

## Texas Perinatal Services Neonatal Survey Agenda

**Hospital:**

**Designation sought:** Level II/III/IV

**TETAF-credentialed surveyors:** Pediatric Surgeon / Neonatologist / Registered Nurse (neonatal)

**Observers:** TETAF

### Two-Day Survey Schedule

#### Day 1—Pre-Survey Medical Record Review Date and Start Time: date, 12:00\* to finish

*Please note:* This is a closed, working session and requires the neonatal medical director, neonatal transport director, neonatal program manager, other neonatal program staff and the surveyors only.

#### I. Medical Records and Document Review (*approximately 6 to 8 hours*)

- A. The survey team works in collaboration, space should allow for reviewers, navigators and conversation in a private conference room meeting area.
- B. Available documents during record reviews includes quality assurance documents, peer review, meeting minutes and all policies.
- C. Provide a computer terminal with a navigator for each surveyor.
- D. The navigator is key to a successful review. Ensure accessibility to all medical records as needed.
- E. Medical Records Requested for Review

Your date range for the record reviews is the last 12 months; special or additional record requests may be made by the surveyors for the entire three-year cycle.

An all-inclusive admission log for the last 12 months must be made available to the surveyors to allow a random selection of cases. Create a list from the categories below to easily identify critical or complicated cases. Please **highlight** all cases that have been quality reviewed.

- i. Infant from < or = to 23-26 weeks EGA at birth
- ii. Infant from 27-29 weeks
- iii. Infant from 30-32 weeks
- iv. Infant from 33-36 weeks
- v. Infant from 37-40 weeks
- vi. Infant who required iNO
- vii. Infants > 24 hours ventilation
- viii. Infants > 14 days length of stay
- ix. Infant who was treated with body or head cooling (therapeutic hypothermia)
- x. Surgical cases and surgical deaths, if neonatal surgeries are performed at your hospital
- xi. Deaths (required; but not including nonviable or lethal anomaly cases)
- xii. Infant transferred out to higher level of care from L&D or NICU
- xiii. Infant transferred in from another facility

#### COVID-19 PRECAUTIONS

- Reduce the number involved in record review.
- Provide hand hygiene resources.
- Provide space for appropriate social distancing.
- Use mask as needed.
- Social distancing and masking as indicated is a priority.

II. Credentialing, certifications and continuing education will be reviewed. Selections will be random, based on medical record reviews.

III. Day 1 wrap-up with neonatal medical director and neonatal program manager.

**Day 2—date, 8:00 am to finish**

- I. Site Survey Opening Conference—surveyors to lead (*approximately 45 to 90 minutes*)
  - A. Expected participation
    - i. Hospital leadership and neonatal care program leadership
    - ii. Medical provider representation and departmental directors
      - a. Neonatal Medical Director and/or neonatologist
      - b. Anesthesia
      - c. Surgeon representatives
      - d. Obstetrician
      - e. Radiology
      - f. Laboratory/Blood Bank
      - g. Physical Therapy/Occupational Therapy
      - h. Chaplain and/or Social Services
      - i. Lactation
      - j. Pharmacy
      - k. Nutrition
      - l. Respiratory Therapy
- II. Hospital Tour—limit the hospital tour escorts to avoid patient care disruption (*approximately 45 to 60 minutes*)
  - A. Staff will be interviewed in individual departments
  - B. Surveyors will tour units listed below; however, at surveyor discretion, additional units may be added.
    - i. Neonatal unit
    - ii. Labor and Delivery Operating Room
    - iii. Surgical department for neonatal cases (Level IV and Level III with surgical capabilities only)
    - iv. C-Section Suite
    - v. Laboratory / Blood Bank
    - vi. Pharmacy
- III. Surveyor closed session—survey team to prepare exit summary (*approximately 60-90 minutes*)
- IV. Closed session—neonatal medical director, neonatal program manager and survey team
- V. Exit Conference (*approximately 30 to 45 minutes*)
  - A. Expected participation: hospital executive leadership and neonatal program leadership
  - B. Review of potential criteria deficiencies
- VI. Consultation Conference (if requested, *approximately 30-45 minutes*)
- VII. Survey Team Exit

**COVID-19 PRECAUTIONS**

- Participation at opening conference is limited to program team and administrative leadership; anyone outside of this core group will participate via conference call.
- Provide ample space for social distancing.
- Reduce the number of individuals on the facility walk-through; preferably one surveyor, medical director, and program manager.
- Masking during all staff interviews is required.
- PPE for ICU, OR, or ED is required.
- Participation at closing conference should mirror opening conference.

\* Opening and Exit Confernece times may be altered due to travel.