



Massachusetts Perinatal Quality Collaborative



MA Perinatal Quality Collaborative Advisory Committee Call Minutes June 4th, 2014

Participants: Dale Magee, Kathy Messenger, Shannon Maginono, Erin Tracy, Tony Souza, Sue Gullo, Matthew Esposito, Munish Gupta, Mary Ellen Boisvert, Fifi Diop, Mark Manning, Alexis Travis

CDC Grant Application (Fifi/Bonnie/Munish)

- Fifi gave an outline of what has been proposed for the grant application for funding of a state-based perinatal quality collaborative. She explained that the grant writing group decided to start with 5 specific outcomes centered around acquiring data for bench marking and they are working on outlining a budget. So far suggestions include funding additional data analysis through Vital statistics, funding ongoing work with rapid data collection through a contract with UMass medical school, and supporting the MPQC meetings and coordination through the March of Dimes.
- Kathy Messenger agreed that contracting UMass to expand services can be done directly and that planning, logistics and continued education (training support) could be done through AdCare or support activities could go directly to the March of Dimes. Mark added that we need some amount towards statistical analysis which UMass does for free for the rapid trend data. He wasn't sure how much it would cost, but it would go up if we are planning on expanding data collection. Kathy indicated that it wouldn't be a problem as MADPH is familiar with working with UMass. Munish suggested that some portion of the data analysis should be completed through BIDMC and they received some funding as a sub-contract. He also suggested that we use some funding for a project manager. Fifi and Kathy responded that there is not enough funding for a full-time person to be a project manager as the maximum annual amount available is \$200,000 and it may be tough to split money for data analysis between two institutions. They suggested that we think about rolling additional data into the UMass project. Mark agreed that one institution should handle it, but stated it doesn't matter who does it as long as the process and outcomes are transparent. Fifi agreed and said we should build upon what we have started with the data project.
- Munish asked if the neonatal projects such as VLBW will be rolled into perinatal data collection and what the defined outcomes will be. Fifi responded that we currently have no way of assessing NAS or VLBW babies because CHIA doesn't report in a timely manner. She suggested that we can also do a validation of vital stats data by comparing to the data that is reported by hospitals to the collaborative.
- Munish suggested that we look at project administration for the improvement work e.g. summits, project development, coordinating the data stream to support projects. He asked for funding towards that for the MPQC and NeoQIC. Kathy agreed and said it shouldn't be a problem to make sure each of the 3 main partners receives some funding: DPH (for vitals stats); MPQC (to March of Dimes); NeoQIC (to BIDMC). Kathy stated that there may not be enough for a project manager depending on how much data analysis will cost. Mark suggested that we could split the time between the analysis and

project manager. Kathy responded that a 0.5FTE within one of the organizers might be possible, so the group has someone who is paid to coordinate this. She asked the group where the best place for that person to sit would be.

- Munish asked if subcontractors need to be drawn up in advance. Kathy responded that to some extent, but there is some capacity in the budget to be a bit vague. Bonnie added that we have identified several sources for funding that might assist in project management. Munish queried what the timeline is to have completed the application. Fifi said she will need everything completed and submitted by June 18th as she will be out of the office after that. Kathy shared with the group that last time MADPH applied for the CDC funding for the quality collaborative they applied for 1.5 fte but that was for a \$300,000 annual amount. This time going for 0.5 fte should allow ~ \$50,000 for a project manager. Historically, project management has been very difficult under this kind of arrangement within MADPH. Bonnie responded that staff coordination has come from the March of Dimes, which includes for project that require data support and data collection which is crucial.
- Kathy indicated that travel was included in the last application, as well as specialized data and fees for medical consultants. Bonnie responded that we get that expertise for free, some travel has been paid for conferences, but a lot is sponsored like the recent ACT conference sponsored by Day Before Birth and the March of Dimes. Munish added that the specifics of the application should be done early next week and we will have a better idea what is missing then.
- Bonnie concluded the conversation by sharing with the group that we have proposed a change in structure which would involve forming a new umbrella for the MPQC and NeoQIC to operate within one organization, as discussed with Commissioner Bartlett last year. There will be more information about that next time we speak.

Antenatal Corticosteroid Treatment (Bonnie/Audra)

- Bonnie shared information about the Time for ACTion Conference that she attended in Washington D.C. last week. The purpose of the conference was to increase awareness and appropriate administration of antenatal steroids. There was a lot of conversation about state perinatal quality collaboratives. Dr Jay Iams said that the Ohio collaborative sometimes has funding and then has no funding and the other collaboratives agreed with the exception of the California collaborative which has had a steady funding stream. Bonnie shared there was also a follow-up meeting with the Big 5 states that are working on joint research of prematurity through funding from the March of Dimes. and implications for future work on prematurity prevention

Subcommittee Updates:

- *Prematurity Prevention:* Mary Ellen shared that she and Audra have been working on updating the survey that was previously sent to the Boston area hospitals about prematurity and use of progesterone. They plan to re-issue the survey electronically. The purpose is to gain a better understanding of what information is currently available and what resources they would like.
- *Maternal Hemorrhage:* Bonnie explained that we started out with a convenience sample of maternal hemorrhage surveys. Since then she has refined the survey and is working with a student to reach out to Institutions who haven't responded, the goal is to get responses from all birthing hospitals in

Massachusetts. Bonnie has done a few consults, 90% of survey responders said they would like information.

- *Data Projects:* Bonnie shared that the MPQC leaders were approached by the Northern New England Perinatal Quality Improvement Network (NNEPQIN) about our data pilot, we are currently discussing opportunities to collaborate on a regional data project and they may present at a future summit. Similarly, Melissa Bartick (Chair of MA breastfeeding collaborative) has requested support for data collection on the exclusive breastfeeding at discharge, Bonnie thinks that this will be something that we can partner with them on based on feedback from the committee. Alexis suggested that this might be something we could incorporate into the grant application for the CDC as part of our expanded data collection. Bonnie agreed.

Regional Relationships:

- Mary Ellen shared that she met with Faye Weir from South Shore hospital but a lot of the places in the South East are not communicating with her. She shared that she really likes the idea of having regional liaison partners to do outreach.
- Dale shared that from his experience with peer lead organizations there is no better way to earn charitable time than working with people who are willing to engage. People who don't want to participate will slow us down. He recommended that we do not spend a lot of time of people who don't want to engage. Bonnie agreed and stated that these sentiments were echoed at the ACT conference.

Collaborative Partnerships:

- *Northern New England Perinatal Quality Improvement Network:* Alexis shared that March of Dimes colleagues in NH and VT have been working with NNEPQIN and that we were able to schedule a call which looks promising for future collaboration. Erin said as the Massachusetts Section Chair of ACOG she has been keeping the MPQC on the agenda and will be talking about the MPQC at the upcoming district meeting where one of the focuses is to develop guidance on post-partum hemorrhage. She shared that we don't want to reinvent the wheel but do want to formalize protocols.
- *Collaborative Improvement & Innovation Network to Reduce Infant Mortality/ColIN:* Bonnie share that their will be MPQC representation at the ColIN Infant Mortality Summit July 24 – 25. The invitation came to DPH to join the meeting in DC and they have invited 7 people to attend including Bonnie and Glenn.

Next Call: Wednesday, August 6th at 4.00pm – 5.00pm