

Texas Administrative Code

TITLE 25	HEALTH SERVICES
PART 1	DEPARTMENT OF STATE HEALTH SERVICES
CHAPTER 133	HOSPITAL LICENSING
SUBCHAPTER J	HOSPITAL LEVEL OF CARE DESIGNATIONS FOR NEONATAL AND MATERNAL CARE
RULE §133.183 General Requirements	

(a) The Office of Emergency Medical Services (EMS)/Trauma Systems Coordination (office) shall recommend to the Executive Commissioner of the Health and Human Services Commission (executive commissioner) the designation of an applicant/healthcare facility as a neonatal facility at the level for each location of a facility, which the office deems appropriate.

(b) A healthcare facility is defined under this subchapter as a single location where inpatients receive hospital services or each location if there are multiple buildings where inpatients receive hospital services and are covered under a single hospital license.

(c) Each location shall be considered separately for designation and the office will determine the designation level for that location, based on, but not limited to, the location's own resources and level of care capabilities; Perinatal Care Region (PCR) capabilities; compliance with Chapter 133 of this title, concerning Hospital Licensing. A stand-alone children's facility that does not provide obstetrical services is exempt from obstetrical requirements. The final determination of the level of designation may not be the level requested by the facility.

(1) Level I (Well Nursery). The Level I neonatal designated facility will:

(A) provide care for mothers and their infants generally of ≥ 35 weeks gestational age who have routine, transient perinatal problems;

(B) have skilled personnel with documented training, competencies and continuing education specific for the patient population served; and

(C) if an infant < 35 weeks gestational age is retained, 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.

(2) The Level II (Special Care Nursery). The Level II neonatal designated facility will:

(A) provide care for mothers and their infants of generally ≥ 32 weeks gestational age and birth weight ≥ 1500 grams who have physiologic immaturity or who have problems that are expected to resolve rapidly and are not anticipated to require subspecialty services on an urgent basis; and

(B) either provide care, including assisted endotracheal ventilation for less than 24 hours or nasal continuous positive airway pressure (NCPAP) until the infant's condition improves, or arrange for appropriate transfer to a higher level designated facility; and

(C) provide skilled personnel that have documented training, competencies and annual continuing education specific for the patient population served.

(3) Level III (Neonatal Intensive Care Unit (ICU)). The Level III neonatal designated facility will:

(A) provide care for mothers and comprehensive care of their infants of all gestational ages with mild to critical illnesses or requiring sustained life support;

(B) provide for consultation to a full range of pediatric medical subspecialists and pediatric surgical specialists, and the capability to perform major pediatric surgery on-site or at another appropriate designated facility;

(C) have skilled medical staff and personnel with documented training, competencies and continuing education specific for the patient population served;

(D) facilitate transports; and

(E) provide outreach education to lower level designated facilities.

(4) Level IV (Advanced Neonatal ICU). The Level IV neonatal designated facility will:

(A) provide care for mothers and comprehensive care of their infants of all gestational ages with the most complex and critically ill neonates/infants and/or requiring sustained life support;

(B) have a comprehensive range of pediatric medical subspecialists and pediatric surgical subspecialists available to arrive on-site for face to face consultation and care, and the capability to perform major pediatric surgery including the surgical repair of complex conditions;

(C) have skilled personnel with documented training, competencies and continuing education specific for the patient population served;

(D) facilitate transports; and

(E) provide outreach education to lower level designated facilities.

(d) Facilities seeking neonatal facility designation shall be surveyed through an organization approved by the office to verify that the facility is meeting office-approved relevant neonatal facility requirements. The facility shall bear the cost of the survey.

(e) PCRs.

(1) The PCRs are established for descriptive and regional planning purposes and not for the purpose of restricting patient referral.

(2) The PCR will consider and facilitate transfer agreements through regional coordination.

(3) A written plan identifies all resources available in the PCRs for perinatal care including resources for emergency and disaster preparedness.

(4) The PCRs are geographically divided by counties and are integrated into the existing 22 TSAs and the applicable Regional Advisory Council (RAC) of the TSA provided in §157.122 and §157.123 of this title; will be administratively supported by the RAC; and will have fair and equitable representation on the board of the applicable RAC.

(5) Multiple PCRs can meet together for the purposes of mutual collaboration.

Source Note: The provisions of this §133.183 adopted to be effective June 9, 2016, 41 TexReg 4011