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February 13, 2023

Jorie Klein, RN
EMS/Trauma Systems Director
Texas Department of State Health Services
1100 West 49th Street
Austin, TX 78756-3199

Dear Ms. Klein:

Texas EMS, Trauma & Acute Care Foundation (TETAF) and Texas Perinatal Services (TPS) appreciate the opportunity to submit public comment on the Texas Department of State Health Services' (DSHS) draft of the Neonatal Rule Revisions Update. Texas Perinatal Services completed neonatal surveys in 80% of hospitals providing care to neonates across Texas during the first cycle of surveying. Providing neonatal survey services for Level II, III, and IV hospitals in Texas has given our organization a comprehensive knowledge of the processes in hospitals that are providing care to our newest and most fragile Texans.

With consideration based on Texas Perinatal Services' established role in the verification of neonatal centers in Texas, TETAF/TPS provides the following comments regarding the Neonatal Rule Revisions Update:

(E) provide outreach education to lower-level neonatal [lower-level] designated facilities, and as appropriate and applicable, to non-designated facilities, birthing centers, independent midwife practices, and prehospital providers based on findings in the QAPI Plan and process.

- The expanded direction regarding outreach is greatly appreciated. However, the language “based on findings in the QAPI Plan and process” is likely to limit the education provided and could result in some facilities not receiving any outreach education at all. If a facility has identified an opportunity, it would be more beneficial for them

to request education from an area Level III or IV neonatal facility, thereby potentially preventing a finding within quality assessment and performance improvement (QAPI).

(1) Surveyors cannot be from the same PCR or TSA region or a contiguous region of the facility's location.

- Inserting the additional “contiguous” PCR/TSA verbiage in the surveyor eligibility rule language will decrease the eligibility of Texas-based surveyors. Neonatal surveyors are primarily from Level III and Level IV neonatal facilities in Texas. These centers are concentrated in large urban Perinatal Care Regions (PCRs) that geographically border 6-8 PCRs. The addition of this language will eliminate their eligibility to survey many hospitals. This will impact patient care and outcomes in Texas hospitals by limiting Texas-based surveyor access and their abilities to coach and share expertise, resulting in a loss of the opportunity to share knowledge and best practices among Texas facilities.
- Increasing the pool of surveyors is possible through out-of-state surveyors. However, credentialing of out-of-state surveyors has proven challenging, it could result in some parent organizations, and may not achieve the objective the Texas Department of State Health Services (DSHS) is trying to accomplish through rule language. Additionally, the new requirement for out-of-state surveyors to come from states with a similar designation process dramatically limits the ability to utilize surveyors outside of Texas, as most states do not have a comparable method for designating neonatal facilities.
- We appreciate and support the efforts to minimize conflicts of interest to ensure a fair and consistent survey process. We believe that allowing surveyors from contiguous regions that have minimal shared geographic area will achieve the goal of reducing conflicts of interest while allowing surveyors to remain active, ensuring their ongoing competency in evaluating facilities.

(1) The NPM must be a registered nurse with defined education and credentials for neonatal care applicable to the level of care being provided.[+]

- The maternal rule requires the maternal program manager to be “a registered nurse with perinatal experience.” We are concerned that not adding a similar requirement to the neonatal rules could lead to nurses being placed into this position without relevant perinatal experience.

(5) A comprehensive range of pediatric medical subspecialists and pediatric surgical subspecialists privileged and credentialed to participate in neonatal/infant care must be available to arrive on-site for in-person consultation and care within 30 minutes of an urgent request.

- We appreciate the move toward consistency in definition and response time for urgent requests. However, without additional specifications, the requirement of a 30-minute in-person response time for pediatric medical subspecialists and pediatric surgical subspecialists for an urgent request may be prohibitive for some facilities.

TETAF and TPS respectfully provide these comments and recommendations in an effort to further evolve and support neonatal care across Texas. It is our hope that these joint efforts by DSHS and neonatal care stakeholders will positively enhance neonatal designation requirements and result in greater quality care for neonatal patients in Texas.

Please feel free to contact me with any questions or concerns.

Regards,



Dinah Welsh

TETAF President and Chief Executive Officer