



Texas Perinatal Services

EDUCATION : INFORMATION : SURVEYS

A Program of the Texas EMS Trauma & Acute Care Foundation

August 2018 Newsletter

And We're Off! First Maternal Survey Completed.



Texas Perinatal Services surveyors Lolly Perry, RN, VP Of Operations Brenda Putz, RN, BSN and Nathan Drever, MD, prepare for the Level IV survey in El Paso.

One Texas hospital wasted no time getting its maternal care verification survey process underway this summer. The Texas Perinatal Services team recently returned from El Paso, where surveyors spent two days onsite at the Level IV facility. In addition to Vice President of Operations Brenda Putz and Perinatal Program Manager Carla Rider, the survey team included a maternal fetal medicine physician, an OB-GYN physician and a maternal nurse. Key hospital personnel participating in the process included the Maternal Medical Director and maternal program managers, hospital senior leadership and representatives from all departments supporting maternal medicine.

Read more online [here](#).

Best Practice: What El Paso Hospitals Learned from NICU Disaster Drills



When six El Paso hospitals launched NICU disaster drills this spring, they joined a small and elite group nationwide. According to the Centers for Disease Control and Prevention, fewer than half of all hospitals with an emergency department have a disaster plan for children.

Transferring over 2013 was a wake-up call for the six hospitals with neonatal intensive care units in the El Paso area. That night, a small fire at one of those facilities led to a total power failure. Hospital administrators were unsure how long it would take for power to be restored. Owing to the state of disaster, the hospital chose to conduct an elective evacuation of the entire facility. Patients in the NICU were among the first to be moved, loaded into ambulances with their nurses at one time. Though an orderly and planned evacuation, it took 7 1/2 hours to complete.

Until then, most of the hospitals' emergency preparedness committee was looking at what about hurricane preparation, which is an event you can plan for," said Nancy Helgeson, executive director of the Border Regional Advisory Council. Based in El Paso, the BorderRAC encompasses El Paso, Hidalgo and Culberson counties in far West Texas, plus seven counties in New Mexico. Within the region are urban, rural and border areas representing more than 40,000 square miles with a population 2 million. "But after this, we began asking ourselves, what if we didn't have 7 or 8 hours to do this?" she said.

Planning the Drills

The result was a NICU-specific disaster drill conducted in spring 2018 at each of the six hospitals. According to Helgeson, it is the first of its kind conducted in the state, and being one of few in the nation. A CDC survey

in 2014 noted that fewer than half of hospitals with an emergency department had a disaster plan for children. "Improving disaster preparedness for critically ill newborn infants will require neonatal care providers to participate in the larger plan of emergency preparedness within hospitals, communities, states, and regions," the CDC noted.

For the BorderRAC exercise, each facility chose the date of their NICU drill within a three-month window, and each handled its own planning. The scenario, however, was consistent: a fire in the unit and six babies must be evacuated. One was incubated (in a ventilator with multiple drip lines). Two were on IVs and needed oxygen, and three were feed and grow babies. Lastly, hospitals would not be able to use elevators to evacuate babies, leaving stairwells as their only route out of the building.

The goal of the exercise was to test each of the facilities' plan with little guidance from the RAC or emergency responders. "We had a planning meeting where we thought the department teams in to introduce those first responders to our NICU staff and facilities," said Helgeson. "Some had never seen it fairly that small, and had no idea of the amount of equipment they require."

"We coached our firefighters in the preliminary meetings that if they heard information in those meetings that they knew would not work, not to say anything," she added. "Because we really wanted our hospitals to test their plan."

So what did the BorderRAC exercise reveal? Among takeaways, the participating hospitals realized that although fire evacuation equipment had been purchased years earlier, it was located in one place and not everyone even knew where it was. Learn how the drills were conducted, and other lessons learned that you can apply in your hospital on our [website](#).

Celebrate Your NICU Nurses in September!

Some 40,000 low-birth-weight infants are born annually in the United States. That's according to the National Association of Neonatal Nurses, the organization founded in 1984 that today represents more than 7,000 neonatal nurses.



WE SAVE BABIES
NEONATAL NURSES DAY

Happy Neonatal Nurses Day!

Celebrating those who care for the most vulnerable patients and their families.

September 15



NANN.org/NND

JOIN THE CELEBRATION ON SOCIAL WITH #NeonatalNursesDay



Because of significant medical advances and the efforts of physicians and nurses who care for very vulnerable babies, survival rates are 10 times better now than they were 15 years ago. So it's fitting that the theme for this year's [Neonatal Nurses Day](#) on September 15 is "We Save Babies".

We encourage hospitals and the Regional Advisory Councils to use Neonatal Nurses Day to celebrate and highlight the life-saving work of these skilled and caring professionals. NANN offers [numerous ideas](#), including posters, apparel and social media campaigns.

Texas Perinatal Services Draws a Crowd at AWHONN Conference



Carla Rider speaking to a full house at the recent AWHONN conference.

It was a standing-room-only crowd in attendance for Perinatal Program Manager Carla Rider's presentation this month to the [Association of Women's Health, Obstetric and Neonatal Nurses 2018 Texas State Conference](#) in Corpus Christi.

In her session on the Maternal Care Designation August 11, Rider noted the dramatic increase in maternal deaths precipitated the Texas Legislature's decision to establish the new maternal designation program. The requirements, which became effective in March 2018, call for hospitals providing maternal care services to become designated by September 2020 to continue to receive Medicaid funds.

Hospitals are seeking information and answers to meet the new rules, as evidenced by interest in Rider's session. "I had a line of 30 people or more after the presentation with lots of questions, especially about documentation and QAPI," she says. "The audience was particularly interested in the state statistics and new report on the data, and had a lot of questions about when they should be surveyed, the deadlines and how to request a survey."

Coming Soon: Texas Perinatal Services Coffee Break Webinars

In our many travels around the state this summer speaking to RACs and hospitals, the thirst for information about Texas' new maternal care designation process is evident. That's why we are excited to announce new online education programs coming this fall making it easy and convenient to get up to speed on the rules from the comfort of your own desk.

Texas Perinatal Services is launching a series of 15-minute on-demand **Coffee Break Webinars** that can be accessed anytime through our website. Our maternal care clinical and survey experts, including Perinatal Program Manager Carla Rider and Vice President of Operations Brenda Putz, will guide listeners through key need-to-know topics such as:

- **Why the new rules;**
- **Determining your designation level;**
- **Meeting the timelines for verification; and**
- **Choosing your survey agency.**

Interested? [Let us know](#) and we'll alert you as soon as the webinars are online.

Maternal Care in the News: Texas Report Finds Most Pregnancy-Related Deaths Preventable

A report released this month from the Texas Maternal Mortality and Morbidity Task Force and the Texas Department of State Health Services found that four out of five pregnancy-related deaths in 2012 may have been preventable with the proper intervention.

According to the report, black women were 50 percent more likely to suffer a pregnancy-related death than women as a whole and more than twice as likely to die from pregnancy-related causes than white women. While hemorrhage and heart issues were the most common causes of death in the first seven days after pregnancy, drug overdose was the most common cause of maternal death within a year.

Task force recommendations to address maternal mortality and morbidity include:

- Improving how providers screen women for maternal risk factors;
- Better educating new mothers on risks after delivery;
- Addressing racial disparities;
- Launching a public awareness effort to improve the overall health of mothers and babies.

DSHS is requesting an additional \$7 million over the next two-year budget cycle to develop new risk assessment tools and train providers how to use them, increase public and provider awareness of maternal health risks and further expand the TexasAIM maternal safety bundles initiative. [View the full report.](#)

On the Calendar: Upcoming Events

September 15	Neonatal Nurses Day
September 18	Texas Perinatal Services Presentation to Trauma Service Area B Regional Advisory Council (Lubbock)

Do you need a speaker on the NICU and Maternal Care designation and survey process? [Contact us today!](#)