

**DPQC Work Group Monthly Meeting**

**Date: March 18, 2021**

**Medical Director: Dr. Garrett Colmorgen**

**Location: Zoom**

**MEMBERS IN ATTENDANCE**:

🗹 Garret Colmorgen, MD, CDRC, CHAIR Christie Miller, MD, BAYHEALTH KENT

🗹 Kim Petrella, DPQC NURSE COORDINATOR 🗹 Bridget Buckaloo, BEEBE

🗹 Mawuna Gardesey, DPH 🗹 Kathleen McCarthy, THE BIRTHING CENTER:

🗹 David Paul, MD, DHMIC CHAIR 🗹 Phil Shlossman, MD, CCHS

🗹 Megan Williams, DHA Abha Gupta, MD, NANTICOKE

DE APP LICENSED MID-WIFE:

Dr. David Hack, Chair of AAFM 🗹 Jennifer Pulcinella, FAMILY ADVOCATE

ACOG 🗹 Rita Nutt, AWHONN

Midwife F. Heller, BAYHEALTH SUSSEX

🗹 Nancy Petit, MD, St. Francis

**ATTENDEES in ATTENDANCE:**

Sara Merton, Jen Novack, Megan McNamera, Nancy Forsyth, Lisa Klein, Starr Lynch, Jenny Benson, Susan Todaro, Cheryl Hewlett, Dr. Meena Ramakrishnan, Susan Noyes, Dr. Matt Hoffman, Dr. Liz Brown, Dorinda Dove, Pamela Jimenez, Jen Novack, Karen Kelly, Dara Hall, Vikki Benson, Anne Pedrick, Deanna Benner

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| **TOPIC** | **FINDINGS, CONCLUSIONS & RECOMMENDATIONS** | **ACTIONS** | **STATUS** |
| I. Call to order | The meeting was called to order by Dr. Colmorgen at 4:02p.m. | No further action. | Resolved |
| II. Approval of Minutes | The minutes of the February 18, 2021 minutes were approved. | On-going | On-going |
| III.  Introduction of New Attendees and Membership | All attendees and members introduced themselves and where they are affiliated. | On-going | On-going |
| IV. DPQC Organizational Structure | The DPQC monthly working group, to be known as “DPQC Work Group meetings” will continue much the way they have been, but also include time for “Teams”; the OB Team, led by Dr. Hoffman and a PEDS Team led by Dr. Paul. Work group meetings will hold two public meetings jointly with DPQC (serving as the steering committee) and will have 10 meetings or more as needed per year, much the way we do now, on a monthly basis. This workgroup will work towards the goals set forth by the DPQC (advisory group/steering committee).  In a short time, there will be a group to be known as the “DPQC”, functioning much like an advisory group, that will include one representative from each birthing facility, and other key leaders that must have official Governor approval and appointment. In following the mandates of legislation, they will have a minimum of 2 meetings a year that will be closed to the public; and 2 public meetings with published information so general public can attend. The “DPQC” will create formal, measurable goals for upcoming year and create an annual report. | On-going | On-going |
| V. New Meeting Format | 1. Old Business/ Accept Minutes 2. Introduce New Attendees 3. Meet as a combined group to discuss status, updates and progress 4. Present data from Khaleel 5. Guest Speakers 6. Break into Teams (30-50 minutes) 7. Team Leader reports to whole group 8. Announcements 9. Attendee Updates 10. Adjournment | On-going | On-going |
| VI. Healthy Soft Updates | Finalizing the Monthly Data Statistics questions for “all patients” v. individual chart audits of a small sample size; fine-tuning questions for deeper diving – what med was given at bedside, besides Pitocin? Have uploaded data from Sept 2018 to present; will be training those that provide this data on how to fill out template in Healthy Soft.  Two hospitals (SF and Nanticoke) have uploaded the hospital discharge data; other hospitals working on this; letters are being drafted to go out to hospital upper administration about non-compliance soon; rules about upload data have been placed and trying to fine-tune those with Healthy Soft log-in access. | On-going | On-going |
| VII. SUD/ NAS Grant Updates | 39 Newly Waivered Providers since the beginning of the grant; 15 since last meeting; mix of Attendings, NP’s and Residents; have increased cap to 60 providers who can get incentive through DPQC; 55 providers have gone through DPQC/ DSAMH training and have increased the cap to 80 providers who can get incentive through DPQC. | On-going | On-going |
| VIII. OBOT Update | Dr. 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 and CEU’s. 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 March-April: 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 April- September: 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 email: [SupportAct@Delware.gov](mailto:SupportAct@Delware.gov) or [DSAMH.ORT@delaware.gov](mailto:DSAMH.ORT@delaware.gov) 304-663-1171 or visit degov/SUPPORTAct (case sensitive) | On-going | On-going |
| IX. Hypertension Project | Dr. Hoffman provided data from California PAMR Causes of Death and preeclampsia/ eclampsia was 25 (17%) of the pregnancy related infant morality rate. Women in this group are dying due to stroke, hepatic failure, cardiac failure, hemorrhage, multi-organ failure or ARDS. Some reasons/actions for this is inconsistent USPTF Screening, not using an Aspirin protocol, lack of 39-week induction, no prenatal care, inconsistent education, lack of home monitoring and inconsistent protocols. After delivery, there was a lack of policy on treatment, awareness of risks, medication delays and inconsistent practice and inconsistent education, lack of home monitoring and inconsistent protocols which lead to stroke/readmission. Strategy is to prevent; provide aspirin; early delivery; prenatal care; delivery; effective and timely treatment; postpartum monitoring and blood pressure cuffs and remote patient monitoring. The method of Aspirin and USPTF and subsequent data was shared. This is recommended by the USPTF; consistent evident that aspirin reduces term preeclampsia, preterm pre-eclampsia and preterm birth; variability in compliance noted, due to patient and provider factors, and evidence that compliance gap can be closed. The critical initial step in decreasing maternal morbidity and mortality is to administer anti-hypertensives medications within 60 minutes of documentation of persistent BP> 160 systolic and / or > 105-110 diastolic. The use of a postpartum hypertension app with texting supports  was used for this at-risk population and had no readmission and 92.2% utilized the app and monitored blood pressure. The baseline rate of 1.2% readmission rate and racial disparity 61% African American. 91% of 269 women submitted at least one blood pressure, 70% submitted 10 of 10. Over 1337 women are now enrolled. In phase 2 care standardization, protocol with one NP; readmission rate of .54% (55%reduction); racial disparity is 31% African American consistent with delivering population; extended to 42 days postpartum with transition to primary care and cost savings of $312,840. | On-going | On-going |
| X. COVID Numbers | 200 COVID cases last month statewide, increasing to 210+/- cases this month (about 10 additional cases), next call 4/2 at noon and Dr. Hoffman will share some information about vaccinating this population as Delaware recently put pregnant patients as a priority. | On-going | On-going |
| XI. Guest Speaker | Nancy Forysth discussed Beebe’s decrease length of stay for NAS babies. At Beebe, all pregnant women are screened; 10% of births at Beebe have SUD exposure (excludes tobacco and alcohol); about half of these (10%) have opioid exposure. They have reduced their LOS by having rooming-in care: infant remains for observation for minimum of 5 days; if pharmacotherapy is initiated, infant remains until discharged; mother is offered and encouraged to room-in after her discharge and respite care is encouraged when needed. Due to COVID volunteer cuddler on hold; only one support person for baby after mother’s discharge. A quiet environment is maintained, breastfeeding is encouraged if mother is stable on MAT and Simethicone as needed. Oral morphine solution is used, Finnigan Protocol is used. | On-going | On-going |
| XII. Eat, Sleep, Console | Dr. Paul presented about study of Eat, Sleep, Console that CCHS is participating in with NIH Heal Initiative. Eating, Sleeping, and Consoling for Neonatal Opioid Withdrawal (ESC-NOW): A Function-Based Assessment and Management Approach. The ESC-NOW trail will address how to best assess the severity for withdrawal in infants with NOWS and how to treat infants with NOWS using a no-pharmacologic treatment and pharmacological treatment. There have been some issues with the Finnegan Neonatal Abstinence Scoring Tool, which is observer based and prone to subjectivity, is lengthy and has tendency to overestimate for pharmacologic therapy. The ESC Care Tool was developed to standardize the assessment and management components of the ESC Care Approach and is a simplified, function-based assessment emphasizing non-pharmacologic therapies and family centric approach. Assessment includes feeding effectively within 10 minutes of showing hunger; sleeping undisturbed for > one hour and consoling within 10 minutes. Early results look promising, but further studies needed. | On-going | On-going |
| XIII. Team Breakout | The meeting then separated into two breakout sessions: OB & PEDS.  PEDS, led by Dr. Paul, had Nancy Forsyth with Beebe and Pam Jimenez with CCHS, Dara Hall- Medicaid and Dr. Meena Ramakrishnan with DSAMH in attendance. Need representatives from each hospital before proceeding on what initiatives will be. Would like to quantify data around NOW’s across the state but need representation from each facility before proceeding. Some ideas of possible projects: decreasing LOS and Length of Treatment; NOWS Care, Breastfeeding with NOW’s; F/U with NOW’s; hospital utilization in regards to NOW’s; possible future projects are Safe Sleep in regards to the rising neonatal death rate in the Black population; home visiting data for NOW’s; getting babies into care 12-48 hours follow-up; and smoking cessation. Will need reliable data for any reliable quality improvement initiative.  OB- led by Dr. Hoffman, discussion of aspirin for treatment of hypertensives; each hospital to complete cause and effect matrix and will come back with interim data to look at compliance and other issues. Also discussed were accessibility and acceptance to 39-week elective inductions, Aspirin protocol in pregnancy, 30-minute access/reacting to severe range BP’s and access/availability for BP cuffs to be given to patients upon discharge for at home BP monitoring. A survey monkey will be sent out. All attendees from above, who did not attend peds meeting, were present for OB team meeting. | On-going | On-going |
| XIV. Maternal Transport Form Revision | Rita Nutt presented Delaware Maternal Transport form and proposed changes. Kim will send out proposed form to everyone and please provide feedback to Dr. Nutt. | On-going | On-going |
| XV. Announcements | DHMIC Annual Summit: via online on 4/13 from 8:30am-230pm, CEU’s provided, “The Power of You, The Power of Community, Shaping the Narrative to Build Healthy Generations”.  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. Attendee Updates | AWHONN Conference will be Oct 9-13 at The Gaylord Hotel in Orlando Florida. | On-going | On-going |
| XVII. Adjournment | The chair adjourned the meeting at 6:01pm. | No further action. | Resolved |

Minutes prepared by JoEllen Kimmey, DPH

**Upcoming Meetings:**

* 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