

AAP NICU Verification Program

Overview and Texas Experience

NC Institute of Medicine
March 21, 2019

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MORTALITY RISK INCREASED FOR PRETERM INFANTS NOT BORN IN HOSPITAL WITH LEVEL III NICU*

Systematic review of 41 studies 1976-2010

	Non-III vs III	Adj Odds ratio (CI)
VLBW \leq 1500g	36% vs 21%	1.60 (1.33-1.92)
ELBW \leq 1000g	59% vs 32%	1.80 (1.31-2.46)
VPT \leq 32 wks	12% vs 7%	1.42 (1.06-1.88)

No change over 30 year period

*Analysis of adequate and high quality studies

Lasswell SM et al. JAMA 2010;304:992

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AAP 2012 POLICY STATEMENT: 4 LEVELS

- Level I – Well newborn nursery
- Level II – Special care nursery
 - ≥ 32 week, ≥ 1500 g;
 - Short term ventilation or CPAP
- Level III – NICU
 - All infants, sustained life support, access full range of pediatric medical & surgical subspecialists, full range of respiratory support, advanced imaging
- Level IV - Regional NICU
 - III + complex surgery, specialists on site, facilitate transport, outreach education



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WHY DESIGNATE NICUS IN TEXAS?

- A legislator's personal experience raised concerns about quality and cost of neonatal care
 - 2011: NICU Council formed to develop standards
 - 2013: Rules for Neonatal Levels of Care passed - based on AAP Levels of Care (details added)
 - 2015: Neonatal designation required by August 31, 2018 (Maternal designation by August 31, 2020)
- Level of NICU must be designated to receive Medicaid funds for neonatal care

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TEXAS ADMINISTRATIVE CODE

TITLE 25 HEALTH SERVICES
PART 1 DEPARTMENT OF STATE HEALTH SERVICES
CHAPTER 133 HOSPITAL LICENSING
SUBCHAPTER J HOSPITAL LEVEL OF CARE DESIGNATIONS FOR NEONATAL AND MATERNAL CARE

Rules

§133.181	Purpose
§133.182	Definitions
§133.183	General Requirements
§133.184	Designation Process
§133.185	Program Requirements
§133.186	Neonatal Designation Level I
§133.187	Neonatal Designation Level II
§133.188	Neonatal Designation Level III
§133.189	Neonatal Designation Level IV
§133.190	Survey Team

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=133&sch=J&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=133&sch=J&rl=Y)

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TIMELINE OF AAP EFFORT

- Texas DSHS announced plan to solicit survey agencies to verify NICU levels of care (2013)
- AAP task force (2013-14)
- CDC grant for initial development (2014)
- Consult with ACS for surgery component
- Texas selects AAP as 1 of 2 survey agencies (2016)
- AAP board approved 1-year pilot program 5/2016
- Initial surveys started in November 2016

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VERIFICATION PROCESS

- Pre-review questionnaire (PRQ)
 - NICU profile, code requirements, program plan
- Credentialing information - spreadsheets
- Site visit: interviews; review documents, records
 - Team: neonatologist, neonatal nurse, +/- surgeon
 - Verifies that state standards are met and identifies potential deficiencies
- Report to facility for submission to Texas Department of State Health Services
- State designates level of NICU care

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ALL NICUS REQUIRE PROGRAM PLAN

- Written plan that describes population, scope of available services; approved by facility's governing body
- Plan includes
 - Practice standards
 - Necessary equipment and services
 - Minimal credentials for neonatal staff
 - Review & revision schedule for policies & procedures
 - Guidelines for triage, stabilization, and transfer

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PROGRAM PLAN – CONT.

- Description of
 - Neonatal follow-up
 - Disaster response, including evacuation to appropriate levels of care
 - Quality improvement specific to NICU data
 - Staff competency and skills assessment
 - Breastfeeding support
 - Outreach education for level III and IV

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SITE VISIT AGENDA

- Introduction: Survey team and facility key personnel
- Meetings with key personnel
 - Neonatal Medical Director
 - Neonatal Program Manager (nurse director)
 - Advanced Practice Nursing Leadership
 - Neonatal Transport Director
 - Subspecialty Medical and Surgical Leadership
 - Hospital Department Leadership
 - Pharmacy/Lab/Radiology/Pathology
 - OT/PT/Speech/Social Work

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SITE VISIT AGENDA

- Policy, procedure, guideline review
- Credentialing files review
 - Review deviations from expected on spreadsheet
- Quality program review
 - Examples of QI based on data from their NICU
- Medical record review – 10 per surveyor
 - Conditions selected to demonstrate evidence-based, coordinated, multidisciplinary care and adherence to their own policies/procedures
- Facility tour
 - Talk to staff and parents

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SITE VISIT AGENDA

- Summary session
 - Review compliance with code and potential deficiencies
 - Recognize excellent practices
 - Recognize opportunities to improve
 - Potential support for additional resources
- Documents for facility to submit to DSHS
 - Cover letter including potential deficiencies
 - List of requirements, met/not met, comments
 - Case summaries with comments
- Consultative document for facility's own use

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ACCOMPLISHMENTS

- Level specific PRQs
- Standardized site visit agenda
- Specifications for policy and medical record review
- Standard report to facility for submission to Department of State Health Services
- Website
- Surveyor recruitment and training webinar

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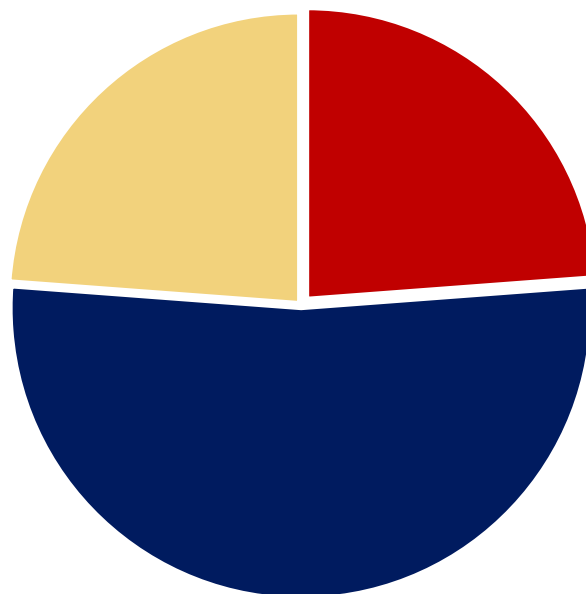
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TEXAS SURVEYS COMPLETED MAY 2018 – 42 SURVEYS

Site Surveys

Level IV
10



Level II
10

Level III
22

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WHAT HAVE WE LEARNED SO FAR?

- Too soon to assess impact on outcomes
- Much variation (no surprise)
 - Clinical practice
 - NICU leadership models
 - Investment in quality initiatives
 - Mechanisms for follow-up
 - Approach to practice review
 - Program resources

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WHAT HAVE WE LEARNED SO FAR?- 2

- Preparation for the survey is an improvement opportunity
- Program Plan was helpful
 - Enables facility to articulate all components of their NICU program, identify gaps and needed resources
 - Recognition by their Board of Directors improves understanding of the NICU and its value and needs

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WHAT HAVE WE LEARNED SO FAR? - 3

- Collaborative multidisciplinary care is essential to high functioning unit
- High performing centers are eager to share outcomes; less high performers are more circumspect
- Review processes for poor or unexpected outcomes need to be encouraged
- NICU staff are typically proud of the care they provide

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WHAT'S NEXT?

- AAP Board affirmed program in May 2017
- Completed first round of Texas surveys by May 2018
- Scaling program for national rollout
 - Regulatory
 - Insurers
 - Voluntary
 - Consultative

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CONCLUSION

- We have developed a program to verify compliance with standards for NICU levels of care
- The process of verification has the potential to improve care locally through introspection and external review
- We anticipate that this process will facilitate risk-appropriate care for vulnerable infants

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FOR ADDITIONAL INFORMATION OR QUESTIONS

Sunnah Kim

AAP Staff Contact for NICU Verification Program

skim@aap.org

630-626-6729

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