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| **Date:** October 15, 2020 |  |
| **Medical Dir.:** Garrett Colmorgen, M.D. |  |
| **Location:** Zoom Conference Call |  |

**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 Lyons, 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:**

🗹 Susan Todero, SF

🗹 Meena Ramakrishnan, CDRC/ DSAMH

🗹 Margaret Chou

🗹 Lisa Klein, CDRC

🗹 Khaleel Hussaini

🗹 Eileen Sparling

🗹 Dr. Sherry Nykiel

🗹 Dara Hall

🗹 Dr. Liz Brown

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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 4:03p.m. | No further action required | Resolved |
| II. Approval of Minutes | The minutes of the September 17, 2020 minutes were approved as presented. | On-going | On-going |
| III. Healthy Soft Project | Need a head of IT for Healthy Soft Project from each hospital; training to start next month to go live January 1.  Bayhealth: Angela Strano  Beebe: Jennifer Shearer  CCHS: Debbie Yogel  Nanticoke: Steffan Williams  St. Francis: Jamie Powell | On-going | On-going |
| IV. COVID Data | Hovering around 105; All data is being submitted by hand and is counted by hand in-house at each facility. Many who are doing the work are also doing other data projects, so it is hard for them to manipulate more detailed data elements. Have been trying to keep track of symptomatic asymptomatic and weeks’ gestation when diagnosed but difficult to continue. | On-going | On-going |
| V. COVID call findings | Hospitals noted that they are not sending as many patients to COVID units; pregnant patients get really sick or do very well; patients seem to be getting COVID from their partner earlier in their pregnancy (-20 weeks) vs. from the outside; need to continue to watch mental health of those that are homebound, especially those that are at a higher risk due to secondary diagnosis of mental illness or substance abuse; screening offerings seem to be answered with a) “I want to know’ and will say YES b) “I don’t want to know” because it could affect their labor and delivery plans. | On-going | On-going |
| VI. NAS Data Presentation | Khaleel Hussaini presented “Ecological and Individual Characteristics of Women Delivering Infants with Neonatal Abstinence Syndrome in Delaware” which he presented last month to CDC.  Clinical Manifestations and Outcomes of NAS based upon NICU admission; pharmacological treatment for 60-80%; prolonged hospitalization (avg 17 days); birth complications (i.e., low birth weight, preterm birth, jaundice, and feeding difficulties); disrupted bonding; child-safety concerns. Incident of NAS has increased in the U.S approximately 300% from 1999-2013. Few published studies have examined both ecological (i.e., area-level poverty, life expectancy, income, etc.) and individual factors of women who deliver NAS affected infants. Patrick et al. (2019) looked at county-level economic factors clinical supply (mental health shortage). And NAS rates but did not account for individual characteristics. Data from hospitals was linked to birth certificate data for 2010-2018 in Delaware. There were 1,938 cases of NAS identified from HDD prior to matching; overall, NAS rate was 21 from (95% CI: 20.1- 22.0) per 1,000 live births. NAS rates increased (~105%) from 2010-2014. NAS rate in 2016 was 27.6 per 1,000 births and in 2018 was 23.1 (~16% decline). From the matched HDD and BC singleton deliveries (NAS= 1,850 non-NAS=88,208): infants with NAS vs. without NAS were significantly (<0.05) more likely to be born at low birth weight, premature and small for gestation. Women who delivered infants with NAS vs. infants without NAS were significantly more likely to have had a previous preterm birth (12% vs. 5.5%). Map shared that indicated that census tracts with low life expectancy in Delaware have higher NAS rates: it is negatively correlated which means tracts with low life expectancy have higher NAS rates. Map also indicated that census tracts with high percent of child poverty in Delaware have higher NAS rates; it is negatively correlated with tracts with higher percent of child poverty have higher NAS rates. NAS rates vary by census tracts. Both life expectancy and child poverty play an independent role. However, there is some attenuation with regards to life expectancy when we include individual maternal characterizes. Tracts with high-levels of child poverty as compared with low-levels of child poverty in Delaware have higher rates of NAS even after adjusting for individual maternal characteristics. This study is similar to Patrick et al.’s (2019) ecological analysis of county-level economic factors where they found higher unemployment rates associated with higher county -level rates of NAS. However, this study is different in the sense that it accounts for both area-level measures is well as individual maternal characteristics to understand variation in NAS rates at tract-level. | On-going | On-going |
| VII. Status of X waivers | 24 providers have gone through the Survey Monkey. No more have completed actual X waiver (9 providers so far). Believe that many more of those 24 have started X waivers; St Francis Family Practice residents and CCHS OB/GYN residents have been invited to participate. Please encourage others at your facility to participate. Some of the barriers could be diversion concerns; lack of confidence in managing OUD; lack of training in OUD; lack of available care coordination/ social work and patient barriers. Upcoming webinars scheduled for Oct 20th and Nov 19th to train to this topic. | On-going | On-going |
| VIII. DSAMH Program: Barriers to Buprenorphine Waivers | Dr. Meena Ramakrishnan reviewed the upcoming DPQC OUD/ NAS Initiative training that is occurring on Oct 20th. DSAMH Technical Assistance, *What do I really need to know about prescribing buprenorphine?* By Dr. Sherry Nykiel. Introduction to DSAMH Bridge Clinics, *What do they offer and how do I refer patients?* by Rick Urey and Alicia Emmanuel. DTRN Demonstration; online referral portal by Lisa Johnson then Q/A and follow-up. | On-going | On-going |
| IX. Implicit Bias Presentation Lunch and Learns | “Blind Spot: Hidden by a Seas of Good People” Zoom presentation will occur on Nov 19th 5-7:30pm; 1.75 CME;s for live presentation; limited to 100 seats on Zoom; will be available for 1 week for other to view; no CME’s for repeat view; will be available for office staff “Lunch and Learns” $20/ per person who signs up in advance for catered lunch if attending live. | On-going | On-going |
| X. OBH Grant Data/Year in Review | Individual hospital data on OBH Grant presented by Khaleel Hussaini. Healthy People 2020 goal is 24.7%, Delaware around 30-35% for 2010-2019. There has been recent uptick in non-medically necessary c-sections from December 2019 and on after decrease in 2019. Individual hospital level data to be sent to each facility; Kim will need representative from each hospital to send her their cell phone numbers as data will be sent encrypted from a gmail email address. | On-going | On-going |
| XI. OBH Risk Assessment  Examining the Process  PDSA #1  PDSA #2  Using the data to Improve | The OBH Risk Assessment form may need modification; Dr. Colmorgen found 2 patients that were missed according to the assessment form in EPIC. The OB Risk Assessment form needs to indicative of patient’s condition.  PDSA Cycle for July 1; July 30th and August 30th and September 30th:  Hospital A- 75%; 91% and 100%; 100%  Hospital B-100%; 100% and N/A; N/A  Hospital C-100%; 100:5 and 100%; 100%  Hospital D- 95%; 94% and 93%  Hospital E- 0%; 0% and 0%; ; N/A  Hospital F- 100%; 100% and 100%.; 100%  Last data collection will occur September 30th.  The PDSA Cycle 2 began October 1 and will continue monthly until December 30th. Will be looking at the number of charts where the OBH risk assessment completed 2 hours PP (numerator) and all birth charts from 0001-2359 on the given day (denominator). | On-going | On-going |
| XII. Doulas | A Task Force has been established and chaired by Representative Meliss Minor-Brown that met for the first time yesterday to discuss Doula’s at delivery. There is a movement for Doula’s to be present for deliveries especially for minorities. Question if a second support person should be allowed at delivery if doula is present the other support person has to leave due to COVID restrictions. Discussion if Doula’s should be certified. There is a second meeting to discuss this further next week. DPQC recommends don’t label them visitor or part of healthcare team, call them Doula; DPQC supports the concept of Doula’s but before entering hospital would want proof (documentation) of their training and should be known they were coming prior to delivery or were registered prior to delivery; they will also have same screening (for COVID, for example) as every other health professional entering hospital and should provide their own PPE’s and documentation of flu shot and CPR training. Goal is to have a Delaware Doula Registry where Doula’s would register in Delaware. | On-going | On-going |
| XIII. Maternal Transport Form | Rita Nutt to look at possibilities of form being updated and what might be needed and would like second set of eyes to review. Rita is comparing Delaware current version to new version. Dr. Schlossman volunteered. | On-going | On-going |
| XIV. Attendee Updates | Family Advisor: Jen Pulcinella shared that people still don’t have insurance, there are subsidies that can be used to pay the monthly co-pay. She used to have to pay $500 a month and now with subsidies it is free and she even got $1600 refund. Encourage all without insurance to apply. | On-going | On-going |
| XIX. Adjournment | The chair adjourned the meeting at 6:04pm. | No further action required. | Resolved. |

**Upcoming Perinatal Meetings:**

* Thursday Dec 17, 2020 6-8pm KGH, ZOOM