

TETAF Survey Process and Surveyor Training

TETAF's Perinatal Division – Texas Perinatal Services

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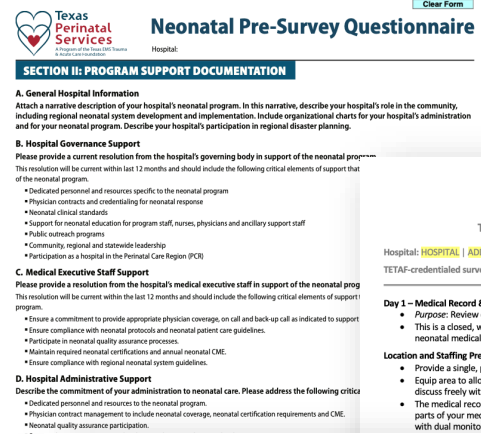


Begins with Surveyor Selection

- Application process
- Defined requirements in Texas Administrative Code (TAC)
- Additional TETAF considerations:
 - Level of current practice
 - Geographical location
 - Provider discipline
 - Eligibility and Conflict of Interest considerations
 - QAPI experience is a critical criteria

Surveyor Training

- 8-hour didactic training – in-person or virtual
- Includes DSHS
- Review of Texas Administrative Code (TAC)
- Review of TETAF Survey Process
 - Agenda – Consistency in workflow
 - TETAF/TPS Review Tools
 - Pre-Survey Questionnaire (PSQ)
 - Medical record selection tool
 - Medical Record Review Tool
 - Report Tool
 - Consultation Supplement



Neonatal Pre-Survey Questionnaire

SECTION II: PROGRAM SUPPORT DOCUMENTATION

A. General Hospital Information
Attach a narrative description of your hospital's neonatal program. In this narrative, describe your hospital's role in the community, including regional neonatal system development and implementation. Include organizational charts for your hospital's administration and for your neonatal program. Describe your hospital's participation in regional disaster planning.

B. Hospital Governance Support
Please provide a current resolution from the hospital's governing body in support of the neonatal program. This resolution will be current within last 12 months and should include the following critical elements of support that of the neonatal program.

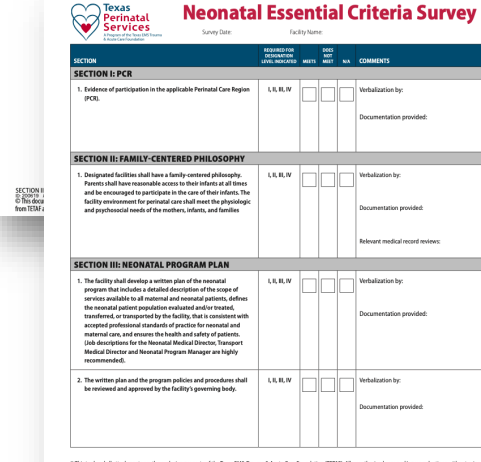
- Dedicated personnel and resources specific to the neonatal program
- Physician contracts and credentialing for neonatal response
- Neonatal clinical standards
- Support for neonatal education for program staff, nurses, physicians and ancillary support staff
- Public outreach programs
- Community, regional and statewide leadership
- Participation as a hospital in the Perinatal Care Region (PCR)

C. Medical Executive Staff Support
Please provide a resolution from the hospital's medical executive staff in support of the neonatal program. This resolution will be current within the last 12 months and should include the following critical elements of support program.

- Ensure a commitment to provide appropriate physician coverage, on call and back-up call as indicated to support
- Ensure compliance with neonatal protocols and neonatal patient care guidelines.
- Participate in neonatal quality assurance processes.
- Maintain required neonatal certifications and annual neonatal CME.
- Ensure compliance with regional neonatal system guidelines.


D. Hospital Administrative Support
Describe the commitment of your administration to neonatal care. Please address the following criteria

- Dedicated personnel and resources to the neonatal program.
- Physician contract management to include neonatal coverage, neonatal certification requirements and CME.
- Neonatal quality assurance participation.
- Supp



Neonatal Essential Criteria Survey Report

SECTION	DESCRIPTION (QUESTION/STATEMENT)	YES	NO	NOT SURE	COMMENTS
SECTION I: PCR	1. Evidence of participation in the applicable Perinatal Care Region (PCR).	L, R, B, W	<input type="checkbox"/>	<input type="checkbox"/>	Verbalization by: Documentation provided:
SECTION II: FAMILY-CENTERED PHILOSOPHY	1. Designated facilities shall have a family-centered philosophy. Parents shall have reasonable access to their infants at all times and be encouraged to participate in the care of their children. The facility environment for perinatal care shall meet the physiologic and psychosocial needs of the mothers, infants, and families.	L, R, B, W	<input type="checkbox"/>	<input type="checkbox"/>	Verbalization by: Documentation provided: Relevant medical record review:
SECTION III: NEONATAL PROGRAM PLAN	1. The facility shall develop a written plan of the neonatal program that includes a detailed description of the range of services available to all maternal and neonatal patients, defines the neonatal patient population neonatal and/or treated, transferred, or transported by the facility, that is consistent with accepted professional standards of practice for neonatal and maternal care, and ensures the health and safety of patients. (See descriptions for the Neonatal Medical Director, Transport Medical Director and Neonatal Program Manager are highly recommended).	L, R, B, W	<input type="checkbox"/>	<input type="checkbox"/>	Verbalization by: Documentation provided:
	2. The written plan and the program policies and procedures shall be reviewed and approved by the facility's governing body.	L, R, B, W	<input type="checkbox"/>	<input type="checkbox"/>	Verbalization by: Documentation provided:



TWO DAY NEONATAL CARE LEVEL * SURVEY AGENDA**

Hospital: **HOSPITAL** | ADDRESS
TETAF-credentialed surveyors: (8) – 1 Pediatric Surgeon, 1 Neonatologist, 1 Registered Nurse (Neonatal)

Day 1 – Medical Record & Document Review - DATE, 12:00 pm - 6:00 pm (or until finish)

- Purpose: Review of the medical records, neonatal program manual, education documentation, and PI process
- This is a closed, working session requiring only the neonatal program manager, neonatal transport director, neonatal medical director, and medical records navigators.

Location and Staffing Preparation for Record Review

- Provide a single, private conference/meeting space on the hospital campus for the surveyor and navigator team.
- Equip area to allow medical records navigators full access to all components of the medical record and ability to discuss freely with the surveyor team.
- The medical records navigators are the key to a successful record review – they should be experienced with ALL parts of your medical records, be supported by staff able to locate difficult-to-find information and be provided with dual monitors to allow their assigned surveyor to view the screen while social distancing.

in the log, clearly indicate all cases that used your quality review (QAP) process.

Records for review. The surveyor team will use this log focusing on cases that have quality review process.

Surveyors may also make special requests for records during the entire three-year cycle.

allowing criteria:

- cases and surgical deaths, if neonatal is performed at your hospital (required, but not including nonwable or tonally cases)
- transferred out to higher level of care from NCU
- transferred in from another facility

quality assurance documents, neonatal possible and ready for review. Peer review department.

ed for all providers.

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Surveyor Training

- Training skills lab
 - Record reviews from home facility (3)
 - Submitted to TETAF staff for feedback and opportunities
 - Part of surveyor credentialing files
- Training surveys
 - Observation with experienced surveyor*
 - Survey with TETAF/TPS staff member support
 - Survey with TETAF/TPS staff check off

TETAF/TPS Medical Record Review Tool

- Critical piece of entire survey
- Drives the surveyor throughout the medical record consistently
- Provides an opportunity to determine standard of care
- Provides an opportunity to determine internal policy compliance

Maternal Record Review

Surveyor: _____ Survey Date: _____ Surveyor Number: _____
 Hospital: _____ Designation Level: -- select --
 Date of Admission: _____ Level of Transferring Facility: -- select --

DELIVERY PHASE OF CARE

MOTHER:
 Prenatal Care? Y N NA
 Gravida ___ Para ___ AB ___
 Gestational Age: _____
 Prenatal labs: Y N NA
 Reason for Admission: _____

WAS RESPIRATORY THERAPY ASSIST REQUIRED? Y N NA
 Suicide/Substance abuse screening: Y N NA
 Urine drug screen: Y N NA

NEONATE:
 Well-baby admission? Y N NA
 Neonatal Intensive Care? Y N NA

SURGICAL:
 Surgery? Y N NA
 Surgery: C-Section Hysterectomy Other
 Surgical Plan/Indication for C-Section?
 scheduled/planned urgent emergent
 C-Section decision time: Y N
 Time between consult and surgeon arrival for urgent/emergent cases: _____

SURGICAL OUTCOMES:

HOSPITAL COURSE

ANTEPARTUM CARE:
 Consult with MFM: Y N NA
 Neonatology consult: Y N NA

ANESTHESIA CARE:
 Epidural: Y N NA
 Spinal General Regional/Block Local

DELIVERY SUMMARY:
 Temp ___ pulse ___ BP ___
 PP recovery VS Fundus checks/bleeding assessed per current standards of practice and policy? Y N NA
 Fundus checks/bleeding assessed per current standards of practice and policy? Y N NA
 Evidence of critical evaluation and management per hospital policies and procedures? Y N NA

FETAL HEART MONITOR:
 Type of FHM -- select --
 Documented appropriately per hospital policy? Y N NA

OXYTOCIN CHECKLIST:
 Oxytocin dosage documented and appropriate per current standards/policy? Y N NA
 Induction: Y N NA

SOCIAL SUPPORT:
 Dentist Consult: Y N NA
 Social Work: Y N NA
 Family-Centered Care: Y N NA
 Bereavement Support: Y N NA

PASTORAL CARE: Y N NA
 Lactation Consult: Y N NA
 Feeding choice at delivery -- select --

ADDITIONAL COMMENTS:

Maternal Record Review

Survey Date: _____ Reference Number: _____
 Designation Level: -- select --

Additional complication policies verified and followed: Y N

Identified in timely manner? Y N
 Documented OR: _____
 Coagulation Disorder: _____
 Medications administered per hospital policy? Y N NA
 Was ATP activated? Y N
 # Units of blood product? _____

ADDITIONAL NOTES:

Is a Higher Level of Resources Due to:
 Chronic Care Surgery Gestational Age Medical/Diagnostic Services
 Admission: Y N NA
 Management of patient? Y N NA

Addressed by hospital?	Evidence of loop closure?
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA

SUMMARY: INCLUDE SURVEYOR-IDENTIFIED OPPORTUNITIES AND FINAL COMMENTS

Surveyor's Assessment of Overall Quality of Care:
 Appropriate
 Opportunities to Improve*
 Questionable*
 (*Opportunities and/or Questionable assessments require supporting comments)

Comments: _____

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TETAF/TPS Survey Report Consistency

- Designed to follow TAC
- Opportunities to document evidence of compliance
- Provides medical record support or document/policy review support
- Provides opportunities to document leadership and staff interviews

The image shows a screenshot of the 'Texas Perinatal Services Neonatal Essential Criteria Survey Report' form. The form is titled 'Neonatal Essential Criteria Survey Report' and includes fields for 'Survey Date' and 'Facility Name'. It is organized into three main sections: SECTION I: PCR, SECTION II: FAMILY-CENTERED PHILOSOPHY, and SECTION III: NEONATAL PROGRAM PLAN. Each section contains specific criteria and a table for recording compliance. The table has columns for 'DEFINITION OR LINK TO CRITERIA', 'I', 'II', 'III', 'IV', 'YES', 'NO', 'N/A', and 'COMMENTS'. Below the table, there are fields for 'Verbalization by:' and 'Documentation provided:'. The form also includes a footer with a copyright notice and a page number '3 of 33'.

SECTION	DEFINITION OR LINK TO CRITERIA	I	II	III	IV	YES	NO	N/A	COMMENTS
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2. The written plan and the program policies and procedures shall be reviewed and approved by the facility's governing body.									Verbalization by: Documentation provided:

Consultation Supplement

- Covered after survey conclusion
 - Reinforces the strengths of the facility
 - Provides actionable suggestions for potential deficiencies
 - Opportunity to provide suggestions on identified opportunities for improvement outside of the TAC requirements



Texas Perinatal Services Surveyor Selection

Surveyor eligibility determined by following criteria:

Surveyor Hospital Employer?

- Equal or higher level?
- Different hospital system?

Primary Hospital Location?

- Different RAC?
- Located > 100 miles?

Physician Provider Service?

- Different from what hospital uses?

Offer to Surveyor

- Surveyor screens for business/patient care relationships or other potential COI



Texas Perinatal Services Surveyor Selection

- Distance from primary residence > 100 miles
- Have they surveyed same facility in previous cycle?
- Surveyor team members from different hospital systems?
- Surveyor scheduling frequency – Get everyone involved



TETAF/TPS Survey/Surveyor Quality Assurance

- Ongoing observations by TETAF staff
- Annual surveyor update training
- Review of reports and record reviews post survey
- DSHS feedback opportunities
- Hospital evaluations opportunities



Working Well – Current Survey and Designation Process

- Lessons learned in initial cycle have driven growth and program maturation in second cycle
- Builds in-house collaborative processes – prevents silo quality and management
- Builds networking with other hospitals
- QAPI programs have expanded with defined expectations
 - Care delivery in units and across the continuum is being evaluated versus the practice of monitoring external triggers and physician driven quality



Suggestions for Improvement – Current Survey and Designation Process

- The rules have an unintended consequence of driving hospitals to keep neonates of all ages to ensure maintenance of their level of designation instead of transferring post stabilization based on the provider's discretion, frequency, and volume of gestational age management.
- The neonatal designations were delayed and resulted in extended cycles of 4-5 years.
- Mid-cycle reviews are being cancelled or completed by DSHS. This could result in an inconsistency in findings. The initial survey team should return for mid-cycles.
- Site survey for Level 1 hospitals – Nurse surveyor only



Thank you for this opportunity.

QUESTIONS?

