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| **Date:** February 18, 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, DHA

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

🗹 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

🗹 Khaleel Hussaini, DPH

🗹 Karen Turner, NM, SF

🗹 Dr. Kandis Samuels, Family Residency, Bayhealth

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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 January 28, 2021 minutes were approved.  | On-going | On-going |
| III. Introduction of New Attendees and Membership  | Introductions of present and new attendees  | On-going | On-going |
| IV. Setting up the DPQC according to the legislation  | Legislation was passed in 2020 to formalize the DPQC. The formal DPQC will serve as an advisory council; will meet 2 or more times a year and will be closed meetings with members only in attendance. Members will serve as advisory council/steering committee. Hospitals are to officially nominate their representative and then will be appointed by Governor. High level data sharing and discussions will occur at these meetings. Hospital rep should be a strong decision maker for each organization. The members and meetings will guide the decisions into recommendations for the work groups’ missions and tasks. Members will include, per legislation:Chair of CDRC (Dr. Colmorgen); Chair of DHMIC (Dr. David Paul); Chair President of the DHA (Wayne Smith or designee who is Megan Williams); Chair of Delaware Chapter of ACOG (Nancy Fan or designee); President of the Board of Directors of DE AAP; President of the Board of Directors of DE Family Practice; Consumer Advocate from/ for most vulnerable populations (Jennifer Pulcinella); Licensed Midwife (non-voting member); Rep. from each hospital and the Birth Center (Kathleen McCarthy) SF= Dr. Petit; CCHS= Dr. Shlossman; Bayhealth= Cheryl Hewlitt; Beebe= Bridget Buckaloo; Nanticoke= Dr. Gupta. (need to identify current reps and/ or who to contact to have a decision maker named). | On-going | On-going |
| V. DPQC Workgroup Initiatives | -The DPQC’s Mission is to maintain a core set of Quality Improvement projects based on best practices and interventions that have a measurable impact on health outcomes.-Identify performance metrics to set statewide quality benchmarks.-Support and advocate the use of real time hospital and facility-based data to perform rapid cycle quality improvement. -Share successes of QI projects at the hospitals and facilities* Develop a responsive, real-time, risk-adjusted, statewide data system.
* Use this data to drive QI initiatives
* Develop a confidential data sharing network to support a system for peer review, bench marking and continual QI activities for perinatal care
* Must hold at least 2 public meetings a year to receive comment on the general state of pregnancy outcome
* Must submit an annual report to the General Assembly

Workgroups of the DPQC. -the group that has been meeting as the DPQC constitutes the core workgroup of the restructured DPQC-work groups will likely continue to meet monthly and will include people who will pursue the tasks the DPQC is trying to complete-work groups may have frequent phone calls (weekly/biweekly) to discuss progress of each individual hospital, share feedback back and forth and be robust in working to accomplish the changes based on the data, that the DPQC has advised-may have multiple teams, such as OB and Peds sections as needed and a leader for each-workgroups don’t have to be the same few people, others may join as “subs” to the phone calls, etc.-hospital appoints members on their own as they see it-will hopefully have more nursing involvement from both nursing leaders and high-preforming staff to fulfill the initiativesThe workgroups will be more fluid and have more voice and lead the way on quality improvement projects throughout the state.  | On-going | On-going |
| VI. OBH Risk Assessment Communication | The OB Hemorrhage Cart has been one key initiative. Each hospital now has a cart and completes OB Risk Assessment; train the trainer/ continuing with training onsite; better calculation of blood loss; debriefing is occurring and improving handoffs, communication and teamwork and teams at hospitals. Working on OB Emergency over -head alert; massive transfusion protocols and data collection.Each hospital shared what they are doing in regard to OB Hemorrhage and what they need to work on:Bayhealth: working on button for the board; have risk assessment completed and is used in reports to OR and Floor and Providers; firming up cumulative blood loss and process in EMR; use mostly QBL. Revaluating order set for hemorrhage in EPIC.Beebe: nurses assess on admission, before delivery or transfer any risk and 2 hours post-partum and is tracked on board and anytime anyone signs into the chart the chart indicates low, medium high-risk assessment; this is reviewed at huddle each shift and nurses asses on admission, before delivery any risk and 2 hours post -partum; they use quantitative blood loss, document cumulatively in record; use a combination of EBL/QBL in OR and working to agree on the amount as some discrepancies from transfer to OR to the floor. Trying to use QBL in OR with use of 2 suction containers, as standard. CCHS- new OB indicator at L&D; verbal reports completed; time out in OR and have WHO guidelines in OR posted; do not have cumulative blood loss, the OB does vaginal, anesthesiatracks for c-sections and announce blood loss when patient leaves the OR. OBH risk assessment on admission (RN) and 2 hours PP (provider).Nanticoke- completes on admission, order set, part of documentation, don’t have notification button on board yet, have combined cumulative and QBL blood loss, working to standardize as well as moving to EPIC July 1. SF- risk assessment populates on provider page on admission and triggers flow. If high triggers, cart be outside of patient and quantitative blood loss measured in L&D, and OR room graduated drapes used in delivery room, towels, sponges are pre-weighted and weighted after. In the OR, OB asks for and records quantitative blood loss after delivery prior to placenta and ask fluids and urine output for quantitative blood loss. OB risk assessment done post-partum working on as well as move to EPIC in fall.  | On-going | On-going |
| VII. Khaleel Korner | Khaleel shared data for the following measures from Sept 18- Nov 20: Statewide Hospital Birth > weeks gestation; Statewide and hospital level data for total blood loss (1000ml); total blood loss (1000ml) state LOESS rates; red blood cells whole and >=4 unites transfused; chart audits were completed for OB risk and reassessed at postpartum statewide and shown if medication was used. Data shows an uptake in blood loss which could be attributed to recording bias; COVID related; and prior to initiative was estimated and when measurements were occurring more accurately there was increase. NAS rates from 2010-2019 were shared and showed a steady decline in NAS in past 4 years and now at same level as in 2012. LOS for NAS has a mean of 17 days and median of 15 days. NAS Rates by hospital shared from 2010-2019. | On-going | On-going |
| VIII. Healthy Soft Data  | Only one hospital has submitted data despite every hospital in DE having a signed Business Associate Agreement and a Memorandum of Understanding to do this; what needs to occur so this starts to happen for each hospital. Suggestion of DPQC sending letters to DHA and cc’ing each hospital as data is needed timely and accurately. One IT person from each hospital has access to upload data; one person from each hospital has “View only” access and statewide graphs may be shared on “Members Only” section of website (hospitals will be anonymous once presented at DPQC meeting.  | On-going | On-going |
| IX. Monthly Data Questions  | Designing a template for monthly data questions: the goal is to automate as many questions as possible; the blood transfusion questions (2) would still need to collect from blood bank. 15 other possible questions reviewed and discussed.  | On-going | On-going |
| X. OBH and OB Emergency Drills | 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 to partner with drills at each individual site; drills to be conducted at each individual hospital using scenarios from each hospital. The goal is for each hospital to run 4 drills a year (at least); classroom drills count, and the goal is for each staff member, physician, CNM, APRN’s and RN to participate in a classroom training once every other year.  | On-going | On-going |
| XI. COVID Numbers  | Around 200 cases of COVID; over 50% in NCC; then Sussex then Kent County.  | On-going | On-going |
| XII. SUD/NAS Grant | 12 more providers have gotten their X waiver since last DPQC meeting; there were 10 pre-grant and now up to 34, 24 of which are through the DPQC. Have now included family practice residents and attending at St. Francis., CCHS and Bayhealth. | On-going | On-going |
| XIII. DSAMH/Medicaid Partnership for        OBOT Program | Meena Ramakrishnan presented about DMMA OBOT Fellowship and DSAMH OBOT Fast Track: this is for Delaware’s streamlined efforts to support implementation of office-based opioid treatment for Medicaid beneficiaries with opioid use disorders. The office-based opioid treatment fellowship is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. DHSS as part of a financial assistance award totaling $4,579,864 with 100% funded by CMS/HHS. Delaware received this grant as it has the second highest overdose rate in the nation. There is a **clinical track** for physicians, NP’s, PA to build skills for assessing and treating OUD in the outpatient setting. $3000 per provider honorarium being provided. There is a **practice implementation track** for practice managers and clinical staff to provide guidance for developing effective workflows and infrastructures. $2000 per provider honorarium being provided. The OBOT timeline starts on 3/23/21 with Phase 1: self-paced modules with weekly discussion groups. Each module is an average 45 minutes with 1-hour weekly discussion groups. April-Sept will be Phase 2: Bi-weekly interactive webinars tailored to the needs and interests of clinician and practice. Phase 2 has interactive webinars, 2 one—hour webinars each month at the same time and on the same weekday. Register for the OBOT Fellowship by 3/12 https:tinyurl.com/DelOBOT. Look for more information on DSAMH’s OBOT Fast Track and Opioid Provider Response Network (OPRN). Please spread the word to colleagues and for any questions contact Jake Bowling, MSW Email: SupportAct@Delware.gov 304-663-1171 or visit degov/SUPPORTAct (case sensitive) | On-going | On-going |
| XIV. Racial Disparities | AIM has added fifth R to every bundle- being Respectful. There is need to be sure that we are looking at EVERYTHING we do, as a Collaborative, through a racial and equitable lens; we need people to speak up if they feel we are not doing that; we need perspective from our black and brown members. Suggestions are encouraged for educational topics; awareness campaigns; educational opportunities and guest speakers.  | On-going | On-going |
| XV. Lunch n Learn Opportunity | A Lunch-n-Learn Opportunity with the DPQC and CDRC: A recording from Maternal Safety Day by Dr. Crear-Perry’s presentation on *Racism in Women’s Health* will be available for viewing. Send in a list of people going to view, date proposed and get $20 per person to buy lunch and get the link to the video. | On-going | On-going |
| XVI. Pearls to Share | Both MMR and FIMR reports have suggested increases in Domestic Violence recently. The Domestic Violence Coordinating Council (DVCC) is available throughout the state. They have shoe cards and posters that can be placed in the bathroom; there is staff at the confidential domestic violence hotline 24/7. NCC:302-762-6110; Northern Kent: 302-678-3886 and Kent/ Sussex: 302-422-8058. Hotlines are staffed by trained professionals who assist in safety planning and refer to available resources. The DVCC has offered to speak or create a presentation for nursing, residents and attending at staff meetings, in an effort to spread education and awareness in response to the increase in numbers.  | On-going | On-going |
| XVII. Attendee Updates | AWHONN: The annual conference will be Oct 21-22 at Dewey Beach Hyatt Place and a live conference is the goal; looking for experts on Hypertensives in Pregnancy; please email Rita Nutt with any suggestions: rjnutt@salisbury.eduBeebe: Beebe is shifting its pediatric coverage to hospitalist coverage by Nemours; Lynne Bayne, neonatal nurse practitioner started on a casual basis.Medicaid: Dara Hall reported that the first food boxes to women on Medicaid who had a c-section were distributed to 19 moms on 2/16.DPH: The first invoice for Healthy Soft was received so it is important to begin to use this service.Nanticoke: Continuing with the merger and transition to EPIC; They are hiring for a Clinical Quality Specialist and a Midwife.Safe Sleep: 1-2 deaths per month in 2021 and SUD has been evident at time of death.SF: piloting with Nemours for screening for the SDoH as patients are admitted for anticipation of delivery, they receive SDoH Screening and then will receive the necessary resources and follow up with a social worker prior to discharge. \*\*\*The next meeting, 3/18 will be split out into OB and Peds groups, Peds group being led by Dr. Paul. \*\*\*Kim is willing to meet with any hospital or any group to present on any of these initiatives, please email her if interested. | On-going | On-going |
| XVIII. Adourn | The chair adjourned the meeting at 5:45pm. | No further action required.  | Resolved.  |

**Upcoming Perinatal Meetings:**

* 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