Delaware Perinatal QUALITY COLLABORATIVE

Date: June 16, 2022

Medical Dir.: Garrett Colmorgen, M.D.
Location: Zoom Conference Call

MEMBER ATTENDANCE:

☑ Garrett Colmorgen, MD
☐ Bridget Buckaloo, MSN, RN
☐ 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
☑ Jennifer Pulcinella
☐ Philip Shlossman, MD
☐ Megan Williams, DHA

FACILITATOR:

☑ Garrett Colmorgen, MD

OTHER STAFF ATTENDANCE:

☑ Mary Wise, DSAMH
☑ Courtney Jones
☑ Margaret Chou, MD, ACOG
☑ Sarah Knavel, Pediatrics, Bayhealth
☑ Cheryl Scott, CCHS
☑ Khaleel Hussaini, PhD DPH
☑ Deb Allan Brown, MD, CMO ACDE
☑ Lisa Klein, CDRC
☑ Dara Hall, DMMA
☑ Ashish Gupta, MD
☑ Liz Bown, MD, DMMA
☑ Ashleigh Hercules
☑ Natalie Anderson
☑ Susan Todero
☑ Andrew Meyer, MD, Medical Director, Highmark Health Options

TOPIC	FINDINGS, CONCLUSIONS & RECOMMENDATIONS	ACTIONS	STATUS
I. Call to order	The meeting was called to order by Dr. Colmorgen at 4:03p.m.	No further action.	Resolved
II. Review and approval of Minutes	The minutes from the April 21, 2022 meeting were reviewed and approved.	No further action.	Resolved
IV. LOCATe Presentation	Dr. Carla DeSisto, PhD, MPH, CDC Epidemiologist, Lead, LOCATe project, was introduced by Khaleel Hussaini. She reviewed the LOCATe project and the LOCATe assessment tool, which is a set of questions that provide a "proper leveling/scoring system" to ensure that hospitals are leveled at the appropriate level of care (level 1 to level 4) by what specialized care they are able to give to pregnant women and newborns. This strategy was promoted in 1976 by the March of Dimes. Guidelines are set by AAP and ACOG/ SMFM. This is a simple concept adopted by 26 states and Puerto Rico presently, plus many other states in the process. Success stories from Massachusetts and Minnesota were shared. This is embraced by public health research to reduce maternal	On-going	On-going

	and neonatal morbidity and mortality. Level III and IV facilities are to provide support to Level I and II facilitates when needed, as a patient needs a higher level of care. Level I: Well born nursery. Level II – special care nursery; Level III- NICU and Level IV/Regional NICU, meet Level III requirements but also have considerable experience in most complex and critical newborns. There are challenges with reimbursement policies, implementation of guidance and geographic content. The CDC LOCATe tool produces standardized assessments based on guidelines and facilitates stakeholder conversations to increase common understanding of risk appropriate landscape, while providing data for possible quality improvement systems and minimizing burden on respondents. The assessment includes questions about facility services and their availability, such as facility personnel and their availability, self-reported levels of care, volume of services, drills and protocols for maternal emergencies, transports, and facility-level statistics on a Survey Monkey platform. Kim and Khaleel will be the champions for this project and will provide the facilities with LOCATe link and follow up with non-responders. The champions will then send data to CDC to assess the level of each facility and the CDC provides results back to champion to share with the hospitals. LOCATe results can be used to examine differences in maternal/ neonatal outcomes within, and between, levels of care by merging LOCATe results with birth record and hospital discharge data. This helps to identify priority areas and leverage perinatal quality collaborate for implementation by; using aggregate findings as talking points to encourage prioritization of levels of care in the state, use results to coordinate maternal and neonatal emergency preparedness plans and drills, present results to partners to increase buy-in, work locally to address challenges, analyze differences in outcomes based on specific facility characteristics, and inform adoption of new guidelines based on findings. It is suggested that multiple meetings occur between those that represent pediatrics, NICU, OB and nursing before one member fills out the Survey Monkey tool on behalf of that hospital. Surveys are due the date of the August meeting, Thursday, August 18. Please reach out to Kim with questions, who can then forward them to the CDC LOCATe team and respond with answers.		
VI. Khaleel Korner	Khaleel reviewed Vital Signs data from 2010-2020 which are based on birth, death and hospital discharge data. Data showed a steady increase in early term deliveries from 37-38 weeks since 2016, from 24.2% up to 30.3%. This could be due to an increase in underlying health conditions and an increase in women with higher levels of BMI. Late pre-term and early term rates have been steady. Data was shared by age group, race and ethnicity, and individual hospitals, as was data related to blood transfusion rates and without transfusion. Current infant mortality annual rate is 5.4% per 1,000 live births. Five-year rate is still showing high disparity for Black, non-Hispanic women. Data by county and place was shared. The City of Wilmington has highest rates of infant mortality, with the biggest area being preterm related mortality. Good	On-going	On-going

	gains in preterm mortality rates have been made in Delaware, as a whole.		
V. Discussion of AIM bundle "Severe Hypertension in Pregnancy" · Key Drivers · Model of Improvement · Methods · Goals · Next Steps	New AIM Bundle Implementation: Severe Hypertension in Pregnancy. We will use the IHI Model for Improvement as we implement the bundle. Each hospital will form teams, and choose PDSA (Plan, Do, Study, Act) projects by establishing measures, selecting the needed changes, testing the changes, monitoring monthly tracking by Healthy Soft, while implementing the changes and making focused changes along the way, all working towards the goal. The statewide, overarching goal will be to decrease morbidity and mortality by 25% related to hypertensive disorders of pregnancy in Delaware, by improving the current processes in Delaware's birthing hospitals by standardizing response and care of hypertensive disorders in pregnancy. The goal is to decrease the time from identifying the severe BP (160/100) to receiving treatment within 60 minutes of the elevated reading, while also decreasing the reasons why care is delayed. A standardized protocol for the identification and treatment is to be in place at each facility. Each facility is to create their teams; then create their in-house goals, that support overall state goal, review progress in Healthy Soft, report on progress to the group, and refocus and readjust as necessary (Plan Do, Study, Act). Please consider how each hospital will implement this and will be discussed further at July meeting. Kim is available for call, email or visit- just let her know.	On-going	On-going
VI. Mawuna Minute	The patient aspirin education flyer should be translated into Spanish and Haitian Creole and ready sometime in July.	On-going	On-going
VII. Adjournment	There being no further items, the meeting adjourned at 5:30pm.	No further action.	Resolved.

Minutes prepared by JoEllen Kimmey, DPH

<u>Upcoming Meetings:</u>

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