



Maternal Levels of Care Verification

Delivering Confidence Across All Levels of Maternal Care in **Georgia**

A program to help reduce maternal morbidity and mortality outcomes by ensuring women receive risk-appropriate care.



Today's Topics

Georgia Maternal Levels of Care Designation Review Prep

Standards Overview Review Prep

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Application Process

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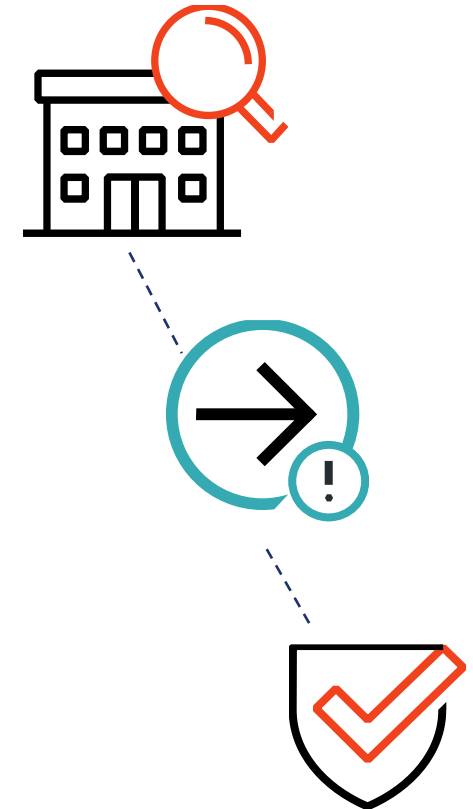
Maternal Levels of Care (MLC) – General Program Overview

The MLC has been informed by the ACOG Levels of Maternal Care (LoMC) and additional standards have been developed in collaboration with ACOG.

The Joint Commission will conduct on-site surveys to perform the MLC verification.

The MLC will be a three-year verification cycle.

MLC is open to acute care hospitals and critical access hospitals who are otherwise in compliance with CoPs and federal laws.



Minimize Risks and Improve Outcomes



The Right Resources



The Right Staff



The Right Equipment



The Right Processes

Verification helps ensure patients get matched with the appropriate level of care needed to attain optimal outcomes.

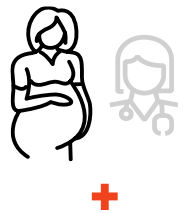
Four Levels of Care Assessed



Level I: Basic Care – Care for low to moderate-risk pregnancies, demonstrating the ability to detect, stabilize, and initiate management of unanticipated maternal-fetal or neonatal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a facility at which the specialty maternal care is available



Level II: Specialty Care – Level I, plus moderate- to high-risk antepartum, intrapartum, and postpartum conditions



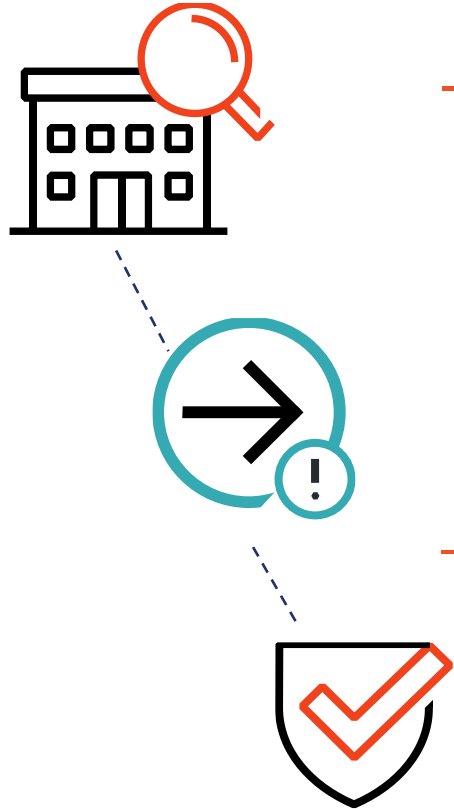
Level III: Subspecialty Care – Levels I and II, plus care for more complex maternal medical conditions, obstetric complications, and fetal conditions



Level IV: Regional Perinatal Health Care Centers – Levels I, II, III, plus on-site medical and surgical care of the most complex maternal conditions and critically ill pregnant women and fetuses throughout antepartum, intrapartum, and postpartum care

With verification, a facility can strengthen the community's confidence in the quality and safety of its services and treatments.

On-site Survey Process—Overview



- Similar to current accreditation and certification process
- 1 surveyor for 1- or 2-days depending on Level of Maternal Care Verification
 - All surveyors are experienced OB Practitioners
 - OB/GYN
 - Maternal/Child Mastered Prepared Nurses
- Sample agenda (flexible) includes:
 - Opening conference
 - System Tracers (HR/competency/credentialing and privileging)
 - Unit Tours/Individual Tracers
 - Issue Resolution
 - Closing

On-site Survey Process—Goals



- Assess the use of CPG's/Best Practices
- Assess compliance with the organization's policies and procedures related to maternal health care service line
- Tracking patient through all phases of care
- Interview staff and personnel
- Assess the organizations performance improvement plan and offer suggestions and education
- Identify any environmental risks

On-site Survey Process—Goals Continued



- Share evidence-based practices
- Assess staff education
- Review credentialing/privileging process related to maternal health care service line
- Leadership role/shared decision making/culture of safety
- Review the patient’s education

On-site Survey Process—Post visit

- Closing Session;
 - Summary of report
 - Discussion of any findings
 - Identification of strengths/recommendations for improvement
- When our surveyors leave, the organization will be given a preliminary report with opportunities for improvement



On-site Survey Process—Post visit, continued

- The organization will have 60 days to submit an evidence of compliance summary (ESC)
- Once the ESC is accepted by central office, the organization will be given a letter stating their obstetric unit has been verified at “x” level of care
- This is good for 3 years

Maternal Levels of Care Verification—Standards Example

MLCPM.03, EP 4

The program provides support from other departments such as anesthesia, respiratory, radiology, ultrasound, laboratory, and blood bank services 24 hours a day, 7 days a week. Suitable backup systems and plans are in place that meet the emergent needs of the mother.

Level of Care I:

- a. An anesthesia provider with the capability to administer labor analgesia and surgical anesthesia is readily available at all times, per the organization's policy.
- b. The program has the ability to initiate a massive transfusion protocol and has a process in place to obtain more blood components, including platelets, if needed.
- c. The program has limited obstetric ultrasonography with interpretation readily available at all times, per the organization's policy.

Maternal Levels of Care Verification—Standards Example

Level of Care II: (requirements for Level of Care I plus)

d. Radiologic services with interpretation are readily available per the organization's policy and include computed tomography scan, magnetic resonance imaging, non-obstetric ultrasound imaging, standard obstetric ultrasound imaging, and maternal echocardiography.

Level of Care III: (requirements for Level of Care II plus)

e. In-house availability of all blood components.

f. Specialized obstetric ultrasound and fetal assessment, including Doppler studies, with interpretation readily available at all times, per the organization's policy.

g. Basic interventional radiology (capable of performing uterine artery embolization), readily available at all times, per the organization's policy.

h. Appropriate personnel and equipment available on site 24 hours a day, 7 days a week to provide the capability to ventilate and monitor women in labor and delivery until they can be safely transferred to the intensive care unit.

Maternal Levels of Care Verification—Standards Example

Level of Care III: (requirements for Level of Care II plus)

i. Availability of adult medical and surgical intensive care units that accept pregnant women and women in the postpartum period. The intensive care units are staffed by adult critical care providers on site 24 hours a day, 7 days a week.

j. Board certified anesthesiologist is on site 24 hours a day, 7 days a week.

Level of Care IV: (requirements for Level of Care III plus)

k. On-site medical and surgical capabilities for complex maternal conditions.

l. On-site intensive care unit care for obstetric patients who are primarily or co-managed by a maternal fetal medicine team. (Co-management includes at least daily rounds by a maternal-fetal medicine specialist physician with interaction with the intensive care unit team and other subspecialists with daily documentation)

m. A board-certified anesthesiologist with obstetric anesthesia fellowship training or experience in obstetric anesthesia physically present on site 24 hours a day, 7 days a week.

Maternal Levels of Care Verification—Standards Key Focus Areas

Manual will
consist of
5 chapters



MLC Chapter Highlights – Verification Participation Requirements

- Requirements for Joint Commission staff to come on-site to conduct a review
- Similar to Accreditation (APR) or Certification Participation Requirement (CPR) chapters



VPR Chapter Standards Sample

- **Standard VPR.03**

The organization permits the performance of a Maternal Levels of Care Verification at The Joint Commission's discretion.

- **Standard VPR.12**

The perinatal program is part of an organization that is compliant with applicable federal laws, including Medicare Conditions of Participation.

MLC Chapter Highlights – Information Management

- Continuity of patient health information
- Addresses patient care in transfer to higher levels of care
- Assessments of maternal outcomes for process improvement and tracking
- Ensures information collected lends itself to inform decisions for future processes



Information Management—Standards Example

- **Standard MLCIM.01** Continuity of information is maintained.

MLCIM.01, EP 4

The program's plan for continuity of health information includes sharing ongoing information about the mother's health status with perinatal service providers and health care organizations involved in their care. This includes making sure that prenatal assessments and plans of care are accessible at locations where the mother is planning to deliver or receive care, and the providers' offices have access to the mother's postpartum information.



MLC Chapter Highlights – Delivering or Facilitating Care

- Focus on family centered care
- Development of Plan of Care using risk identification and evidence-based clinical practice guidelines
- Care provided within organizational level of care
- Cross cutting approach between orgs to get the mother to the correct level of care
- Care coordinated across the continuum of the perinatal event



Delivering or Facilitating Care—Standards Example

- **Standard MLCDF.04**

The interdisciplinary program team assesses and reassesses the mother's needs.

- **MLCDF.04, EP 1**

The plan of care is developed using an interdisciplinary approach and the mother's and, as appropriate, family's participation

- **MLCDF.04, EP 4**

The interdisciplinary program team assesses and documents the mother's clinical symptoms and, when available, uses standardized tools.

- **MLCDF.04, EP 5**

The interdisciplinary program team performs an early and ongoing assessment using established criteria and guidelines for identification of risk factors during the entire perinatal continuum.



MLC Chapter Highlights – Performance Improvement

- Access performance improvement, specifically the organization’s perinatal program using an interdisciplinary approach
- Requires organization to conduct performance improvement projects for:
 - Severe maternal morbidity and mortality (SMM)
 - Transport process, including maternal outcome
 - Issues related to ongoing care
 - Other issues as chosen by the organization



Performance Improvement—Standards Example

- **Standard MLCPI.03**

The program analyzes and uses its data.

- **MLCPI.03, EP 1**

The program analyzes its data and compares it against regional, state, and national target ranges, when they exist.



MLC Chapter Highlights – Program Management

- Ensures organization has the right elements in place per MLC:
 - Resources
 - Personnel
 - Training
- Focuses on relationships between the Levels of Care for:
 - Coordination
 - Communication
 - Education
 - Assistance with quality improvement efforts



Program Management Standards Example

- **Standard MLCPM.04**

The program uses clinical practices originating from evidence-based national guidelines or up-to-date systematic review of existing evidence to deliver or facilitate the delivery of clinical care, treatment, and services.

- **MLCPM.04, EP 2**

The program uses written evidence-based clinical practice guidelines for managing conditions that may occur if a mother's risk status increases. This includes, but is not limited to, maternal conditions such as the following: hemorrhage, emergent cesarean delivery, hypertensive disorders, shoulder dystocia, thromboembolic disorders, vaginal breech delivery, preterm labor, and those requiring maternal resuscitation.



Verification Process

Step 1

- Contact me to begin the process

Step 2

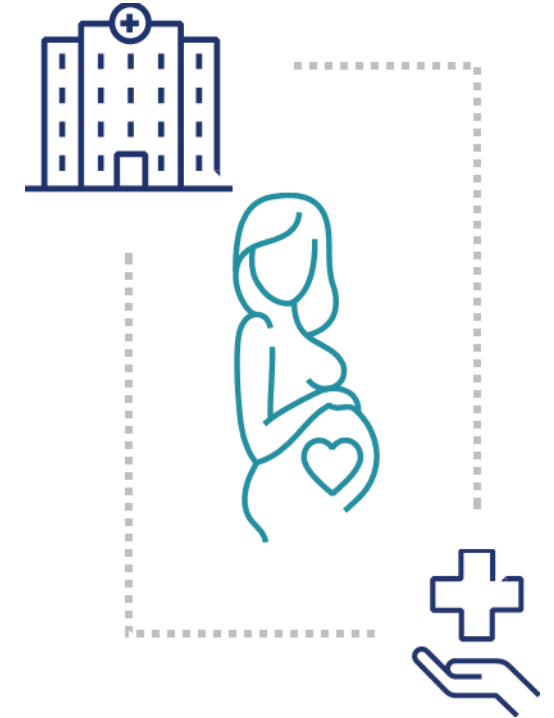
- Program overview and requirements

Step 3

- Submit application

Step 4

- Prepare for onsite review



Access to Edition

Georgia's Intro to MLC Designation with The Joint Commission



Verification

- July 1, 2022
 - Maternal Levels of Care
- January 1, 2022

Standards Manual Content

Verification Standards

- Verification Participation Requirements (VPR)
- Information Management (MLCIM)
- Delivering or Facilitating Care (MLCDF)
- Performance Improvement (MLCPI)
- Program Management (MLCPM)

Verification Process Info

- Glossary

Standard Label	Standard Text	Actions				
MLCPM.01	The program's leaders secure support from the organization.	[Print] [PDF] [Email]				
MLCPM.02	The program defines its leadership roles.	[Print] [PDF] [Email]				
MLCPM.03	The program provides services that meet patient needs.	[Print] [PDF] [Email]				

Standard Introduction and Rationale

Nbr	Elements of Performance (EPs)	CLIA	New	FSA	DOC	ESP
1	The program defines its scope of care, treatment, and services based on the verified Maternal Level of Care.				D	
2	The program provides care, treatment, and services to meet the needs of the population served based on the verified Maternal Level of Care.					
3	The program provides the mother and family education or information about care, services, and alternative options available to meet the mother's needs and the mother's preferences.					
4	<p>The program provides support from other departments such as anesthesia, respiratory, radiology, ultrasound, laboratory, and blood bank services 24 hours a day, 7 days a week. Suitable backup systems and plans are in place that meet the emergent needs of the mother.</p> <p>Applicable to Maternal Level of Care I</p> <p>a. An anesthesia provider with the capability to administer labor analgesia and surgical anesthesia is readily available at all times, per the organization's policy.</p> <p>b. The program has the ability to initiate a massive transfusion protocol and has a process in place to obtain more blood components, including platelets, if needed.</p> <p>c. The program has limited obstetric ultrasonography with interpretation readily available at all times, per the organization's policy.</p> <p>Applicable to Maternal Level of Care II</p> <p>Meet the requirements for Maternal Level of Care I and the following:</p> <p>d. Radiologic services with interpretation are readily available per the organization's policy and include computed tomography scan, magnetic resonance imaging, non-obstetric ultrasound imaging, standard obstetric ultrasound imaging, and maternal echocardiography.</p> <p>e. An anesthesiologist is readily available at all times, per the organization's policy.</p> <p>Applicable to Maternal Level of Care III</p> <p>Meet the requirements for Maternal Level of Care II and the following:</p> <p>f. In-house availability of all blood components.</p> <p>g. Specialized obstetric ultrasound and fetal assessment, including Doppler studies, with interpretation readily available at all times, per the organization's policy.</p> <p>h. Basic interventional radiology (capable of performing uterine artery embolization), readily available at all times, per the organization's policy.</p> <p>i. Appropriate personnel and equipment available on site 24 hours a day, 7 days a week to provide the capability to ventilate and monitor women in labor and delivery until they can be safely transferred to the intensive care unit.</p>					

Performance Improvement Plan

Georgia's Intro to MLC Designation with The Joint Commission



1. Briefly **describe the scope** of the Performance Improvement activities for your program.
2. Identify the **composition of the management team** – by profession and organization title.
3. Describe the current year's performance improvement **goals and objectives** for the program.
4. Describe the **activities that are currently underway** to achieve or meet the current year's Performance Improvement goals and objectives.
5. Describe the process for the program's performance improvement plan including how the plan fits within your **organization's overall performance improvement plan**, who has **responsibility and authority** for organization-wide performance improvement and **how program specific data and information is shared across the organization**.

Application

Complete Application on Connect[®] portal (with me!)

- Tell us your ready-date (30-day notice)
- Identify 1-6 clinical practice guidelines
- Responses to performance improvement plan
- Volume

Review Days

- Level 1 & 2 = 1 reviewer for 1 day
- Level 3 & 4 = 1 reviewer for 2 days

MLC Pricing

	Level I	Level II	Level III	Level IV
• Annual Fee	\$2,000	\$3,000	\$5,000	\$6,000
• On Site Fee	\$2,275	\$2,275	\$3,245	\$3,245
• Total 3-year fee	\$8,275	\$11,225	\$18,245	\$21,245
• Hospital responsibility	\$4,000	\$6,000	\$10,000	\$12,000

Common Questions



Thank You!

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QUESTIONS?