



Massachusetts Perinatal Quality Collaborative

march of dimes



Advisory Committee Minutes

Wednesday, July 1st

Participants:

Patricia Falcao, Erin Tracey, Bonnie Glass, Mary Ellen Boisvert, Glenn Markenson, Monica Le, Mark Manning, Faye Weir, Ron Iverson, Pat Noga, and Alexis Travis.

Review of Minutes:

The minutes from the meeting on June 3rd were reviewed and approved with no corrections.

MPNQC Project Updates

- CDC Reporting
 - The next quarterly report for the CDC grant is due on July 15th. Mark agreed to do the data portion, he will update the last report and add information about meetings with the Partners hospitals. Mark and Erin discussed the rollout of Epic at the partners hospitals and its current impact which is a barrier to the hospitals enrolling in the data project.
- Antenatal Steroids:
 - Bonnie gave an overview of the 3 Obstetrical projects that fall under the CDC grant. Munish hosted a meeting with the antenatal corticosteroids (ACS) project team in late June. So far, the group agreed that data that is collected from the birth certificate is not an accurate reflection of clinical practice. There was a meeting with Birth Registrars from across the state that was informative for the ACS project team. Based on feedback from the Birth Registrars there seems to be a lack of knowledge about what fields are on the birth certificate hospital work sheet and who is responsible for completing data entry. This responsibility is assumed by the Registrars who often have to hunt down and investigate to acquire information. The group identified the need for training of the birth registrars and for a survey to learn about current practices in data reporting at each institution.
 - UMass Memorial has the most accurate data and a good practice for reporting that they are willing to share. There was discussion about the regionalization and the opportunity for regional liaisons to work with the birth registrars in their regions.
- Perinatal Data Project:

- The perinatal data project team continues to make progress. Mark has met with representatives from Partners hospital group and has had positive feedback on the project but knows EPIC has been a barrier. Other hospitals are committed to reporting and each hospital will get its own individual report. The reports will be formatted similar to NIPC's reports using standard definitions over the denominator. Eventually data will be displayed with confidence intervals and hospitals will be able to see their data along the state average and see whether they are performing better or worse than average. The report will be flexible and the group can adapt it to whatever the hospital want to see including run tables and granular detail. Seven additional hospitals are expected to sign onto to the project by the end of fall. So far looking at the data is interesting and when things look different than we are anticipating we can talk to hospitals about how they are reporting, system issues and clinical issues.
- Severe Maternal Morbidity:
 - The April summit focused on Hemorrhage, one of the outcomes for the server maternal morbidity project. The other outcome is Hypertension. 70% of the birthing hospitals in MA participated in the summit. The audience was predominantly nurses, physicians, and QI specialists. The content of the summit was based on best practices for recognition and management of maternal hemorrhage and a bibliography was provided.
 - There are 10 hospitals participating in NICHQ's webinar series (6 webinars), which included coaching sessions, homework and opportunities to call in with questions. The participants represent level 1, 2, and 3 hospitals, with a wide distribution across the state. So far Bonnie is pleased with progress. Some of the institutions have had challenges including turnover, EPIC implementation etc. The webinar series finishes on September 30th and the team will report out at the MPQC Fall Summit.
 - Now the group needs to focus on hypertension. There is a plan to do an assessment (similar to what was done for hemorrhage) to find out incidence, prevalence and current practices.
- Prematurity Prevention:
 - The group is participating in the national ColIN meeting in Boston on July 27th and 28th. The Early Elective Deliveries project is continuing with the new goal of every institution to achieve a rate of 2.5% or below. Alexis has approached MA ACOG about sponsoring the March of Dimes Banner recognition program on Early Elective Deliveries and is waiting for a response. In addition for the Progesterone project, Glenn and Alexis are working on the patient engagement piece with the hope of surveying and doing focus group with patient representatives from various hospitals. The March of Dimes in partnership with MA DPH will host the 2nd Annual Infant mortality summit/ColIN working meeting in October, where work will be done on Pre-term birth prevention projects.
- Featured Article:
 - Bonnie acknowledged NeoQIC for their NAS article published on Sunday, June 28th in the Boston Globe (front page [Boston Globe 6/28](#)). Both Munish Gupta and Alan Picarillo were quoted in the article. Ron

commented that the article is a perfect lead into what is being done with Project Respect. The group discussed a number of organizations across the state that are doing an effective job at putting together programs for family affected by substance use disorders.

Request for participation in C-Section study

- Eugene Declerc has requested that MPQC collaborates with him on a new study examining C-Section rates. We have data for 2014 for all birthing hospitals in the state. Massachusetts is one of a few states nationwide which has a C-section rate that is going up. It is not specific to age at the 1st birth and the data doesn't separate elective from medically indicated. The current rate is 23.8% for low risk C-section. This is comparable to Montana and Tennessee. Neel Shah, an OB at BIDMC is also doing a study on nulliparous singleton vertex C-sections. He gave a talk to the MPQC at a previous fall summit, but this wasn't something that was included in the first grant proposal to the CDC. Looking at Mark's data and data from the Lehman Center there is a significant (15-41%) range for C-sections among birthing hospitals in the state. The group agreed this is something that we can help with.

MPQC Fall Summit, October 21st:

- The fall summit will include reports from current work and emerging trends. Bonnie and Alexis talked with Tiffany Moore Simas about Post-partum depression and the MCPAP for moms program and disseminating information at the summit. The group discussed other ideas of talks that they may like to hear. Topics included:
 - The state of labor management was suggested, to learn from facilities doing a very good job addressing C-section rates.
 - Hypertension - an introduction to hypertensive disorders to start working on it and a description of current practice. Pulmonary embolism prophylaxis is 10% of maternal mortality and ACOG hasn't come out with a recommendation other than using the Caprini score for treatment based on risk. The Royal College of medicine has its own guideline, Monica is looking at it for Medicaid QI measurement post-partum outpatient treatment. The plan is to start an assessment and ask the hospitals what they are doing and why, to understand reporting and tracking systems and reimbursement.

Next Steps & Action Items

- MPNQC team leaders to forward their quarterly project reports to Fifi for reporting to the CDC.
- Bonnie and Mark to work with Eugene Declerc on the C-Section project
- Bonnie to finalize the agenda for the MPQC Fall Summit and to work with Denise Henry on logistics

Next Advisory Committee Meeting

Wednesday, August 5th at 1 pm