

LEVEL I SELF-SURVEY

Instructions

- 1) Review the entire "Self-Survey" form to become familiar with the requirements and plan a process to compile and label required documents. **Insert the name of the facility on each page of the Self-Survey form.**
- 2) Determine how the facility meets or does not meet, the **complete** requirement identified in each "block". Mark the correct box under the "Met" or "Not Met" column for each requirement.
- 3) Documents **required** by the State are identified in the "Instructions" box. All required documents **MUST** be labeled as an **Attachment with a corresponding letter or number and all pages MUST be numbered.** The attachment letter and/or number should be listed in the corresponding "Instructions" box.

Example: Written triage, stabilization and transfer guidelines. Label first page "Attachment B" and each subsequent page accordingly (i.e., B.1, B.2).

Level I (Basic Care) Requirements	Met	Not Met	Instructions
(C) written triage, stabilization and transfer guidelines for pregnant and postpartum patients that include consultation and transport services;			Policy/procedure/guidelines for maternal transfers Attachment B – pages 1-3 (number each page of your transfer guidelines accordingly– i.e. B.1, B.2, etc.)

- 4) If the "Instructions" column is blank, it is not necessary to provide documentation for this requirement.
- 5) Once all documents have been compiled and finalized, review the "Self-Survey" for any requirements which were noted as "Not Met" and complete a POC (Plan of Correction) for those requirements.
- 6) The "Self-Survey", Self-Survey attachments, POC (if required), Maternal Facility Designation Application, copy of remittance form, and PCR letter of participation should be reviewed by the hospital administrator and an appropriate Letter of Attestation executed and signed by the hospital administrator to complete the packet.
- 7) Once all documents are completed, the application packet can be sent to the DSHS office email DSHS.EMS-TRAUMA@dshs.texas.gov per "Application Packet Submission Instructions".
- 8) Any questions regarding completion of these documents should be referred to the Perinatal Designation Coordinators:

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	Met	Not Met	

133.205 Program Requirements.			
(a) Designated facilities shall have a family centered philosophy. The facility environment for perinatal care shall meet the physiologic and psychosocial needs of the mothers, infants, and families. Parents shall have reasonable access to their infants at all times and be encouraged to participate in the care of their infants.			
(b) Program Plan. The facility shall develop a written plan of the maternal program that: <ul style="list-style-type: none"> includes a detailed description of the scope of services available to all maternal patients, defines the maternal patient population evaluated and/or treated, transferred, or transported by the facility, that is consistent with accepted professional standards of practice for maternal care, and ensures the health and safety of patients. 		Provide facility <u>Maternal Program Plan</u> or <u>Perinatal Program Plan</u> . (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 maternal program plan shall include, at a minimum:			
(A) Program policies and procedures that are:			
(i) based upon current standards of maternal practice; and			
(ii) adopted, implemented and enforced for the maternal services it provides;			
(B) a periodic review and revision schedule for all maternal care policies and procedures;			
(C) written triage, stabilization and transfer guidelines for pregnant and postpartum patients that include consultation and transport services;			Provide policy/procedure/guidelines for maternal transfers if not included in Program Plan. (Insert attachment # below)
(D) written guidelines or protocols for prevention, early identification, early diagnosis, and therapy for conditions that place the pregnant or postpartum patient at risk for morbidity and/or mortality;			
(E) provisions for unit specific disaster response to include evacuation of maternal patients and infants to appropriate levels of care;			Provide unit-specific disaster response plan, including evacuation of maternal/neonatal patients to appropriate levels of care. (Insert attachment # below)
(F) a Quality Assessment and Performance Improvement (QAPI) Program as described in §133.41 of this title (relating to Hospital Functions and Services). The facility shall demonstrate that			Provide agendas, attendance sign-in sheets and meeting minutes from the last two QAPI meetings. Provide a description of the Maternal QAPI Program to meet all requirements listed.

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<p>the maternal program evaluates the provision of maternal care</p> <ul style="list-style-type: none"> • on an ongoing basis, • identify opportunities for improvement, • develop and implement improvement plans, and • evaluate the implementation until a resolution is achieved. <p>The maternal program shall measure, analyze, and track quality indicators and other aspects of performance that the facility adopts or develops that reflect processes of care is outcome based.</p> <p>Evidence shall support that aggregate patient data is continuously reviewed for trends and data is submitted to the department as requested.</p>			(Insert attachment # below)
(G) requirements for minimal credentials for all staff participating in the care of maternal patients;			
(H) provisions for providing continuing staff education; including annual competency and skills assessment that is appropriate for the patient population served;			
(I) a perinatal staff registered nurse as a representative on the nurse staffing committee under §133.41 of this title; and			

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(J) the availability of all necessary equipment and services to provide the appropriate level of care and support of the patient population served.			
(c) Medical Staff. The facility shall have an organized, maternal program that is: <ul style="list-style-type: none"> • recognized by the medical staff and • approved by the facility's governing body. 			
(1) The credentialing of the maternal medical staff shall include a process for the delineation of privileges for maternal care.			
(2) The maternal medical staff will participate in ongoing staff and team based education and training in the care of the maternal patient.			Provide evidence of maternal medical staff participation in ongoing staff and team based education and training related to maternal patient care (i.e. sign-in sheets). (Insert attachment # below)
(d) Medical Director. There shall be an identified Maternal Medical Director (MMD) and/or Transport Medical Director (TMD) as appropriate; <ul style="list-style-type: none"> • responsible for the provision of maternal care services; and • credentialed by the facility for the treatment of maternal patients. The responsibilities and authority of the MMD and/or TMD shall include:			Maternal Medical Director's resume'/CV and job description. (Insert attachment # below)

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(1) examining qualifications of medical staff requesting maternal privileges and making recommendations to the appropriate committee for such privileges;			
(2) assuring maternal medical staff competency in managing obstetrical emergencies, complications and resuscitation techniques;			
(3) monitoring maternal patient care from transport if applicable, to admission, stabilization, operative intervention(s) if applicable, through discharge, and inclusive of the QAPI Program;			
(4) participating in ongoing maternal staff and team based education and training in the care of the maternal patient;			
(5) overseeing the inter-facility maternal transport;			
(6) collaborating with the MPM in areas to include: <ul style="list-style-type: none"> • developing and/or revising policies, procedures and guidelines, • assuring medical staff and personnel competency, • education and training; and • the QAPI Program; 			
(7) frequently leading and participating in the maternal QAPI meetings;			

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(8) ensuring that the QAPI Program is: <ul style="list-style-type: none"> • specific to maternal and fetal care, • is ongoing, • data driven; and • outcome based; 			
(9) participating as a clinically active and practicing physician in maternal care at the facility where medical director services are provided;			
(10) maintaining active staff privileges as defined in the facility's medical staff bylaws; and			
(11) developing collaborative relationships with other MMD(s) of designated facilities within the applicable Perinatal Care Region.			Does MMD participate in Perinatal Care Region (PCR)? Yes No (Insert attachment # below if needed)
(e) Maternal Program Manager (MPM). The MPM responsible for the provision of maternal care services shall be identified by the facility and:			Maternal Program Manager’s resume’ and job description. (Insert attachment # below)
(1) be a registered nurse with perinatal experience;			
(2) be a clinically active and practicing registered nurse participating in maternal care at the facility where program manager services are provided;			
(3) has the authority and responsibility to monitor the provision of maternal patient care services from admission, stabilization, operative intervention(s) if applicable, through discharge, and inclusive of the QAPI Program;			

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(4) collaborates with the MMD in areas to include: <ul style="list-style-type: none"> • developing and/or revising policies, procedures and guidelines; • assuring staff competency, education, and training; and • the QAPI Program; 			
(5) frequently leads and participates in the maternal QAPI meetings;			
(6) ensures that the QAPI Program is: <ul style="list-style-type: none"> • specific to maternal and fetal care, • ongoing, • data driven and outcome based; and 			
(7) develops collaborative relationships with other MPM(s) of designated facilities within the applicable Perinatal Care Region.			Does MPM participate in Perinatal Care Region (PCR)? Yes No (Insert attachment # below if needed)
133.206 Maternal Designation Level I.			
(a) Level I (Basic Care). The Level I maternal designated facility will:			

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(1) provide care of pregnant and postpartum patients who are generally healthy, and do not have medical, surgical, or obstetrical conditions that present a significant risk of maternal morbidity or mortality; and			
(2) have skilled personnel with documented training, competencies and annual continuing education specific for the patient population served.			Provide a list of annual competencies and skills for nursing staff who provide care to the maternal patient. (Insert attachment # below)
(b) Maternal Medical Director (MMD). The MMD shall be a physician who:			
(1) is a family medicine physician or an obstetrics and gynecology physician, with obstetrics training and experience, and with privileges in maternal care;			
(2) demonstrates administrative skills and oversight of the Quality Assessment and Performance Improvement (QAPI) Program; and			
(3) has completed annual continuing education specific to maternal care.			Provide continuing education documentation for the past two years specific to maternal care. (Insert attachment # below)
(c) Program Function and Services			
(1) Triage and assessment of all patients admitted to the perinatal service.			
(A) Pregnant patients who are identified at high risk of delivering a neonate that require a higher level of neonatal care than the scope of their neonatal facility shall be transferred to a higher			

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level neonatal designated facility prior to delivery unless the transfer is unsafe.			
(B) Pregnant or postpartum patients identified with conditions and/or complications that require a higher level of maternal care shall be transferred to a higher level maternal designated facility unless the transfer is unsafe.			
(2) Provide for patients with uncomplicated pregnancies with the capability to detect, stabilize, and initiate management of unanticipated maternal-fetal or maternal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a higher level of neonatal and/or maternal care.			
(3) An obstetrics and gynecology physician with obstetrics training and experience shall be available at all times.			Provide evidence for how this requirement is met for these services: Obstetrics/Gynecology Medical/Surgical Behavioral Health (Insert attachment # below)
(4) Medical, surgical and behavioral health specialists shall be available at all times for consultation appropriate to the patient population served.			
(5) Ensure that a qualified physician or certified nurse midwife with appropriate physician back-up is available to attend all deliveries or other obstetrical emergencies.			

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(6) The primary physician or certified nurse midwife with competence in the care of pregnant patients, whose credentials have been reviewed by the MMD and is on call:			
(A) shall arrive at the patient bedside within 30 minutes of an urgent request; and			Provide evidence of process to meet the requirement (i.e. policy or guideline defining an urgent request; how it is tracked). Provide urgent request response log/list/report. (Insert attachment # below)
(B) shall complete annual continuing education, specific to the care of pregnant and postpartum patients, including complicated conditions.			
(7) Certified nurse midwives, physician assistants and nurse practitioners who provide care for maternal patients:			Does facility utilize nurse midwives, physician assistants or nurse practitioners to provide care for maternal patients? Yes No
(A) shall operate under guidelines reviewed and approved by the MMD; and			If yes to (7) above, include: Practice guidelines pertaining to midwives, physician assistants or nurse practitioners that have been reviewed and approved by the MMD. (Insert attachment # below if needed)
(B) shall have a formal arrangement with a physician with obstetrics training and/or experience, and with maternal privileges who will:			

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(i) provide back-up and consultation;			
(ii) arrive at the patient bedside within 30 minutes of an urgent request; and			
(iii) meet requirements for medical staff as described in §133.205 of this title (relating to Program Requirements) respectively.			
(8) An on-call schedule of providers, back-up providers, and provision for patients without a physician will be readily available to facility and maternal staff and posted on the labor and delivery unit.			Provider on-call list for most recent month. (Insert attachment # below)
(9) Ensure that physicians providing back-up coverage shall arrive at the patient bedside within 30 minutes of an urgent request.			
(10) Appropriate anesthesia, laboratory, pharmacy, radiology, respiratory therapy, ultrasonography and blood bank services shall be available on a 24-hour basis as described in §133.41 of this title (relating to Hospital Functions and Services) respectively.			
(A) Anesthesia personnel with training and experience in obstetric anesthesia, shall be available at all times and arrive to the patient bedside within 30 minutes of an urgent request.			Provide urgent request response log/list/report for most recent month. (Insert attachment # below)
(B) Laboratory and blood bank services shall have guidelines or protocols for:			
(i) massive blood component transfusion;			

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(ii) emergency release of blood components; and			Provide OB-specific policy for massive blood component transfusion. (Insert attachment # below)
(iii) management of multiple blood component therapy.			
(C) Medical Imaging Services.			
(i) If preliminary reading of imaging studies pending formal interpretation is performed, the preliminary findings must be documented in the medical record.			
(ii) There shall be regular monitoring of the preliminary versus final reading in the QAPI Program.			
(iii) Basic ultrasonographic imaging for maternal or fetal assessment, including interpretation available at all times.			
(iv) A portable ultrasound machine immediately available at all times to the labor and delivery and antepartum unit.			Describe ultrasound location for the labor and delivery/antepartum unit. (Insert attachment # below)
(D) A pharmacist shall be available for consultation at all times.			
(11) Obstetrical Services.			
(A) The ability to begin an emergency cesarean delivery and ensure the availability of a physician with the training, skills, and privileges to perform the surgery within a time period consistent with the			Provide number of emergency cesarean sections during reporting year, including decision to incision times. (Insert attachment # below)

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current standards of professional practice and maternal care.			
(B) Ensure the availability and interpretation of non-stress testing, and electronic fetal monitoring.			
(C) A trial of labor for patients with prior cesarean delivery shall have the capability of anesthesia, cesarean delivery, and maternal resuscitation on-site during the trial of labor.			Policy/protocol/guidelines addressing trial of labor. (Insert attachment # below)
(12) Resuscitation. The facility shall have written policies and procedures specific to the facility for the stabilization and resuscitation of the pregnant or postpartum patient based on current standards of professional practice. The facility:			Policy/protocol/guideline addressing stabilization and resuscitation of the pregnant or postpartum patient. (Insert attachment # below)
(A) ensures staff members, not responsible for the neonatal resuscitation, are immediately available on-site at all times who demonstrate current status of successful completion of ACLS and the skills to perform a complete resuscitation; and			
(B) ensures that resuscitation equipment including difficult airway management equipment for pregnant and postpartum patients, is immediately available at all times to the labor and delivery, antepartum and postpartum areas.			
(13) The facility shall have written guidelines or protocols for various conditions that place the			
			Provide guidelines or protocols addressing:

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<p>pregnant or postpartum patient at risk for morbidity and/or mortality, including:</p> <ul style="list-style-type: none"> • promoting prevention, • early identification, • early diagnosis, • therapy, • stabilization, and • transfer. <p>The guidelines or protocols must address a minimum of:</p>			<p>Massive hemorrhage and transfusion of the pregnant/postpartum patient; Obstetrical hemorrhage: Hypertensive disorders in pregnancy/postpartum; Sepsis and/or systemic infection in pregnant/postpartum patient; Venous thromboembolism in pregnant/postpartum patients; Shoulder dystocia; and Behavioral health disorders. (Insert attachment # below)</p>
(A) massive hemorrhage and transfusion of the pregnant or postpartum patient in coordination of the blood bank, including management of unanticipated hemorrhage and/or coagulopathy;			
(B) obstetrical hemorrhage including promoting the identification of patients at risk, early diagnosis, and therapy to reduce morbidity and mortality;			
(C) hypertensive disorders in pregnancy including eclampsia and the postpartum patient to promote early diagnosis and treatment to reduce morbidity and mortality;			
(D) sepsis and/or systemic infection in the pregnant or postpartum patient;			
(E) venous thromboembolism in pregnant and postpartum patient including assessment of risk factors, prevention, early diagnosis and treatment;			

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(F) shoulder dystocia, including assessment of risk factors, counseling of patient, and multi-disciplinary management; and			
(G) behavioral health disorders, including depression, substance abuse and addiction that includes screening, education, consultation with appropriate personnel and referral.			
(14) Perinatal Education. <ul style="list-style-type: none"> • A registered nurse with experience in maternal care shall provide the supervision and coordination of staff education. • Perinatal education for high risk events will be provided at frequent intervals to prepare medical, nursing, and ancillary staff for these emergencies. 			
(15) Support personnel with knowledge and skills in breastfeeding and lactation to meet the needs of maternal patients shall be available at all times.			Provide evidence for how this requirement is met. (Insert attachment # below)
(16) Social services, pastoral care and bereavement services shall be provided as appropriate to meet the needs of the patient population served.			Provide policies/guidelines for social services, pastoral care and bereavement services. (Department specific). (Insert attachment # below)
(17) Dietician or nutritionist available with appropriate training and experience for population served in compliance with the requirements in §133.41(d) of this title.			Provide policies/guidelines for dietician or nutritionist consults for the pregnant or postpartum patient. (Department specific). (Insert attachment # below)