

Date: April 21, 2022

Medical Dir.: Garrett Colmorgen, M.D.

Location: Zoom Conference Call

MEMBER ATTENDANCE:

- Garrett Colmorgen, MD
- Bridget Buckaloo, MSN, RNC-OB MSN/MCA
- Christina Bryant
- Joanna Costa, MD
- Mawuna Gardesey
- David Hack, MD
- Matthew Hoffman, MD
- K. Starr Lynch, BSN, RN
- Kathleen McCarthy, CNM, MSN
- Christie Miller, MD
- Jennifer Novack, MSN, RNC-OB, APN
- Susan Noyes, RN, MS
- Rita Nutt
- David Paul, MD
- Julia Paulus, CNM
- Anne Pedrick
- Nancy Petit, MD
- Kim Petrella, MSN, RNC-OB
- Anthony M. Policastro, MD
- Jennifer Pulcinella
- Philip Shlossman, MD
- Megan Williams, DHA

FACILITATOR:

- Garrett Colmorgen, MD

OTHER STAFF ATTENDANCE:

- Mary Wise, DSAMH
- Dr. Fredricka Heller
- Dr. Margaret Chou, ACOG
- Sarah Knavel, Pediatrics, Bayhealth
- Jessie Alvarez, Director, Women and Children’s, Bayhealth
- Dr. Andrew Meyer, Medical Director Highmark Health Options
- Dr. Khaleel Hussaini, DPH
- Dr. Meena Ramakrishnan, CDRC/ DSAMH
- Lisa Klein, CDRC
- Dara Hall, DMMA
- Nancy Forsyth, Beebe

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 February 17, 2022, meeting were reviewed and approved.	No further action.	Resolved
III. COVID Concerns	COVID numbers are on the rise. 124 people hospitalized with COVID as of this morning and still facing challenges in getting people to accept the vaccine.	On-going	On-going
IV. New Home Visiting Report	Anne Pedrick, Executive Director of Child Death Review Commission (CDRC), shared recent data regarding a charge given to CDRC to establish a CDRC Home Visiting Committee to review the barriers to establish a home visiting service system for at risk families. The committee addressed referrals, services, funding and outcome measures. The 2016-2017 Action Plan was to consider requiring birthing hospitals to make an evidence-based home visiting program referral for every at-risk newborn at discharge and to train home visiting staff to recognize child abuse risk factors and report visit findings to the medical provider of the newborn, including the inability to schedule or complete a visit. The 2018-2019 Action Plan recommended the creation of an	On-going	On-going

	<p>automatic medical referral for evidence-based home visiting services in the standard nursing admission orders for every Delaware birthing hospital when the mother comes into labor and delivery and the newborn is at risk. The referral would have a pre-checked box with the ability to opt-out if delineated risk factors are not present. Additionally, it was recommended to advocate to DHSS and the General Assembly for Medicaid reimbursement for all evidence-based home visiting providers in Delaware. It was felt that these Action Plan recommendations were not gaining traction, so as a result, the CDRC recommended sending a survey to providers to identify the type of electronic medical record and include the code, to allow providers to automatically download the encrypted evidence-based home visiting referral form for all pregnant women; include the evidence-based home visiting referral form in the treatment plan developed by medication-assisted treatment (MAT) providers and to providing training to DFS workers on available evidence-based home visiting program and consider referrals as part of the child safety agreement for children six months and under. In 2021 data from poor outcomes found that out of 60 cases, 61% were possible to be referred for home visiting, only 4% were referred.</p> <p>The report recommends 1) increased funding to expand the current evidence-based or promising practice home visiting programs; 2) DPH shall establish a full-time Home Visiting Outreach Director Position or an Office of Home Visiting since there are four home visiting resources in Delaware- Healthy Families, Nurse Family Partnership, Parents as Teachers and Early Head Start and each is managed by a different Delaware agency. 3) It was recommended that the Department of Education should consider embedding Parents as Teachers programs into childcare centers. 4) DSCYF shall include eligible evidence-based home visiting programs in their state implementation plan of the Family First Prevention Services Act. 5) DPQC should work with the birthing hospitals to implement policies that allow nurses to educate and refer patients to home visiting based upon presenting high-risk concerns. 6) DPH should review this report and utilize as a reference when writing their future Home Visiting Annual Report. HRSA is to award \$8 million to Delaware, MA, TN and WV to develop data and technology to improve delivery of home visiting services. These approaches include developing a centralized intake system to refer families to services and then follow up on those referrals and develop data dashboards to assist in reporting data by race, ethnicity, language and gender.</p> <p>More details and the report can be found: https://courts.delaware.gov/forms/download.aspx?id=137278</p>		
V. Announcements	<p>No May DPQC Meeting due to the Delaware Today's DNA Top Nurse's Award Dinner occurring on same date and several participants to this meeting will be attending. Congratulations to all who were nominated! DHMIC Summit is 4/26. There will have special guest from CDC to talk about the LOCATe survey in the June DPQC meeting (6/16), please make every effort to attend. Every hospital including Nemours will be required to participate. This will be Team project over multiple meetings inhouse by hospital leadership.</p>	On-going	On-going
VI. Anesthesia and pain control for	<p>Dr. Doug Makai, Medical Director, OB Anesthesia at CCHS presented on pain control for patients with substance use disorder (SUD). At CCHS for</p>	On-going	On-going

patients with substance use disorder	patients undergoing c-section with SUD. Patients on medication assisted treatment (MAT) have difficulty with management of post operative pain. The gold standard of neuraxial morphine during c-section has reduced efficacy in these patients. There are currently no specific recommendations in existence regarding specific treatment modalities for these patients. Use of opioids for post c-section care linked to risk for addiction and/ or relapse. Baseline data reviewed comparing MAT patients and other patients for post operative pain scores. Optimal anesthetic intervention has involved lumbar epidural; increased dose of neuraxial morphine; would infiltration or fascial plane nerve block. In looking further at the TAP block, it has well-documented safe/ effective history; minimal side effects; no requirement for higher level of postpartum care; technically straight forward. However, there is some somatic pain coverage only; success rate lower than neuraxial morphine (fascial plane and duration is limited to 12-24 hours. The TAP block is part of a multimodal pain management program. Training to this approach has been presented to CCHS providers. Formerly, CCHS only did elective c-section patients on MAT and they are now opening up to any patient on chronic opioids or with OUD; improving identification of patients with text message outreach program and this is only small component of overall care for OUD patients.		
VII. Aspirin Quarterly Chart Audit Results	As Kim is going around doing education on the low dose aspirin project, she is sharing information that implementing LDA as soon as risk factors are identified in first trimester; shift thinking to why not aspirin vs. why aspirin. Opt everyone In in your head and convince yourself why to opt them OUT. About 75% of pregnant patients in Delaware qualify for it. Review of data from the hospitals and compared to previous data. State average up to 31%, from 21.5% at first round of data collection. Possible ideas why these numbers are low: lack of provider awareness; lack of assessment being completed; lack of communication from results to provider and provider to patient; and lack of documentation.	On-going	On-going
VIII. Khaleel Korner	Khaleel shared LOCATE overview will occur in June DPQC meeting.	On-going	On-going
VIX. Mawuna Minute	There is an opportunity to secure additional funding that DPH will be pursuing.	On-going	On-going
IX. Breakout Sessions and Reports	The meeting then broke out into the OB and PEDS breakout sessions. <u>Nancy Forsyth, PEDS Team:</u> reviewed recent data and discussed the data in Delaware and the relationship on reported data and patients who might be missed, perhaps due to coding issues. They are seeing more patients on fentanyl and few mothers involved in treatment program which would impact their ability to effectively participate with rooming in.	On-going	On-going
	<u>Dr. Hoffman, OB Team:</u> Dr. Hoffman shared they had good discussion, have support from Highmark and Amerihealth and should be more blood pressure cuffs available soon. Aspirin has some incremental progress but not enough and discussed approaches how to increase awareness and use.	On-going	On-going
X. Attendee Updates	<u>ACOG:</u> Dr. Chou shared Legislative Advocacy Day is May 12; anyone with interest in participating please let her know.	On-going	On-going

	<p><u>Bayhealth Kent</u>: expanding management team and looking to hire additional managers, presently vetting candidates.</p> <p><u>Beebe</u>: has hired nurse manager who starts on 4/25. Have been without nurse manager since 2019.</p> <p><u>CCHS</u>: Starting to see increasing COVID numbers in staff.</p> <p><u>DPH</u>: Summit is next week, if interested please sign up at DETHrives.com.</p> <p><u>Safe Sleep</u>: averaging one death per month and the annual report is in editing phase and will be distributed in the next two weeks.</p> <p><u>St. Francis</u>: hope to hire new staff soon.</p>		
XI. Adjournment	There being no further items, the meeting adjourned at 5:52pm.	No further action.	Resolved.

Minutes prepared by JoEllen Kimmey, DPH

Upcoming Meetings:

- June 16, 2022, 4:00pm-6:00pm**
- July 21, 2022, 4:00pm-6:00pm**
- August 18, 2022, 4:00pm-6:00pm**
- September 15, 2022, 4:00pm-6:00pm**
- October 20, 2022, 4:00pm-6:00pm**
- November 17, 2022, 4:00pm-6:00pm**
- December 15, 2022, 4:00pm-6:00pm**