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| **Date:** | June 20, 2023 |
| **Medical Dir.:** | Garrett Colmorgen, M.D. |
| **Location:** | Hilton Garden Inn, Capital Room, 1706 N. Dupont Highway, Dover, DE 19901 |

**MEMBER ATTENDANCE:**

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| 🗹 Garrett Colmorgen, Chair | 🞎 Roseanne Gichuru, | 🗹 Kathleen McCarthy, Birthing Ctr. |
| 🞎 Jessica Alvarez, Bayhealth  🗹 Bridget Buckaloo, Beebe  🗹 Margaret Chou, ACOG | 🞏 Shamiya Gould,  🞏 Diane Hitchens, Tidal Health,  🗹 Richard Kirk | 🗹 Nancy Petit, SF,  🞎 Marilee Pinkleton  🞎 Philip Schlossman, CCHS |

**FACILITATOR and DPH Representative:**

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| 🗹 Mawuna Gardesey, DPH |  |  |

**OTHER STAFF ATTENDANCE:**

🗹 Khaleel Hussaini, DPH

🗹 JoEllen Kimmey, DPH

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| **TOPIC** | **FINDINGS, CONCLUSIONS & RECOMMENDATIONS** | **ACTIONS &**  **FOLLOW-UP** | **STATUS** |
| I. Call to order and Welcome | The meeting was called to order by Dr. Colmorgen at 3:30p.m. | No further action required | Resolved |
| II. Introductions | Attendees were introduced. | No further action required | Resolved |
| III. Review and Approve Minutes | The minutes of the March 14, 2023, meeting were not approved as there were was not a quorum. | On-going | On-going |
| IV. Bylaws | Per Draft Bylaws, term for Chairperson and Vice Chairperson is six years for chair, but discussion it should be two or three years. In March, it was decided one year term was too short, but Code stipulates one-year terms. Proposed that person to serve one year as Chair Elect, one year as Chair and one year as Past Chair. These proposed Bylaw changes will be sent electronically to members. | On-going | On-going |
| V. DPQC – Our Story | The DPQC started shortly after 2005 when DHMIC was codified. There was a Standards of Care Committee which was chaired Dr. Colmorgen to establish standards for perinatal health. In 2007, there was an agreement that the committees of DHMIC would serve on Community Action team for FIMR. In 2011, a decision made to establish separate entity and the DPC was established. The mission is to enhance community-based collaboration, promote evidence-based best practice, standardize care among providers and improve perinatal outcomes in Delaware. The guiding principles of the DPC are improving maternal and child health outcomes with a multi-sector approach. The DPC aims to meet the goal of improving outcomes by focusing on adopting best practices, implementing improvements, measuring impact and sharing successes. The DPC serves as an advisory body, communicating and coordinating among members. The true work of improving quality and adherence to best practice standards takes place at the hospital/facility level. Resources are available to support selected projects at each hospital. The DPC adopts the quality improvement cycle (Plan-Do-Study-Act) as the mechanism for improving health outcomes and measuring impact. The scope of the Delaware Perinatal Cooperative is state-wide and encompasses partnerships with all birth hospitals, birth facilities and the pediatric hospital. The DPC took the following actions to improve maternal and child health outcomes.   * Developed a core set of quality improvement projects based on best practices and interventions that have a measurable impact on health outcomes. * Identified performance metrics to set statewide quality benchmarks. * Supported the use of real-time hospital/facility-based data to perform rapid-cycle quality improvement. Advocate for real-time data at a state-level as well. * Shared successes of quality improvement projects at hospitals/facilities to ensure Delaware stakeholders and public know that our state is deeply committed to making Delaware the best place for babies to be born healthy.   Some past initiatives were Steroids for women 24-34 weeks gestation; Kicks count; Safe Sleep and Implementation of AAP recommended levels of neonatal care.  The DPQC was codified in 2020, driven in part by Federal push to have states establish Perinatal Quality Collaboratives (PQC). The DPQC is charged with: improving pregnancy outcomes for women and newborns by addressing the following:   * Obstetrical blood loss management * Pregnant women with substance use disorder * Infants born with neonatal abstinence syndrome * Advance evidence-based clinical practices and processes through quality review, audit, and continuous quality improvement * Function in cooperation with the Delaware Healthy Mother and Infant Consortium   The DPQC shall:   1. Maintain a cores et of quality improvement projects based on best practices and interventions that have measurable impact on health outcomes. 2. Identify performance metrics to set statewide quality benchmarks 3. Support the use of real-time and facility-based data to perform rapid cycle quality improvement and advocate for real time data at a state level. 4. Share successes of quality improvement projects at hospitals and facilities. 5. Shall hold at least 2 public meetings each year to receive comment on the general state of pregnancy outcomes for women and newborns in this State. 6. Provide an annual report to the General Assembly, containing recommendations for improving pregnancy outcomes for women and newborns in this State.   The statutory membership of the DPQC consists of the following:  (1) The Chair of the Delaware Healthy Mother and Infant Consortium. (2) The Chair of the Child Death Review Commission. (3) The President of the Delaware Healthcare Association. (4) The Chair of the Delaware Chapter of the American College of Obstetricians and Gynecologists. (5) The President of the Board of Directors of the Delaware Chapter of the American Academy of Pediatrics. (6) The President of the Board of Directors of the Delaware Chapter of the American Academy of Family Physicians.  (7) The Chair of the Delaware Chapter of the Association of Women’s Health, Obstetric and Neonatal Nurses. (8) One member, appointed by the Governor in consultation with the Chair of the Collaborative, who is a consumer advocate for patient-centered care and is committed to and interested in reducing maternal morbidity and mortality. (9) A licensed midwife, appointed by the Governor in consultation with the Chair of the Midwifery Advisory Council, who is a non-voting member. (10) Seven members, appointed by the Governor to represent both of the following: a. Hospitals, as defined in § 1001 of this title, that provide childbirth and delivery services. b. Freestanding birthing centers, as defined in § 122(3)p.1. of this title. | No further action required. | Resolved |
| VI. Review of the Major Achievements of the DPQC as currently constituted | 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). 7) PEDS team working on NAS/ NOWS: Eat, Sleep, Console to be adopted statewide 8) Applied for HRSA Grant to support 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 |
| VII. Status of Governor Appointments | Governor has appointed all appointable members. | On-going | On-going |
| VIII. Status of Staffing Support | Kim Petrella was on contract through Children and Families First (CFF) to support DPQC. This contract ends 6/30/2023 and CFF has decided not to renew that contract. Bridget Buckaloo and Vik Vishnubhakta were appointed to assist with a firmer quality improvement profile due to their knowledge of quality improvement and perinatal needs and issues. | No further action required | Resolved |
| IX. Status of Funding Support Intervals | $287,000 a year was provided by FEDS to establish DPQC but that ended last year. Applied for HRSA grant and will know in September if received. DPH has committed to support work of DPQC in the interim. | On-going | On-going |
| X. Standing up quality improvement teams | Two quality improvement teams presently exist: OB and PEDS Teams. | On-going | On-going |
| XI. Standing up implicit bias working group | There is a need to establish an Implicit Bias Working Group of the DPQC. Because there is not a quorum, this can not be decided today, but will be discussed at the next meeting and ratified at that time or via email vote prior to the meeting. | On-going | On-going |
| XII. Calendar of meetings/ public meetings | Next DPQC Quarterly Meeting is 9/19 from 3-5pm but there is a need for a public meeting for this group. Additionally, there is a need for a public meeting necessary for the MCDRC in September, perhaps these could occur at the same time. Please watch for email update. | On-going | On-going |
| XIII. Adjournment | There being no further business before the Cooperative, the chair adjourned the meeting at 4:32pm. | No further action required | Resolved |

*Minutes prepared by J. Kimmey, DPH*

**Upcoming Quarterly Meetings of the DPQC Board:**

September 19, 2023, 3-5pm @ Hilton Garden Inn, 1706 N. Dupont Highway, Dover, DE 19901

December 11, 2023, 3-5pm @ Hilton Garden Inn, 1706 N. Dupont Highway, Dover, DE 19901