

Guidance for Neonatal and Maternal Designation Requirements

Texas Administrative Code (TAC)

Designation Program	Level I	Level II	Level III	Level IV
Neonatal	§133.186 (c)(4)(A)	§133.187 (c)(11)(E)	§133.188 (d)(10)(F)	§133.189 (d)(10)(F)
Maternal	§133.206 (c)(10)(C)	§133.207 (c)(12)(D)		

Preliminary readings of imaging studies.

The facility is required as part of designation to develop a plan and process to ensure preliminary imaging readings performed in neonatal or maternal care correlate with the final radiologists' readings. Many facilities do not perform preliminary readings for images. Many have contracted or facility-based radiologists who read images within reasonable times and provide final read reports.

For facilities where the Radiology Department provides preliminary readings with overreads for final reports, Radiology Quality Assessment and Performance Improvement (QAPI) must be performed and reported to the Neonatal (or Maternal) QAPI committee and Neonatal (or Maternal) Program Oversight .

Example #1: When a radiology resident reads an image prior to it being finalized by a faculty/attending radiologist.

Example #2: When a tele-rad company provides a preliminary read (most often on call at night) that is finalized later by the Pediatric Radiologist of the group covering.

Within neonatal or maternal care, there may be images viewed where an initial interpretation is completed by a provider. The provider's interpretation may change the plan of treatment or escalate the level of care being provided. If that occurs, the interpretation by the provider is considered a preliminary reading.

Identifying and monitoring variances in preliminary image readings.

- The Neonatal or Maternal Program must define situations when preliminary readings occur and develop a guideline or process for monitoring and performing QAPI reviews.
- All neonatal or maternal providers must document findings for images in which they determine a change in the plan of treatment or an escalation in the level of care.
- Discrepancies identified during chart review, or by notification of providers, between an image interpretation by a neonatal or maternal provider (in which they determine a change in the plan of treatment or an escalation in the level of care) and the final report by a radiologist will be addressed through QAPI.

Example: A neonatal provider identifies a pneumothorax on a chest x-ray requiring treatment. The provider performs a thoracentesis based on their interpretation. The provider documents their interpretation of the chest x-ray reading and treatment provided in the patient's medical record. During chart review (this chart was reviewed based on a program trigger) the radiologist's final report describes the same pneumothorax. The preliminary reading correlates with the final report and no variance is identified.

If the final radiology report had no mention of a pneumothorax, this represents a variance and must be taken through the Radiology and Neonatal QAPI process with communication between the programs to address with a corrective action and follow through to resolution.

If the maternal or neonatal care team identifies a change in the preliminary read that produces a change in the plan of care or requires a higher level of care, this variance in the radiology read is moved through the program QAPI process to identify level of harm and level of review necessary for the event in collaboration with radiology. These findings and outcomes are tracked through the QAPI program.

The program must regularly monitor and compare the preliminary and final image readings through imaging services and provide summary reports of activities at Program Oversight.