care Designation \(texas.gov\)](https://www.texas.gov/maternal-levels-of-care-designation)

The following slides reveal the results of the Survey Monkey, distributed through Regional Advisory Council and completed by our hospital stakeholders. Each slide provides the responses to the question indicated at top of graph. Maternal responses are represented by blue lines, while Neonatal are represented in blue.

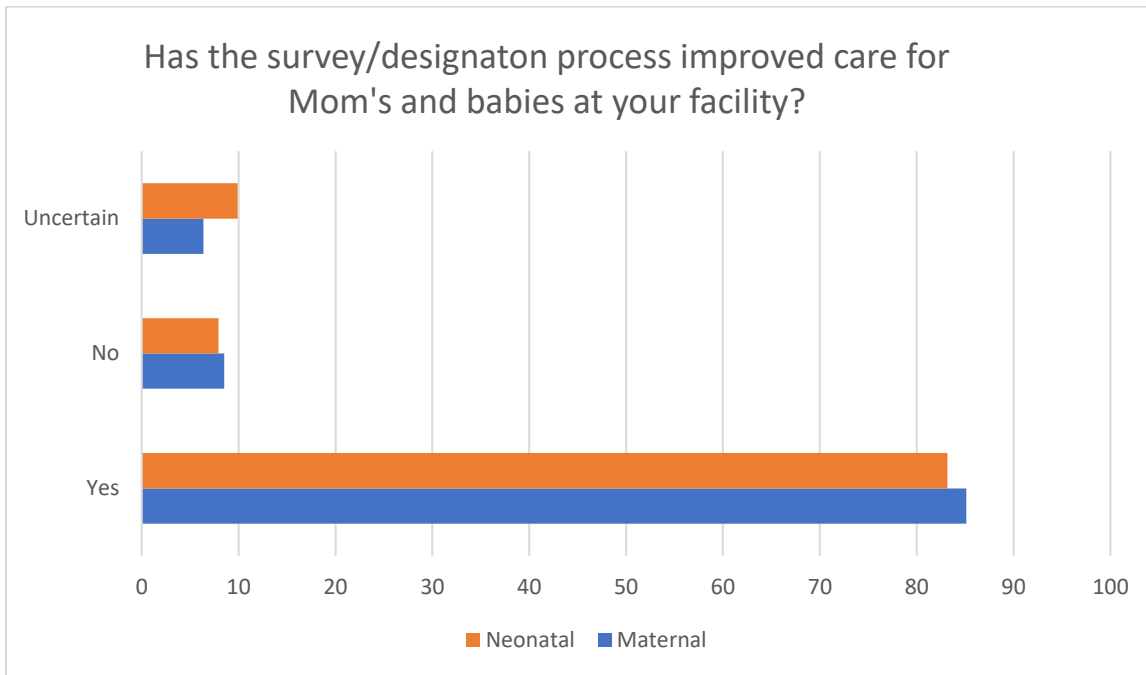


Figure 2 Perception of facilities on levels of designation impact to maternal & neonatal care

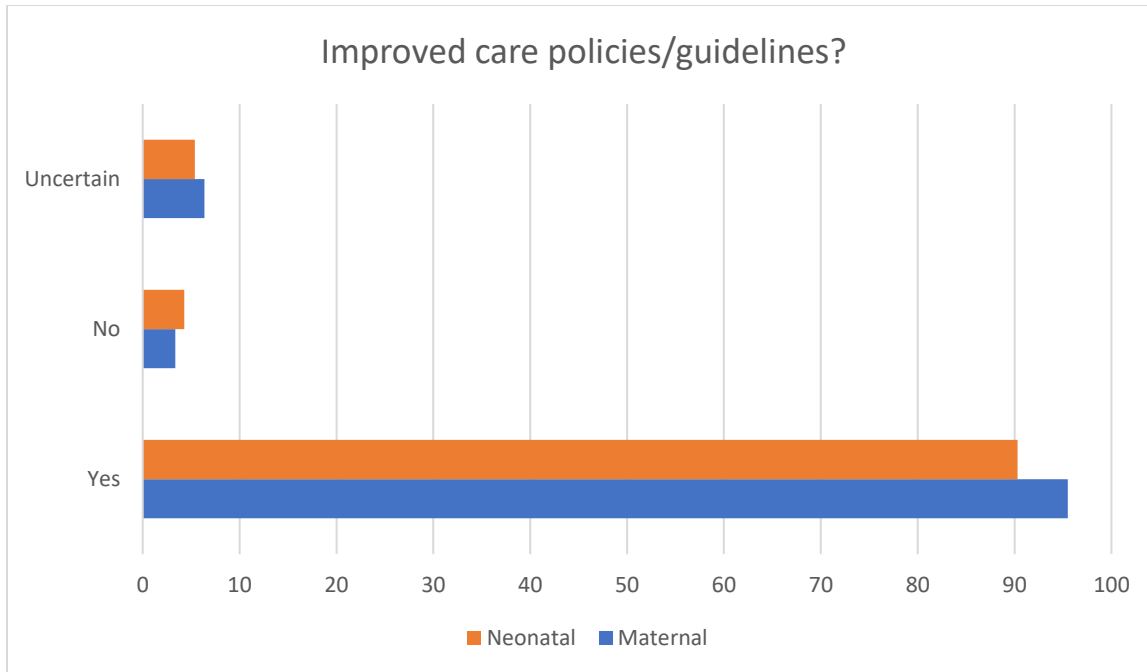


Figure 3 Impact of designation on updated/creation of care related policies

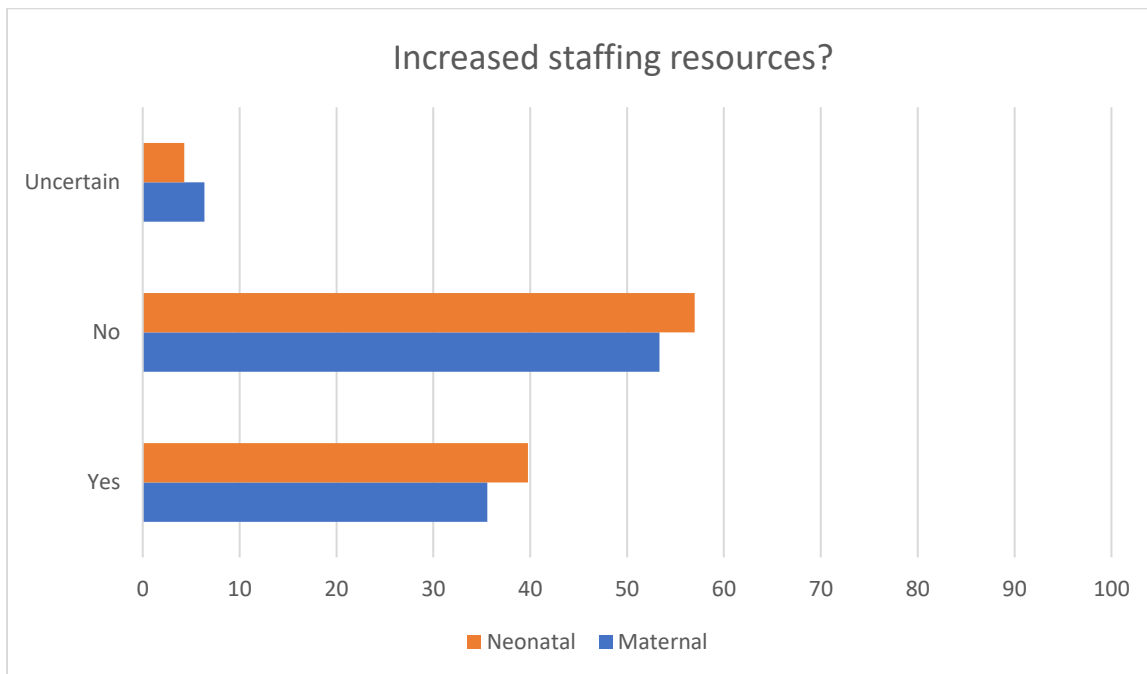


Figure 4 Impact felt in regard to staffing as a result of designation requirements/process

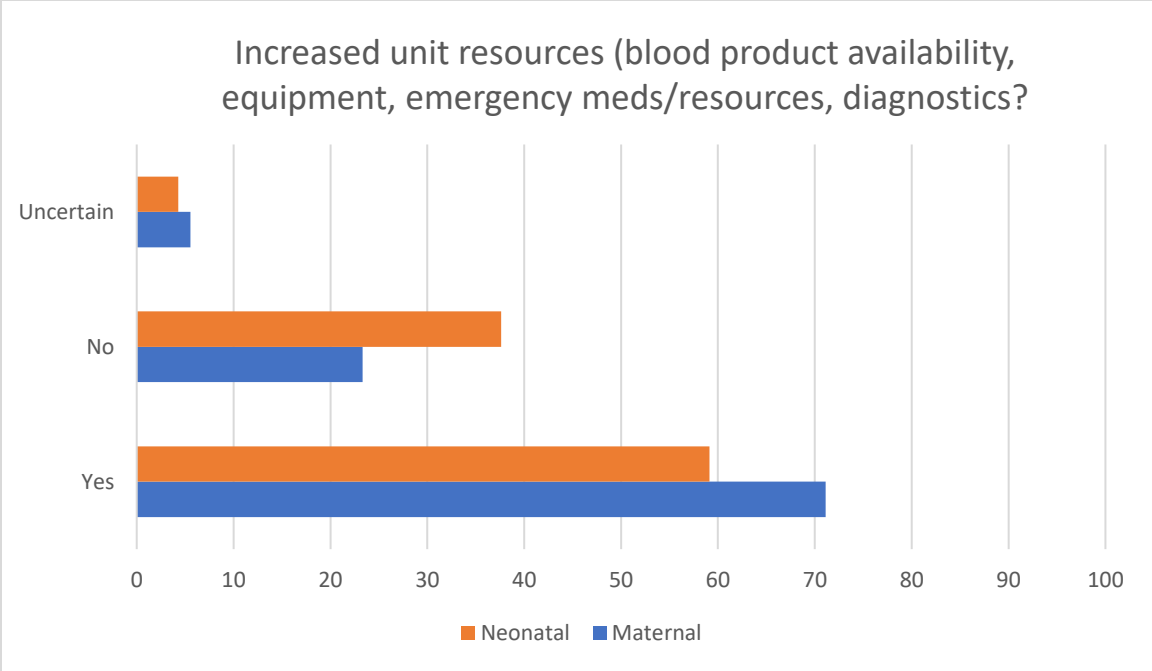


Figure 5 Impact on resource availability resulting from designation requirements/process

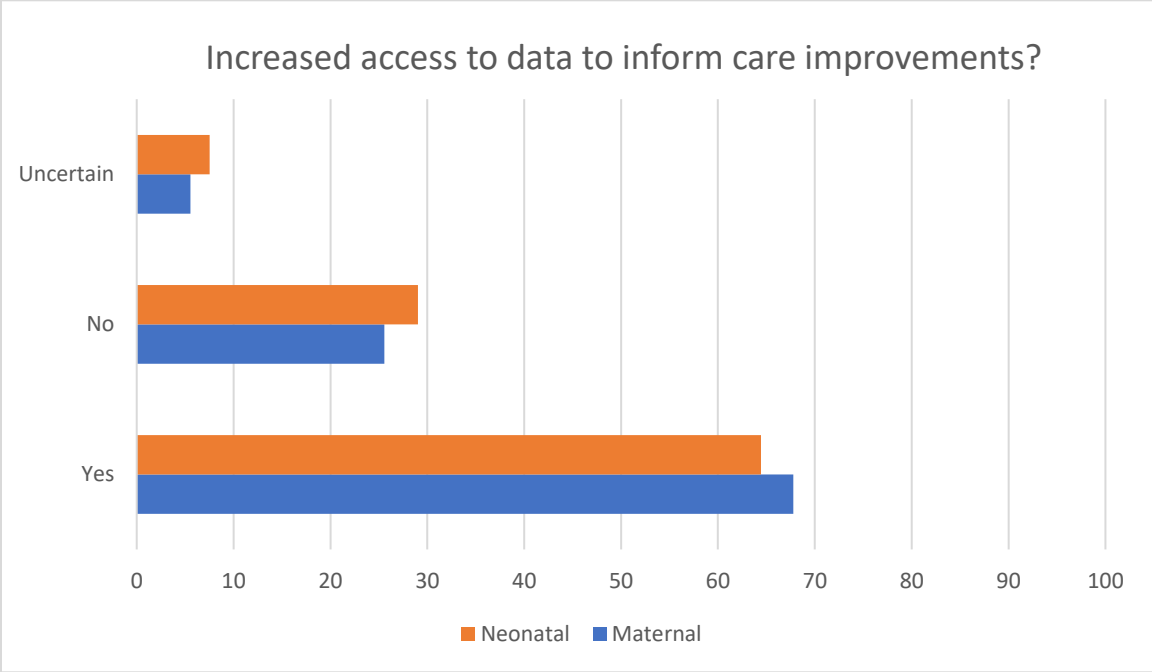


Figure 6 Improvement in data availability to guide/improve practice and outcomes as a result of designation process



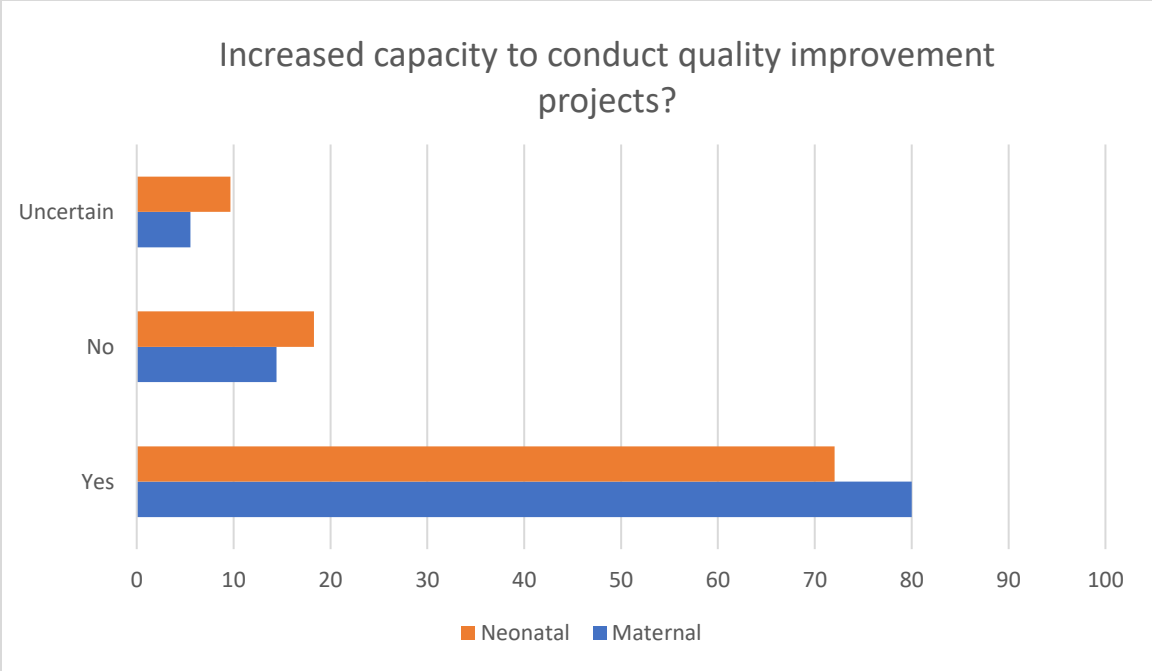


Figure 7 Perceived improvement in focus of quality improvement projects resulting from designation requirements

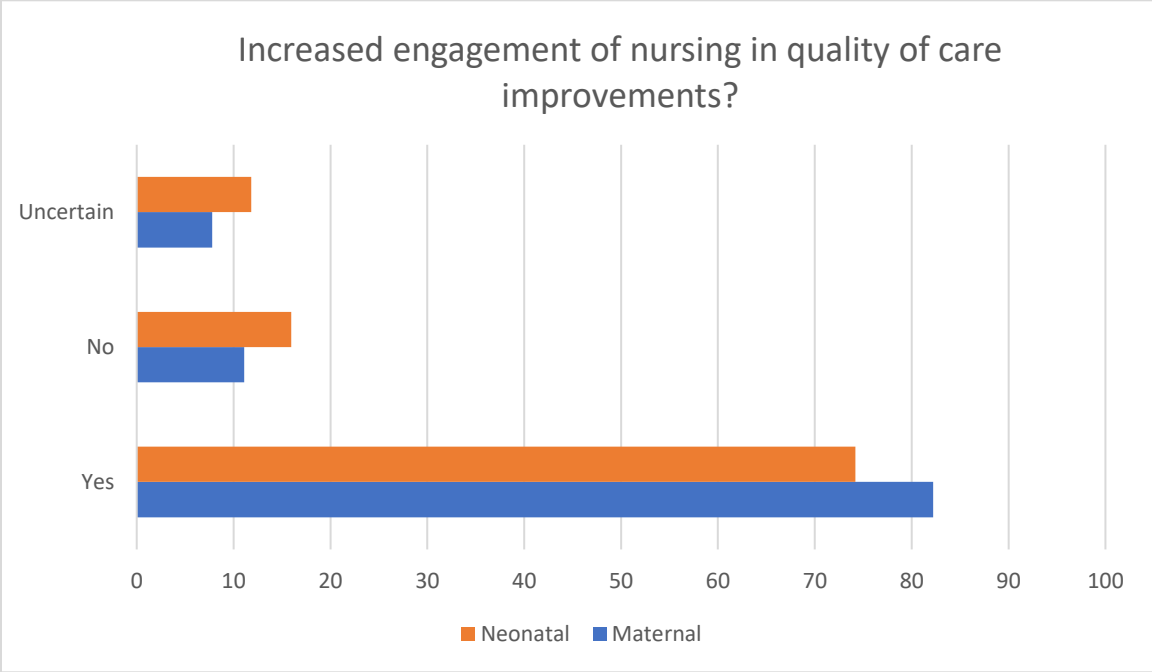


Figure 8 Impact of designation process and engaging nurses in quality of care improvements

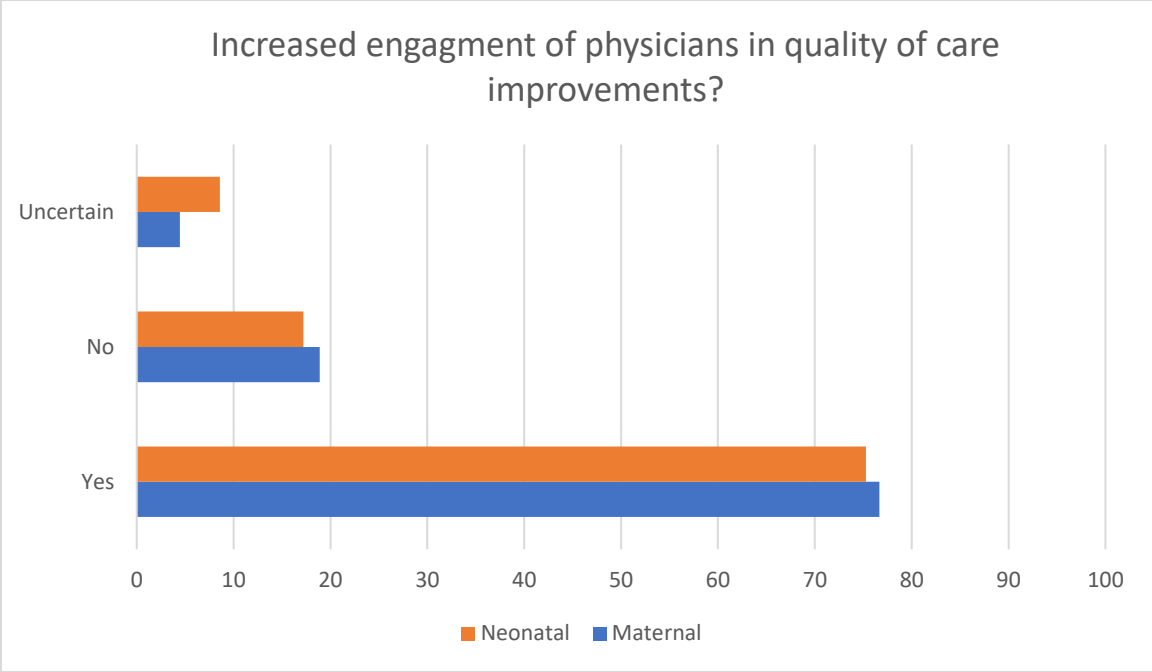


Figure 9 Impact of designation process on engaging physicians in quality of care improvement projects

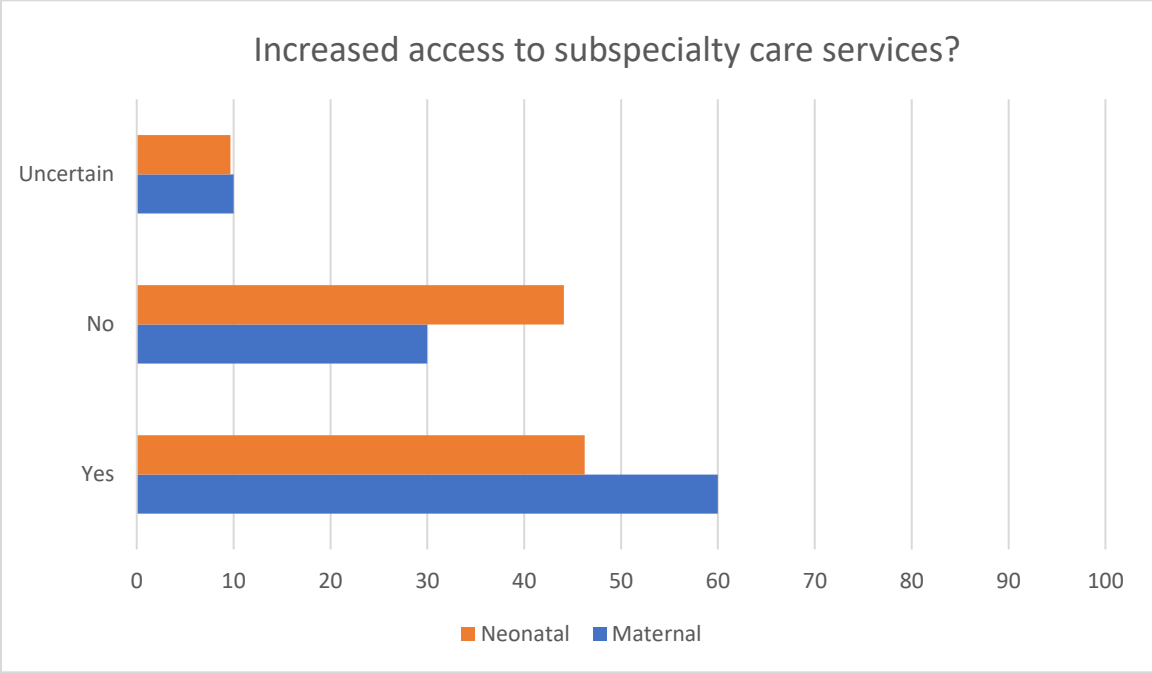


Figure 10 Impact of designation process on availability of subspecialty care for maternal/neonatal patients

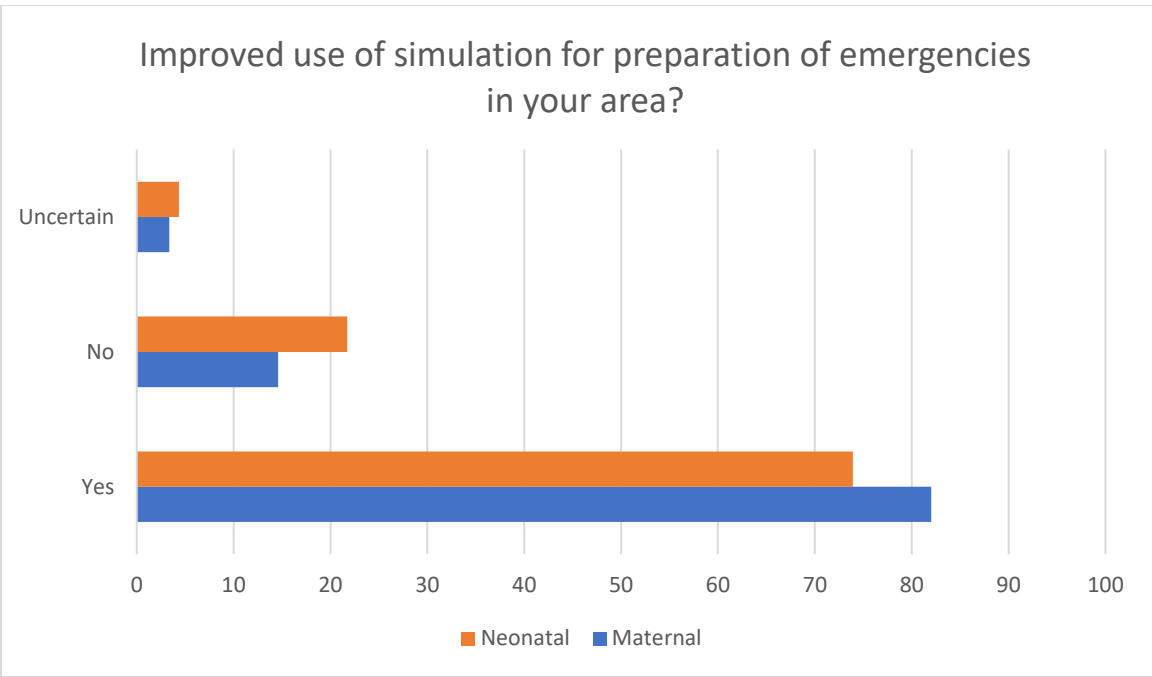


Figure 11 Perceived increase in utilization of SIM training for maternal and neonatal emergencies

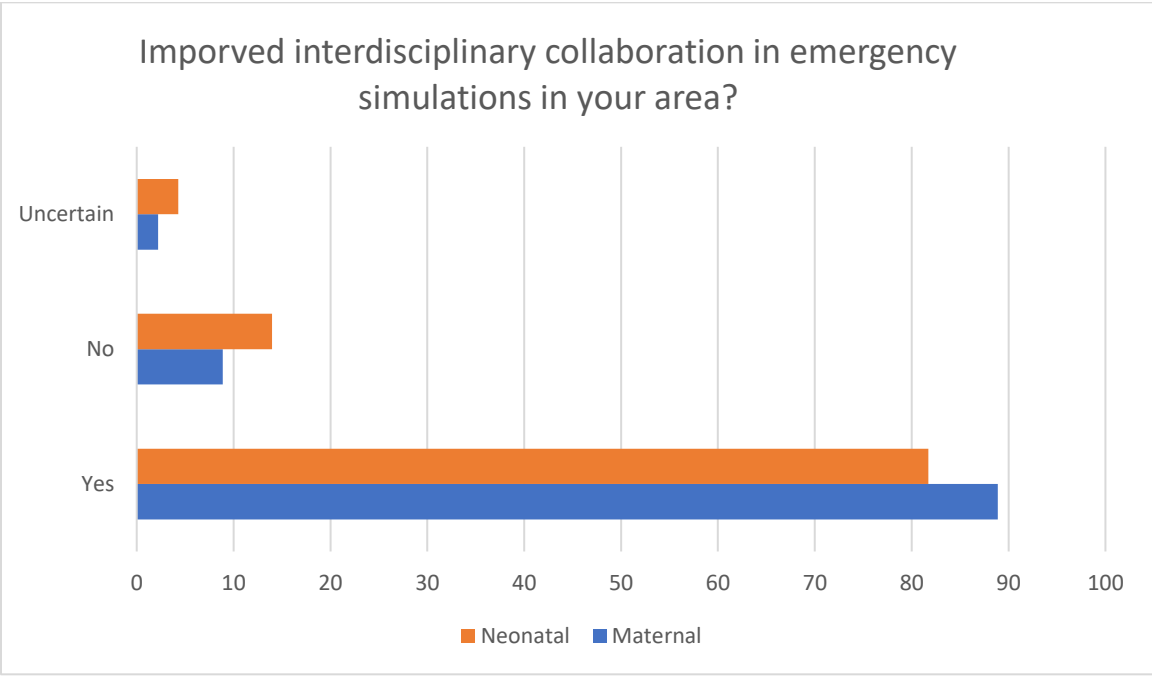


Figure 12 Impact of designation process on interdisciplinary SIM training in maternal and neonatal emergencies

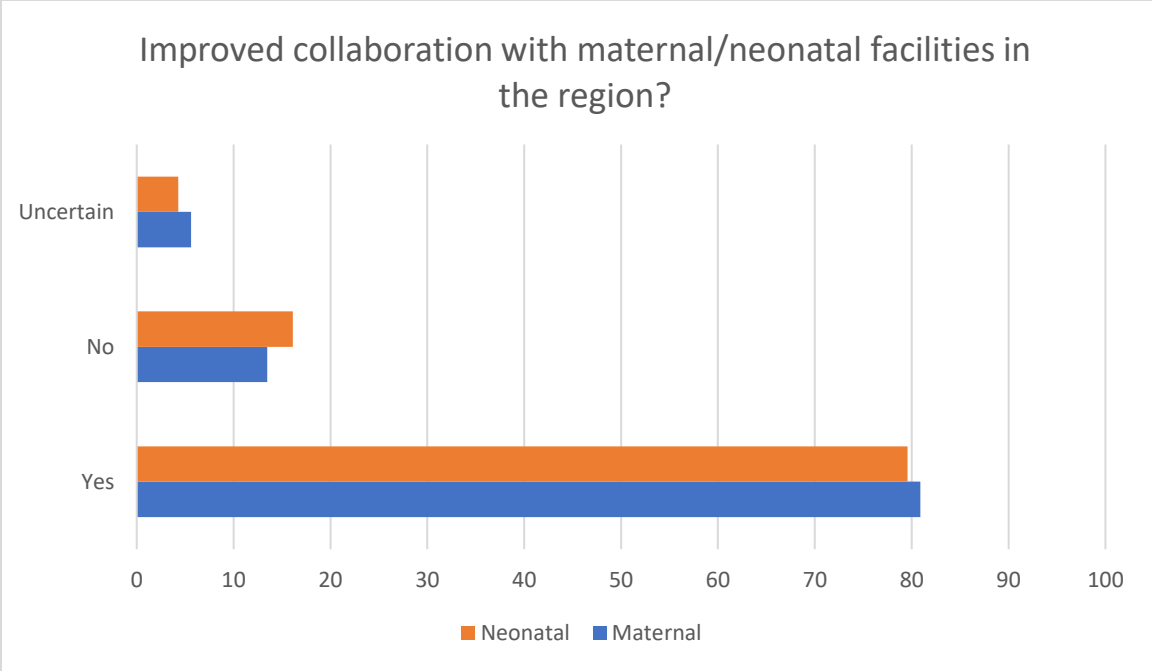


Figure 13 Perception of increased collaboration with other maternal/neonatal facilities in respondents region

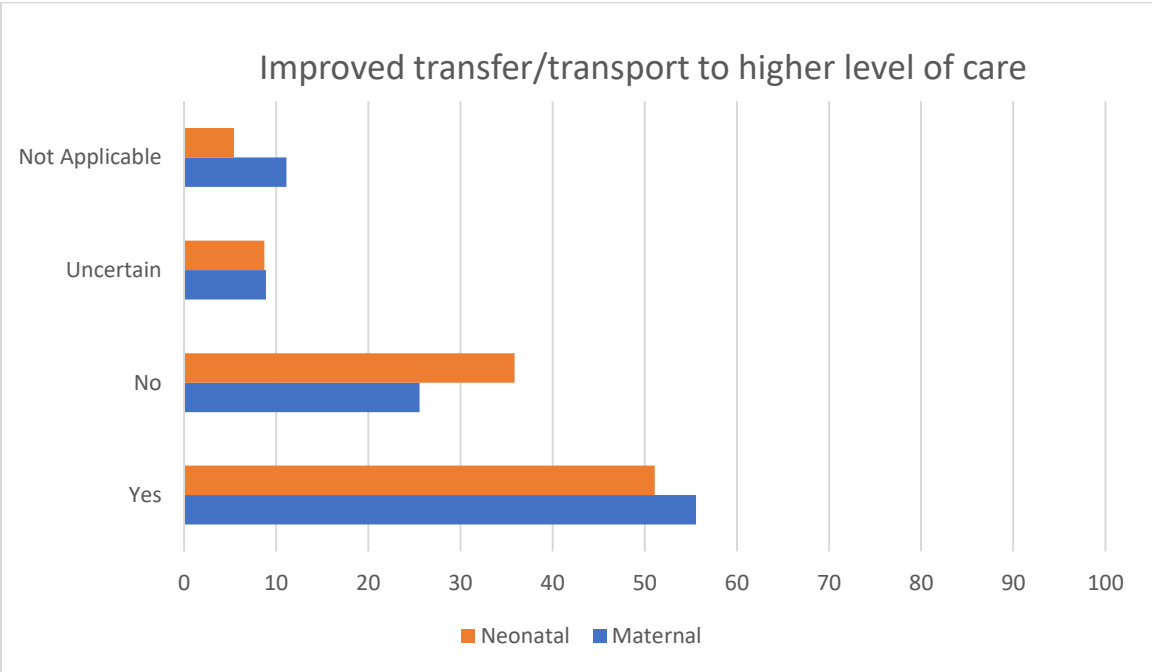


Figure 14 Impact of designation on ability to transfer neonates and maternal patients to a higher level of care when needed

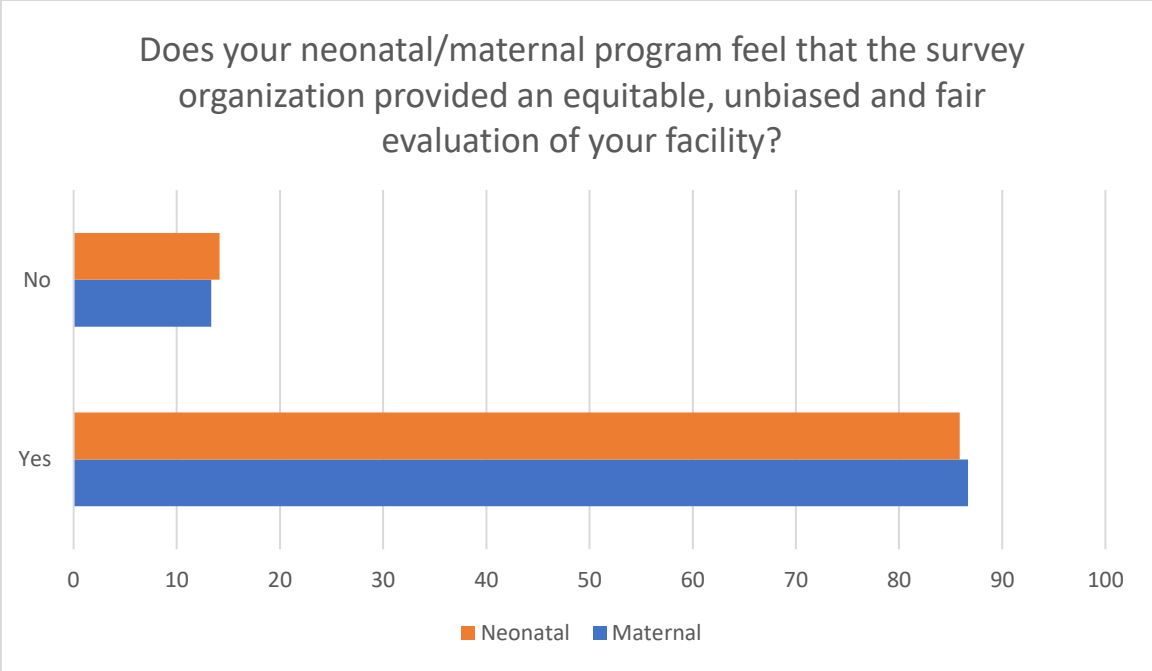


Figure 15 Facility perception of receiving a survey that was consistently applied with the designation rules, free of bias

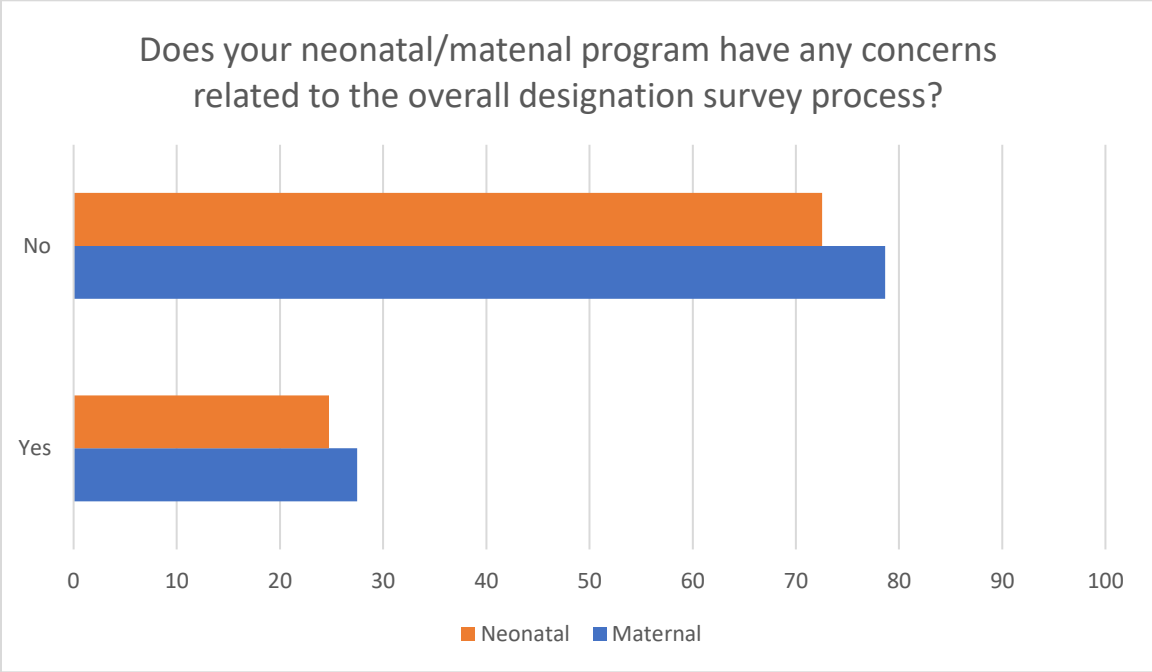


Figure 16 Facility opportunity to express any concern about the neonatal/maternal designation process

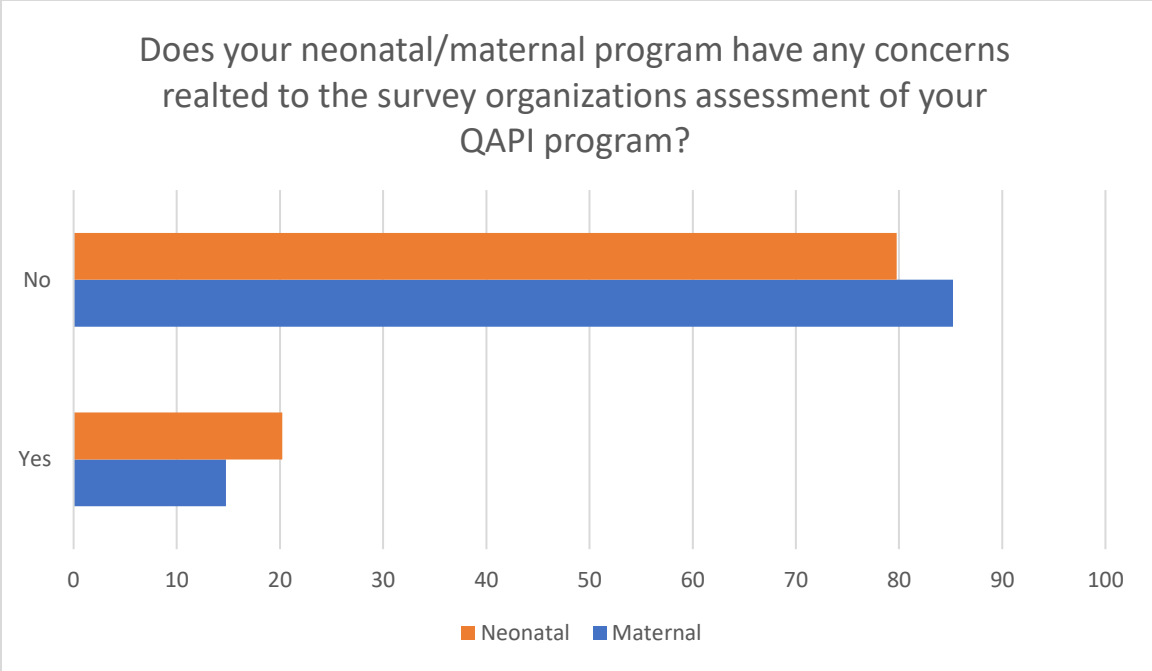


Figure 17 Opportunity for facilities to express concerns for their experience in the assessment of their QAPI program by survey organization

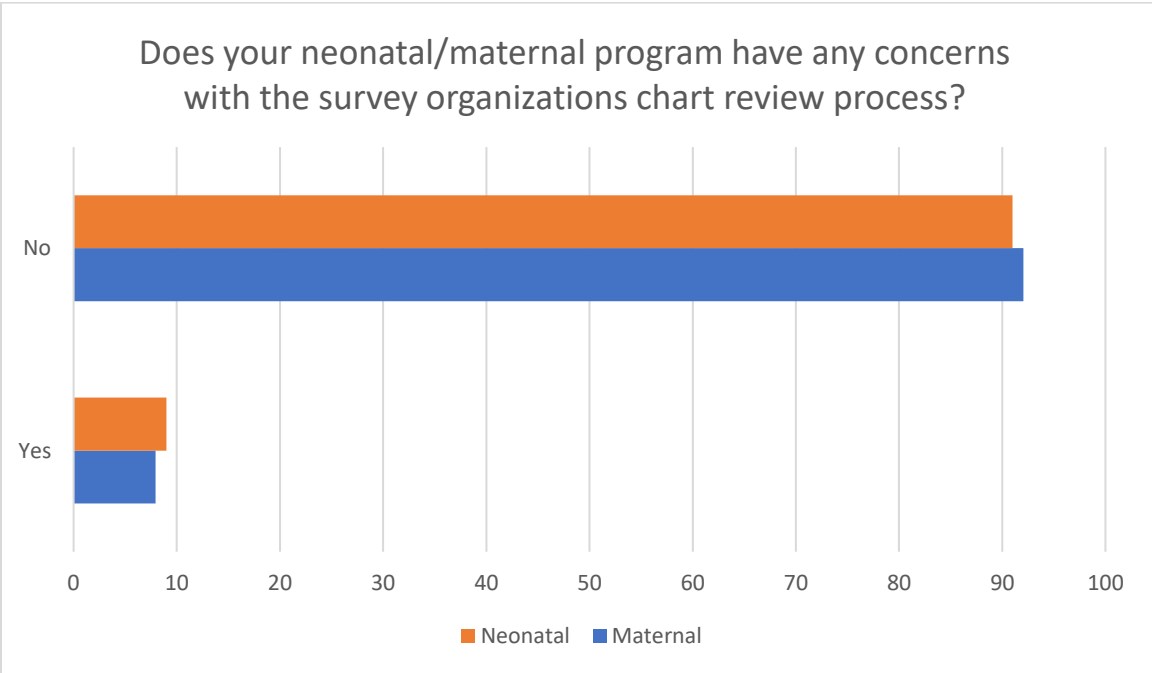


Figure 18 Opportunity for facilities to express concerns for the assessment of the chart review as it was conducted at their facility by survey organization

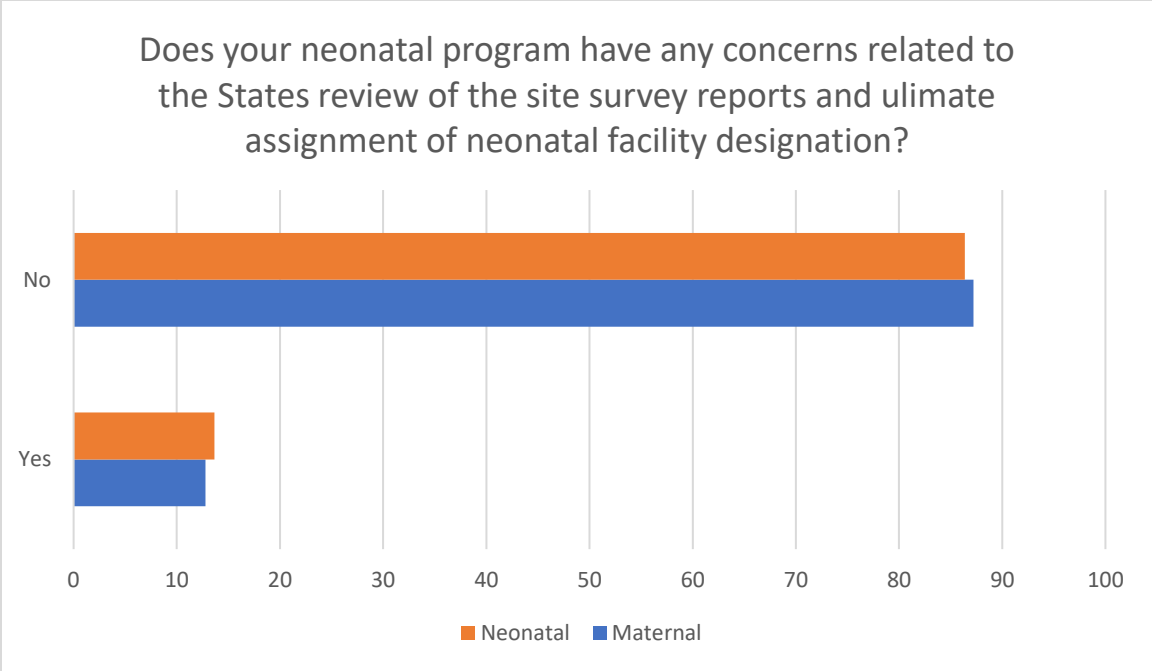


Figure 19 Facility opportunity to share concerns of survey result interpretation and awarding of level of designation

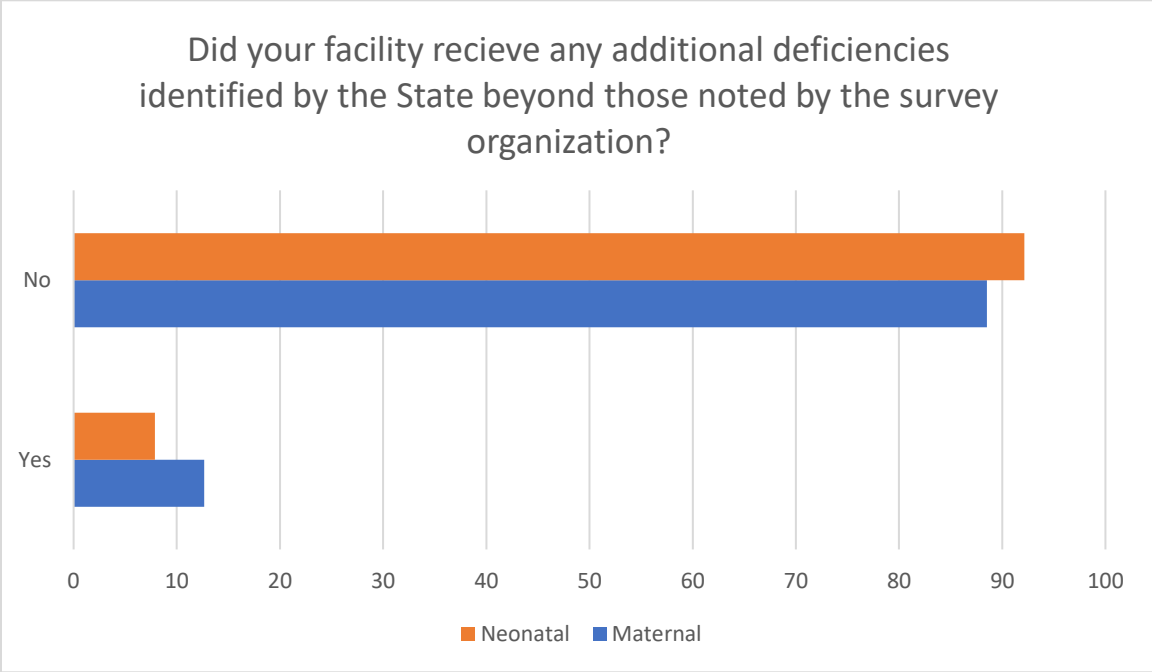


Figure 20 Opportunity for facilities to share occurrences of disparity by survey final report deficiencies and deficiencies identified by the state

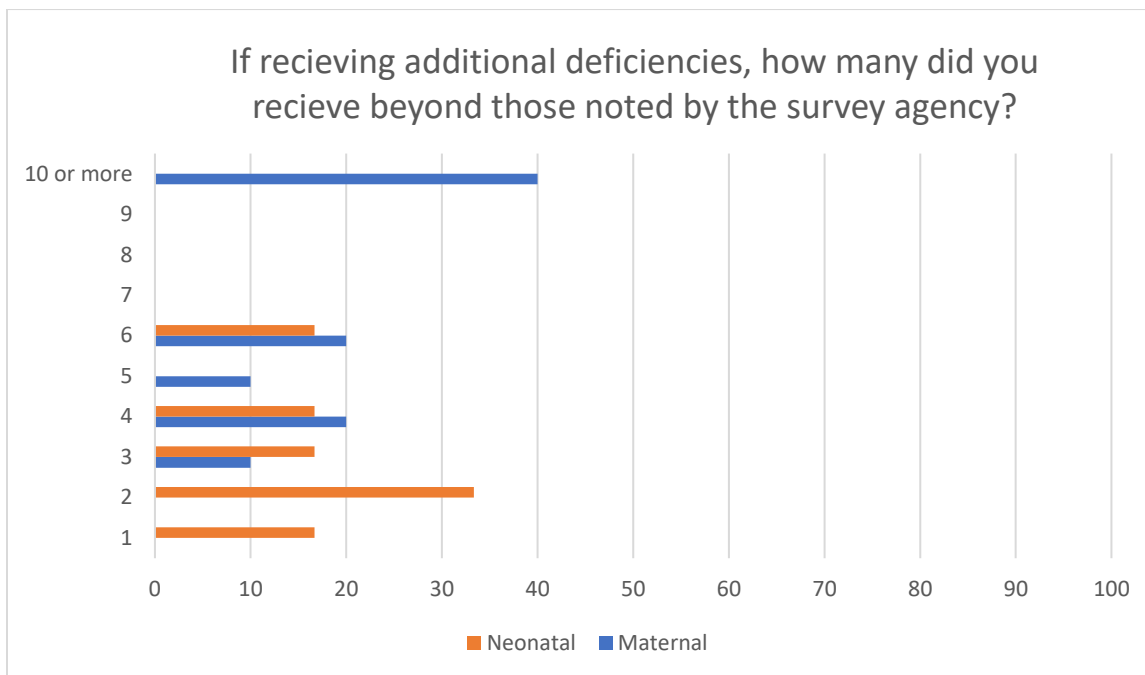


Figure 21 To those reporting a disparity between survey agency reported and state deficiencies, respondents were asked to report the variation

### Qualitative data collected from stakeholder survey

Data was collected from the open-ended questions contained within the survey and classified into categories by similar themes, there were both positive comments and opportunities for improvement recognized and themes were consistent between neonatal and maternal designation respondents. The areas identified for improvement opportunities are:

- 1) Need for a state wide, granular patient-level database to measure improvement in care/outcomes on a statistical level
- 2) Surveyor bias
- 3) Consistent survey process (including selection and training), regardless of survey body utilized
- 4) Standardization of neonatal and maternal application of rules when appropriate
- 5) Different opportunities provided to highlight QAPI program
- 6) Disparity between final survey report and state findings
- 7) Unclear process for those awarded a designation level with contingencies
- 8) Unclear appeal process
- 9) Opportunity to provide clear expectations of rules/QAPI programs and measures
- 10) Survey process has increased workload/staffing challenges to meet requirements
- 11) Timeliness of designation assignment after final survey report submission



- 12) Inconsistent attendance by DSHS representative at surveys
- 13) Standardizing forms and specific checklist requirements at the DSHS level for surveyors to ensure compliance

Positive outcomes of the survey process as perceived by respondents include:

- 1) Great learning experience, leading to a more robust program overall
- 2) Improved quality of care
- 3) Improved QAPI program
- 4) State hosted ZOOM meetings are helpful in preparing for survey
- 5) It has made our department/facility better

Quantitative data collected from surveyor survey:

An electronic survey was created, once again utilizing the Survey Monkey platform and then distributed to survey agencies, including AAP, ACOG and TETAF. Each agency was asked to distribute to the current surveyors for their organization. When requested, a PDF format was provided for review prior to distribution by the survey agency.

There were 71 respondents to the survey. The survey did not identify the agency the surveyor was associated with. For reference, the following table shares the number of surveyors each survey body distributed the electronic survey to:

<b>Survey Body</b>	<b>Number of Surveyors</b>
<b>AAP</b>	20
<b>ACOG</b>	134
<b>TETAF</b>	89
<b>Total</b>	<b>243</b>

Number of years you have functioned as a surveyor for Neonatal or Maternal Designation surveys in the State of Texas?

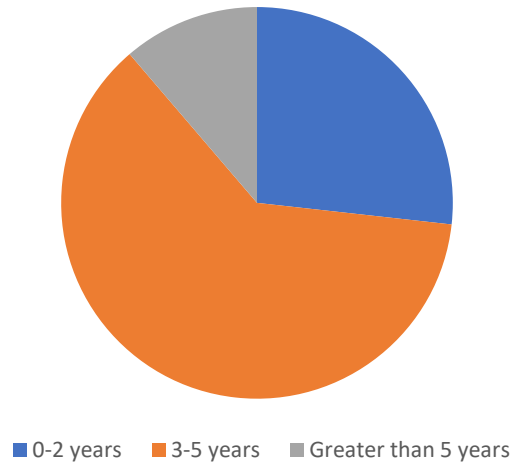


Figure 22 Surveyor reported number of years completing designation surveys

Total number of designation surveys you have completed as a surveyor:

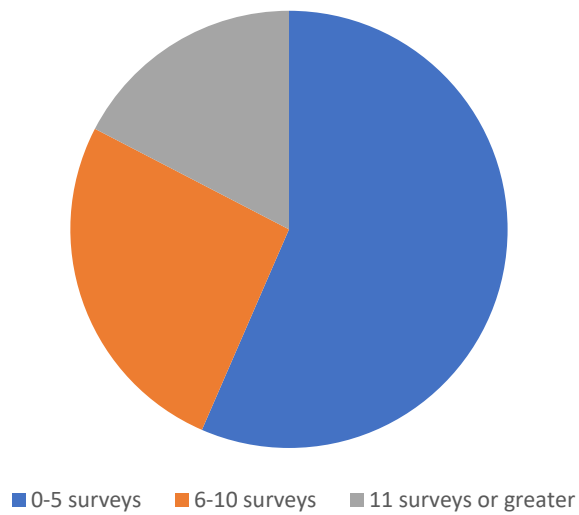


Figure 23 Queried respondents on number of surveys they have completed as a surveyor of designation rule application

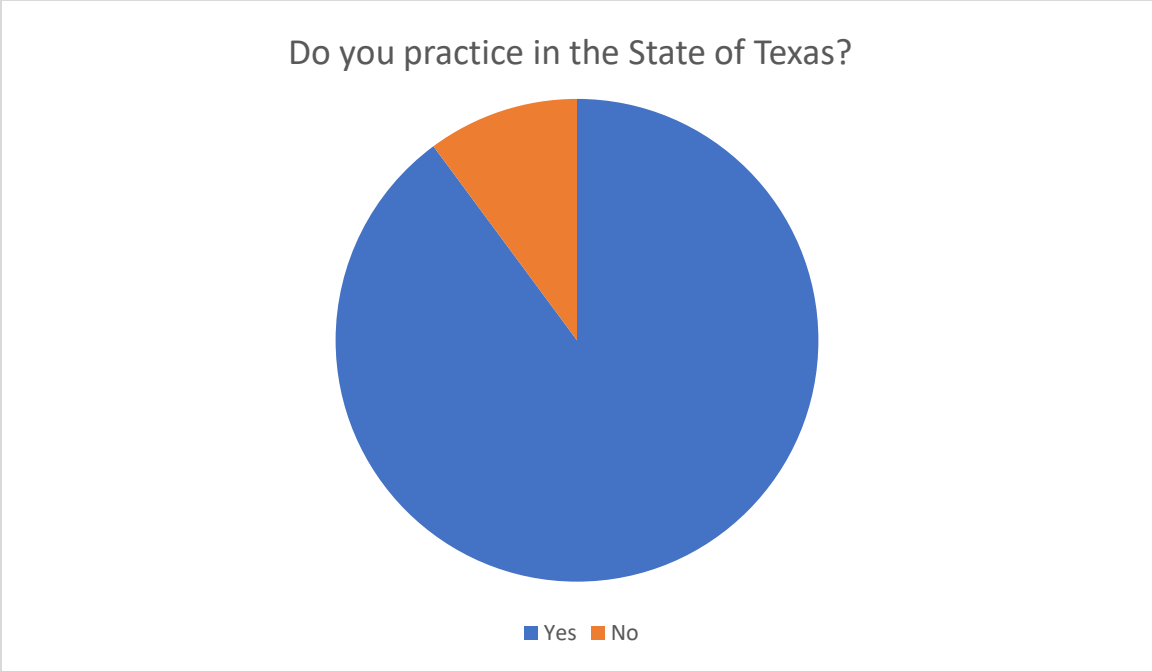


Figure 24 displays the percentage of surveyors that practice in the State of Texas. 14% of the surveyors reported they did not practice in Texas

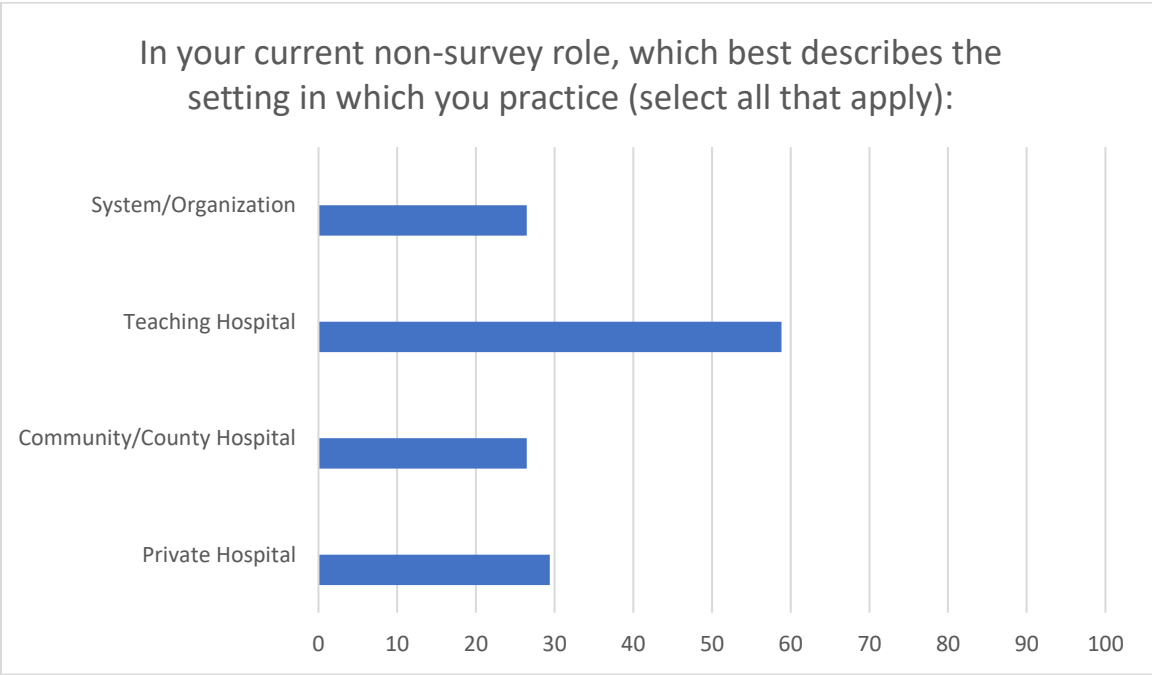


Figure 25 While some practitioners practice in various settings, over half report spending part of their practitioner time at a teaching hospital.

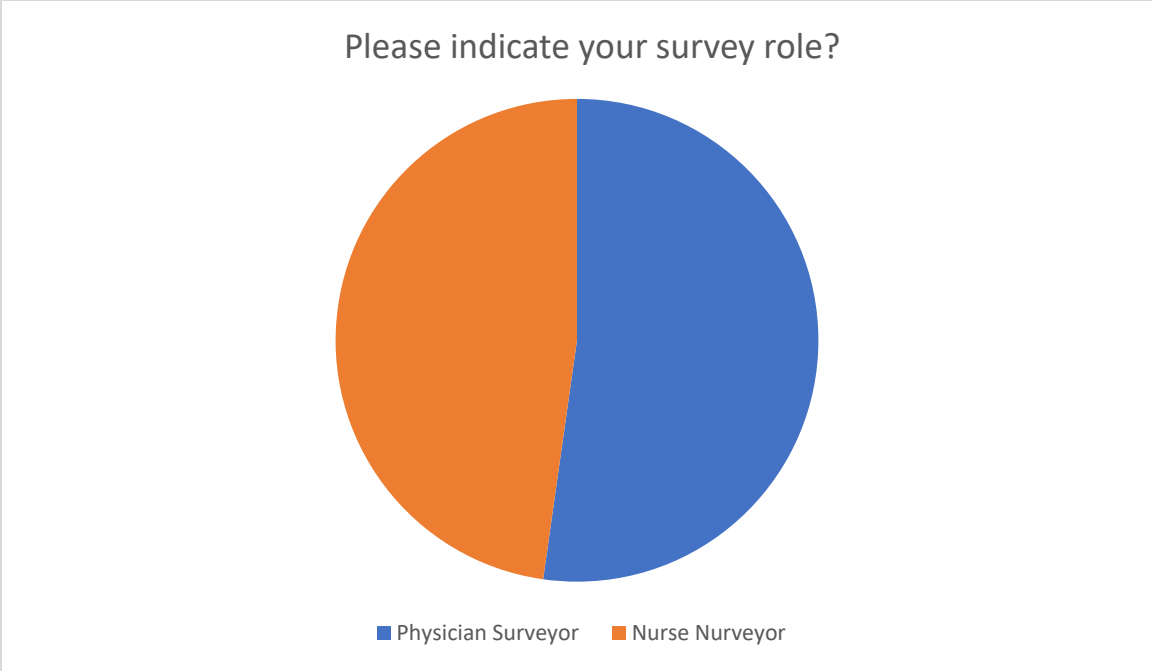


Figure 26 Distribution of physician and nurse surveyors



Figure 27 When asked, 95.45% of respondents reported 10 of experience or greater in their specialty area

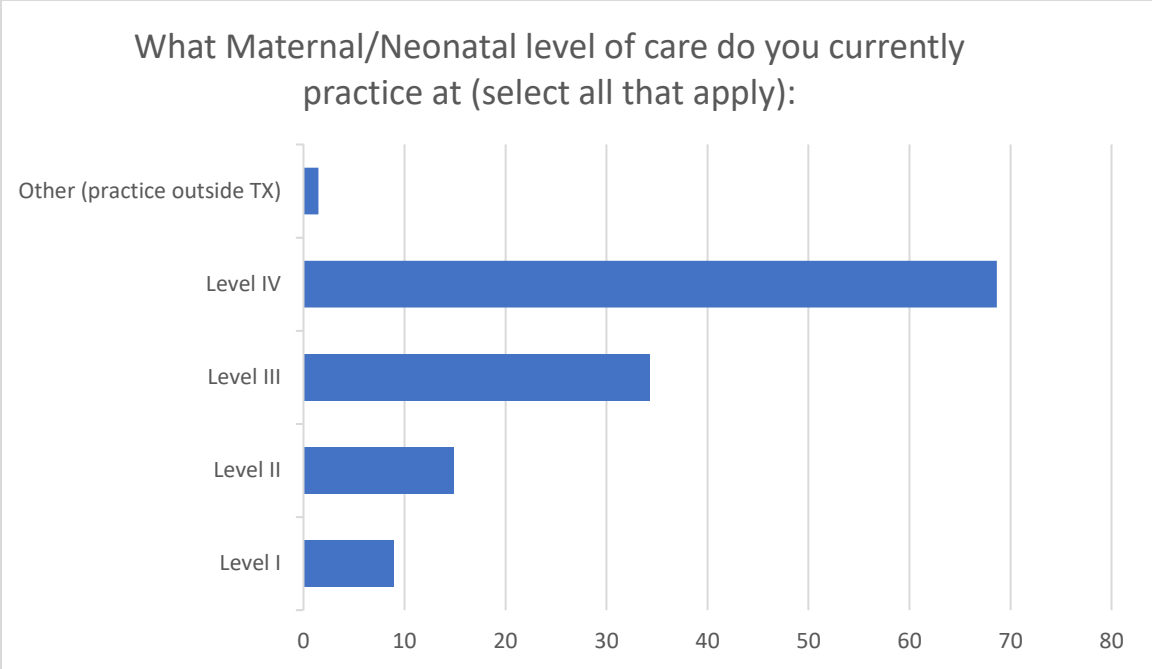


Figure 28 Surveyor report of the designation level they practice in. Some practitioners may report practicing in different levels of care for both maternal and neonatal care

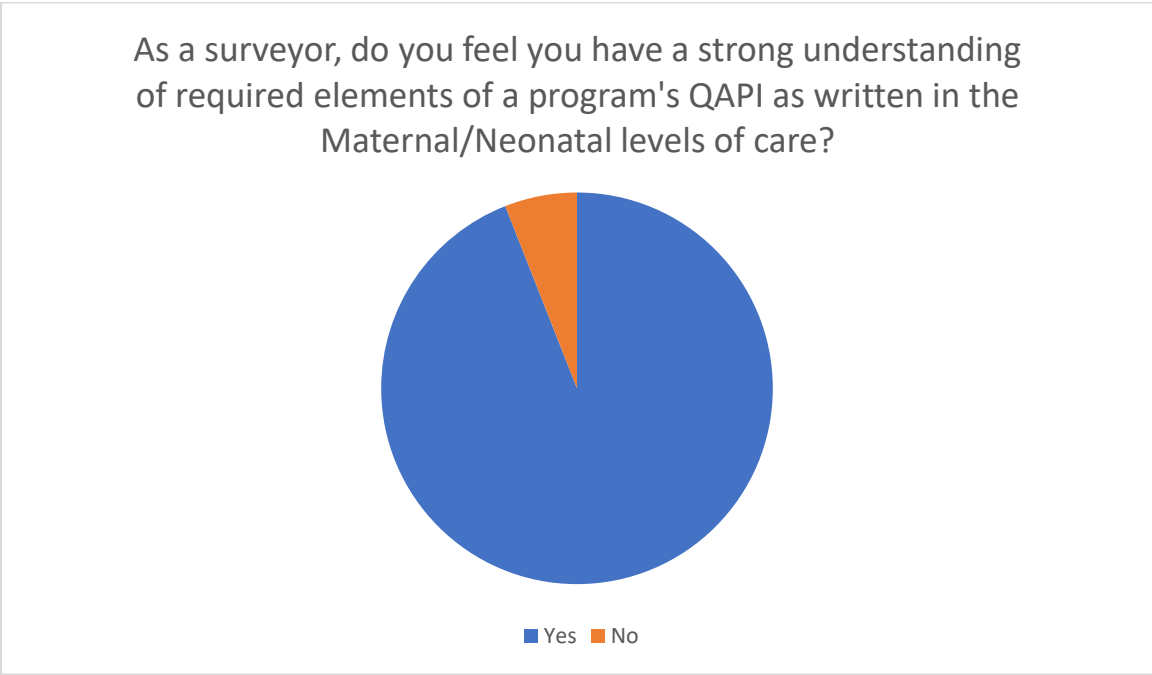


Figure 29 Surveyor confidence of understanding required QAPI elements for levels of care

Do you feel you received adequate training to perform a survey of Maternal/Neonatal program free of bias?

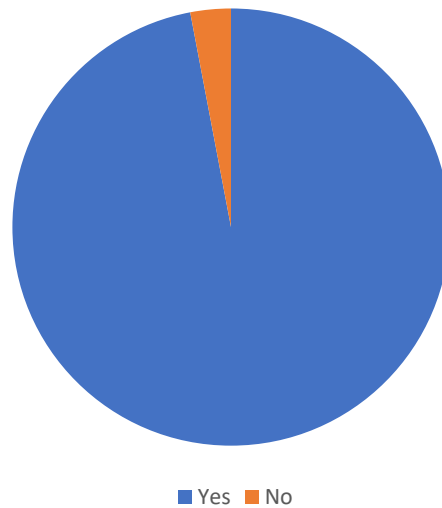


Figure 30 97.01% of surveyors felt they had adequate training from survey agency to perform respective surveys that are free of personal bias

Do you feel you were trained to evaluate Maternal/Neonatal programs based upon criteria stated within the Maternal/Neonatal levels of care rules?

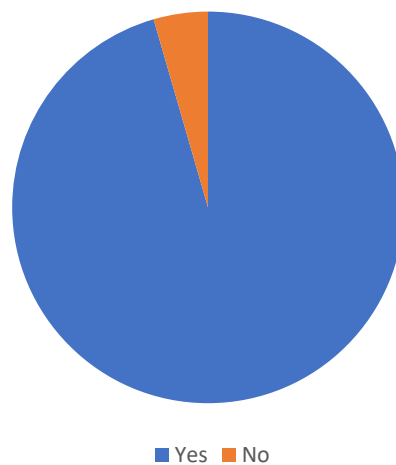


Figure 31 Surveyor reported confidence to consistently evaluate maternal/neonatal programs based on criteria outlined in the maternal/neonatal rules for level of care

Do you feel the surveyor role includes providing instruction on specific best care clinical practices?

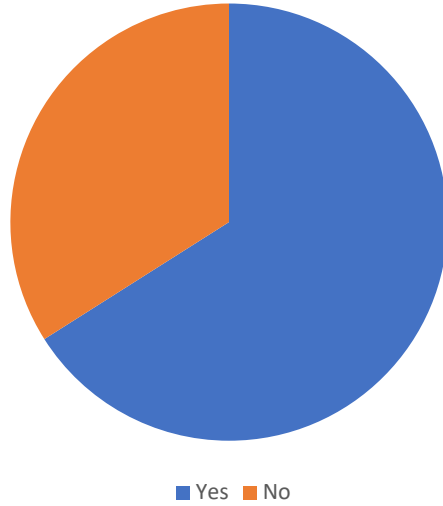


Figure 32 Surveyor feedback on sharing practices to facilities on clinical practices when providing feedback to meet designation criteria

In your survey role, have you shared practice recommendations in any of the following situations (may choose multiple responses):

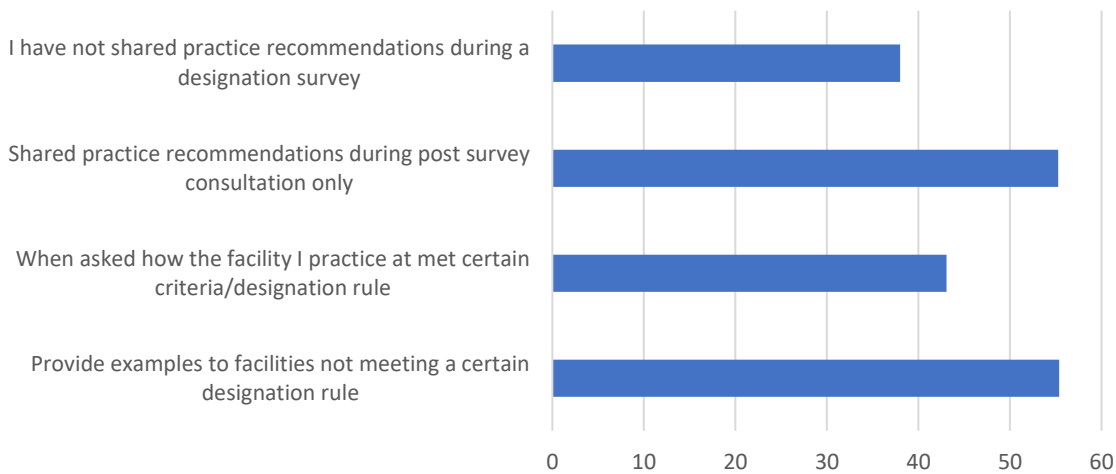
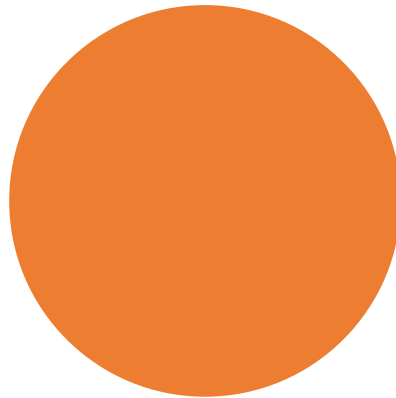


Figure 33 Situation in which practice recommendations have been shared with surveyed facilities

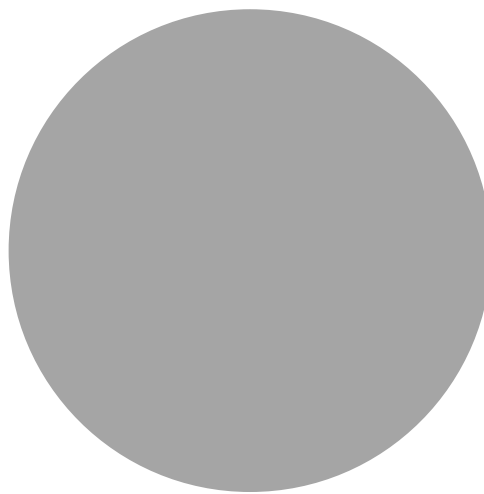
Have you received notification that the state findings differed from survey findings in a survey that you participated in as a surveyor?



■ Yes ■ No

Figure 34 Notification of differences in survey and DSHS findings

If yes, whom did you receive notification from?



■ Survey Agency ■ State (DSHS) ■ Facility surveyed

Figure 35 How notification was received when DSHS findings differed from survey findings



How has the conversion to a virtual survey format (in some circumstances) affected your ability to assess a facility's compliance with Maternal/Neonatal rules?

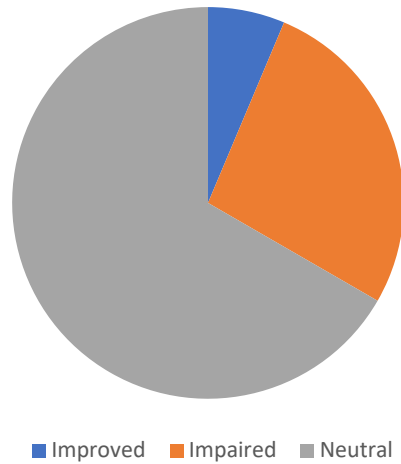


Figure 36 Surveyor perception of virtual format efficacy

To best assess a facility's compliance with the Maternal/Neonatal rules, how should surveys be conducted in the future?

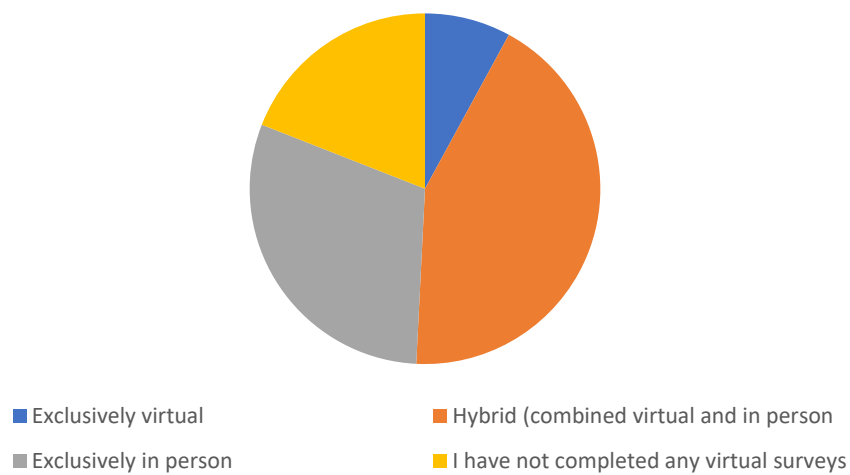


Figure 37 Surveyor preference of survey platform moving forward

Have you identified any challenges with the survey process while serving as a surveyor?

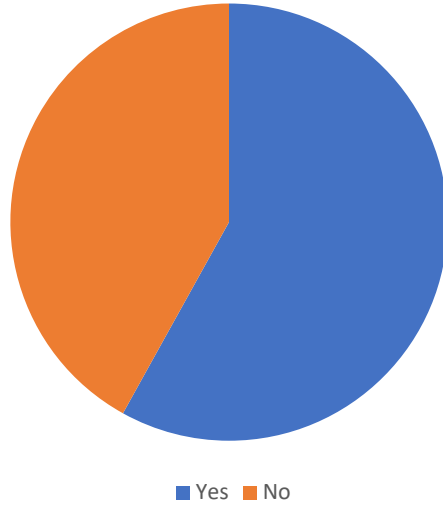


Figure 38 Surveyor identification of challenges in the designation survey process

Have you received ongoing education as a surveyor?

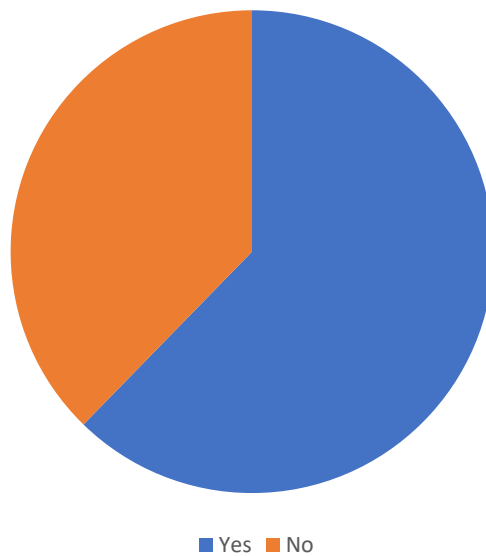


Figure 39 Received ongoing, additional surveyor education

Does your survey agency provide you with feedback so that you can continually ensure/improve consistent application of the Maternal/Neonatal designation rules?

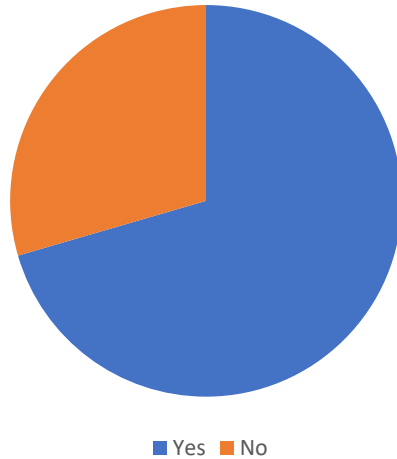


Figure 40 A majority, 70.49% of surveyors, report receiving feedback from their survey agency to aid/improve consistent application of designation rules

Do you plan to continue to do surveys?

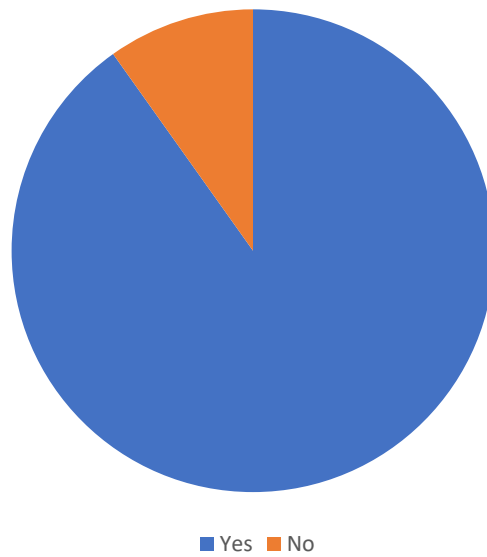


Figure 41 Desire of surveyors to continue in survey role

Qualitative data collected from surveyor survey:

The data collected from the open-ended questions contained within the survey and classified into categories by similar themes. The feedback contained recognition of practices that work well currently as well as suggestions for future consideration as the process evolves. The survey result document has been provided in its entirety for your careful review of all comments.

- 1) When considering virtual survey platform, hybrid is preferred to allow document/chart/data review to be done virtually and tours and interviews to be conducted in person. Benefits of virtual include:
  - a. Scheduling
  - b. Decreased exposure to communicable illnesses (ex. COVID)
  - c. Decreased travel time away from practice

Challenges to virtual format include:

- a. Loss of efficacy of tours and interviews
  - b. Difficulty in completing full assessment of unit and facility flow/environment
  - c. Difficult to validate adherence to program plan and facility policies
  - d. Technical challenges (connectivity, user familiarity with charts, difficult to detect nuance that may prompt additional query)
- 2) Need more clear direction in application of designation rules, decreasing presence of bias related to individual interpretation of the rules.
- 3) Need clear minimum requirements for QAPI standards.
- 4) Need a statewide data base to provide statistical evidence of designation influence on outcomes.
- 5) The designation process has increased financial burden on facility resources
  - Staff to fill roles
  - Meet minimum QAPI requirements
  - Respiratory Therapy
  - Blood Products
  - Medical Directors
  - Program Manager
  - Data Infrastructure
  - Other burdens as identified through QAPI process

Positive outcomes identified by our surveyor respondents include:

- 1) Standards of care improving statewide as a result of designation process and QAPI requirements.
- 2) Improved collaboration, both within facilities and with neighboring/outlying facilities.

## **Recommendations:**

This subcommittee would like to recognize each person involved in the levels of care designation survey process. This has been an enormous undertaking to implement and put into action in a large and diverse state. Our DSHS and survey agency partners provided valuable insight to their processes and shared their struggles openly with our subcommittee. We are pleased with the data that was collected in the electronic survey. There were numerous questions that yielded a majority of positive responses by those participating and constructive opportunities for improvement shared by our stake holders. The transparency shown by all involved is an attribute to the dedication of improving outcomes within our state. Given this designation process is still in its infancy, the PAC has provided a solid foundation for continued growth and maturation of maternal and neonatal levels of care in Texas.

The survey process subcommittee has had the opportunity to see survey results and reflect upon our meetings with DSHS and survey agencies. Additionally, we have discussed as a group, the importance of providing our stake holders with a survey that is equitable and fair to each facility. Upon review of information received from AAP, ACOG, DSHS, TETAf and the electronic survey data and feedback from our stakeholders and surveyors, the survey process subcommittee believes that the following recommendations will enhance the current survey process.

- 1) Statewide, granular patient-level database to provide the statistical proof that the application of maternal and neonatal levels of care designation supports better outcomes for Texas mothers and babies, as well as to provide data-driven clinical outcome focus for statewide and local quality collaboratives to focus quality improvement initiatives.
- 2) Survey documents should be standardized to reduce potential bias and promote equitable surveys regardless of survey agency selection.
- 3) The credentials for surveyors outlined in the maternal/neonatal levels of care documents must be adhered to when selecting candidates for survey assignment. Additionally, surveyor assignments should be made in a manner in which conflict of interest is avoided.
- 4) Surveyor training should be conducted by DSHS to promote consistency among surveyors, this will allow all surveyors to receive the same information. This training should include instruction on criteria that must be present during survey to meet rule requirements.
- 5) Development of a consistently applied process to follow when discrepancies are identified by the state that were not detected by the surveying body. This should include follow up with survey body and surveyor when these discrepancies occur.
- 6) Clear definition of QAPI criteria that must be met to meet minimum requirements.
- 7) Consistent process in which surveyors are evaluated and provided feedback for growth opportunities.
- 8) Improved opportunity for DSHS staff to be present at all surveys and in exit meetings.
- 9) Survey platform (virtual, hybrid, in person) should be further investigated by the survey agency. Following review of the surveyor survey results, there was a split preference with compelling evidence to warrant additional consideration.

10) Development of plan to retain high quality surveyors through utilization of ongoing evaluations.