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| **Date:** March 19, 2020 |   |
| **Medical Dir.:** Garrett Colmorgen, M.D. |  |
| **Location:** Bayhealth, 640 S. State Street. Dover, DE 19901 Pavilion 2 |  |

**MEMBER ATTENDANCE:**

🗹 Garrett Colmorgen, MD  David Hack, MD  Rita Nutt

 Margaret-Rose Agostino, DNP, MSW 🗹 Matthew Hoffman, MD  David Paul, MD

RN-BC, IBCLC 🗹 Karen Kelly 🗹Anne Pedrick

 Katrin Arnolds, MD  Cheryl Hewlett  Nancy Petit, MD

 Cedric Barnes, DO 🗹 K. Starr Lynch 🗹 Kim Petrella MSN, RNC-OB.

🗹 Bridget Buckaloo, MSN, RNC-OB MSN/MCA  April Lyon, MSN, RN  Anthony M. Policastro, MD

 Christina Bryan  Kathleen McCarthy, CNM, MSN 🗹 Jennifer Pulcinella

 Joanna Costa, MD  Christie Miller, MD 🗹 Philip Shlossman, MD

 Dorinda Dove, CNM, MJ  Robert Monaghan, RN, BSN  Wayne Smith

🗹 Mawuna Gardesey 🗹 Jennifer Novack, MSN, RNC-OB, APN  Megan Williams

 Abha Gupta, MD  Susan Noyes, RN, MS

**FACILITATOR:**

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| 🗹 Garrett Colmorgen, MD |  |  |

**OTHER STAFF ATTENDANCE:**

🗹 Meena Ramalerishren, CDRC/ DSAMH

🗹 Lisa Klein, CDRC

🗹 Pam Jimenez

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| **TOPIC** | **FINDINGS, CONCLUSIONS & RECOMMENDATIONS** | **ACTIONS &****FOLLOW-UP** | **STATUS** |
| I. Call to order | The meeting was called to order by Dr. Colmorgen at 6:02p.m.  | No further action required | Resolved |
| II. Changes due to COVID-19 | Waiver Trainings: will be online.Drills with OBERT Coaches: on hold at moment.OB Business Meeting Visits: on hold at moment. Explanations of Thistle and START Initiatives: $10,000 per practice site available through DSAMH to support your efforts DSAMH START Screening & Referral Track- after completing the waiver training, you and your practice team can work one-on-one with a quality improvement coach to figure out how to operationalize a validated SUD screening tool and make appropriate referrals. $49,000 available per practice site through DSAMH to support your efforts DSAMH START Treatment track-After completing the waiver training, you and your practice team can work one-on-one with a quality improvement coach to operationalize MAT in your office setting or improve the management of NAS in your hospital setting.  | On-going | On-going |
| III. Current projects of the DPQC with updates | All meetings will be virtual until further notice.The ACOG/DPQC dinner meeting that was scheduled to be May 7th to discuss implicit bias is being postponed until September. OB Hemorrhage Project: OBH drills in the works with OB emergency response team trainers to “coach” * (ON HOLD)
* Monthly stats have been coming in consistently
* Training to take place for Healthy Soft to begin collecting HDD statistics (Still need names from Nanticoke).
* All hospitals must sign an addendum to the MOU; a BAA with Healthy Soft.

NAS/ SUD Project: * Training for providers to obtain waiver for Buprenorphine (Will be Virtual, should we consider all online from website? Add just the DSAMH/START as a separate online piece?)
* Practices chose from 1of 3 levels of participation with DSAMH/START for partnering DE resources
* What incentives for taking the course? Incentives for watching the DSAMH part?
 | On-going | On-going |
| IV. Model for Improvement explanation- Getting back to the roots of Quality Improvement  | Pulse Check: We have been trying to see what we are doing as a Collaborative. AIM: What are we trying to accomplish?MEASURES: How will we know if change is an improvement? CHANGE: What changes can we make that will show an improvement? ACT-PLAN-STUDY-DOObjective for a PDSA Cycle: Goal for Completion:Is this cycle used to develop, test or implement a change?What question(s) do we want to answer on this PDSA cycle? **Plan:** *Plan to answer questions: Who, What, When, Where**Plan for collection of data: Who, What, When, Where*Predictions (for questions above based on plan):**Do**: *Report the competed change or test, data collected and begin analysis.***Study:***Complete analysis of data* *Compare the data to your predictions and summarize the learning***Act:** *Are we ready to make a change? Plan for the next cycle.*The PDSA cycles can be used for the OB Hemorrhage project, SUD/ NAS project.  | On-going | On-going |
| V. Key Driver Diagram | -Decrease morbidity and mortality related to OB hemorrhage in Delaware.-Decrease incidence and severity of OB hemorrhage in the state of Delaware-Improve current processes in Delaware’s 6 birthing hospitals by standardizing response and care to OB hemorrhage-The 4 R’s: Improve Readiness, Recognition, Response Reporting. Planned Interventions: -Develop and update departmental policies for response to OB hemorrhage.-Construct OB hemorrhage carts for each hospital-Creation of a risk screening tool in the EMR.-Multidisciplinary discussions once EBL/QBL advances past 1000ml, at patient’s bedside.-Develop and update massive transfusion protocol-Provide didactic and psychomotor simulation training and education to staff at 7 birthing facilities .-Collect and track number of units of blood products transfused during delivery admission.-Document handoff report for cumulative blood loss between medical and nursing LDR staff. | On-going | On-going |
| VI. Status of the OBH Grant:From objectives on the application to present |  Goals completed:* + All birthing facilities are members of the DPQC (100%!)
	+ Outline key initiatives (We decided on 10) \*\*\*
	+ Increased communication with key stakeholders
	+ AIM state
	+ Completed questions for monthly statistics to drill into information we are trying to gather
	+ Received NAS/SUD grant for further work in the state
	+ Opened communication at levels closer to the bedside by completing TTT
	+ All hospitals signed an MOU
	+ Contract with Healthy Soft (but now need BAA’s)
 | On-going | On-going |
| VII. Ten Key Goals; Report Card | 1. OB Hemorrhage carts – completed and ongoing.2. OB Hemorrhage risk assessment (on admission and 2 hours pp). – in progress3. OB emergency alert system for overhead hospital announcement-  completed and ongoing4. Train the trainer simulation-based learning – completed and ongoing5. Improve or create massive transfusion protocols – completed and ongoing6. Better calculation of blood loss with deliveries and pp - in progress7. Debriefing- in progress8. Improving handoff communication and teamwork in emergencies- in progress 9. Data Collection- in progress10. Champions at each hospital- completed and ongoing. | On-going | On-going |
| VIII. NICHQ/NNPQC 11 point SMART goal: Status | The 11 Demonstration Project Questions were reviewed that are asked for the NNPQC:1. By 2020, increase the number of OB emergency drills that each of the 7 Delaware birthing facilities perform to 4 or more times a year at each facility. (6 hospitals and one free standing birthing center)- yes.
2. Measurement strategy- Answers relate to TTT, how many people attended training, pre-test vs post-test results. Also includes number of drills hospitals self-reported prior to March 2019 to how many drills were reported up to August 2019 (now we rely on answers from monthly statistics, which are reported consistently since that date)- yes.
3. Plan for data collection- In July of 2020, another informal self-report of hospital drills will be conducted to show results of PDSA cycle. This question also refers to any other data collection, such as monthly stats questions. - yes
4. Population identified= hospitals (staff)- yes
5. Since we don’t have an interfacing way to compare monthly data or HDD data yet. Website should solve the sharing and comparing of monthly data within our group (anonymously) and with each individual hospital (will be able to see own data) HDD will be through Healthy Soft Cloud and shared the same way.
6. DPQC has multidisciplinary membership, as instructed
7. Clinical leaders and subject experts are part of our membership group. - yes
8. DPQC has Division of Public Health membership present at every meeting and part of DPQC leadership team. yes
9. Family leaders identified and convened (could be included as part of the Advisory Team.
10. Improvement science leaders identified and convened (could be included as part of Advisory Team).
11. Annotated organization chart developed and submitted.
 | On-going | On-going |
| IX. Data Report | Khaleel Hussaini was not able to present the OB Hemorrhage Monthly Statistics due to other obligations this evening. | On-going | On-going |
| X. Waiver Training | Will be online.* May 12- Virtual (DE team)
* May 18- Virtual (DE team)
* June 3- Virtual (ACOG and DE team)

Incentives for training:Course is free. CME’s paid for by DPQC but may be free. Potential first 50 providers that sign up get a $400 gift card.Potential second gift card for completing START education$10,000 per practice site available through DSAMH to support your efforts DSAMH START Screening & Referral track-After completing the waiver training, you and your practice team can work one-on-one with a quality improvement coach to figure out how to operationalize a validated SUD screening tool and make appropriate referrals. $49,000 available per practice site through DSAMH to support your efforts DSAMH START Treatment track-After completing the waiver training, you and your practice team can work one-on-one with a quality improvement coach to operationalize MAT in your office setting or improve the management of NAS in your hospital setting. Education required before training at pcssnow.org* MD/DO’s must complete 8 hours of online training prior to attendance in class
* CNM/APRN/PA’s- must complete 16 hours of online training prior to attendance in class
* Also- Training can be completed online 100% for free (but no DPQC/DSAMH incentives).
 | On-going | On-going |
| XI. COVID-19 Resources by the CDC | [Evaluating and Reporting Persons Under Investigation (PUI)](https://t.emailupdates.cdc.gov/r/?id=h9d9ce08,4caa9de,4caaa1e)<https://www.cdc.gov/coronavirus/2019-n>CoV/hcp/clinical-criteria.html?deliveryName=FCP\_8\_DM21038[Healthcare Infection Control Guidelines](https://t.emailupdates.cdc.gov/r/?id=h9d9ce08,4caa9de,4caaa1f)[https://www.cdc.gov/coronavirus/2019-ncov/](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html&deliveryName=FCP_8_DM21038)[infection-control/control-recommendations.html?CDC\_AA\_refVal=https%3A%2F%2](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html&deliveryName=FCP_8_DM21038)[Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html&deliveryName=FCP\_8\_DM21038](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html&deliveryName=FCP_8_DM21038)[Clinical Care Guidance](https://t.emailupdates.cdc.gov/r/?id=h9d9ce08,4caa9de,4caaa22)[https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html?deliveryName=FCP_8_DM21038)[guidance-management-patients.html?deliveryName=FCP\_8\_DM21038](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html?deliveryName=FCP_8_DM21038)[Implementing Home Care of People Not Requiring Hospitalization](https://t.emailupdates.cdc.gov/r/?id=h9d9ce08,4caa9de,4caaa23)[https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html?deliveryName=FCP_8_DM21038)[-care.html?deliveryName=FCP\_8\_DM21038](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html?deliveryName=FCP_8_DM21038)[Disposition of Non-Hospitalized Patients with COVID-19](https://t.emailupdates.cdc.gov/r/?id=h9d9ce08,4caa9de,4caaa24)<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html?deliveryName=FCP_8_DM21038>[Information on COVID-19 and Pregnant Women and Children](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnant-women.html)[https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnant](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnant-women.html)[-women.html](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnant-women.html)[Inpatient Obstetric Healthcare Guidance](https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html)[https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-](https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html)[obstetric-healthcare-guidance.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html)[Breastfeeding for a Mother Confirmed or Under Investigation](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html) [or COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html)[https://www.cdc.gov/coronavirus/2019-ncov/specific-g](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html)[roups/pregnancy-guidance-breastfeeding.html](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html) | On-going | On-going |
| XII. Attendee Updates | -Lisa Klein reported that the MMR meeting is scheduled for April; and there is another meeting scheduled for August but the meetings may be virtual. The 6 month performance of MMR grant being compiled. -Starr Lynch reported that no Methadone Clinics are closed- they continue to do dosing daily and will try to stagger patients and some patients that are stable may get 30 or 40 day supply and will have telehealth available.-Most hospitals going to no visitors or one visitor for laboring patients. Postpartum patients may be allowed one visitor but Christiana is not allowing visitors postpartum. -Follow [CDC guidelines](https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fpregnancy-faq.html%20%20-) if someone infected wants to breastfeed, let them pump (hopefully baby separated in secure area) but discard and someone healthy bottle feed. If mom insists on breastfeeding if she is sick document advised against it but ultimately mom can do what she wants. | On-going | On-going |
| XIII. Adjournment | The chair adjourned the meeting at 6:53pm. | No further action required.  | Resolved.  |

**Upcoming Perinatal Meetings:**

* Thursday April 16, 2020 6-8pm via Zoom
* Thursday May 21, 2020 6-8pm KGH, Pavilion 2 (or Zoom)
* Thursday June 18, 2020 6-8pm KGH, Pavilion 2
* Thursday July 16, 2020 6-8pm KGH, Pavilion 2
* Thursday Aug 20, 2020 6-8pm KGH, Pavilion 2
* Thursday Sept 17, 2020 6-8pm KGH, Pavilion 2
* Thursday Oct 15, 2020 6-8pm KGH, Pavilion 2
* Thursday Nov 19, 2020 6-8pm KGH, Pavilion 2
* Thursday Dec 17, 2020 6-8pm KGH, Pavilion 2