



**MA Perinatal Quality Collaborative
Advisory Committee Minutes
January 9th 2013 1-2pm**

Attendees: Glenn Markenson, Janet Girouard, Fifi Diop, Patricia Falcao, Darcy Brewin, Bonnie Glass, Linda Clayton, Jeff Ecker, Matt Esposito, Mark Manning, Munish Gupta, Wendy Barr, Alice Mroszczyk (Guest, DPH), Mike Vigneux, Alexis Travis

39 Weeks Initiative:

- Glenn mentioned that he and Jeff have not been able to connect with the facilities that reported high EED rates to Leapfrog.
- Darcy gave an update on the North East region; she has called all hospitals in her region that reported high rates. There are two facilities that did not have any EED; their results are verified with insurers. Another facility had the copy of our form with the Leapfrog data. One of the problems identified is that the data that was collected lags about a year behind and is not always accurate.
- Glenn asked Darcy to reconnect with the hospitals in her region to find out if they know their Leapfrog numbers and whether the numbers are accurate or not.

Focus on Data:

- Fifi shared with the group that she has contacted the DPH Privacy and Data Access Office and has spoken with the Confidential Data Officer RaDAR IRB Administrator about getting real time data up to 2012. She is drafting an Intra-Department data use agreement and will share it with the group to see if there is any data included in the agreement that are not needed.
- One of the DPH epidemiologists will update Lauren Smith's presentation on cesarean rates by risk status, which was based 2001-2007 data, to include 2009 data as Ed and Jeff suggested on the last call.
- Fifi will meet with representatives from the Registry of Vital Statistics tomorrow (1/10/13) to ask about participation in the May summit and hopes that she will get at least 2 or 3 volunteers for a panel discussion. The panel will also focus on challenges and opportunities to get more recent birth data. Fifi asked the group for suggestions on specific data needs for work of the MPQC.
- Glenn asked if there is anyway to find out if there is a diagnosis of HIE at birth, Darcy asked if that information is on the birth certificate. Fifi said the information is not available on the birth certificate but can be obtained from the PELL Data System.
- Bonnie asked if we can have some maternal intra-partum information. Jeff said yes, we can via PELL, which links the birth certificate and hospital discharge data. Fifi agreed, but said a list of specifics would help. The group agreed to e-mail Fifi with suggestions.
- Bonnie listed gestational age, spontaneous labor, cephalic, and normal weight as data we need. Darcy asked if we can have data on infection rates and blood loss. Fifi said she can provide data on hemorrhage only, but not specific amounts of blood loss. Glenn added that we should look at endometriosis and admissions to NICU, he stated that we know there is a wide variation in outcomes, but the question is do low C-section rates result in low NICU admissions. Munish agreed and added that we need to think more about Neonatal balancing measures such as HIE, NICU admissions and prolonged meconium aspiration.

- Alice said that it is not exactly clear who will do the work on the data. The group may be required to sign a pledge, listing each member of the advisory committee in order to keep data secure. The pledge would specify where we can share the data. Fifi will e-mail the paperwork to Alexis.

Post Partum Hemorrhage:

- Bonnie gave a summary of the initial findings from our hemorrhage survey that was distributed at the fall summit. She shared that there were 29 responses to the survey (completed by 1/3 West region, 1/2 Central region, 2/3 Boston Region, 1/2 Northeast region, 1/2 Southeast region, and 4 respondents did not self-identify).
- Bonnie summarized that 24 respondents said their hospital does track the incidence of maternal hemorrhage in their hospital and 15 had a working definition of maternal hemorrhage, which was usually >500ml EBL. Overall the QI/QA group at the hospital was responsible for review and analysis of maternal hemorrhage data. 18 of the respondents reported that their hospital had a structured process reviewing maternal hemorrhage, 21 had a mass transfusion protocol, 4 didn't, and 19 said that OB patients were included in the protocol. Overwhelmingly, 24 responded that they would use education/consultation resource for risk recognition and clinical management of maternal hemorrhage, if it were available and made specific requests.
- Bonnie made the following recommendations to:
 1. Distribute the de-identified data to the collaborative
 2. Run a pilot MPQC consultation/education service that we can make available to hospitals across the State
 3. Report the results of the survey to the MA Maternal mortality and morbidity review
- The group agreed with Bonnie's suggestions, Bonnie explained that her insight came from experience in the VT and NH perinatal programs, where some people have very good best practices and have shared them.
- The group discussed that the program would come from the MPQC and Glenn suggested that it might be a good idea to go to successful facilities and then go to other institutions. Bonnie agreed and suggested we have a part A, where we go to institutions that have a protocol and are informed of best practices and part B, where we go out to hospital that need help developing and implementing protocols.
- Darcy added that having worked in the areas with disparities we need to consider the resources available. Mark added that we need to look at issues with the intricacies of the protocols too.
- Pat asked about the process used to pursue the robustness of the survey, Bonnie responded that it took 1-2 months to develop, now we have to figure out how to get more data and develop a process to contact people in each institution. Glenn suggested that the regional leads could do that. Bonnie said she will check with Alexis how many hospitals did not respond.
- Pat mentioned that the annual John Figgis Jewett Memorial Lecture will be on maternal hemorrhage and it would be a great idea for Bonnie to come and speak about the new resources that the MPQC can offer. Bonnie responded that would provide great motivation to make progress with the project. The group agreed and felt that the MA ACOG meeting would give us exposure to the audience that we need to reach.

Data Acquisition:

- Glenn suggested that the MPQC should publish the metrics on hospitals that are late in reporting data to DPH. This may motivate hospitals to improve their data reporting and prevent lags.
- Fifi stated that the number of hospitals that have missing data varies from 15-30%. At the meeting in May we can share anonymous data and may be able to give individual hospitals their number so they can compare to the average across the State.
- The group discussed Dale's e-mail about adding new fields to the birth certificate. Mark mentioned that he and Dale have worked together on the birth certificate. One of the issues is how to interface with DPH, but basically you can do anything with the birth certificate. The question is, is it research or a QI project. There currently no interface with DPH so we need money and resources available to progress. We will also need to get vital statistics involved.

Future projects:

- The group discussed harms data reporting as a project for 2013.
- Fifi explained that we can use more up to date data from the birth file, but only with the caveat that the birth file is preliminary and data will be updated when the birth report is released by DPH. Alice noted that preliminary real time data are restricted and needs verification, especially with the new VIP system.
- For research purposes, the PELL data can be used but usually lags 2-3 years behind.
- Glenn, Matt and Mark discussed their meeting about harms data reporting. Mark explained that the initial thought is why do hospitals need us? He went on to say that if we look at harms data overtime, eventually pay for performance will be linked to something and we can look at this as a QI initiative. If we develop a database, we can collect and compare real time harms data and use it to look at performance and quality, it is a win win for patients and organizations even beyond patient safety.
- Matt added that he is in the Southeast and has been in touch with 5 out of 6 hospitals to set up meetings with the OB Chair, Quality and Risk departments that have statisticians who will do the data and have peer review. They are now getting lawyers involved. Pat agreed that it is important to have peer review in order to change the climate and encourage sharing of information but with the protection that peer review offers.
- Darcy asked how they intend to gather data, Glenn responded that we will start off by looking at HIE, TERM NICU admissions, transfusion rates. We will meet with hospitals to see how they are managing harms data system wide and perform a statewide assessment. Pat suggested that it might be possible to correlate internal data with what is going on across the State, because this type of data has been collected statewide since the mid-80s through patient care assessment committees. Glenn suggested it would be best to start with the pilot, instead of starting too big too quickly. The group queried what the State mandate for Harms data reporting is; we need someone to send it out to the group if anyone knows.

Subcommittees Discussion:

- The group discussed the function of the regional liaisons, which involves reaching out to key people in their regions. Bonnie commented that she thinks that this is working well informally, but we need a nursing contact for each institution. Darcy told the group that she has a list of contact in each hospital that she will send to Alexis and Bonnie.
- Glenn commented that we have a data subcommittee, but to be more effective we need data.
- Pat shared with the group that she was recruited by Glenn from MA ACOG to work on the education and publicity. This would involve going out to the hospitals and sharing information and resources. Pat will be happy to work as co-leadership of this group, but will require more information or a directive.
- Glenn stated that the education and communication subcommittee would go well with the consultation service Bonnie will be working on. At the moment the subcommittee needs advice and someone to work on press releases and promoting the collaborative:
 1. To get the public to know about the collaborative
 2. To get facilities to know what we are doing
- Alexis mentioned that Mike Vigneux, Director of Marketing and Communications at the March of Dimes may be assist with press releases and promotion. She stated that Mike has been developing and maintaining the MPQC website. Mike agreed that he can provide support in promoting the collaborative.

May Summit Topics Discussion:

- Alexis shared that she has been in contact with the chair of the OPQC and is in the process of identifying the right person to give the keynote speech on their progesterone project and success in acquiring funding.
- Data on 39 weeks will be prepared by DPH and presented by the lead of our data subcommittee, Jeff Ecker.
- Alexis asked the group whether we should postpone the hemorrhage presentation until November, in light of the new project which we could report more about later in the year. Linda responded that it would be nice to report out on Bonnie's findings in May. Bonnie agreed that she could report on the hemorrhage data in May and do an in depth presentation in November.

- Fifi suggested that we have a short update on the NAS project. Munish agreed that he could talk about his work with the VT Oxford Network; the project now has 40 hospitals involved and will begin by the end of the month. The group agreed on a 10-15 minute recap.
- Pat asked if she can connect Munish to Dr Starer about last year's Jewett Lecture on opioid addiction during pregnancy, so they can discuss the NAS project. Munish agreed.
- The group agreed that a panel discussion from vital stats on optimizing data reporting and break out session by region to address key area such as data reporting, funding, hemorrhage protocols and problem solving were good ideas.

MPQC Website:

- Alexis gave a brief update on the MPQC website (www.mapqc.org) and explained that we have pictures for the majority of the group that were acquired from sources that are widely available online. She requested that the group review their pictures and information listed online for accuracy and members who are not happy with their picture please submit another one to Alexis directly (atravis@marchofdimes.com).

Action Items:

- Regional Leads to contact the hospitals in their region with high Leapfrog rates (>5% EED) and find out if they know their numbers as reported by Leapfrog and whether their numbers are correct.
- Glenn and Jeff will call the top 6 hospitals in the State with highest EED rates
- Fifi to share inter-department data use agreement with the group and data pledge document.
- Regional Liaisons to circulate the Hemorrhage survey to hospitals in their region.
- Patricia and Bonnie to coordinate about Bonnie speaking at MA ACOG meeting on Maternal Hemorrhage.
- Mark and Matt to work on pilot project for harms data reporting database
- Group members to explore and circulate information on the State mandate for data reporting.
- Darcy to send up to date list of contacts in each hospital to Bonnie and Alexis.
- Patricia to connect Munish to Dr. Starr regarding common interest in NAS

The next call is scheduled for 1-2pm, February 6th

Conference Call #1.800.411.7650

Participant Code-139774#