



Neonatal Levels of Care Designation

Where to Start?

With mandatory designation for neonatal intensive care units rapidly approaching, the Texas Department of State Health Services (DSHS) indicated recently that the application for survey will be available in September. Hospitals should have several items in place to prepare for and apply for neonatal level of care designation. TETAF's Perinatal Program has developed a "Where to Start" resource which will be updated regularly with new information as this process evolves. To get started, TETAF's Perinatal Program recommends the following actions:

- 1) Read the DSHS final designation rule and refer to it as your hospital develops its program components. The rule can be found online at: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=133&sc_h=J&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=133&sc_h=J&rl=Y). The rule defines essential criteria a hospital must meet for each level of certification. For example, the regulation specifies types of equipment, personnel and training and quality improvement processes.
- 2) Be familiar with the "Guidelines for Perinatal Care – Seventh Edition." This is an excellent resource and should be used as a reference when establishing a perinatal program.
- 3) Identify a Neonatal Medical Director and a Neonatal Program Manager. These leaders are imperative to the success of a hospital perinatal program.
- 4) Develop an Operations Committee for Neonatal Levels of Care Designation. Suggestions for membership are provided below. Additionally, the level of designation and the hospital's resources should drive committee membership and should be based on the rule requirements:
 - a. Executive Leadership
 - b. Neonatal Medical Director
 - c. Neonatal Transport Medical Director
 - d. Director of Maternal-Child Services
 - e. Neonatal/Perinatal Program Manager
 - f. Respiratory Therapist with neonatal expertise
 - g. Pharmacist with neonatal expertise
 - h. Quality Assurance/ Case Manager

- 5) Develop/review job descriptions for the Neonatal Medical Director, the Neonatal Program Manager and committee members as they relate to neonatal services.
- 6) Define roles and responsibilities of committee members as they relate to neonatal levels of care designation rule requirements and the *Guidelines for Perinatal Care – Seventh Edition*.
- 7) Develop/review policies and procedures defining the hospital’s scope of practice for neonatal services and the patient population to be included in the hospital NICU quality assurance program (should be established by a hospital internal policy). Other policies and procedures should establish and define criteria necessary to provide the level of care for which certification is sought. Admission and transfer policies, as well as nursing guidelines should be addressed to ensure optimal patient care based on nationally accepted standards of care.
- 8) Create a quality assurance plan and develop record review tools. This should include an algorithm defining the step-by-step process to loop closure. This quality assurance program should be incorporated into the hospital quality committee.
- 9) Create an education policy defining physician and nursing certification requirements.
- 10) Ensure all policies and guidelines comply with the rule requirements.
- 11) Contact the Regional Advisory Council (RAC) leadership for your area. The Perinatal Care Regions, outlined in the rule, will partner with the RAC system. RAC participation is a required part of state designation. If unsure of which RAC the hospital belongs to, see the map listed in the perinatal resources section. To contact your RAC, go to www.tetaf.org which lists all the RACs with a link to their websites at the bottom of the homepage.
- 12) Develop Affiliation Agreements with every facility that your hospital partners with on neonatal transfers.

These steps should help build a strong foundation for a successful survey process. Please email any questions you may have to:

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