



Massachusetts Perinatal Quality Collaborative

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MA Perinatal Quality Collaborative Advisory Committee Minutes May 20th, 2013 Massachusetts Medical Society Waltham

Attendees: Fifi Diop, Faye Weir, Mary Ellen Boisvert, Ellen Delpapa, Mark Manning, Matthew Esposito, Sara Shields, Ron Iverson, Jeff Ecker, Bonnie Glass, Audra Robertson, Glenn Markenson, Ed Doherty, Alexis Travis.

May Summit Debrief and Comments:

- The group felt there was a nice mix of attendees and going forward it would be important to keep a good mix across professional disciplines. The keynote speech worked well, however the small groups were mixed up because there were so many people. Mary Ellen felt that it worked well, but Ron stated that some people found it confusing. Glenn said that if we did it again we would need to provide more direction.
- The group discussed the possibility of holding the meeting on another day other than Monday. Mary Ellen pointed out that on Mondays one obstacle is operations, some hospitals have more admin on Mondays so it is harder for the Nurse Manager to leave.
- Mark suggested that if there is time in the next meeting, we should schedule 30-40mins for a primer on quality management and what to do when you start getting information. It might be helpful to produce a handout or web-based reference.

Linking to Birth Certificate to Pay for Performance:

- Glenn shared with the group that Linda Clayton and colleagues at MassHealth have been very helpful explaining rules and regulations of pay for performance. Linking the birth certificate to pay for performance has been done, but to move forward we need to know the clear outcomes that we need. We are not sure whether it will work from a MassHealth point of view because the process is very complicated. On the other hand from what we learnt during the meeting if you put garbage in you get garbage out, Glenn suggested that at the institutional level there is something we can do to manage the quality of birth certificate data. If we pick 10 or 20 fields we can identify that need to be addressed and make improvements.
- Sara raised the issue of timeliness of getting the birth certificate data. Glenn explained that it is all electronic so we can get the data quickly, but not clean. Faye suggested that we create an accountability factor, if we could have one FTE work on it. Glenn added that we could talk with vital stats and have them meet with organizations. Bonnie referenced prior work at BID and explained that it was important to work on the relationship with birth registrars. Ron agreed and shared that once a year at BMC they sit with the birth certificate staff, it changes every year some data is pulled from the HMP. It is important to ask where each piece of data is coming from and create a running document with who is responsible for each piece.
- Fifi added that they are missing collectors, and it varies depending on the hospital. For the piece we need to use the National center for health improvement definitions. As we saw in the data presentation, the MPQC had definitions and there are others. Dale Magee and BI have volunteers to work on this. Ellen shared that one of the ideas is that when nurses have down time have them review

the birth certificate. Faye added that who reviews the birth certificate may be different, the manager may review it in institutions that don't have a registrar – at those facilities we need to manage work load, if we are doing QI we need to have computer systems. The group agreed that this might be a topic for discussion at the next meeting.

Next steps:

- The group discussed the regional subgroups and their interest in working on projects between meetings. Mark shared that the central region is pushing for phone calls and meetings in 3 months. Mary Ellen agreed that the Southeast region also wants to meet between Summits and that the big topic that was identified was C-Section rates and definitions e.g. what is elective deliveries. Faye mentioned that we have to think about how to coordinate the additional activities and suggested a distribution list for e-mail contacts and phone numbers.
- Glenn asked the group to be careful not to get too diffuse by addressing issues that are too complex i.e. C-Section at the regional level, however definitions would be more manageable. Mary Ellen shared that the Southeast region was thinking more about vaccinating providers. Faye added that they could look at what are the challenges and what else can be done.

Hemorrhage:

- Bonnie stated that there were quite a few volunteers for the hemorrhage project from the meeting. The challenge is identifying the triggers according to IHI definitions. Bonnie said we will get a list serve up. Glenn asked the group how we would measure success of this initiative. Bonnie responded that it would be determined by identifying that a process is in place. Ron agreed that by not having everyone say yes we would still need to offer more help.
- Jeff suggested that we develop a Tool Box for hemorrhage of real things that they would need. Brian added that on the California website there is a similar resource available and we could pull it straight from there. Bonnie agreed that a consultation resource people can access would be a good idea. Faye said that theoretically we should look at extended period of time to collect and record all improvements. Glenn said we also thought of how many went to ICU before bleeding was stopped or blood was given to avoid. Mary Ellen suggested a criteria greater than "X" cc blood lost and developing a checklist of things you have done or interventions. Bonnie mentioned there is quite an extensive list of things we can inventory by asking "did we do this?" Mary Ellen responded that we could create a staff survey tool to see if they know the necessary information and the percentage of staff that can answer correctly and the outcomes go into drills and simulations. Audra added that we should also look at what is available and adequacy of resources. Bonnie proposed doing an inventory or clinical checklist as a post-test quiz like a drill. Faye suggested that if we could measure the time between activation of Mass Hemorrhage protocol versus time of bleed and that goes back to each institution, it might be helpful.
- The group discussed what the overall goal should be, process or measurable outcome. Bonnie said we should start with the information they need to do an inventory or a assessment – Phase A. Faye agreed and added we should ask what are the barriers to having a protocol in place? And ask about awareness to establish whether everyone knows about it and where to get the protocol.

Sustainability:

- Glenn mentioned the insurance companies could provide support. Ed agreed, and stated that non-hospital participants love coming to the meetings. The group discussed that this would be an area to focus on moving forward.

November summit:

- Glenn asked the group for suggestion for speakers for the November Summit. Audra suggested we ask Elliot Mann, a QI person from the California Perinatal Quality Collaborative. Ed suggested that we also have a March Of Dimes speaker, possibly the New Medical Director who could share what is going on nationally with prematurity.
- Glenn asked if there is a meeting of the State Perinatal Quality Collaboratives and suggested that we invite other members of prenatal quality collaboratives to attend. Audra suggested that Tennessee could come. Bonnie mentioned that there is an AWOHNN meeting in June in Nashville and we could use that as an opportunity to promote the collaborative and explore possibilities for a Collaborative Consortium.

Progesterone:

- Audra stated that there are no updates on progesterone. The pocket card and 11x13 posters went out to Boston as part of the March of Dimes funded project. Audra explained that on one side there is information on progesterone and on the other side there is a list of Boston-specific resources. She is conducting a survey to see how the materials are received and collect useful feedback. She also shared that an app would probably be better for 2013. On the state level we need to track progesterone, however there are challenges with the form, vaginal or intramuscular and how that is captured. So that we can say looking at the entire State, how do we look? And are patients at most risk getting it? Audra volunteered to continue working on the progesterone project.
- Glenn raised concerns about whether or not to add progesterone to the birth certificate, feasibility versus cost. Jeff stated that we already record whether there is PPRM. Audra added that we might need to train people how to pull data. Glenn suggested that it would be nice to pilot the questions, but we don't know how to do it. Jeff suggested that the question could be prior spontaneous preterm birth with ruptured membranes? Audra queried whether we should add history indicated or ultrasound indicate? Glenn replied that we just need to figure out who is using it and those who aren't using it as a gross measurement, we need to know if the usage has declined.
- Jeff suggested that for the time being we develop a model patient information card that goes to women who have had a PPRM as a useful tool. Glenn said this might be something the March of Dimes would like to co-brand. Alexis agreed and will ask Ed. Ron suggested that we could put the card on the website for people to download. Audra offered to come up with a draft. Mary Ellen added that it is easier to document and ask the patient if they got information than asking did you get information or searching the medical record. Jeff agreed and echoed the next step would be to develop a draft and discuss at the next meeting to decide and make it available as something concrete that comes from the collaborative. Glenn agreed and said would put it on the website and add some logos.

Action Items:

- Group to produce a distribution list of e-mail and phone contacts (Alexis and Regional Liaisons)
- Regions to have a call/meeting in 3 months time (Regional Liaisons)
- People interested in examining sustainability and possible funding opportunities are asked to volunteer.
- We will solicit a speaker from California Perinatal Quality Collaborative and the March of Dimes for the November Summit (Glenn/Alexis)
- Audra to continue work on progesterone for the collaborative and develop a draft of the progesterone card for eligible women
- Alexis to check on March of Dimes co-branding of the Progesterone information card.
- Bonnie will follow through on "next step" suggestions for Maternal Hemorrhage project.

- Glenn and Bonnie to follow up with Linda Clayton on Pay for Performance issue and further exploration of collection and use of birth certificate data.

The next call is scheduled for 1-2pm, July 3rd

Conference Call #1.800.411.7650

Participant Code-139774#