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| **Date:** January 28,2021 |  |
| **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

🗹 Dr. Meena Ramakrishnan, CDRC/ DSAMH

🗹 Lisa Klein, CDRC

🗹 Dara Hall, DMMA

🗹 Jacob Bowling, DSAMH

🗹 Laura Line, DSAMH

🗹 Margaret Chou

🗹 Dr. Liz Brown, DMMA

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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 4:02p.m. | No further action required | Resolved |
| II. Approval of Minutes | The minutes of the December 17, 2020 minutes were approved as presented. | On-going | On-going |
| III. Hospital Teams | Each hospital should be forming a team to take the initiatives that this state (DPQC) is working on and implementing it bedside. Should be composed of multi-disciplinary teams that could be unit council meetings with monthly coaching/ sharing calls with all hospitals and DPWC. We have all agreed to work on these key action plans together as a state to decrease OB hemorrhage and increase quality and safety. A physical champion and nursing champion and administrative person or social worker should be composed of the members of the team at each facility. | On-going | On-going |
| IV. Models for PDSA’s | An example of the PDSA cycle was provided by IHI Breakthrough Series: Select the topic; have an expert meeting; develop framework and changes and planning group; have learning session 1 then action period; learning session 2, action period and learning session 3 and action period with dissemination, publication and holding the gains. Data will continue to be reported and document the success and move on to next project. This is an example of a Rapid PDSA cycle. | On-going | On-going |
| V. Action Plan for DPQC | Each hospital needs to have its own internal group focused on moving initiatives along; DPQC will assist with keeping/ relaying stats from state-wide and sent feedback back out to hospitals; DPQC will assist with learning collaboratives, such as calls and emails; national groups such as CDC, TJC and HAS support and encourage this state-wide PQC collaboration. Bottom line- we all want to decrease maternal morbidity and mortality in Delaware. | On-going | On-going |
| VI. Report Card for DPQC | 1. Hemorrhage Cart- A: all hospitals have this 2. OB Hemorrhage Risk Assessment- C: 1 hospital doesn’t record, many hospitals got low grades for consistency 3. OB Emergency Over-Head Alert- A: we are doing this. 4. Train the Trainer with training on site- A/? 5. Massive Transfusion Protocols- A; we are doing this 6. Better calculation of blood loss-? TBD with data collection 7. Debriefing-? TBD with data collection 8. Improving handoffs communication and team-work-? TBD 9. Data Collection B/? 10. Teams at Hospitals- TBD with data collection | On-going | On-going |
| VII. PDSA Cycle 2 Results- OB Risk Assessment 2 hours PP | Oct 1. Oct 30. Nov 30 Dec 30  Hospital A: 0%. 20% 0%. 25%  Hospital B: no delivery 25% 33%. 67%  Hospital C: 100% 100% 100%. 100%  Hospital D: 100%. 95% 92%. 95%  Hospital E: N/A. N/A. N/A. N/A  Hospital F: 100%. 100%. 100%. 100%  Each hospital is being asked to report what they are doing with their data from the 2 PDSA’s at the next meeting. For example, “We have included an OBH risk notification button on our chalkboard.”  “We include the OBH Risk in report to the PP floor.”  “We include the OBH risk in report to the OR.”  “We include the OBH Risk in report provider to provider, nurse to nurse, nurse to provider and provider to nurse.”  “Cumulative blood loss in the EMR.”  “We announce blood loss with counts in the OR.”  “We include the OBH risk in the Admission Order Set.”  Or are there other ways you have taken your data to Action Plan? Please be prepared to share at next meeting. | On-going | On-going |
| VIII. Cumulative Blood Loss | Patients still bleed before/ after delivery. What if patient has an 800 ml blood loss with delivery and then 400ml after deliver with her PP checks of 50,100, 50,50, 100, 50- this is still an obstetrical hemorrhage. What if patient rolls in on a stretcher with an abruption with a 500 ml blood loss, then an 800 ml with delivery- this is still an obstetrical hemorrhage. Is there a way to add a cumulative blood loss to the intake and output record? | On-going | On-going |
| IX. OBH Risk Assessment | An example of CCHS OB Hemorrhage Risk Factor form was shared and if anyone would like a copy please email Kim Petrella. All hospitals have Hemorrhage carts, OB emergency alert systems specific to OB emergencies and massive transfusion protocols. CCHS has added OBH Risk Measurement to their admission order set- patient is a medium OBH risk. Tidal Health Nantioke has uploaded datal Bayhealth and Beebe IT meeting have occurred and are ongoing. SF and CCHS are ready to go. | On-going | On-going |
| X. OBH Grant Update | The Quarterly Report is due 1/31/2021 and was submitted yesterday. All hospitals have signed MOU and BAA’s. Hospitals have had meetings with DPQC and Healthy Soft and are designing templates; signing up for Healthy Soft and practice uploads are taking place. | On-going | On-going |
| XI. COVID #’s | 189 cases of COVID as of yesterday. Next call will be February 12, 2021. | On-going | On-going |
| XII. DSAMH Partnership | Jacob Bowling, DSAMH presented about partnership with DSAMH and Practices for monetary incentives which is result of federal grant. SOR Grant- State Opioid Response Grant was received by Delaware as Delaware is #2 in Nation for overdoses. With this grant Delaware hopes to have an opioid response network to screen, refer and treat individuals with SUD. Delaware has streamlined efforts to support implementation of office-based opioid treatment for Medicaid beneficiaries with opioid use disorder. The Office-Based Opioid Treatment Fellowship (OBOT) is supported by DMMA and is a six-month training initiative for prescribers and practice managers. Includes primary care, women’s health, infectious disease, pain management/ rehab and psychiatric care providers. Self-paced modules and discussion groups and is slated to begin in late February 2021. Provides individual honoraria to participate$3,000 for prescribers and $2,000 for practice managers. This is a performance payment program for primary care, women’s health, infectious disease or pain rehab management practices. Exclusive to OBOT fellowship participants. Provides financial awards to practices meeting specific operational and service delivery benchmarks Practices can qualify got up $49,00. Practices will learn from addiction medicine experts; exchange ideas through a peer network; receive technical assistance to other OBOT and can gain access to a curated online library of tools. The timeline is to have self-paced modules with weekly discussion groups in Phase 1 which is 4 weeks from February to March 2021and Phase 2 from April to August of 2021 with bi-weekly interactive webinars tailored to needs and interests of the group. Each phase has both a clinical and a practice implementation track. Through this grant funds are provided directly to practices for reaching specific performance metrics; funds will be available for OBOT expansion and quality improvement, up to $100,000 in next phase and up to $500,000 in third phase (funding amount will depend on scope, impact and other factors. The Performance Metric Performance structure was reviewed. Timeline reviewed that OBOT training to start in February 2021; the launch or expansion of MAT program will occur February to Novemer0 2021and in November 2021 providers will complete engagement of 30 patients and complete baseline GPRA’s. June 2022 providers will complete and submit six month follow up GPRA’s. For more details, questions please email Jason at:  Jason.Bowling@delaware.gov | On-going | On-going |
| XIII. Medicaid Food Distribution Program | Dara Hall, DMMA, presented about new program for mom’s that have delivered via c-section and that have Highmark Health Options and AmeriHealth Caritas of Delaware. Through a partnership with Logisicare and the Food Bank of Delaware, food will be delivered weekly to the new mom for 8 weeks. There are plans to expand that to moms that deliver vaginally after the pilot with c-section moms. | On-going | On-going |
| XIV. Healthy Soft | Dr. Colmorgen shared that only a few people will have access to Healthy Soft data base so information will be secure; a number of “visual only” reports/ charts/ graphs will be available to view in real time. Hospital representative can compare their hospitals data to state’s cumulative date HDD upload is Live and monthly data upload is very soon, possibly by next meeting. Research questions can be developed so that quick PDSA cycles for hospitals to run on their own and report back to DPQC. | On-going | On-going |
| XV. Website Update | The website, is live, <https://delawarepqc.com/>; there will be members only section where forms can be accessed; questions from hospital to hospital and share feedback. Links to partners and announcements, website, articles, etc., will be on the general website. Status of bundles that is being worked on with NNPQC and other information will be shared. | On-going | On-going |
| XVI. Drills | OB Hemorrhage training: CCHS has agreed to allow a recorded copy of their OBERT training classes to be shared with the state; This would be the classroom learning not the drills. Drills are to be conducted at each individual hospital; drills may run with class participants as they watch the recording. The goal is that each hospital will run 4 drills a year, minimum; Classroom drills do count. The Goal is each staff member, physician, CNM and APRN’s will be included along with RN’s to complete classroom training once every other year. | On-going | On-going |
| XVII. Opioid Grant Update | Quarterly report due end of January; we started last year with 10 OB/GYN providers who had their X waivers. We have 12 that have completed the training though us for 22 providers, which is a 120% increase. We have 14 additional providers in the pipeline. | On-going | On-going |
| XVIII. Hypertension Initiative | There is an AIM initiative across the country and Dr. Hoffman is to take the lead with IHI for the Hypertension initiative for Delaware. There is a pregnancy app state-wide to monitor progress and working with Medicaid to provide blood pressure cuffs to eligible women. There is interest to develop this statewide. | On-going | On-going |
| XIX. Maternal Health Safety Day | Dr. Colmorgen advised that Maternal Health Safety Day was Saturday, 1/23/2021. Joia Adele Crear-Perry, MD, FACOG, founder and President; National Birth Equity Collaborative; Advisory Committee Member, Black Mamas Matter Alliance and Diane J. Abatemarco, PhD, MSW Professor Obstetrics, Gynecology and Pediatrics, Director of Maternal Additional Treatment, Education and Research (MATER) presented. Legislative round table also occurred. This recording is available on YouTube, please email Kim Petrella if you are interested in the link. Currently conducting interest survey for viewing of Dr. Crear-Perry’s presentation as a lunch-n-learn. | On-going | On-going |
| XX. Attendee Updates | Beebe: Bridget shared that they have a new full-time OB/GYN that is interested in participating with the. Collaborative and another full time OB/GYN starting in March. Beebe reports seeing a decline in deliveries.  CCHS: is also reporting a decline in birth volume. CCHS is also participating in Sleep Console study which they implemented in the fall. This is a new way to manage babies with neonatal abstinence syndrome. CCHS is participating in a national study utilizing this approach. For more details: <https://www.bmc.org/healthcity/research/esc-model-improves-neonatal-opioid-withdrawal-syndrome-outcomes>.  Birth Center: is reporting a 30% increase in birth volume.  Community Advocate, Jen Pulcinella: is happy to hear about the initiative with hypertension as this impacted her and her daughter who was one pound at birth.  Nanticoke: is also seeing a dip in birth rates and along with Merger with PRMC is switching to Epic.  Safe Sleep: Anne Pedrick reported there were 8 unsafe sleep deaths in 2020 and that they went from the end of January to August with no deaths which is the longest period. Surrounding states are reporting similar statistics. There is 1 death to report for 2021.  Nemours/ AI: safety drills are being conducted this week.  SF: has a little dip in birth rates since beginning of January. | On-going | On-going |
| XXI. Adjournment | The chair adjourned the meeting at 5:45pm. | No further action required. | Resolved. |

**Upcoming Perinatal Meetings:**

* February 18, 2021 4pm-6pm via ZOOM
* March 18, 2021 4pm-6pm via ZOOM
* April 15, 2021 4pm-6pm via ZOOM
* May 20, 2021 4pm-6pm via ZOOM
* June 17, 2021 4pm-6pm via ZOOM
* July 15, 2021 4pm-6pm via ZOOM
* August 19, 2021 4pm-6pm via ZOOM
* September 14, 2021 4pm-6pm via ZOOM
* October 21, 2021 4pm-6pm via ZOOM
* November 18, 2021 4pm-6pm via ZOOM
* December 16, 2021 4pm-6pm via ZOOM