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| **Date:** December 17, 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

🗹 Lori, Quality Insights

🗹 Jenny Benson

🗹 Dara Hall

🗹 Sherry Nykiel

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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 October 15, 2020 minutes were approved as presented.  | On-going | On-going |
| III. Summary if IHI Training and Approaching New Projects | Dr. Colmorgen and Kim Petrella attended 6 half day trainings in November by the Institute for Healthcare Improvement Training to learn how to lead Collaboratives. It was discovered the way OB Hemorrhage project was initiated was incorrect. An expert meeting to develop a framework with changes and planning groups should have been developed. After March 2019 training, which initially showed improvements, the numbers have been rising slowly since then. The PDSA cycles should be in smaller increments such as 1) Ensure hemorrhage cart properly supplied and stocked regularly 2) Where is cart stored 3) Are hemorrhage assessments being completed adequately. Each hospital needs to have its own internal group focused on moving initiatives along; DPQC will assist with keeping/ relaying stars statewide and send them 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 statewide collaboration. The goal is to decrease maternal morbidity and mortality in Delaware. IHI is to develop hypertension as national issue and Delaware to be a part of that. Two workgroups to be set up, one for OB Hemorrhage and one for Hypertension. | On-going | On-going |
| IV. Current PDSA Status | PDSA Results of OB Hemorrhage Risk Assessment Completed 2 Hours (About) After Delivery. Data collected Oct 1; Oct 30 and Nov 30:Hospital A: 0%; 20% and 0%Hospital B: no deliveries; 25% and 33%Hospital C: 100%; 100% and 100%Hospital D: 100%; 95% and 92%Hospital E: n/a; n/a and n/aHospital F: 100%; 100% and 100% | On-going | On-going |
| V. Action Plan for PDSA Data | Data is needed within one to two weeks of event vs. monthly so that feedback can be provided to hospital in timely manner to make improvements as needed. Question is what to do with the results and once a woman is identified as risk what to do with that information. The Mom at risk needs to be more visible. Joint Commission is requiring OBH at “Time of admission and other opportunities” (2 hours PP). Discussion of what we can do to communicate this data to team. Should facilities in Delaware automatically move black mothers to a moderate risk as recommended by several large groups due to racial disparity of black mothers dying at such an increased number of Caucasian and Hispanic mothers? By increasing risk assessment points, highlights need for closer observation. | On-going | On-going |
| VI. OBH Grant | Debriefing: Learning opportunities at every emergency response- short and informal.Drills: Joint Commission recommends 1-3 per year. The numbers went down after the training in March. The Challenge is that each hospital should conduct at least 4 classes with simulation drills a year. At least per quarter; keep track of sim drills and report to DPQC and will continue to watch OBH numbers and report results to CDC. Beebe to host an annual simulation downstate and upstate simulation to be held at Christiana, date to be determined. | On-going | On-going |
| VII. Healthy Soft Data Status | All hospitals have signed MOU’s and 5/6 BAA’s. Last BAA is expected by end of next week. Meetings have been held with all hospital IT departments; all hospitals are in different stages of creating sample documents to “practice” uploads; hope to start collecting data in January.  | On-going | On-going |
| VIII. Khaleel Korner | Khaleel presented what data is to be extracted and it was agreed upon the data that would be collected. It is OK to associate the mother and infant in the data.  | On-going | On-going |
| IX. COVID in DE Pregnancy Population | 17th COVID call is tomorrow at noon; next one will be scheduled for January due to two upcoming Holiday’s on Friday’s. 148 cases in Delaware since March. There is issue with doulas and access to hospitals and now all hospitals allow doulas in as 2nd support person. A task force led by Rep. Melissa Minor Brown is looking into this further to develop post-COVID guidelines such as should doula register at the hospital; what is basic education; safety instructions. Task Force is dealing with these issues and reconvening in January.  |  |  |
| X. Cribs for Kids | Anne Pedrick, Child Death Review Commission, reviewed the [Cribs for Kids Program](https://courts.delaware.gov/childdeath/programs.aspx) which provides infant safe sleep education and the gift of a crib to families who don’t have one and are in need. C4K is a national program in 46 states and 250 communities and over 80,000 cribs have been distributed. Funding for this program is from DPH, referral come from professionals or community agency.  | On-going | On-going |
| XI. AWHONN Staffing Guidelines |  Examples of a few recommended nurse to patient staffing ratios are:-Triage: 1 to 1 woman presenting for initial obstetric triage-Labor: 1 to 1 for woman receiving oxytocin during labor-Deliver: 2 to 1 at birth: with 1 nurse responsible for the mother and 1 nurse responsible for the baby.-Postpartum:1 to 5-6 for women postpartum without complications1 to 5-6 for healthy newborns1 to 3 mother-baby couplets after the 2-hour recovery period. Main objectives:1. Be sure that the patient is in the right space for the type of care that she needs – right patient to the right hospital for her level of care needed.
2. Be sure that staffing is adequate for proper safety and quality of care to be maintained (right nurses with right patient, skill set is equal to patient level of care needs to safely care for diagnosis).

“There is a growing body of evidence that higher nurse staffing is associated with related morbidity and mortality, fewer failure to rescue and other adverse patient events and shorter inpatient stays”. (Aiken et al., 2010, Kane Shamilyan, Muelleer, Duval and Wilt, 2007) | On-going | On-going |
| XII. OUD/ NAS Grant Updates | 11 providers have completed training and are in possession of or are waiting X waivers. 14 more are in the pipeline; started off with 10 providers before grant, now at 21; 9 providers viewed the DE Resources special training and there is still time to take the course and apply for X waiver and receive reimbursement. | On-going | On-going |
| XIII. Implicit Bias Talk | 11/19 was Implicit Bias Training, 75+ providers viewed the live program; 100+ office staff viewed the video presentation and participated in the Lunch and Learn; Survey Monkey results show that >95% of respondents enjoyed the program and feel as if they learned something. | On-going | On-going |
| XIV. START Initiative | Dr. Sherry Nykiel presented about the SOR Grant- State Opioid Response Grant. 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. The grant hopes to engage providers by using tier approach. Tier 1, funding up to $50.000 to be part of provider network for universal screening and Naloxone education and reporting of data; Tier 2 if work to refer patient to treatment and make sure they get there, help apply for Medicaid if needed and report on data can qualify for up to $100,000 and Tier 3 treat pregnant women with opioid use disorder and provide wrap around care such as parenting programs and the like may qualify for up to $500,000. There will be an RFP going out shortly, scope of services are being completed to detail the project and a planning guide is being developed.  | On-going | On-going |
| XV. Maternal Health Awareness Day | Scheduled for 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)will be presenting.  | On-going | On-going |
| XVI. Attendee Updates | DPH: Mawuna Gardesey, we need assistance from labor and delivery units to help bring awareness to PRAMS survey. Difficult to find way to reach these women to bring awareness to this topic and DPH has put together gift bags to be distributed to new Mom’s. DPH staff will be in contact to arrange delivery of the items.Family Advocate: Jen Pulcinella thanked the doctors and nurses and other staff of the font lines who are working so hard to keep us safe and healthy during COVID. | On-going | On-going |
| XVII. Adjournment | The chair adjourned the meeting at 5:50pm. | No further action required.  | Resolved.  |

**Upcoming Perinatal Meetings:**

* January 21, 2021 4pm-6pm via ZOOM