COUNCIL ON PATIENT SAFETY IN WOMEN’S HEALTH CARE

MEETING MINUTES FEBRUARY 9 – 10, 2015

Council Members and Staff Present

Alfred Abuhamad, MD – Chair
Debra Bingham, DrPH, RN – Vice Chair
Paul Gluck, MD – Immediate Past Chair
Tamika Auguste, MD
Richard Berkowitz, MD
Peter Bernstein, MD, MPH
William Bradford, DO
Joanna Cain, MD, PhD
Ilene Corina
Marian Damewood, MD
Mark DeFrancesco, MD, MBA
Renee Edwards, MD, MBA
Lynn Erdman, MN, RN, OCNS
Patricia Fontaine, MD, MS
Thomas Gelhaus, MD
Meadow Good, DO
William Grobman, MD, MBA
John Jennings, MD
Tina Johnson, MS, CNM
Susan Kendig, MSN, JD, WHNP-BC
Barbara O’Brien, MS, RN
Joseph Pellegrini, PhD, CRNA
Tom Quash, CAE
Lynn Reede, DNP, MBA, CRNA
Barbara Scavone, MD
Samuel Smith, MD
Jennifer Tessmer-Tuck, MD
Paloma Toledo, MD, MPH
George Wendel, Jr, MD
Cathy Whittlesey

Forum Members Present

Corrado Altomare, MD
Lauren Brewer
Jocelyn Davis, DNP, CNM, RN
Mike Derosier
Nicole DeVita, RN
Malcolm Eade, MBA
John Gillespie, MD, MBA
Shelby Lipton, MBA
Richard Lynen, MD, MBA
Lee Morgan, MD
Rebecca Price, CPHQ, CPPS
Anne Roddick
Jim Ruiter, MD

Invited Guests Present

Malcolm Eade, MBA
John Gillespie, MD, MBA
Shelby Lipton, MBA
Richard Lynen, MD, MBA
Lee Morgan, MD
Rebecca Price, CPHQ, CPPS
Anne Roddick
Jim Ruiter, MD

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Rebecca Price, CPHQ, CPPS
Anne Roddick
Jim Ruiter, MD

Diane Ashton, MD, MPH
Hani Atrash, MD, MPH
Brian Browning
Bonnie Connors Jellen, MHSA
Andria Cornell, MSPH
Shelly Coyle, MS, MBA, RN
Mary D’Alton, MD (via phone)
Lekisha Daniel-Robinson, MSPH
Erin DuPree, MD
Karen Harris, MD
Keisher Highsmith, DrPH
Elliott Main, MD
M. Kathryn Menard, MD, MPH
Jennifer Moore, PhD, RN
Dennis Wagner, MPA

Staff Present

Diane Ashton, MD, MPH
Hani Atrash, MD, MPH
Brian Browning
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Elliott Main, MD
M. Kathryn Menard, MD, MPH
Jennifer Moore, PhD, RN
Dennis Wagner, MPA
Dr. Alfred Abuhamad, Chair of the Council, began the meeting at 12:00 PM on Monday, February 9. All members and invited guests introduced themselves. Dr. Abuhamad informed those present that following the meeting Dr. Joanna Cain would be rotating off the Council and thanked her for her years of service. Dr. Abuhamad formally welcomed new voting members Drs. Jennifer Tessmer-Tuck, Society of OB/GYN Hospitalists and Paloma Toledo, American Society of Anesthesiologists.

Council Liaison Reports

American Association of Nurse Anesthetists
Joseph Pellegrini, PhD, CRNA

Dr. Pellegrini gave the update for the American Association of Nurse Anesthetists (AANA). He explained that AANA is in the process of revising its practice guidelines for CRNAs. The new guidelines will be complete and ready for dissemination to members in four to six months. He also explained that AANA archives presentation materials and recordings from the Safety Action Series and distributes these to obstetric nurse anesthetists to promote patient safety and quality improvement. AANA continues to promote Council activities and has increased its collaboration with external organizations.

American Board of Obstetricians and Gynecologists
George Wendel, Jr., MD

Dr. Wendel gave an update for the American Board of Obstetricians and Gynecologists (ABOG). He explained that ABOG is currently implementing new Maintenance of Certification standards for 2015. He highlighted the changes to Part IV, particularly that physicians will be allowed greater flexibility for meeting certification criteria. In addition to the current options, physicians can now fulfill the requirements for Part IV involvement in a quality improvement project through authorship of a poster presented at a conference or for publishing an abstract/full article in a peer-reviewed journal on quality improvement. ABOG is also working closely with ACOG to align Part IV criteria with those of local, ongoing quality improvement efforts.

American College of Nurse-Midwives
Tina Johnson, CNM, MS

Ms. Johnson gave the update for the American College of Nurse-Midwives (ACNM). She explained that an abstract detailing the work of the Council has been accepted for the 2015 ACNM 60th Annual Meeting. The midwife member of each workgroup will present on the following six core and supplementary patient safety bundles: obstetric hemorrhage; hypertension in pregnancy; venous thromboembolism; patient, family and staff support materials; standardized review process for cases of severe maternal morbidity; and maternal early warning criteria.
She also informed the Council of the Normal Health Birth Initiative, which is intended to support and promote the value of healthy, spontaneous labor. ACNM has continued to develop its public awareness campaign *Our Moment of Truth*, the goal of which is to improve public knowledge about CNM/CM practice. Along with representatives from AABC, AWHONN, and NACPM, ACNM has drafted joint guidelines for water birth practice; this document will be available for public use prior to the July Council meeting.

**American College of Osteopathic Obstetricians and Gynecologists**

*William Bradford, DO*

Dr. Bradford gave an update for the American College of Osteopathic Obstetricians and Gynecologists (ACOOG). He explained that the organization intends to host a lecture on ‘Updates from the Council on Patient Safety in Women’s Health Care’ during their annual meeting in April 2015. The lecture, which will also cover patient safety initiatives, will be recorded and made available to ACOOG members as a podcast; members are eligible for CME credits if they review the presentation.

New revisions have been made to ACGME training curricula for osteopathic focused residency training in obstetrics and gynecology. The 32 osteopathic residencies, which include about 400 residents, will be merged and integrated into ACGME standardized programs. This process is expected to be completed in five years.

**American Society for Reproductive Medicine/Society for Reproductive Endocrinology-Infertility**

*Marian Damewood, MD*

*Samuel Smith, MD*

Drs. Damewood and Smith gave the joint update for the American Society for Reproductive Medicine (ASRM) and Society for Reproductive Endocrinology-Infertility (SREI). They detailed several current patient safety initiatives, highlighting efforts to reduce the risk of maternal mortality in women with Turner Syndrome. These individuals are at higher risk for aortic dissection and rupture, which can cause abnormally high rates of maternal mortality in the second or third trimester of pregnancy. They also explained methods for surveillance during pregnancy to reduce the risk of mortality, including mandatory echocardiography.

**American Urogynecologic Society**

*Renee Edwards, MD*

Dr. Edwards gave the update for the American Urogynecologic Society (AUGS), which included an update on the Pelvic Floor Disorders Registry. The registry collects data on patients undergoing treatment pelvic organ prolapse (POP).
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There are three major components of the registry:

1. Industry-sponsored research: Utilized by four industry partners to complete FDA 522 studies regarding compliance with vaginal mesh regulations, this component launched in July 2014 and enrollment began in December 2014.
2. Quality improvement and research: This level has 20 pioneer sites and will be ready for full participation in March 2015.
3. Quality improvement registry: This level is for all AUGS members to track their quality outcomes for PQRS purposes. It will be available for use in March 2015 and is expected to be open to all physicians, including non-AUGS members, in 2016.

She also presented an update on the activities of the AUGS Quality Committee, which included the submission of two measures for NQF endorsement in January and the development of the Quality Improvement and Outcomes Research Network (QI-ORN). The goal of the QI-ORN is to support AUGS member-led research initiatives, which will produce scientific literature and data prior to measurement implementation. The QI-ORN also aims to establish a core group of AUGS quality expert volunteers who lead increased enrollment in the Pelvic Floor Disorders Registry.

Association of Women's Health, Obstetric, and Neonatal Nurses
Lynn Erdman, MN, RN, FAAN

Ms. Erdman updated the council on the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) and the following three patient safety activities:

1. Postpartum Hemorrhage Project: AWHONN is working with 58 volunteer hospitals in Washington DC, Georgia, and New Jersey to improve recognition, readiness, and response for severe obstetric hemorrhage events. Over 70% of participating hospitals have completed the baseline survey, which revealed that fewer hospitals had adequate preparedness measures than expected.
2. Maternal Fetal Triage Index: AWHONN has developed the Maternal Fetal Triage Index. MFTI education will be ready for dissemination in fall 2015.
3. Future activities: AWHONN will continue to test the Women's Health and Perinatal Nursing Care Quality Measures. AWHONN will also continue to participate in development of the patient safety bundles through the AIM project.

ACOG Committee on Patient Safety and Quality Improvement
Peter Bernstein, MD, MPH

Dr. Bernstein gave the update for the ACOG Committee on Patient Safety and Quality Improvement (PSQI). He explained that the PSQI committee has convened a workgroup to evaluate, reorganize, reformat, and republish patient safety checklists. The workgroup will focus on creating checklists that can be adapted to changing practices, how checklists can be validated, and how clarity can be added. These revised checklists will be published as ACOG Committee Opinions.
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National Association of Nurse Practitioners in Women’s Health
Susan Kendig, JD, MSN, WHNP-BC

Ms. Kendig presented an update on the activities of the National Association of Nurse Practitioners in Women’s Health (NPWH). She explained that the organization has continued to support Council activities and is currently surveying nurse practitioner members to develop patient safety quality measures. In December, NPWH released, in conjunction with AWHONN, guidelines for practice and education to better align nurse practitioner practices with current patient safety and quality guidelines.

Society for Maternal-Fetal Medicine
William Grobman, MD, MBA

Dr. Grobman gave the update for the Society for Maternal-Fetal Medicine (SMFM). He explained that SMFM is committed to focusing on the maternal component of maternal-fetal medicine. He also explained that SMFM will be including a specific course on patient safety during the February 2016 annual meeting which will address increasing patient participation in ensuring safety. SMFM also developed a set of checklists for women with monochorionic twins with additional checklists to follow.

PULSE of New York
Ilene Corina

Ms. Corina update the Council on PULSE of New York. The group recently completed a policy to increase health literacy among young mothers at Mommas House, a shelter for pregnant and parenting women. As part of their work with vulnerable populations, PULSE of NY has expanded their educational materials for individuals with HIV/AIDS, the transgender community, and individuals with disabilities.

Society for Obstetric Anesthesia and Perinatology
Barbara Scavone, MD

Dr. Scavone gave an update on the Society for Obstetric Anesthesia and Perinatology (SOAP). She explained that SOAP’s Patient Safety Committee has been working to promote educational initiatives. The committee published an article on multidisciplinary communication for the society newsletter. SOAP created a patient safety portal on their website that includes resources for practitioners and allows them to educate each other on safety. The SOAP Patient Safety Committee published an Expert Opinion on preoperative huddles and has recently convened a multidisciplinary workgroup to develop a consensus-based white paper on preoperative communication.

SOAP has expanded its collaboration with other organizations by working with the American Society of Anesthesiologists (ASA) Committee on Patient Outcome Metrics to develop reliable quality measures for obstetric anesthesia. SOAP is also working with ASA on the Maternal Quality
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Improvement Program, which is a joint ACOG-ASA effort to gather data on obstetric outcomes to establish national benchmarks for care.

**Society of OB/GYN Hospitalists**  
**Jennifer Tessmer-Tuck, MD**

Dr. Tessmer-Tuck gave the update for the Society of OB/GYN Hospitalists (SOGH). She explained that as a new organization, SOGH is currently focusing on connecting members to the Council patient safety bundles and associated materials, as well as promoting implementation of the Obstetric Hemorrhage Patient Safety Bundle in hospitals.

**American Academy of Family Physicians**  
**Patricia Fontaine, MD, MS**

Dr. Fontaine presented an update on the American Academy of Family Physicians (AAFP). She detailed the recent publication of the medical complications chapter in their provider curriculum, which now includes more information regarding Council-identified risks for maternal mortality such as venous thromboembolism, maternal hypertension, and obstetric hemorrhage. AAFP also released a guideline on vaginal birth after cesarean (VBAC) practices and has disseminated Council materials to rural providers to improve safety and best practices.

**American Society of Anesthesiologists**  
**Paloma Toledo, MD**

Dr. Toledo gave the update for the American Society of Anesthesiologists (ASA). She highlighted ASA’s recent work with ACOG on the Maternal Quality Improvement Program.

**ACOG Junior Fellow Congress Advisory Council**  
**Meadow Good, DO**

Dr. Good gave an update for the ACOG Junior Fellow Congress Advisory Council (JFCAC). She explained that as physicians in transition from training to practice, she and her peers have continued their patient safety efforts with outreach activities. She explained that the JFCAC has created a series of online videos about quality of care that present educational materials in an approachable, easily shared format.

**Update on Surgical Site Infections Project – A Call to Arms**  
**Renee Edwards, MD, FACOG, FACS**

Dr. Edwards presented an update on the efforts of the Surgical Site Infections (SSI) Workgroup. She explained that since concern regarding surgical site infection rates is a multidisciplinary issue and that these specialties recognized the need for a national reporting system, the SSI workgroup was formed. The workgroup, which has met twice since the previous Council meeting in July, is currently working on two resources: the Call to Arms and a Patient Safety Bundle. The Call to Arms is expected
to be published in Obstetrics & Gynecology (the Green Journal) and is intended to draw attention to the issue of surgical site infections following gynecologic procedures. The article will include background information on public reporting of infection rates and the Surgical Safety Checklist as well as a discussion of suggestions for addressing the problem.

Dr. Edwards gave a summary of Dr. David Soper’s presentation during the December 2014 workgroup call on his efforts to reduce surgical site infection rates at the Medical University of South Carolina. Dr. Soper has written several practice bulletins which can be used to inform creation of the SSI bundle. Dr. Edwards gave an overview of what will be included in the bundle.

**Joint Commission Severe Maternal Morbidity Definition and Reporting Updates**  
Erin DuPree, MD

Dr. DuPree updated the Council on The Joint Commission’s revised definition for Severe Maternal Morbidity. She explained that the Joint Commission released a revised definition in January 2015 and worked to develop a joint statement with ACOG, AWHONN, and SMFM. Dr. DuPree reviewed several case studies that examined the new definition and explained when it was applicable and what steps the team should take in their postpartum review. She also explained the role of root cause analysis/comprehensive systematic analysis in a sentinel event debrief and what should be included in an analysis for it to be thorough, credible, and what is included in an acceptable action plan.

Dr. DuPree detailed The Joint Commission’s partnership with individual hospital organizations in evaluating their severe maternal morbidity reports and increasing transparency to produce more lessons learned. She also explained The Joint Commission is committed to providing feedback through releasing aggregate data, informing national patient safety measures, and publishing advice for completing root cause analyses in their patient safety newsletter.

**ACTION:** The Council will publish additional case studies on its website for public access as part of the January Safety Action Series materials and will increase promotion of the archived Safety Action Series materials.

**National Improvement Challenge Review – Obstetric Hemorrhage**  
Lauren Lemieux

Ms. Lemieux gave an overview of the National Improvement Challenge, whose goal is to drive quality improvement at the residency and educational program level. The Challenge was approved at the July 2014 meeting and is focused on obstetric hemorrhage for its first cycle. 47 Declarations of Intent were submitted from 22 states + the District of Columbia. The majority of submissions originated from Ob/Gyn and osteopathic Ob/Gyn programs. The deadline for submission of the full application packet is June 15, 2015.
Update on Bundle and Publication Development Efforts
Mary D’Alton, MD (virtual)
Elliott Main, MD

Drs. D’Alton and Main gave an update on the National Partnership for Maternal Safety and its initiatives since the July meeting. They provided the current status for the three core and three supplemental patient safety bundles, which will be drafted and released over in 2015.

- Hypertension: Drs. D’Alton and Main presented a draft of the Hypertension Patient Safety Bundle. This bundle is expected to be published in April 2015.
- Venous Thromboembolism Prevention: A draft of the Venous Thromboembolism Prevention Patient Safety Bundle was presented. The bundle is expected to be published in April 2015.

They also clarified that the bundles will include standardized risk assessment tools, but that options will be available via links so that all birth facilities can adapt the bundles to integrate efficiently with existing practices.

Data to Action
Kate Menard, MD, MPH

Dr. Menard provided an overview of the Association of Maternal & Child Health Programs (AMCHP) Every Mother Initiative, funded by a grant from Merck for Mothers. With this funding, AMCHP has been working to translate data into practice by pairing states that have established maternal mortality initiatives with states looking to start or improve their own program. The initiative currently has 12 participating states. She explained that this is part of a renewed effort to focus on maternal health concerns, as opposed to just fetal health concerns. Dr. Menard detailed the numerous projects that Merck for Mothers has funded as part of a $6 million commitment to improving maternal health, including several large-scale implementation programs with ACOG District II, AWHONN, and the California Maternal Quality Care Collaborative (CMQCC).

ACTION: Changing the culture around who is responsible for patient safety and engaging physicians less involved in quality improvement projects is key. ACOG will publish an attitude survey tool on the Council website that can be used by facilities to address this issue.
Status of Alliance for Innovation in Maternal Health (AIM) Program
Keisher Highsmith, DrPH
Jeanne Mahoney, BSN, RN

Dr. Highsmith and Ms. Mahoney presented the Alliance for Innovation in Maternal Health (AIM), a 4 year initiative with the goal of reducing maternal mortality by 1,000 deaths and severe maternal morbidity by 100,000 incidents through multi-stakeholder engagement. The AIM program is funded by a grant that the Council received from the Health Resources and Service Administration (HRSA) in September 2014. Dr. Highsmith reviewed the seven objectives for the project, which included implementation of the Council’s Patient Safety Bundles and development of partnerships with national stakeholders. Ms. Mahoney stated that the AIM team has identified 8 states that will receive concentrated training and technical assistance with implementation over the course of the four-year program. The AIM program will be assisting the National Partnership for Maternal Safety workgroups in the development of additional Patient Safety Bundles, which will continue to be made available for public download from the Council website.

ACTION: AIM project staff will create a work plan and timeline for bundle development.

Communications Report and Review of Council Website Analytics
Lauren Lemieux

Ms. Lemieux gave an update on the Council website and its current analytics. She presented the number of visitors, the site received each month from March 2014 to January 2015. Additionally, she presented the results of the Safety Action Series feedback survey, which indicated that a majority of attendees found the material educational and beneficial towards their quality improvement efforts.

ACTION: ACOG staff will potentially include a question in the registration form to gather specific information about an attendee’s title or role within their organization.

Council Website Expansion
Brian Browning

Mr. Browning gave a report of the work Online Impact! Design has completed and is expected to complete on the Council website expansion. He explained that in the last year, the website has provided basic access to the Obstetric Hemorrhage Patient Safety Bundle, information about the Council and its members, and added content about the National Improvement Challenge. Currently, both the Severe Maternal Morbidity forms and the bundle require user registration for access. Mr. Browning then presented new changes to the Council website, including a revised global navigation system. Future changes include revisions to the Council member page and deployment of single-sign in system on for users accessing Council materials.

Mr. Browning detailed the creation of the new AIM Collaboration Portal, which is currently being tested; the communication portion is expected to launch in March 2015. He explained that cloud-based technology will allow multiple users to access the portal without difficulty. Each bundle
workgroup will have access to the portal and will be able to share files to enable co-authoring of documents in real time. Groups will also have their own calendars. The portal will allow AIM participating facilities access to specialized materials to help drive implementation within their institution.

**Patient Safety Awareness Week Coordinated Communication**  
Ilene Corina

Ms. Corina provided an overview of Patient Safety Awareness Week, scheduled for March 8 - 14, 2015. She explained that many patients are either unaware of provider-led quality improvement efforts or are unable to understand such efforts. She proposed that the Council include in its patient safety activities an initiative to improve health literacy and provider transparency. Ms. Corina suggested the Council could develop a list of questions patients can ask their provider, or conduct a health literacy review on the Patient Safety Bundles.
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Council Member Only – Closed Session

Budget Review
Alfred Abuhamad, MD

Dr. Abuhamad shared an overview of the Council’s operating budget. He explained that a majority of the Council’s income is the result of Forum membership dues. Currently, the Forum is comprised of 10 member organizations who pay $25,000 for a two-year term. Dr. Abuhamad proposed an increase in Forum membership organizations.

A large percentage of the expenses result from off-site meeting costs. The July meeting will be held in the ACOG boardroom, which is expected to significantly reduce meeting expenses. The number of individuals invited to attend will have to be limited, however, in order to fit the space.

ACTION: ACOG staff and the Executive Committee will explore methods to limit the size of further Council meetings to stay within ACOG’s meeting space and reduce costs.

Data Management Policy Review
Debra Bingham, DrPH, RN, FAAN

Dr. Bingham gave an update on the Data Management Policy workgroup. The workgroup met in January 2015 to discuss issues around access to the data collected through Council activities. They explored options for who can access the data and for what purposes data can be used. Currently, the biggest piece of data that the Council maintains is a list of email addresses collected from Safety Action Series attendees. The draft policy states that organizations and submit requests to use this distribution list; all requests will be reviewed and approved or denied in alignment with the policy.

ACTION: Council staff will work with web support to include an option to unsubscribe from distribution list on future emails and the Council website.

ACTION: Council staff will work with web support to clarify usage of “Council representative” versus “Council member” on the website.

Review of Council Workgroups

Dr. Abuhamad provided the Council members with a list of the current workgroups, which includes:

- National Partnership for Maternal Safety – Executive Committee
- National Partnership for Maternal Safety – Steering Committee
- Surgical Site Infections
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National Improvement Challenge Planning

Dr. Abuhamad explained that Council members must determine how full applications for the National Improvement Challenge will be evaluated. Dr. Bingham proposed criteria modeled after those currently in use by AWHONN. This scoring template will be utilized in successive iterations of the Challenge. A committee will be formed to sort and evaluate applications. Members of this committee will change each year.

The Council determined that applications will go through three tiers of evaluation:

1. ACOG Staff Review: Staff will discard applications that are incomplete.
2. Individual Review: An individual member of the committee will review assigned applications and discard those that do not meet evaluation criteria.
3. Committee Review: The committee as a whole will review the remaining applications and determine the first, second, third, and fourth place entries.

The following representatives volunteered for the committee:

- Paul Gluck, MD – Chair
- Tamika Auguste, MD
- William Bradford, DO
- Marian Damewood, MD
- Patricia Fontaine, MD, MS
- Tina Johnson, MS, CNM
- Barbara O’Brien, RN, MS
- Joseph Pellegrini, PhD, CRNA
- Samuel Smith, MD
- Paloma Toledo, MD, MPH

ACTION: Council staff will change “maternal health” to “women’s health” in National Improvement Challenge materials.

ACTION: The Surgical Site Infections workgroup will determine a timeline for the SSI bundle release and coordinate with ACOG staff on a deadline date for the next National Improvement Challenge declaration of intent. The next Challenge will focus on Surgical Site Infections.

Other Council Business

Dr. Abuhamad introduced the topic of maternal mental health as a potential issue for the Council to consider. The issue, which was proposed externally by Dr. John Keats, is relevant to the Council’s mission as violent death by suicide or domestic violence has become one of the leading causes of maternal mortality. He explained that the Council has the ability to raise awareness around this issue, and can encourage states to allocate funding for programs that increase access to mental health care.

ACTION: The issue of maternal mental health will be added to the agenda for the July Council meeting.

ACTION: Council representatives will submit recommendations to ACOG staff for relevant individuals to invite to serve on the workgroup. The Executive Committee will review these recommendations.
and identify a limited number who will be invited to attend the July meeting as well as those individuals the Council may collaborate with on future maternal mental health endeavors.

New Business

ACTION: ACOG staff will include information regarding committee structure and the Patient Safety Bundles to orientation materials for new Council and Forum members.

Tuesday, February 10, 2015

General Session

Report from the Surgical Site Infections Workgroup
Renee Edwards, MD

Dr. Edwards gave an update of the Surgical Site Infections Workgroup meeting which occurred on Monday, February 9. She explained that the group agreed on the following three components for the Surgical Site Infections bundle: perioperative antibiotics, surgical site prep, and patient temperature regulation. A draft of bundle will be available for review by the Council in May. The Dr. Edwards also explained that a Call to Action will be co-published in Obstetrics & Gynecology (the Green Journal) and Anesthesiology, the official journal of the American Society of Anesthesiologists. The workgroup will submit a draft version of the Call to Arms to the Green Journal in July.

Overview of the AWHONN Postpartum Hemorrhage Project
Debra Bingham, DrPH, RN

Dr. Bingham gave an overview of the AWHONN Postpartum Hemorrhage (PPH) Project funded by a Merck for Mothers grant. The project is currently being implemented in three areas: District of Columbia, Georgia, and New Jersey. These areas were chosen for their high rates of maternal mortality but well-organized communication networks. After conducting a baseline assessment, AWHONN found that only 13 hospitals in the three areas had 75 or more of the required preparedness elements.

Dr. Bingham explained that the project classifies hemorrhage in five stages as determined by an algorithm based on the quantified amount of blood lost and recommends specific actions for each stage. She also presented AWHONN’s recommendations for quantification of blood loss methods, which are available as a practice brief and a video on the AWHONN website.

She further explained AWHONN’s Go the Full 40™ campaign, which aims to reduce the rate of early elective deliveries in the United States by encouraging women to wait until spontaneous labor begins.
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The 2015-2016 Federal Patient Safety Landscape – Panel Discussion

Center for Medicare and Medicaid Innovation (CMMI)
Shelly Coyle, MS, MBA, RN
Dennis Wagner, MPA

Ms. Coyle and Mr. Wagner began with a detailed discussion on the recent changes to the payment models for Medicare. Recently appointed Secretary for Health and Human Services Sylvia Burwell announced in January 2015 explicit goals that move the Medicare program toward value-based purchasing. These goals are:

1. Alternative Payment Models:
   a. 30% of Medicare payments are tied to quality or value through alternative payment models by the end of 2016
   b. 50% by the end of 2018
2. Linking FFS Payments to Quality/Value:
   a. 85% of all Medicare fee-for-service payments are tied to quality or value by 2016
   b. 90% by the end of 2018

CMMI aims to achieve these goals through the use of a multilateral approach focused on transforming clinical practice. State and federal program activities will be aligned with those of Practice Transformation Networks, which will provide ground-level support to physician practices. Support and Alignment Networks will then be created to further align these efforts with medical education and maintenance of certification. CMMI estimates that this will enable the large scale transformation of over 150,000 clinicians’ practices and will generate $1-4 billion in savings to the federal government.

Ms. Coyle and Mr. Wagner further explained that the Partnership for Patients, through collaboration with hospital engagement networks, membership organizations, and practitioners has successfully reduced rates of early elective deliveries and hospital readmissions. According to data collected by CMMI, 65% of hospitals have demonstrated improvement and 1,600 have reached benchmark status.

Center for Medicaid and CHIP Services
Lekisha Daniel-Robinson

Ms. Robinson gave the update for the Center for Medicaid and CHIP Services (CMCS). She explained that CMCS has identified 5 strategies to improve maternal health:

1. Reduce unintended pregnancies
2. Increase spacing between births
3. Enhance breastfeeding
4. Bundle global maternity payments
5. Regionalize efforts
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She provided an overview of the Postpartum Action Learning Series in which CMCS works with clinical partners in 11 states to identify areas of care where disparities exist, such as reproductive planning. CMCS also has an ongoing quarterly webinar series; the next webinar is scheduled for March 25 and will discuss payment models.

Health Resources and Services Administration
Keisher Highsmith, DrPH

Dr. Highsmith presented two national initiatives that the Health Resources and Services Administration (HRSA) is implementing to improve maternal health in the United States. She explained the strategic goals of the Maternal Health Initiative (MHI), which is a public-private partnership to reduce maternal morbidity and mortality. The other initiative, the Alliance for Innovation in Maternal Health (AIM), is intended to reduce maternal deaths and severe complications during pregnancy, labor, and delivery through collaboration with the Council. AIM will work directly with hospitals and hospital associations to implement the Patient Safety Bundles. States are selected if they have high rates of maternal mortality and the capability to produce detailed data on birth rates, mortality rates, etc.

These initiatives are being implemented in alignment with other HRSA efforts, including a state Title V block grant to develop national outcomes and performance measures with AMCHP. Healthy Start, which has been in use by HRSA for 23 years, funds 101 community based programs to reduce perinatal adverse outcomes, especially those that are a result of racial or socioeconomic disparities. Additionally, HRSA launched the Collaborative Improvement & Innovation Network (CoIIN). Although CoIIN is targeted at reducing infant mortality, 4 of the 6 strategies align with reducing maternal mortality and can be used for those efforts as well.

Agency for Healthcare Research and Quality
Jennifer Moore, PhD, RN

Dr. Moore gave an update on the current perinatal safety initiatives of the Agency for Healthcare Research and Quality (AHRQ). She explained AHRQ's mission and priorities, which are to make healthcare safer and reduce harm associated with obstetrical care. AHRQ is addressing these priorities through implementation of the Comprehensive Safety-Based Unit Program (CUSP) toolkit. This toolkit uses clinical best practices to inform training tools for hospital care teams. The NICU CUSP project was implemented in 100 NICUs and reduced central line-associated infections in newborns by 58 percent. The project is estimated as having prevented up to 41 deaths and generated nearly $2 million in health care cost savings. In 2014, AHRQ also completed phase I of pilot testing for the Safety Program for Perinatal Care and began phase II testing in January 2015. Using ICD-9 discharge data in the HCUP database, AHRQ is studying over 200 hospitals to evaluate and compare maternal and neonatal outcomes before and after implementation of “hard-stop” policies. Dr. Moore presented potential future projects that AHRQ will be working on, including development of maternal health measures, establishment of maternity coordinating entities, and development of Maternity CAHPS to record the patient experience of care. She also stated that AHRQ has several research
funding opportunities available for projects focusing on patient safety and encouraged Council members to submit applications.

Panel Q&A Session

Following the presentations from the federal partners, a short panel discussion was held in which attendees were able to ask questions and receive feedback from the panelists.

Many payment reform initiatives are on the federal level, but care is provided and reimbursements are determined at the state level. What can the Council do on the state level to drive quality improvement?

- CMCS provides guidance on how to initiate payment reform through the Medicaid program, which operates on the state level.

Is there a timeline for CMMI for how long the Hospital Engagement Network (HEN) program is expected to continue and whether HENs have truly increased quality while decreasing costs?

- A brief evaluation of the program will be available in July and a full evaluation will be available this fall. CMMI will also launch a new iteration of the HEN program in the fall. The Center for Medicare and Medicaid Services (CMS) is currently determining whether to extend or terminate the HEN model. If the model is extended, CMMI would release an RFP similar to the one launched in December 2014.

What can be done to promote and enhance state-driven patient safety initiatives?

- CMCS recently completed an environmental survey of state initiatives and will be highlighting certain ones in the March webinar.

What would you like the Council to know so that it can successfully partner with federal agencies towards the common goal of better women’s health and increased patient safety?

- AHRQ: The Council is a unique group with a unique opportunity to obtain federal funding. The Council is a multidisciplinary collaboration, which makes it more competitive and ideal to receive AHRQ funding.
- HRSA: Dr. Highsmith encouraged the Council to coordinate with HRSA grant recipients working at the state level in areas where Council representatives practice.
- CMCS: State engagement is a high priority for future quality improvement efforts.
- CMMI: Mr. Wagner recommended that for a project to succeed, it should have clear goals and be scaled to fit in with an existing framework. Ms. Coyle added that the Council should recognize the value of nurses across the care continuum and their role in identifying area for improvement or barriers to implementation.

Safety Action Series Planning
Alfred Abuhamad, MD

Dr. Abuhamad reviewed potential topics for the upcoming Safety Action Series presentations through August 2015. Topics suggested by meeting attendees include:
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- Levels of maternal care
- Patient and family support
- Communication following a severe hemorrhage

Maximizing the Power of the Council
Paul Gluck, MD

Part I – Setting the Stage

Dr. Gluck reviewed ongoing projects that the Council can learn from. He also outlined concepts that the Council may be able to address in the future. He explained that there are five concepts vital to transforming care delivery and patient safety which have been published as white papers through the Lucian Leape Institute. These concepts are

- Medical Education Reform
- Active Consumer Engagement
- Transparency
- Integration of Care Within and Across Systems
- Restore Joy and Meaning in Work

Dr. Gluck further explained the TeamSTEPPS program which aims to improve patient safety through the production of highly effective medical teams, in increase in information sharing, an improvement in team awareness, and elimination of barriers to quality and safety. TeamSTEPPS uses a pre-training assessment to determine site readiness, then provides training to health care staff and tools for future implementation. The program initially began as a project within the Department of Defense and is now operated by AHRQ. Dr. Gluck detailed several reasons for the success of the MHA Keystone Center projects, which was due in large part to the five months of preparation and readiness prior to implementation. These projects also had a multidisciplinary team and steady, committed involvement from hospital leaders and team members.

Dr. Gluck asked Dr. Karen Harris to present the Obstetric Hemorrhage Initiative launched by the Florida Perinatal Quality Collaborative, which implements best practice guidelines for obstetric hemorrhage. Dr. Harris highlighted one of the most significant barriers to implementation: the lack of a provider champion and/or the administrative buy-in needed to truly facilitate a culture of patient safety in the hospital.

Part II – Brainstorm Session

Following the presentation by Drs. Gluck and Harris, the Council was asked to think about ways in which the Council could maximize its power and truly lead change.

Proposed areas for future Council efforts:
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1. Multidisciplinary education for residents/nursing trainees that includes strategies for effective communication.
2. A Council-sponsored toolkit that provides education on how to measure the culture of patient safety in a hospital and methods for successful implementation of patient safety initiatives.
3. The Council should play a role in defining value-based measures by recommending to CMS and state-based agencies what measures to implement.
4. The Council should play a role in policy making and outcome measure determination.

ACTION: Establish a workgroup to create the implementation toolkit.

The following representatives volunteered for the workgroup:

- Barbara O’Brien, MS, RN – Co-Chair
- Donna Montalto, MPP – Co-Chair
- Peter Bernstein, MD, MPH
- Debra Bingham, DrPH, RN (Advisory Role)
- William Bradford, DO
- Elliot Main, MD, FACOG
- Jennifer Tessmer-Tuck, MD

ACTION: Representatives will submit implementation case studies for inclusion in toolkit.

New Business

Dr. Abuhamad announced that a new blueprint for action on communication will be co-published in JOGNN and the Green Journal this year.

Meeting adjourned at 1:15 pm on Tuesday, February 10, 2015