



Massachusetts Perinatal Quality Collaborative



MPQC Advisory Committee Minutes Wednesday, March 4, 2015

- **Attendees present in the room:** Audra Meadows, Bonnie Glass, Ron Iverson, Alexis Travis, Margaret Chalupowski
- **Attendees on the phone:** Glenn Markenson, Sara Shields, Jeff Ecker, Erin Tracey, Pat Noga, Sue Gullo, Mark Manning, Jack Mourad
- **Welcome and Introductions**

Bonnie opened the meeting and invited participants to introduce themselves. Alexis introduced Margaret, the new MPNQC CDC Project Director
- **MPNQC Project Update**
 - Bonnie reported on the IHI training session offered to the MPNQC members, held on February 18, 2015 at the IHI Office in Cambridge, which was led by Sue Gullo of IHI
 - Bonnie gave an update on progress of the CDC project components: neonatal (Human Milk, Early Intervention for Infants under 1,200g, and NAS); obstetrical (maternal hemorrhage/hypertension, and ACS), and Outcomes Data component.
 - In addition, two other ongoing MPQC projects prematurity prevention and breastfeeding, which are not part of the CDC project, would be briefly discussed
 - Review of recent team meetings was presented by Bonnie
 - The March 31 deadline for submission of the Annual Report to be submitted to CDC was discussed
 - Bonnie, referring to the meeting at CDC in November 2014, reminded that at that point, the Massachusetts Collaborative, together with Illinois and Ohio, joined the previously existing group of three states - California, North Carolina, and New York. Bonnie updated the group on the content of the monthly conference calls during which representatives of all states join, and each time two of the states give detailed reports on the progress of their activities Bonnie pointed out that CA has a lot to offer because of their considerable experience in guideline development and implementation. However, MA can be proud of the full engagement of hospitals
 - Bonnie pointed out that CDC specifically expects the states to collaborate with each other. A similar expectation is related to the COIIN activities. Exchanging experience and data is seen as a model of collaboration among the states. The network of the perinatal quality collaboratives is seen as an effective diaspora working towards standardization of clinical practices. For the CDC the ultimate goal is to have a collaborative in every state nationwide. We have begun an active collaboration with NNEPQIN. Alexis brought up specific examples of good ongoing inter-state collaboration between e.g. Massachusetts and Connecticut in relation to the human milk component. Munish has been invited to speak at the CT meeting focused on QI in neonatology.
- **Subcommittee Updates**
 - Mark gave a brief report on the progress of Data Project - the number of facilities recruited so far is up to 18, which is almost 50% of the state, Mark pointed out the importance of engaging the right people, and gave a summary of interactions with new hospitals, and informed the group that new data is being reported on a regular basis



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- Regarding Maternal Morbidity component, Mark provided the summary of the February 24 subcommittee call, which included discussion of guidelines and definitions developed by ACOG and Joint Commission, as well as examples of practice guidelines from California. Mark emphasized the importance of setting the ground-level recommendations consistent with national/global guidelines, and encouraging hospitals to work on their own algorithms
- After short comments from Bonnie on collaboration with BMC and other organizations for maternal substance abuse and NAS and Pat (AHA Change Package as a useful resource), Audra gave an update on the Prematurity Prevention Initiative, and pointed out that there is a considerable overlap on this issue with work done by CoIIN. Audra mentioned a Harvard School of Public Health student working on data related to reduction of non-medically indicated early labor inductions, and use of progesterone, etc. Collaboration with other organizations working in this field is highly desirable considering the multitude of entities dealing with the issue of prematurity prevention. Sara posed the question about other organizations' participation. Alexis mentioned the expansion of the Centering® Program as a part of the prematurity prevention initiative
- Alexis added that the idea of face-to-face format for meetings was behind the decision to move to working format at the Summit and future sub-committee meetings. Sue pointed out the role of direct discussion in closing the “know-do” gap and developing advanced communication strategies. Pat Noga of MHA referred to her organization's extensive experience in reaching out to and collaboration with other organizations, including AHA and offered continued assistance with that.
- **MPQC Summit planned for April 29, 2015:**
 - Bonnie informed the participants that the Save the Date notice went out for the MPQC Spring Summit
 - The focus of the summit will be on maternal hemorrhage
 - The new Summit working meeting structure will entail morning sessions focused on knowledge updates and afternoon sessions focused on developing skills and plans for working together
 - Speakers considered/confirmed are as follows: Allison Bryant (standardization of practice), Brian Bateman (obstetrical anesthesiologist and epidemiologist), blood banking pathologist recommended by Chris Stahl, VON representatives talking about practical approaches to perinatal QI, Fifi Diop with overall comments and update on the CDC MPNQC project
 - Bonnie pointed out that the Agenda is still in the process of being developed
 - Alexis asked for confirmation that everyone received the Save the Date notice
 - Bonnie mentioned that AdCare (Denise Henry on the phone) will assist with the logistics for providing CMEs/CEUs for physicians and nurses attending the Summit
- **Succession planning and Advisory Committee Structure:**
 - New 2-year leadership terms begins as of November 2015, new Co-Vice Chairs (Audra Meadows and Ron Iverson) were announced
 - It was noted that all OB leaders and all neonatal leaders are invited to remain on/join the Advisory Committee
 - It was also pointed out that all relevant organizations should be represented on the Advisory Committee (e.g. IHI is represented by Sue Gullo, and Mass Hospital Association is represented by Pat Noga), also, there is an existing good relationship with Maryann Bombaugh of ACOG-MA and Brian Couchon of MA AWHONN. The relationship with AWHONN is particularly relevant for sharing the resources for education. MA AWHONN has given the MPNQC active participation in planning the Fall MA AWHONN meeting to include CDC Grant topics for educational sessions at that meeting.



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- Mark mentioned the Quality and Safety Division of the Massachusetts Board of Registration in Medicine, and pointed out that Dr. Lewis Holmes expressed an interest in developing a relationship with MPNQC through work he is doing for the MA BORIM. Mark will follow up on the good initial conversation he had.
- Next, a plan to review roles, representation and engagement at the regional, hospital, and stakeholder levels was considered
- **Strategic Partnership Development:**
 - Bonnie pointed out to the existing evidence that MPQC is on the map, people are reaching out to us, e.g. on the NAS component of the CDC project
 - Bonnie informed the group about the endorsement of Patient-Centered Care and Outcomes Research during Perinatal Period (PCCORPP) Grant Proposal by Roger A Edwards, ScD, of Northeastern University, Bouve College of Health Sciences, and Ellen Tolan, MDPH. If they get the grant, MPQC will be engaged in the project.
 - Bonnie also reported on discussions with Dr. Maryanne Bombaugh of ACOG-MA regarding the MPQC request for support, CMEs, presenters and promotion
 - Further, opportunities to strengthen existing collaborations with MA AWHONN and PIPH were briefly discussed
- **Next Steps & Action Items**
 - Bonnie reminded that the Annual Report is due on the CDC project is due on March 31
 - Mark said that the data sharing agreement is being signed by more and more organizations
 - Sue Gullo mentioned the Maternal Safety Alliance meeting scheduled for May 3, 2015 and would send out details after the meeting
 - Bonnie mentioned a multidisciplinary council on Maternal Health and Perinatal Safety and the PIPH meeting (public health and community outreach focus) scheduled for the second week of May. All events held by other organizations were deemed relevant to the ongoing strategy of strengthening existing collaborations and developing new ones

Next Advisory Committee Meeting
Wednesday, April 29th, 8.30-9.30 am
Massachusetts Medical Society, Waltham
(Before the Spring Summit)