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| **Date:** May 18, 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

🗹 Andrew Meyer

🗹 Vanita Jain

🗹 Michelle Drew

🗹 Ashton Hughes

🗹 Cheryl Scott

🗹 Deb Allen

🗹 Robin Revel

🗹 Samantha Carrier

🗹 Karen West

🗹 Shelby Coon

🗹 Heather Gabriel

🗹 Liz Brown

🗹 Lisa Klein

🗹 Jessica Alvarez

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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 March 16, 2023, meeting were reviewed and approved. | No further action. | Resolved |
| III. LDA Chart Audit Results | According to an article from SMFM regarding administration of aspirin as prophylaxis for preeclampsia, less than half the people that should be treated with aspirin are taking aspirin when reviewing the statistics across the country. Based upon our chart audits Hospital A- 91%; B- 59%; C- 37.5%; D- 90%; E- 45% and F- 82% were administered aspirin. The current rate statewide presently is 67%. We were 21.5% when initiative started. | On-going | On-going |
| IV. OB Hemorrhage Data July 2022- December 2022 | Reviewed individual hospital statistics for women with blood loss over 1000ml, regardless of delivery type. The rate for the state was 9.68% in July 2022 and 7.60% in December 2022, which is higher as a state than the national average. Statistics were also reviewed for those patients transfused with 4 units or more from September of 2018 to December 2022. Visuals created by MPH student, Ashton Hughes, were used to note the trends. | On-going | On-going |
| V. Hypertension Project Report Card | Severe Hypertension in Pregnancy report card (each hospital having active group; order sets or Pathways; having protocols with algorithm; quarterly drills; % of nursing staff that attends the drills; % of clinicians that attend drills; how many PDSA cycles has the hospital run and what is time to treat) . The Statewide goal is 80%. We were 43% at the beginning of the bundle implementation and are presently 62%. Statistics shared per hospital and procedures in each hospital discussed. | On-going | On-going |
| VI. AIM Data Collection | The AIM Data Center data collection does not collect numbers but collects process (actions in healthcare, including those of patients and families, policies, and procedures) and structural (context of healthcare, facilities, equipment, personnel, organization characteristics) and outcome (effects on health status, quality of like, knowledge, behavior and satisfaction, i.e., the Healthy Soft Data) measures. Kim has met with CCHS, Beebe and Tidal Health and will be meeting with the other facilities. Looking for policies and procedures in place for OB hemorrhage and patients with high blood pressure. Goal is to put this on shared drive so that hospitals can input the data from those best suited to answer the question. | On-going | On-going |
| VII. HRSA Grant | Recently completed an application for a HRSA Grant, HRSA-23-066 Alliance for Innovation on Maternal Health (AIM) Capacity. Would be for four years, $200,000 a year. If awarded, grand period would begin September 2023. AIM Capacity grant funding should only used to implement the core patient safety bundles of the AIM program. Implementation of a safety bundle not currently being implemented using other funds. | On-going | On-going |
| VIII. Post-Partum Discharge Transition Bundle | A Postpartum Discharge Transition Bundle, proposing navigators at each hospital and a Patient Voice “map” – a patient guided request for resources, programs and help; Nurse Navigators that would work as part of the hospital team to assist patients to programs, providers, etc.; simulation drills in ED’s, units and PP floors; Mental Health/ SUD Navigation to increase access to other resources while with the decreased number of providers; a Comprehensive Discharge Summary with education for patient on her current health needs and for the future, actual time and date of PP visit; and Address health disparities with more actionable items including training and education. | On-going | On-going |
| IX. CDC Posters | The CDC has Free posters and cards available for healthcare professionals. Let Kim know if you would like any and she will order them for you. | On-going | On-going |
| X. OBERT Visits | Kim is doing and has done OBERT visits, which include information on OBH, transfusion, emergency medications, PEC, eclamptic seizure, DPQC LDA initiative, DPQC Time to treatment, emergency medications for severe BP’s, DE mortality statistics, USA mortality statistics, definition of preventability and national rate, communication exercise, closed loop communication, Team Stepps roles, maternal collapse with due to amniotic fluid embolus progression to BLS and post mortem C/S, video from the “real patient”, inhouse emergency procedures, testing the system, implicit bias and how if can affect care, Deny Delay and Dismiss, health disparities, the 5th R of AIM bundles, respectful care including equitable and inclusion care, taking care of each other and avoiding violence against healthcare workers, debriefs, stat C/S due to prolapse cord, and OR readiness. | On-going | On-going |
| XI. Questions from Membership | There were questions from a member if there is a type of legislation that providers must be able to access medical records when patients are being admitted to a hospital? There is no such law in Delaware. Some facilities, such as LaRed provide patients with a card with the medical information on it, providers should ask if a patient has this. Secondly, are there Delaware regulations on maternal transfers regarding appropriate staff requirements and medications that are readily available? There are not. Several years ago, there were drills on this, may be time to reinstitute this. Guidelines were written and were on the DPQC website. CCHS has a new Transport Coordinator. Bridget was the leader on transport education with a course taught at Beebe, she offered to resurrect the class if there is enough interest.  Discussion was initiated concerning EFM for scheduled C-sections. Hospitals were polled concerning their policy for monitoring a patient from admission to OR as related to fetal monitoring. CCHS reported that they do continuous monitoring from the moment of admission to transfer to the operating room and then again with a handheld device prior to the incision. Beebe has the same practice- from admission to cut time. St. Francis also monitored patients from admission to prior to the incision. Bayhealth stated that they have very similar procedures, reporting that they do monitor scheduled C/S patients prior to moving to the OR. It was decided by the group that monitoring a patient prior to a scheduled C/S is best practice and continually monitoring a patient from admission to transfer to the operating room is preferred. | On-going | On-going |
| XII. Attendee Updates | ACOG: had legislative day in Dover on 5/17.  AWHONN: Seeking a chair and secretary/ treasurer.  Bayhealth: Task Force to work on quantification of blood loss meets next week; 5 additional rooms in Sussex; added 12 per diem midwives at Bayhealth provider services.  Beebe: lost a provider, recruiting providers and midwives.  Birth Center: added mental health practitioner to prescribe medication and a nurse with specialty in psychiatry who will be doing mental health groups.  CCHS: About ready to begin QBL implementation.  Family Advisor: Concerned lack of respect for women’s health in this country by some providers.  MCDRC: To date, four unsafe sleep deaths this year. The 2022 annual report is available on website. KUDOS to Dr. Ramakrishnan who wrote the report and who has been asked to speak nationally at a conference on how to compile the report. | On-going | On-going |
| XIII. Adjournment | There being no further items, the meeting adjourned at 5:01pm. | No further action | Resolved |

*Minutes prepared by JoEllen Kimmey, DPH*

**Upcoming Meetings:**

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

**OB: June 15, 4pm-5pm**

**DPQC Advisory Board- TBD**