



# Texas Perinatal Services

EDUCATION : INFORMATION : SURVEYS

A Program of the Texas EMS Trauma & Acute Care Foundation

June 2018 Newsletter

## Meet the Texas Perinatal Services Team: **Carla Rider**



TETAF's Texas Perinatal Services program is fortunate to have exceptional talent and highly experienced perinatal experts on its team. And that starts from the top down. At the helm of TETAF's Perinatal Services Program is **Carla Rider**, who has more than 22 years of experience in women's and children's nursing.

Her background spans experience in Level II and III NICUs, maternal care and pediatrics. Rider has bedside nursing experience and has served in nurse leadership positions at hospitals in Texas, Arkansas and Florida. She earned her undergraduate degree in nursing from Texas Women's University in Denton. She then continued her education at Bellarmine University in Louisville, Kentucky, where she earned a master's in nursing degree. She also holds a master's in

business administration from the University of Phoenix in Dallas. In 2017, she completed her doctorate in nursing practice from the University of South Alabama.

As Perinatal Program Manager, she oversees the maternal and NICU verification survey programs and survey teams. She is a guiding force in building the best trained and most experienced survey teams in the state. ***Here are some insights from Rider:***

**What have you learned from NICU surveys that can help hospitals?**

“Among the lessons we’ve learned from our NICU survey work is the value of having written protocols, policies and procedures, as well as written program plans. We’ve also seen how important it is to conduct regular reviews of data, process improvement initiatives, mortality and morbidity data and more.”

**How can hospitals best prepare for their first maternal survey?**

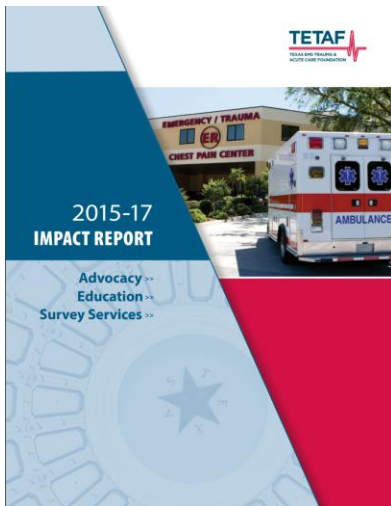
“We encourage our clients to work closely with our surveyors to plan ahead and gather information that will be needed in advance of the visit. We provide the hospital with a list of what we will need to review based on the state requirements. Having that together at the outset speeds the process on the ground.”

**What should a hospital look for in choosing a survey provider?**

“The state has very specific criteria for credentialed surveyors, such as years of experience and completion of survey-specific training. But we suggest going beyond that. Ask about your survey team’s practice experience in Texas specifically. Are they familiar with the unique nuances of delivering maternal care here? Check the team’s certifications in specialty areas including ACLS and fetal monitoring.”

## Making an Impact in Texas

Want to know what's been happening on your behalf at TETAF recently? In May, we released our 2015-2017 Impact Report – which shares some of the highlights of the past three years.



The past few years have been a time of tremendous growth for TETAF. In 2016, we developed and implemented our [Texas Perinatal Services Program](#) to conduct NICU verification surveys and support facilities as they pursue a NICU designation from the state. After establishing the survey process and training a team of neonatologists and neonatal nurses as surveyors, we conducted more than 112 surveys during the first neonatal designation cycle.

Earlier this year, we expanded Texas Perinatal Services and our team of highly qualified surveyors to meet the new maternal care verification survey needs of Texas hospitals and have been busy fielding requests for surveys.

[Read more](#) about TETAF's activities in the report.

[Impact Report](#)



## Maternal Deaths in Texas: What's the Real Number?

In a presentation before the Perinatal Advisory Council this spring, Texas Department of State Health Services Associate Commissioner Manda Hall, MD, shared an enhanced method of calculating maternal deaths that dramatically reduced the number of deaths in the state.

Previously, using death certificates alone to identify maternal deaths, maternal deaths within 42 days following the end of pregnancy had been calculated at 147 in 2012. However, Hall said that new “enhanced methods” of calculating deaths were factored into three steps used for determining maternal deaths:

*Step 1:* Maternal deaths were identified using **death certificates** matched with birth/fetal deaths.

*Step 2:* For unmatched deaths, **records were reviewed** for evidence of pregnancy including miscarriage.

*Step 3:* All female **deaths were matched** with birth/fetal deaths to identify additional maternal deaths.

Using the enhanced method of data-matching and record review, the number of maternal deaths fell from 147 to 56 in 2012. Of those, the greatest majority were black mothers (27.8 percent).

What does the recent research mean? “One maternal death should not be viewed in isolation,” Hall noted. “One maternal death represented 50-100

women suffering from severe maternal morbidity in Texas.” She pointed to five key areas that DSHS has identified in bending the curve of maternal deaths:

- **Individual and public awareness** that change attitudes and behaviors for improved maternal and infant health outcomes;
- **Professional education** to strengthen competencies and prepare professionals to optimize clinical outcomes;
- **Community empowerment** - for stronger collaboration, innovations and collective impact;
- **Community improvement** toward reducing barriers, promoting healthy lifestyles and optimizing positive health outcomes; and
- **Perinatal quality improvement network** that will drive system changes and encourage adoption of quality improvements for maternal and infant health and safety.

“Only a very small proportion of the deaths occurred in the hospital or within the immediate post-partum period,” she added, “so we need to focus on the longer term, and on chronic conditions like cardiovascular disease and behavioral health conditions, including both the insurance coverage and the clinicians to care for them. Without the coverage, these women will not find anyone to care for them. Right now these women fall through the cracks in our system.

“It's all about access to care both prenatal and extending post-partum care for women to probably one year,” she noted. “A lot of these women can be managed and moved into good health in one year.”



## Want to Get the Scoop on Maternal Care Surveys?

Our perinatal services leadership team is hitting the road this summer to help inform hospitals, regional advisory councils and others about the new maternal care survey guidelines and process.

Since the state issued its hospital maternal care designation rules this spring, the Texas Perinatal Services staff has been actively fielding calls and providing information to hospitals about the specific rules for each designation level and the process they must undertake for designation. It's clear there are lots of questions!

That's why we are offering our perinatal team experts as speakers at upcoming regional advisory council and hospital in service workshops this summer. We are available to discuss:

- Details on Level II, III and IV designation requirements;
- How the new rules came about and why;
- The [process for requesting](#) and undergoing a verification survey;
- And the steps hospitals need to take before, during and after the survey to prepare for maternal care designation.

In June, Perinatal Services Program Manager Carla Rider, DNP, MSN, MBA, RNC-LRN, is presenting workshops to the East Texas Gulf Coast Regional Advisory Council as well as the Lower Rio Grande Valley RAC.

Vice President of Operations Brenda Putz has already been on the road for presentations to Baylor Scott & White and HCA teams. If you would like to schedule Carla or Brenda for an upcoming event, simply [complete this form](#) and we'll be in touch.

## **Event: Look for TETAF at the Texas AWHONN Convention**

If you are one of the approximately 250 nurses or other healthcare professionals attending the [Texas AWHONN Convention](#) later this summer, be sure to listen in on TETAF's session Saturday, August 11, from 9:30-10:30 a.m. Our own Carla Rider will be sharing insights on Texas' journey to maternal verification surveys. Carla will be tracing the factors that led to Texas' new program, the steps the state took along the journey and the process hospitals will follow for meeting the new requirements.

AWHONN is the leading professional association and standard-bearer for nurses who specialize in the care of women and newborns. Members include neonatal nurses, women's health nurses, OB-GYN and labor and delivery nurses, nurse researchers and educators, nurse executives and managers, childbirth educators, clinical nurse specialists, nurse practitioners and nurse-midwives. This year's conference, at the Omni Corpus Christi Hotel, is focused on the theme "Shore Up Your Knowledge" and includes poster presentations on perinatal best practices. Learn more here about serving as a [volunteer poster presenter](#).



*"The observed increase in maternal mortality in Texas... is likely a result of both a true increase in rates and increased over-reporting of maternal deaths. Efforts are needed to strengthen reporting of death certificate data, and to improve access to quality maternal health care services."*

--M.F. MacDorman, E. Declercq, and M.E. Thoma (2018)