



Texas Perinatal Services

EDUCATION : INFORMATION : SURVEYS

A Program of the Texas EMS Trauma & Acute Care Foundation

Improving Maternal Care in Texas

A Look at Maternal Levels of Care Program on One-Year Anniversary

Spring 2019 marks one year since Texas implemented the new Maternal Levels of Care Rules. The rules require hospitals to meet specific requirements to be designated for maternal services and to receive Medicaid funding for those services. As the leading perinatal verification survey provider to Texas hospitals, TETAF and specifically its Texas Perinatal Services division have a unique vantage point into how the program is working, and the potential benefits to improving maternal care in Texas.

*TETAF Vice President of Operations **BRENDA PUTZ** and Director of Perinatal Services **CARLA RIDER** recently shared their insights from this first year of conducting maternal surveys.*



BRENDA PUTZ, B.S.N., RN



CARLA RIDER, D.N.P., M.S.N., M.B.A., RNC-LRN

You have had hundreds of meetings with hospitals in the past year on this topic; how have hospitals responded to this requirement out of the gate?

Brenda Putz: "Initially, hospitals were somewhat resistant because they generally viewed it as another regulatory process they would have to go through. But since the survey process started, what we've seen is hospitals embracing the quality of care elements in the criteria recognizing that it uncovers opportunities within their organizations for improved outcomes, opportunities they were never aware of previously. And, in the end, that is what hospitals care about—delivering optimal care."

Is Texas the only state in the nation that currently has such requirements?

Carla Rider: "Levels of maternal care have been around for a while, but they look different for every state. I believe we are, however, the first state to require a site survey team to spend two days completing a comprehensive review of care delivered in the hospital and provide a report back to the state."

What are some of the greatest benefits you see coming out of the Texas maternal levels of care program?

Rider: "It puts a framework around hospitals' quality program, and quality improves healthcare. The expectation is that the hospitals will review care delivered in their own units. It is giving hospitals the resources and tools to review their own care, determine best practice and improve outcomes."

Does Texas have an opportunity, through the maternal levels of care requirements, to be a standard bearer for other states?

Putz: "Texas has always been a leader in regional health-care delivery. The Texas model sets the bar for best practices for addressing challenges. Through our work on trauma and disaster planning, we have built processes to take a hard look at how we do things and how we can improve care. Implementing this program was not easy—creating the rules, defining the rules, coming up with a process. But that is where Texas is different from other





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states – we are always looking at ways to do things better. When we passed this legislation, it was because we want to be the best."

Rider: "I believe we are going to be able to have an impact in more than one state. Already, Brenda and I have been asked to meet with and provide advice to other states' perinatal committees that are looking to develop a survey process in their states."

Putz: "It is also important to recognize that not every state has a Regional Advisory Council (RAC) system in place, and having that in Texas gave us a step up. Using that RAC model has made it easier to implement perinatal regional care."

You mention the RAC model in Texas. TETAF is unique in that the 22 RACs in Texas are its members, and that is a critical distinction between you and other survey organizations. Why is that relationship so important?

Putz: "The maternal, and NICU, levels of care verification programs have created an additional opportunity for the Regional Advisory Councils to impact care in their own regions, and they are all very involved. They've all created Perinatal Regional Care Committees. They collect data, and are bringing all the hospitals in their regions to the table for neutral information exchange, collaboration and coordination of care. The RACs' ability to do that is what is making the impact. It's unfortunate that they have never been given any additional state funding for that effort. TETAF is diligently working to support more funding for those regional councils."

In this first year of maternal levels of care surveys, what makes you most proud – what are you seeing that Texas hospitals and providers are doing well when it comes to maternal care?

Rider: "One of the things I am most proud of is the collaboration and sharing. The Perinatal Care Regions are working together to improve care, and we are seeing hospital program managers reach outside their own systems to collaborate with other hospitals to improve care."

The Texas Legislature is in session, and with so many other issues getting headlines, where does maternal mortality lie on the Legislature's priorities this year?

Rider: "I think it is high on their radar, and that's evident by Senate Bills 749, 750 and 2150. There is a lot of work being done by the Senate Health and Human Services Committee, and the committee is reaching out to TETAF and to the RACs to get input on how we can improve. They aren't leaving any stone unturned."

Putz: "An important point that needs to be addressed is that, with the rollout of the code and the surveys, there were many rural hospitals that were downgraded in their levels of care. The criteria shifted to take many hospitals that had been functioning as a Level III down to a Level II. In rural Texas, that changes the landscape entirely. That means folks who live in rural areas have to travel to an urban area for a higher level of care. So what the state did is limit access in the rural communities. That will be one of our pushes to address in the current legislative session."

Rider: "In addition, there are several different initiatives underway to improve maternal care – like the levels of care program and the Texas AIM initiative – but unfortunately none of them talk to each other. You have all these different things going in different directions, and no one is bringing them together. They are all being funded through the state, but we need a way to put pull them together under one umbrella so that they work together to improve quality of care."

With just a year into the new process, it's too early to see significant data shifts, but what are your expectations as to how the maternal levels of care designation rules ultimately will impact Texas' maternal morbidity numbers?

Putz: "There's no doubt this program is going to make a positive impact. Anytime you put framework around quality improvement initiatives, sharing of best practices and regionalizing care, you see improvement in quality of care. Regionalization and standardization of care will have the biggest impact on outcomes."



Observations from the Field: What TETAF Maternal Surveyors Say

"Verification surveys make hospitals accountable, ensuring safe care and concerted effort that their patients can access appropriate care. They are an important aspect of assessing how hospitals are preventing maternal mortality."

Sireesha Reddy, M.D.

"It's good to see how hospitals are brainstorming as a group to tackle things that sometimes are hard to implement. We are all working toward the same goal."

Nathen Drever, M.D.

"Having these levels of care helps the public understand the levels of care and how they help in managing a high-risk pregnancy."

Gloria Delgado, M.S.N.,
RNC-OB

"The rules are very specific about what the hospitals need to do and to provide if they are going to be designated at each level. It is making all hospitals really look at those rules carefully and be sure they are providing at that level."

- Kathleen Rasmussen, M.D., Ph.D.



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