



Date: September 15, 2022

Medical Dir.: Garrett Colmorgen, M.D.

Location: Zoom Conference Call

MEMBER ATTENDANCE:

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

FACILITATOR:

- Garrett Colmorgen, MD

OTHER STAFF ATTENDANCE:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Mary Wise, DSAMH | <input checked="" type="checkbox"/> Diane Hitchens |
| <input checked="" type="checkbox"/> Kim Hudson, Tidal Health | <input checked="" type="checkbox"/> Kim Hudson |
| <input checked="" type="checkbox"/> Meena Ramakrishnan, DSAMH | <input checked="" type="checkbox"/> Lisa Klein |
| <input checked="" type="checkbox"/> Susan Todero | <input checked="" type="checkbox"/> Meena Ramakrishnam |
| <input checked="" type="checkbox"/> Gina Scott | <input checked="" type="checkbox"/> Robin Revell |
| <input checked="" type="checkbox"/> Liz Ezehner | <input checked="" type="checkbox"/> Lesley Tepner |
| <input checked="" type="checkbox"/> Maria Webster | <input checked="" type="checkbox"/> Jessica Alvarez, Bayhealth |
| <input checked="" type="checkbox"/> Elizabeth Brown | <input checked="" type="checkbox"/> Lisa Klein, MCDRC |
| <input checked="" type="checkbox"/> LaToya Brathwaite | <input checked="" type="checkbox"/> Mary Wise |
| <input checked="" type="checkbox"/> Khaleel Hussaini | <input checked="" type="checkbox"/> Jessica Alvarez, Bayhealth |
| <input checked="" type="checkbox"/> Mary Ashmore | <input checked="" type="checkbox"/> Nancy Forsyth |
| <input checked="" type="checkbox"/> Margaret Chou | <input checked="" type="checkbox"/> Natalie Anderson |
| | <input checked="" type="checkbox"/> Maryann Jones |

TOPIC	FINDINGS, CONCLUSIONS & RECOMMENDATIONS	ACTIONS	STATUS
I. Call to order	The meeting was called to order by Dr. Colmorgen at 4:02p.m.	No further action.	Resolved
II. Review and approval of Minutes	The minutes from the August 18, 2022, meeting were reviewed and approved.	No further action.	Resolved
III. Introduction	Introduction of and welcome to LaToya Brathwaite, FNP, MSN, RN, DHMIC Nurse Consultant/ Women, Infant and Families Nurse Specialist.	No further action	Resolved

IV. Update of DPQC Student Interns	The DPQC student interns- Maryann Jones, DNP Student, updated DPQC on her anemia app project; is meeting with Dr. Petit to explore details of the project completion.	On-going	On-going
V. LOCATe Discussion and Questions	The LOCATe results are back: Nemours Level 4 children’s hospital; CCHS NICU Level 3 and CCHS OB Level 4; SF Level 2; Bayhealth Kent and Sussex Level 2; Nanticoke Level 1 OB and Level 1+ neonatal and Beebe Level 2 neonatal and Level 1 OB.	On-going	On-going
VI. OBH Discussion	Video shared introducing OB hemorrhage AIM Patient Safety Bundle, which looks at quantitative blood loss and is considered best practice by AIM. In Delaware, blood loss is grossly underestimated except for one hospital which is consistently doing quantitative blood loss. Discussion of how to move all hospitals to this process. NICH-Q reports that 100,000 or 3% of deliveries in the US experience and OBH. CDC reports that at least 70% of these are preventable. The need to re-examine the basics of hemorrhage and treatment which ultimately focuses on readiness, recognition and response. OB rates by hospital from January to June 2022 were reviewed. For further details: https://vimeo.com/743552029 .	On-going	On-going
VII. Severe Hypertension in Pregnancy Bundle Implementation Discussions	New updates for September 2022: DPQC will visit each hospital this Fall to meet with teams to make sure that they know the challenges of the change package. Teams must be multi-disciplinary in order to look at all levels of the systemic process, include Quality Team and unit education members when possible. The Hypertension Bundle is extensive: Low dose aspirin 75% of the time, home BP monitoring and early recognition of a problem or complication, time to treatment: 60 minutes, emergency response, including the patient in all layers of communication, implicit bias training, and spreading 60 minutes or less into ED’s and EMS. AIM has new website, Saferbirth.org. For more details, share this video with your teams: https://vimeo.com/743542904 .	On-going	On-going
VIII. QI Training	DPQC is looking to sponsor QI training for hospital teams, with an Institute for Healthcare Improvement partnership through NNPQC. Small, bite size modules and half day sessions for teams to work together to work on change packages. Deanna Benner, MSN, APRN’s 30-minute lecture on Hypertension In Pregnancy is available for hospital viewing.	On-going	On-going
IX. AIM Annual Conference	The AIM Annual Conference was in Washington D.C. and looked at ingraining equity into foundational quality and safety structures; birth equity session: progress in the field; putting the continuous in “Continuous Quality Improvement” sustainability after an initiative; patient support after a maternal event: revisiting and improving a resource; telling the story for sustainability: messaging and marketing for quality improvement; redesigning prenatal care to prevent severe maternal morbidity; no health without mental health: experiences and resources in addressing perinatal mental health conditions and aspirin task force with the Preeclampsia Foundation. The poster Kim created for the conference garnered much interest and discussion.	On-going	On-going
IX. Data Requirements	Now that the DPQC is codified, certain data collection is mandated by law for quality improvement. This is an opportunity for our state and for the patients of our state to study the health of women and children	Resolved	Resolved

	in Delaware. Commit to making teams and having them work towards improving the lives of Delaware families; after 42 months of pandemic, it is time to refocus decreasing preventable causes of morbidity and mortality in Delaware. Time to break down the silos of “its an LDR vs. ED problem” or “a nurse-provider problem” and find the process problems. Examine other models of “recognition to intervention” and learn from them such as MI’s, stroke, sepsis, and trauma cases. How to the ED and “codes” protocols and processes work?		
X. Community Action Team	<p>The goals of the community action team (CAT) are to receive the findings and the recommendations from the case review team and develop an action plan based on those recommendations and implement the actions. The overall goal of the action plana should be to enhance the health and well-being of women, infants and families in your community improving the resources and services system available to them. The CAT is composed of two types of members: those who have the political will and fiscal resources to create large-scale systems change and those who can define a community perspective on how best to create the desired change in the community. For more information:</p> <p>https://www.cdc.gov/reproductivehealth/maternal-mortality/preventing-pregnancy-related-deaths/state-strategies.html</p> <p>https://www.cdc.gov/reproductivehealth/maternal-mortality/docs/pdf/State-Strategies-508.pdf</p>	On-going	On-going
XI. Khaleel Korner	Khaleel provided data about the buprenorphine waiver. There were 91 total; 27 ineligible (received gift cards, but only for completing resources training) since they had a waiver previously. 64 eligible providers with X waivers and of those 10 (15.6%) had claims average # of claims 24.4+30.7. Data then shared on hospital births before and during COVID-19 in Delaware; % of low-risk cesarean births by states by quarter in the US2017-2020; statewide total blood loss(>=1,000ml) by delivery types and by hospital.	On-going	On-going
XII. Breakout Sessions	<p>OB: Dr. Colmorgen asked each hospital to report out on where they are in the progress of the hypertension project. Bayhealth is gathering data, defining what they need with IT and is having difficulty getting data from ED. Kim suggested they first start with L&D and use the PDSA to eventually incorporate ED. CCHS is still in the discovery phase, performing 85% of time. Nemours is part of IHI and QI project at their facility on this topic. SF, 60% compliance getting meds within 60 minutes, has OB meeting next Wednesday and Dr. Petit will discuss this matter further at the meeting. SF has barriers due to 6 new graduate nurses and EPIC goes live in 5 weeks and staff have been pulled out for training. Tidal Health is working with EPIC to pull data and to identify what is needed.</p> <p>PEDS: Nancy Forsyth reported their goal is to decrease LOS by 10%. However, have not had consistent participation from each facility which has made progress on this initiative challenging.</p>	On-going	On-going

XIII. Announcement	Kim will be on vacation from September 24- October 8, if anything is needed in that time, please seek out Mawuna Gardesey or Dr. Colmorgan.	No further action.	Resolved
XIV. Attendee Updates	<p><u>ACOG</u>: conference on implicit bias 9/27 at 6pm in person and virtual and there is an Advisory Council Meeting tonight.</p> <p><u>AWHONN</u>: Dr. Rita Nutt's term ends as chair in December, they are looking for replacement.</p> <p><u>Bayhealth</u>: new educator starting soon and new manager for PEDS and NICU, Wendy Feltz. Presently allowed 2 visitors after birth and one visitor and one extra support like a Doula in L&D.</p> <p><u>Beebe</u>: opening up maternity visiting hours.</p> <p><u>Safe Sleep</u>: still averaging one infant unsafe sleep death per month and the CDRC is now the Maternal and Child Death Review Commission.</p> <p><u>Tidal Health</u>: Support person is allowed 24/7 and second person can visit between 11am-7p and the visiting of siblings is presently under discussion.</p>	On-going	On-going
XV. Adjournment	There being no further items, the meeting adjourned at 5:58pm.	No further action.	Resolved.

Minutes prepared by JoEllen Kimmey, DPH

Upcoming Meetings:

October 20, 2022, 4:00pm-6:00pm

November 17, 2022, 4:00pm-6:00pm

December 15, 2022, 4:00pm-6:00pm