



Massachusetts Perinatal Quality Collaborative

march of dimes



Hemorrhage/HTN/Grant Team Call Minutes

Wednesday, November 4th

Call Details

Dial in number: 866 638 1558

Conference Code: 4514607766

Participants:

Mark Manning, Ed Doherty, Fifi Diop, Bonnie Glass, Jack Mourad

Review of Minutes:

Meeting was recorded by InterCall. The recording and transcription of the meeting will be looked at closely to see the potential of changing the way meeting minutes are documented. The recording was not fully accurate and utilizable and so meeting minutes will be recorded traditionally by Jack for all subcommittee meetings as well as advisory committee meetings.

Transition of MPQC Leadership:

Mark assumed the role as chair of MPQC. He will help manage the collaborative forward. Mark indicated that all members input is important and he welcomes it in the future. Mark has rolled out his plan for the meeting calls and the Hemorrhage/HTN/Grant Team call will take place on the first Wednesday of every month at 12:15-1pm.

Hemorrhage Update:

Mark wants to know if there is more money in the grant for hemorrhage.

Fifi indicated that there are 10 hospitals/ sessions and we are all set with the first year. Fifi indicated that there should be more work with Hypertension in year 2 rather than hemorrhage. The work with hypertension can be replicated to all hospitals. Fifi wants to see these hospitals work on a topic of their choice.

Mark wants to know if we should focus on 10 new hospitals equaling the work to 20 hospitals or to revisit the 10 hospitals that we have worked with in the past with hemorrhage.

Fifi proposes we visit 10 new hospitals to expose them to Quality Improvement methods. The more people to participate in QI the better.

For the next spring meeting, the group proposes to invite the 10 hospitals that went through QI training and invite 10 new hospitals that will go through the training to discuss success stories and roadblocks.

Bonnie agrees. The work was labor intense for the 10 hospitals and was very successful. The hospitals went through every step and was successful in achieving the tasks. They should present at the spring meeting. Continuation of hemorrhage should be placed under the umbrella of AWHONN. It is a written form of success for the 10 hospitals.

Bonnie agrees to start with 10 new hospitals, but this time to focus more on hypertension.

Fifi stated that for part of the update- in terms of what was done for maternal hemorrhage, we want to make sure hospitals give us data. Previous 10 hospitals did not give us data. Next 10 should have data ready.

Bonnie proposes that we should look at AWHON data in order to track data on maternal hemorrhage.

Mark wants to know who is facilitating AWHON. Debra?

Is it a free resource? Maternal hemorrhage protocol and feedback. Is it just another group asking for data?

Bonnie stated that AWHON provided comparison to every state.

Hypertension Update:

Mark wants to focus on Hypertension.

Jack is starting to work on the website, similar to that of Ohio's and California's and will have all toolkits ready for people to use.

Mark wants to see 10 new hospitals work on hypertension in conjunction with NICHQ program. Will work off of North Carolina, California, and Northern New England. Will like to see a hypertension toolkit that can be put up on the website.

Mark wants to talk with Munish to combine a summit. The plan would be for next fall. He would like to see the topics of this summit to be Hypertension, Hemorrhage, and Opioid Abuse.

Mark aims to fully understand what Bonnie knows on Hemorrhage. For the Grant, we want to show QI success by training teams at hospitals. This is why NICHQ is the sub-contractor.

NICHQ does not have to be a sub-contractor in year 3.

Next Steps:

Expectations for the January meeting call: having a full functional website

Engage on hypertension with NICHQ.

Within 2 months everything should be on board. Mark would like to see drafts for toolkits.

Mark will send out an email for action steps on hemorrhage.