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| **Date:** June 15, 2023 |   |
| **Medical Dir.:** Garrett Colmorgen, M.D. |  |
| **Location:** Zoom Conference Call**Monthly OB TEAM Membership Meeting** |  |

**MEMBER ATTENDANCE:**

🗹 Garrett Colmorgen, MD  K. Starr Lynch, BSN, RN 🗹 Julia Paulus, CNM

🗹 Bridget Buckaloo, MSN, RN 🗹 Kathleen McCarthy, CNM, MSN 🗹 Kim Liprie

 Christina Bryant  Christie Miller, MD 🗹 Nancy Petit, MD

 Joanna Costa, MD 🗹 Jennifer Novack, MSN, RNC-OB, APN 🗹 Kim Petrella, MSN, RNC-OB

 Mawuna Gardesey  Susan Noyes, RN, MS 🗹 Jennifer Pulcinella

 David Hack, MD  Rita Nutt 🗹 Philip Shlossman, MD

🗹 Matthew Hoffman, MD David Paul, MD  Megan Williams, DHA

**FACILITATOR:**

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| 🗹 Garrett Colmorgen, MD |  |  |

**OTHER STAFF ATTENDANCE:**

🗹 Meena Ramakrishnan

🗹 Maria Webster

🗹 Pam Laymon

🗹 Sarah Knavel

🗹 Althea Miller

🗹 Megan Coalson

🗹 Erin O’Hara

🗹 Michelle Olkkola

🗹 Lisa Klein

🗹 Jessica Alvarez

🗹 Robin Revel

🗹 Samantha Carrier

🗹 Mary Wise

🗹 Lesley Tepner

🗹 Kimberly LePrie

🗹 Margaret Chou

🗹 Khaleel Hussaini

🗹 Susan Todero

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| **TOPIC** | **FINDINGS, CONCLUSIONS & RECOMMENDATIONS** | **ACTIONS**  | **STATUS** |
| I. Call to order | The meeting was called to order by Dr. Colmorgen at 4:00p.m.  | No further action. | Resolved |
| II. Review and approval of Minutes | The minutes from the May 18, 2023, meeting were reviewed and approved.  | No further action. | Resolved |
| III. Active Projects and Initiatives Discussion | Present Projects: 1. Severe Hypertension in Pregnancy AIM Bundle IHI Model of Improvement- hospitals are reporting at least 88 PDSA cycles. 2. Low Dose Aspirin: Goal is 80%, started at 21.5% and currently at 67%. 3. Time to Treatment under 60 minutes: Goal is 80%, started at 43% and currently at 62%. 4. Implicit Bias: Awaiting approval by the governor for “official” team introduction of concept given at all OBERT classes. 5. OBERT Classes: 170 participants this round. Began in April, over a 10-week period. 6. Data Collection: Two types of data in Healthy Soft: OBH Monthly data (manually inputted by chart audit- nurse and Hospital discharge data (2 files, maternal and newborn).  | On-going | On-going |
| IV. QI Training | Many have taken advantage of the AIM, IHI, NNPQC and/ or NICH-Q QI Collaborative Free Learning Sessions for all DPQC members. IHI training teaches the importance of PDSA cycles and Driver Diagrams through the “Model of Improvement”. AIM discusses change packages and outlines the steps by suing the 5 R’s of implementing its bundles. NNPQC and NICH-Q offer all kinds of courses and offer free TA time to those that have questions or need a QI mind to bounce ideas off of.  | On-going | On-going |
| V. OBERT Classes | In last ten weeks, there have been 16 class sessions, 170 participants, 5 hospitals covering a variety of OB/ PEDS related topics. | On-going | On-going |
| VI. Low Dose Aspirin | Individual and collective data related to low dose aspirin initiative were shared. All hospitals showing improvements as try to get the most accurate data.  | On-going | On-going |
| VII. Time to Treatment | This initiative has also shown improvements on issues related to how close is your hospital to having an active group meeting about severe hypertension care improvements; having hypertension order sets or Pathways; having protocols with algorithm; quarterly drills that include emergency response to severe hypertension; what percentage of nursing staff and clinicians attend drills; how many PDSA cycles has your hospital run and what is your time to treatment. | On-going | On-going |
| VIII. Implicit Bias Legislation | DPQC has been given names from each hospital as to whom they would like on the steering committee for Implicit Bias. Awaiting approval on those names from Governor’s office. The topic of “What is implicit bias and how does it adversely affect care?” was brought up in every OBERT class ; the topics of health disparities and maternal and newborn death disparities were also discussed at each OBERT class; CCHS has offered to share their research on a program being developed at University of Wisconsin. Will be diving deeper into data to find and monitory ways to decrease health inequalities and disparities.  | On-going | On-going |
| IX. Data Collection | Healthy Soft data is getting better but still having issues with validating data, missing data, and it is not as granular as would like. The monthly OBH data is up to date mostly but even if one hospital is missing it skews the data. | On-going | On-going |
| X. AIM Data Measures | Will be reported quarterly and is a team effort by all hospitals. 5/6 hospitals have been briefed on how to report Process and Structural Measures on both hypertension and obstetrical hemorrhage. One hospital has turned their data in already and awaiting answer from AIM on Outcome Measures- how to develop a process to stratify these outcomes by race and ethnicity. The spreadsheets will be transferred to a master sheet to be turned in so that hospitals can remain anonymous. | On-going | On-going |
| XI. Peds Team | Working to have Eat, Sleep, Console used at each hospital. Drafting a spreadsheet that would be filled out by the chart auditors only on babies with NOWS/NAS. Working on making it three data points for those babies. Survey Monkey is being drafted to send out for baseline data and gap analysis; CCHS checking to see if their NICU nurses would be willing to do a webinar or site visits to offer hospitals complete education and round robin discussions; Dr. Paul co-authored “*Eat, Sleep, Console Approach or Usual Care for Neonatal Opioid Withdrawal*” in the NEJM May 2023. Some babies never require narcotics or drastically reduced narcotics with this approach.  | On-going | On-going |
| XII. PP Discharge Transition   | HRSA Grant applied for supporting AIM projects, will know if received in September. Will include Implicit Bias Training, automatic scheduling of PP visit; nurse navigators; OB emergency training for ED’s; better validation of data; drilling deeper into data; white boards with two-way communication; better use/ connection of resources and a comprehensive discharge summary. | On-going | On-going |
| XIII. Request from Governor | In May, members of DE ACOG visited Legislative Hall to advance the work of maternal health. The statewide provider shortage was brought up and issues with delays in new patients getting initial OB visit; problems such as beginning LDA prophylaxis early enough in a pregnancy. The Governor requesting data behind the provider shortages and length of time for initial visit.  | On-going | On-going |
| XIV. MMR Annual Report Findings | Dr. Meena Ramakrishnan reported on the 2022 Annual Report of the Maternal and Child Death Review Commission. The full report can be found: [Microsoft Word - MCDRC\_AnnualReport -with revisions (delaware.gov)](https://courts.delaware.gov/forms/download.aspx?id=195438). The report combines Child Death Review and Sudden Death in the Young; Fetal and Infant Mortality Review and Maternal Mortality Review. 11 MMR cases in 2022, 6 due to overdose, 2 homicide, 1 suicide and 1 amniotic fluid embolism. A five year analysis of MMR cases showed that 1 in 4 cases were pregnancy related; the Delaware PRMR is comparable to US ratios but the racial disparity is higher in Delaware. 40 FIMR cases were reviewed, 26 fetal deaths, 14 infant deaths. 2 fetal cases were associated with maternal deaths and reviewed by MMR. For maternal health, due to medical conditions such as hypertension, and 75% LDA counseling when appropriate. 23% of Obstetric conditions had pre-eclampsia and 28% had placental abruption. 3 cases met the criteria for severe maternal morbidity. Mental health, care coordination and SDOH are causes in both MMR and FIMR. FIMR recommends Care Coordination, screening and referrals for SDOH; and there is tremendous need for maternal mental health services and referrals should occur in timely manner; trainings should be offered to providers on where to refer patients with mental health needs and trainings for providers on respectful maternal care and the state to consider ways to incentivize high-quality care in Delaware. For MMR, regular trainings on OB emergencies, and SUD.  | Resolved | Resolved |
| XV. Member Question | It was asked what each facility is doing for use of a pulse ox for skin to skin following delivery. Beebe uses pulse ox; SF one to one and CCHS pulse ox and one to one.  | Ongoing | Ongoing |
| XVI. Attendee Updates | ACOG: Senator McBride is interested in provider shortage and is establishing a group to look into this further this summer. Please let Dr. Chou know if interested in participating. AWHONN: Has received several nominations for a chair and secretary/ treasurer, will be voted on by its members. Bayhealth: critical shortage of OB hospitalists and midwives.DPH: Khaleel recently received 2021 discharge data and is working to validate it. Shows disparity among racial groups. DSAMH: The Behavioral Health Consortium (BHC) is continuing its listening tour across the state of Delaware, and the next population they would like to hear from is women/birthing people who have experienced mental health or substance use needs. They would also like to hear from any providers or community supports who work to address this population's health and wellness. This would include all types of providers, not only those who specialize in mental health and substance use but also primary care providers, OBGYNs, pediatricians, and any other role supporting this population's health and wellness**.**Family Advisor: Concerned lack of providers in Delaware.MCDRC: To date, five unsafe sleep deaths this year.  | On-going | On-going |
| XIII. Adjournment |  There being no further items, the meeting adjourned at 5:00pm. | No further action | Resolved |

*Minutes prepared by JoEllen Kimmey, DPH*

**Upcoming Meetings:**

**PEDS: June 26, 2023, 3:30pm-4:30pm**

**OB: July meeting cancelled. August 17, 2023, 4pm-5pm.**

**DPQC Advisory Board- June 20, 2023, 3-5pm Dover Hilton Garden Inn**

**The Behavioral Health Consortium (BHC) is continuing its listening tour across the state of Delaware, and the next population they would like to hear from is women/birthing people who have experienced mental health or substance use needs. They would also like to hear from any providers or community supports who work to address this population's health and wellness. This would include all types of providers, not only those who specialize in mental health and substance use but also primary care providers, OBGYNs, pediatricians, and any other role supporting this population's health and wellness. The attached flier contains details on each of 3 hybrid sessions, one in each county, taking place on June 20, 21, & 22.I ask that you please consider attending either in person or online and share the information far and wide through you networks.**