

LEVEL I SELF-SURVEY

Instructions

- 1) Review the entire "Self-Survey" form to familiarize yourself with the requirements and plan your process of gathering and labeling required documents. Insert the name of your facility on each page of the Self-Survey form.
- 2) You must determine whether your facility meets, or does not meet, the complete rule identified in each "block". You will then mark the correct box under the "Met" or "Not Met" column for each item.
- 3) Items required by the State are identified in the "Comments" box. Those items should be paginated and each page should be marked with the item number. The item numbers should be inserted in the box under the requested items.
Example: the first item requested is a copy of written program plan. Therefore, the written program plan should be labeled "Attachment 1" and notated in the corresponding field of the application.
- 4) If the "comments" column is blank, it is not necessary to provide documentation for this item.
- 5) Once you have completed gathering and preparing all your documents, please review the "Self-Survey" for any items which were noted as "Not Met" and complete a POC (Plan of Correction) for those items.
- 6) Your "Self-Survey", attachments and POC should be provided to your CEO along with your Neonatal Facility Designation Application. An attestation should then be completed and signed by the CEO.
- 7) Once all documents are completed, the application packet can be sent to the DSHS office per "Application Packet Submission Instructions".
- 8) Any questions regarding completion of these documents should be referred to the Neonatal Designation Coordinators:
 - Debbie Lightfoot, RN – (512) 231-5614
Debra.Lightfoot@dshs.texas.gov
 - Or
 - Danielle Vargas, RN – (512) 218-7069
Danielle.Vargas@dshs.texas.gov

JULY 7, 2017

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133.185 Program Requirements			
(a) 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 infants. The facility environment for perinatal care shall meet the physiologic and psychosocial needs of the mothers, infants, and families.			
(b) Program Plan. The facility shall develop a written plan of the neonatal program that: <ul style="list-style-type: none"> • includes a detailed description of the scope of services available to all maternal and neonatal patients, • defines the neonatal patient population evaluated 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. 			Attach copy of written program plan. (Insert attachment # below.)
(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.			

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(2) The written neonatal program plan shall include, at a minimum:			
(A) standards of neonatal practice that the program policies and procedures are based upon that are adopted, implemented and enforced for the neonatal services it provides;			
(B) a periodic review and revision schedule for all neonatal care policies and procedures;			
(C) written triage, stabilization and transfer guidelines for neonates and/or pregnant/postpartum women that include consultation and transport services;			Attach policy/procedure/guidelines/plan for neonatal transfers. (Insert attachment # below.)
(D) ensure appropriate follow up for all neonates/infants;			Describe when, what and how follow-up is being provided or provide policy. (Insert attachment # below.)
(E) provisions for disaster response to include evacuation of mothers and infants to appropriate levels of care;			
(F) a QAPI Program as described in §133.41(r) of this title (relating to Hospital Functions and Services). The facility shall: <ul style="list-style-type: none"> • demonstrate that the neonatal program evaluates the provision of neonatal care on an ongoing basis, • identify opportunities for improvement, • develop and implement improvement plans, and 			Attach QAPI plan/policy along with: <ul style="list-style-type: none"> • minutes / documentation of 2 most recent QAPI meetings; • Include cases and data reviewed. (Insert attachment # below.)

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<ul style="list-style-type: none"> evaluate the implementation until a resolution is achieved. <p>The neonatal program shall measure, analyze, and track quality indicators or other aspects of performance that the facility adopts or develops that:</p> <ul style="list-style-type: none"> reflect processes of care and is outcome based. <p>Evidence shall support that aggregate patient data is continuously reviewed for trends and data is submitted to the department as requested;</p>			
(G) requirements for minimal credentials for all staff participating in the care of neonatal patients;			Provide job descriptions for all personnel providing neonatal care (nursing, respiratory therapy, aides/technicians, etc.). (Insert attachment # below.)
(H) provisions for providing continuing staff education; including annual competency and skills assessment that is appropriate for the patient population served;			Provide policy along with copy of annual competency and skill assessment forms. (Insert attachment # below.)
(I) a perinatal staff registered nurse as a representative on the nurse staffing committee under §133.41(o)(2)(F) of this title;			Provide minutes with documented attendance for 2 most recent quarters. (Insert attachment # below.)
(J) the availability of all necessary equipment and services to provide the appropriate level of care and support of the patient population served; and			
(K) the availability of personnel with knowledge and skills in breastfeeding.			

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(c) Medical Staff. The facility shall have an organized, effective neonatal program that is recognized by the medical staff and approved by the facility's governing body. The credentialing of the medical staff shall include a process for the delineation of privileges for neonatal care.			
(d) Medical Director. There shall be an identified Neonatal Medical Director (NMD) and/or Transport Medical Director (TMD) as appropriate, <ul style="list-style-type: none"> responsible for the provision of neonatal care services and credentialed by the facility for the treatment of neonatal patients. 			Provide copy of position description to include: all aspects 133.185 (d) (1), (2) (A-H), as listed below. (Insert attachment # below.)
(1) The NMD and/or TMD shall have the authority and responsibility to monitor neonatal patient care from admission, stabilization, operative intervention(s) if applicable, through discharge, inclusive of the QAPI Program.			
(2) The responsibilities and authority of the NMD and/or TMD shall include but are not limited to:			
(A) examining qualifications of medical staff requesting neonatal privileges and makes recommendations to the appropriate committee for such privileges;			
(B) assuring staff competency in resuscitation techniques;			
(C) participating in ongoing staff education and training in the care of the neonatal patient;			

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(D) oversight of the inter-facility neonatal transport;			
(E) participating in the development, review and assurance of the implementation of the policies, procedures and guidelines of neonatal care in the facility including written criteria for transfer, consultation or higher level of care;			
(F) regular and active participation in neonatal care at the facility where medical director services are provided;			
(G) ensuring that the QAPI Program is: <ul style="list-style-type: none"> • specific to neonatal/infant care, • is ongoing, data driven and outcome based; and • regularly participates in the neonatal QAPI meeting; and 			
(H) maintaining active staff privileges as defined in the facility's medical staff bylaws.			
(e) Neonatal Program Manager (NPM). The NPM responsible for the provision of neonatal care services shall be identified by the facility and:			Provide copy of job description for the position and resume' of NPM to include: 133.185 (e) (1-5), as listed below. (Insert attachment # below.)
(1) be a registered nurse:			
(2) have successfully completed and is current in the Neonatal Resuscitation Program (NRP) or an office-approved equivalent:			

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(3) have the authority and responsibility to monitor the provision of neonatal patient care services from admission, stabilization, operative intervention(s) if applicable, through discharge, inclusive of the QAPI Program as defined in subsection (b)(2)(E) of this section.			
(4) collaborate with the NMD in areas to include, but not limited to: <ul style="list-style-type: none"> • developing and/or revising policies, procedures and guidelines; • assuring staff competency, education, and training; • the QAPI Program; and • regularly participates in the neonatal QAPI meeting; and 			
(5) develop collaborative relationships with other NPM(s) of designated facilities within the applicable Perinatal Care Region.			
133.186 Neonatal Designation Level I			
a) Level I (Well Nursery). The Level I neonatal designated facility will:			
(1) provide care for mothers and their infants generally of ≥ 35 weeks gestational age who have routine, transient perinatal problems;			

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(2) have skilled personnel with documented training, competencies and continuing education specific for the patient population served; and			
(3) if an infant <35 weeks gestational age is retained: <ul style="list-style-type: none"> the facility shall provide the same level of care that the neonate would receive at a higher level designated neonatal facility and shall, through the QAPI Program complete an in depth critical review of the care provided. 			Case reviews for all infants less than 35 weeks gestational age retained within most recent 12 months. (Insert attachment # below.)
(b) Neonatal Medical Director (NMD). The NMD shall be a physician who:			Attach current CV/resume' to include 1-4, as listed below. (Insert attachment # below.)
(1) is a currently practicing pediatrician, family medicine physician, or physician specializing in obstetrics and gynecology with experience in the care of neonates/infants;			
(2) demonstrates a current status on successful completion of the Neonatal Resuscitation Program (NRP);			
(3) demonstrates effective administrative skills and oversight of the QAPI Program; and			
(4) has completed continuing medical education annually specific to the care of neonates.			
(c) Program Functions and Services.			

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(1) Triage and assessment of all patients admitted to the perinatal service with identification of pregnant patients who are at high risk of delivering a neonate that requires a higher level of care who will be transferred to a higher level facility prior to delivery unless the transfer would be unsafe.			
(2) Supportive and emergency care delivered by appropriately trained personnel for unanticipated maternal – fetal problems that occur during labor and delivery though the disposition of the patient.			
(3) The ability to perform an emergency cesarean delivery.			Attach policy. (Insert attachment # below.)
(4) The primary physician, advanced practice nurse and/or physician assistant: <ul style="list-style-type: none"> • with special competence in the care of neonates, • whose credentials have been reviewed by the NMD and • is on call, and: 			Describe your facility’s credentialing process. Including 133.185 (c). (Insert attachment # below.)
(A) shall demonstrate a current status on successful completion of the American Heart Association/American Academy of Pediatrics for the resuscitation of all infants NRP;			Documentation identifying status of NRP certifications of <u>all</u> physicians, physician assistants, and advanced practice nurses providing neonatal care. (Insert attachment # below.)
(B) has completed continuing education annually, specific to the care of neonates;			

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(C) shall arrive at the patient bedside within 30 minutes of an urgent request;			Provide notification and arrival times for all providers from most recent 3 months. (Insert attachment # below.)
(D) if not immediately available to respond or is covering more than one facility, be provided appropriate backup coverage who shall be available, documented in an on call schedule and readily available to facility staff; and			Copies of most recent 3 months of on-call schedules. (Insert attachment # below.)
(E) if the physician, advanced practice nurse and/or physician assistant is providing backup coverage, shall arrive at the patient bedside within 30 minutes of an urgent request.			
(5) Availability of appropriate anesthesia, laboratory, radiology, ultrasonography and blood bank services on a 24 hour basis as described in §133.41(a), (h), and (s) of this title, respectively.			
(A) If preliminary reading of imaging studies pending formal interpretation is performed, the preliminary findings must be documented in the medical record.			(Include (A) and (B) in QAPI plan).
(B) There must be regular monitoring of the preliminary versus final reading in the QAPI Program.			
(6) A pharmacist shall be available for consultation on a 24 hour basis.			
(A) If medication compounding is done by a pharmacy technician for neonates/infants, a pharmacist will provide immediate supervision of the compounding process.			Provide policy for compounding neonate medications by pharmacy technician (6) (A-B), as listed below. (Insert attachment # below.)

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(B) If medication compounding is done for neonates/infants, the pharmacist will develop checks and balances to ensure the accuracy of the final product.			
(7) Resuscitation. The facility shall: <ul style="list-style-type: none"> • have appropriately trained staff, • policies and procedures for the stabilization and resuscitation of neonates based on current standards of professional practice; • shall ensure the availability of personnel who can stabilize distressed neonates including those <35 weeks gestation until they can be transferred to a higher level facility. 			Attach resuscitation code policy (including A-D), as listed below. (Insert attachment # below.)
(A) Each birth shall be attended by at least one person who demonstrates a current status of successful completion of the NRP whose primary responsibility is for the management of the neonate and initiating resuscitation.			1) Attach policy or guideline for attendance by NRP certified personnel at each delivery; and 2) Attach a list of all personnel who are NRP certified with identification of their title and NRP expiration date. (Insert attachment # below.)
(B) At least one person must be immediately available on-site with the skills to perform a complete neonatal resuscitation including: <ul style="list-style-type: none"> • endotracheal intubation, • establishment of vascular access and • administration of medications. 			
(C) Additional providers with current status of successful completion of the NRP shall be on-site and immediately available upon request;			

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(D) Basic NRP equipment and supplies shall be immediately available for trained staff to perform resuscitation and stabilization on any neonate/infant.			
(8) Perinatal Education. A registered nurse with experience in neonatal and/or perinatal care shall provide supervision and coordination of staff education.			Identify educator and credentials. (Insert attachment # below.)
(9) Ensures the availability of support personnel with knowledge and skills in breastfeeding to meet the needs of new mothers.			Identify resources. (Insert attachment # below.)
(10) Social services and pastoral care shall be provided as appropriate to meet the needs of the patient population served.			Attach policy for social services and pastoral care. (Insert attachment # below.)

Neonatal Program Manager

Date

Neonatal Medical Director

Date