

RAC-R MPM & NPM Committee Meeting

6/4/2024



Attendance



- ▶ **Reminder: Changes in medical director, program manager or CEO- Complete form on DSHS site**

- ▶ **Baptist Beaumont**
 - ▶ MAT- Ashleigh Williams
 - ▶ NEO- Michelle Bordelon
- ▶ **CHRISTUS St. Elizabeth**
 - ▶ MAT-
 - ▶ NEO- Kelli Huebel
- ▶ **Medical Center of Southeast TX- Port Arthur**
 - ▶ MAT- Rebecca Landry
 - ▶ NEO- Shanna MacCammond
- ▶ **UTMB Angleton Danbury**
 - ▶ MAT- Andrea Horne
 - ▶ NEO-
- ▶ **UTMB Galveston**
 - ▶ MAT- Lisa Spencer, Kim Stewart
 - ▶ NEO- Yesenia Sandino

DSHS: Texas Designation Survey Guidelines – Updated 4/13/2024

► <https://www.dshs.texas.gov/sites/default/files/emstraumasystems/Trauma/pdf/DSHS-Designation-Site-Surveyor-Guidelines.pdf>



TEXAS
Health and Human
Services

Texas Department of State
Health Services

CONSUMER PROTECTION DIVISION EMS TRAUMA SYSTEMS SECTION **TEXAS DESIGNATION SURVEY GUIDELINES**

DSHS Maternal Survey Face Sheet update

- ▶ Race / Ethnicity
- ▶ BMI
- ▶ QBL /EBL, Total Blood Loss
- ▶ Blood products with amounts

Maternal Medical Record Face Sheet
(To be completed on every record selected)

MRN #	Last Name:		Age
Race / Ethnicity	Prenatal Care: Yes <input type="checkbox"/> No <input type="checkbox"/>	G / T / P / A / L	BMI
Maternal History/ Complications/Diagnoses:	Placenta Accreta Spectrum Disorder (PASD) <input type="checkbox"/> Obstetrical Hemorrhage <input type="checkbox"/> Massive Hemorrhage and Transfusion <input type="checkbox"/> Hypertensive Disorder <input type="checkbox"/> Sepsis <input type="checkbox"/> VTE <input type="checkbox"/> Shoulder Dystocia <input type="checkbox"/> Behavioral Health Disorders <input type="checkbox"/> Return to OR <input type="checkbox"/> Other: _____		
Did pt require treatment for hypertension? Yes <input type="checkbox"/> No <input type="checkbox"/>	QBL <input type="checkbox"/> EBL <input type="checkbox"/> Total blood loss: _____ Blood products received: Yes <input type="checkbox"/> No <input type="checkbox"/> Blood product amounts: Whole blood _____ PRBC _____ Pits _____		
	Transfer In <input type="checkbox"/> Transfer Out <input type="checkbox"/> ICU <input type="checkbox"/> Antepartum Admission <input type="checkbox"/> Other Admission (ER, Surgery, Med/Surg, etc.) <input type="checkbox"/> Readmission within 30 days <input type="checkbox"/>		
Delivery Category:	Vaginal <input type="checkbox"/> Forceps Assist <input type="checkbox"/> Vacuum Assist <input type="checkbox"/> TOLAC <input type="checkbox"/> Successful VBAC: Yes <input type="checkbox"/> No <input type="checkbox"/> Cesarean Section <input type="checkbox"/> Scheduled <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent <input type="checkbox"/>		
ICU Team Consult: Yes <input type="checkbox"/> No <input type="checkbox"/>	PASD Team Consult: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Patient Arrival Date:	ICU Admit Date:	MFM Consult Date:	MFM at Bedside Date:
Delivery Date:	Gestational Age/Weight:	Resuscitation or Delivery Complications: Yes <input type="checkbox"/> No <input type="checkbox"/>	Neonatal Team Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Specialty Consult: Yes <input type="checkbox"/> No <input type="checkbox"/>	Specialties:		
Telemedicine: Yes <input type="checkbox"/> No <input type="checkbox"/> Specialty _____	Surgeries other than Cesarean-section (include returns to OR):		
Ancillary Services:	Social Services <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Spiritual Care <input type="checkbox"/> Lactation <input type="checkbox"/> Dietary <input type="checkbox"/>		
Screening and Risk Assessments Performed:	Substance Abuse/Addiction <input type="checkbox"/> Drugs <input type="checkbox"/> Depression <input type="checkbox"/> Other Behavioral Health <input type="checkbox"/> VTE <input type="checkbox"/> Sepsis <input type="checkbox"/> Shoulder Dystocia <input type="checkbox"/> Obstetrical Hemorrhage <input type="checkbox"/> PASD <input type="checkbox"/>		

	Postpartum Depression Screen at Discharge <input type="checkbox"/>		
Patient Final Disposition Date:	Transfer <input type="checkbox"/> Home <input type="checkbox"/> Death <input type="checkbox"/>		Scheduled f/u date
Total Length of Stay:	ED: Hours _____ Expired <input type="checkbox"/>	Antepartum Days: _____ Delivered: Yes <input type="checkbox"/> No <input type="checkbox"/>	ICU: Days _____ Expired <input type="checkbox"/> Transferred <input type="checkbox"/> Discharged <input type="checkbox"/>

1) PI Event Identified and Level of Harm	Primary Review: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Secondary Review: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Tertiary Review: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Event: _____ Level of Harm: _____ Date: _____	
Action Items that Occurred as Result of Review:	Loop Closure: Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing <input type="checkbox"/>
2) PI Event Identified and Level of Harm	Primary Review: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Secondary Review: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Tertiary Review: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Event: _____ Level of Harm: _____ Date: _____	
Action Items that Occurred as Result of Review:	Loop Closure: Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing <input type="checkbox"/>
3) PI Event Identified and Level of Harm	Primary Review: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Secondary Review: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Tertiary Review: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Event: _____ Level of Harm: _____ Date: _____	
Action Items that Occurred as Result of Review:	Loop Closure: Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing <input type="checkbox"/>
Outreach Education to Transferring Facility/Transport:	Identified and Documented: Yes <input type="checkbox"/> No <input type="checkbox"/>



Tomorrow

1:00pm - 2:00pm



Meeting

Copy the Link



Maybe

Change RSVP

"All Superheroes, No Sidekicks: Tackling PI and Program Designation Together" - June Texas Quality Care Forum

We hope you can join us on **June 4 at 1:00 p.m. CDT** as June Ness-Delgado, BSN, RN presents, "All Superheroes, No Sidekicks: Tackling PI and Program Designation Together."

► TODAY- June 4, 2024 1:00PM

CLABSI Rally! Align Your Lines: A Quality Improvement Initiative in NICU

Yolanda Leyva MSN, RNC-NIC, Vanessa Abacan DNP, APRN-CNS, ACCNS-P, RNC-MNN, EBP-C, Courtney DeBosque BSN, RNC-NIC, Maria E. Franco Fuenmayor MD, Jacqueline Meyer PhD, MSN-Ed., RN-BC, CNE, EBP-CH
Department of Pediatrics, Division of Neonatology, The University of Texas Medical Branch, Galveston, Texas

Introduction

(Background and Purpose/objectives)

- For FY23, 4 Central-Line Associated Bloodstream Infections (CLABSI) were identified in the NICU
- Biggest gaps identified during Root Cause Analyses:
 - Lack of standardized monitoring and surveillance of central lines
 - Wide variations in nursing practice
- No data collected around central line maintenance care from audits



This PDSA cycle will focus on standardization of audits and variations in practice.

Methods

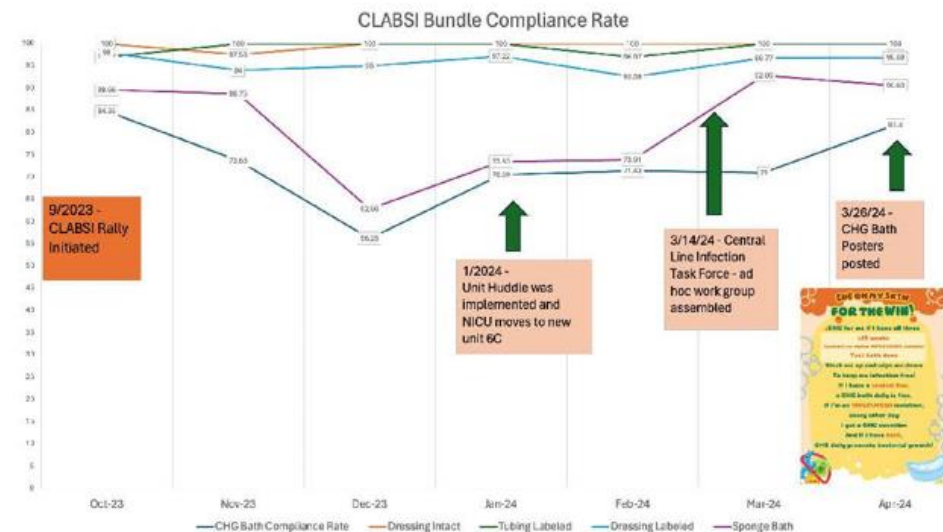
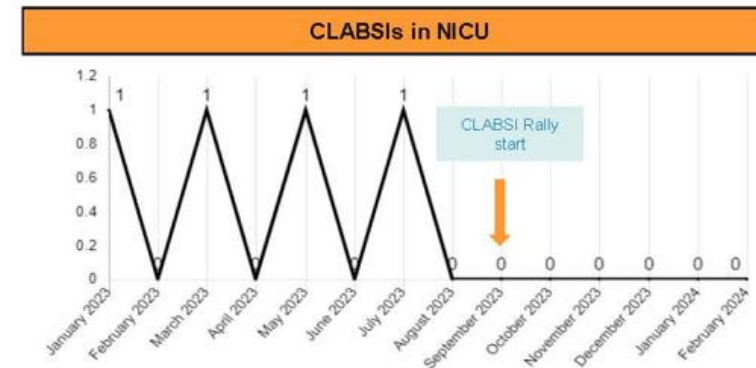
- PDSA Framework
- One designated CLABSI Auditor for each shift to audit one central line
- Auditor role is circulated among all nurses
- CLABSI auditor discussed during Unit Huddle



Results

NICU was CLABSI-free for the next 6 months following the implementation of CLABSI Rally.

- There were 44 responses to the initial survey and 28 responses to the post-implementation survey.
- Post survey results of staff indicated a positive change in communication ratings.
- Data analysis of the pre and post survey data found a statistically significant change
- ($p < 0.005$) for all six survey items.

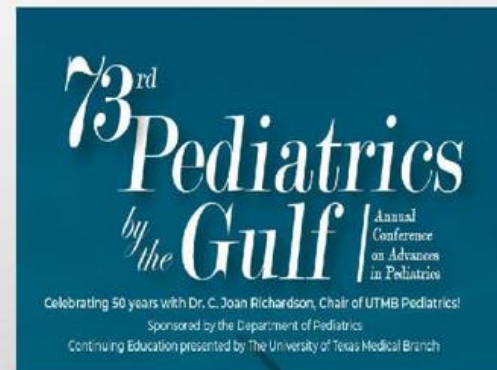


Conclusions

- CLABSI prevention requires an “all hands-on deck” approach
- CLABSI Rally improved accountability among NICU nursing staff
- The process was adopted and sustained with staff now requesting more audits to be completed for improved data.
- CLABSI Rally has enabled continuous surveillance of all bundle elements compliance
- Ongoing efforts in maintaining compliance with audits
- Use of an electronic quality dashboard that was built using the data collected from the audit tool helped with sustainability
- Lack of standardization in practice and surveillance were the primary drivers for this project

References

- Bierlaire, S., Danhaive, O., Carkeek, K., & Piersigilli, F. (2021). How to minimize central line–associated bloodstream infections in a neonatal intensive care unit: a quality improvement intervention based on a retrospective analysis and the adoption of an evidence-based bundle. *European journal of pediatrics*, 180, 449-460.
- Hamza, W. S., Hamed, E. A. T. M., Alfadhli, M. A., & Ramadan, M. A. M. (2022). A multidisciplinary intervention to reduce central line-associated bloodstream infection in pediatrics and neonatal intensive care units. *Pediatrics & Neonatology*, 63(1), 71-77.
- Hussain AS, Ahmed AM, Arbab S, et alCLABSI reduction using evidence based interventions and nurse empowerment: a quality improvement initiative from a tertiary care NICU in PakistanArchives of Disease in Childhood 2021;106:394-400.
- Muller, M., Bryant, K. A., Espinosa, C., Jones, J. A., Quach, C., Rindels, J. R., ... & Sánchez, P. J. (2023). SHEA Neonatal Intensive Care Unit (NICU) White Paper Series: Practical approaches for the prevention of central-line–associated bloodstream infections. *Infection Control & Hospital Epidemiology*, 44(4), 550-564.



CLABSI Prevention



CLABSI Rally

- CLABSI Auditor assigned each shift
- Unit-Wide Involvement
- Tracking of compliance and audit results

"I think doing the chart audits has made me a little more diligent in my own care."

"I do think it is impacting our CLABSI rates in a positive way. Maybe it could even increase from 1 to 2 audits per shift?"

"If they have multiple central lines, they should do more than one to increase the accuracy of our results."

2-Person Line Changes

- Initiated as standard of care
- Annual validation of competency

Central Line Task Force

- Ad Hoc team
- Reviews CLABSI Rally audit results to determine appropriate interventions.
- CHG Bath Compliance

CLABSI Clock

- Positive Reinforcement
- Target Goal



CLABSI RALLY

Align your Lines

EBP FOR INFECTION
PREVENTION

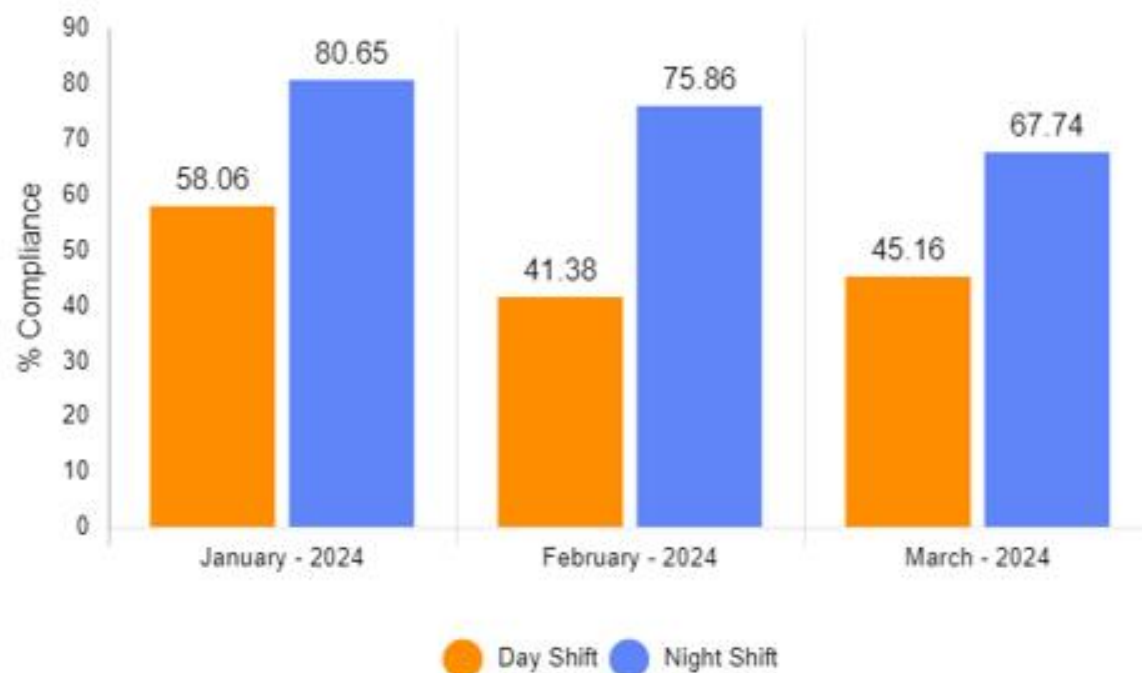
Central Line Maintenance Audit

Start now

CLABSI Rally - Align Your Lines

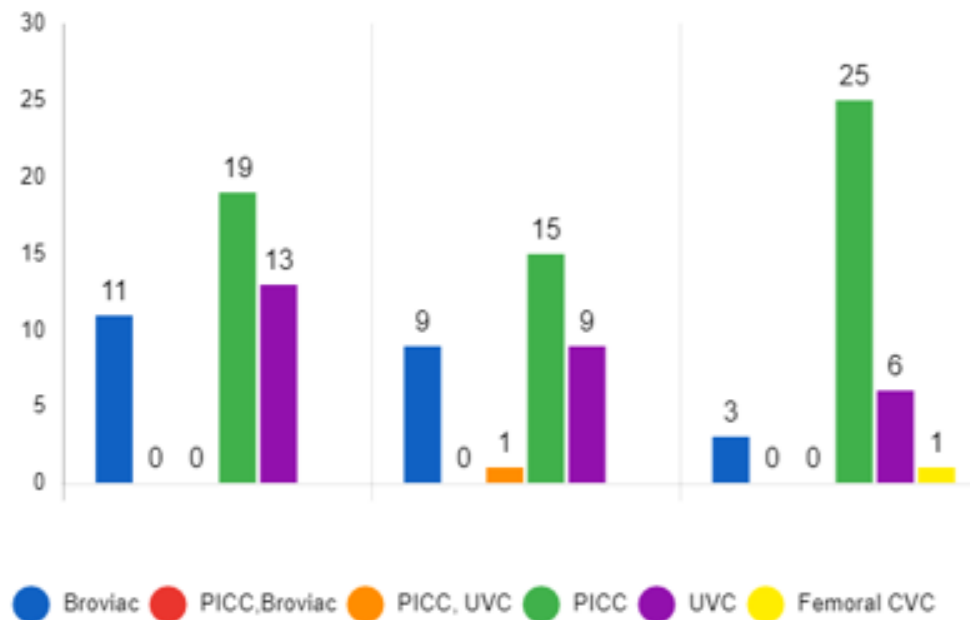


CLABSI Rally Compliance AM vs PM

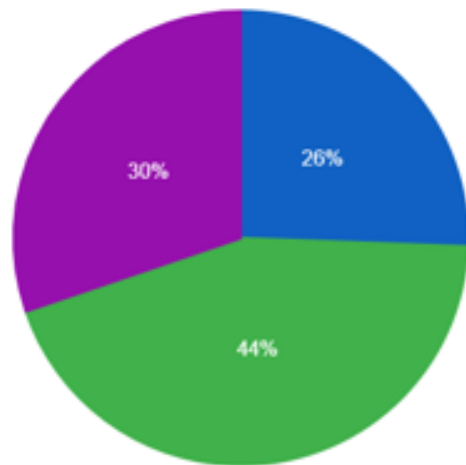


CLABSI Rally - Align Your Lines

Central Line Type

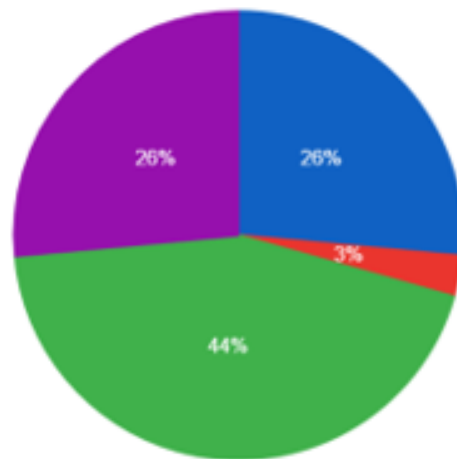


Central Line Type - January



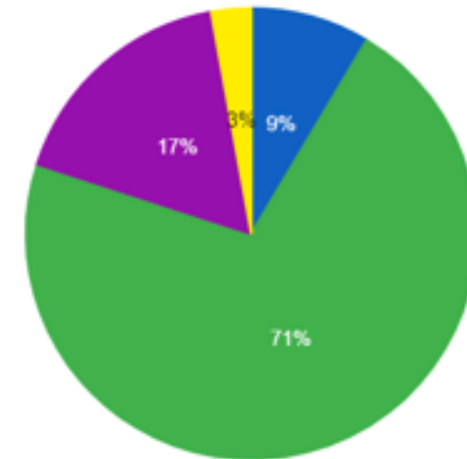
Broviac
PICC
UVC

Central Line Type - February



Broviac
PICC, UVC
PICC
UVC

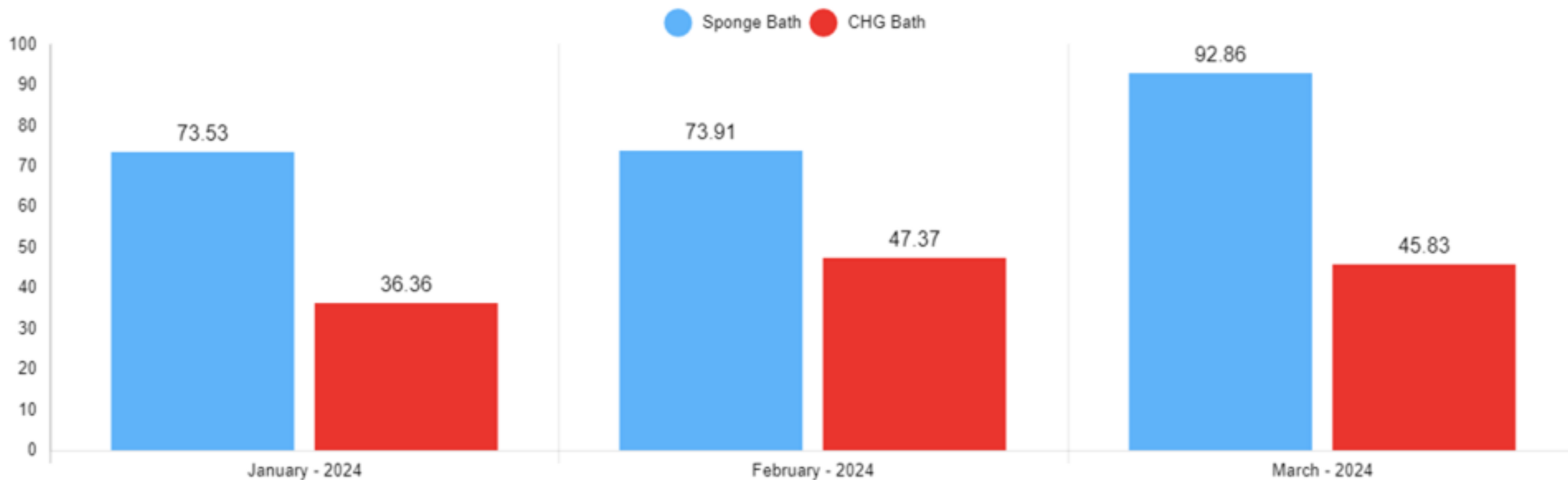
Central Line Type - March



Broviac
PICC
UVC
Femoral CVC

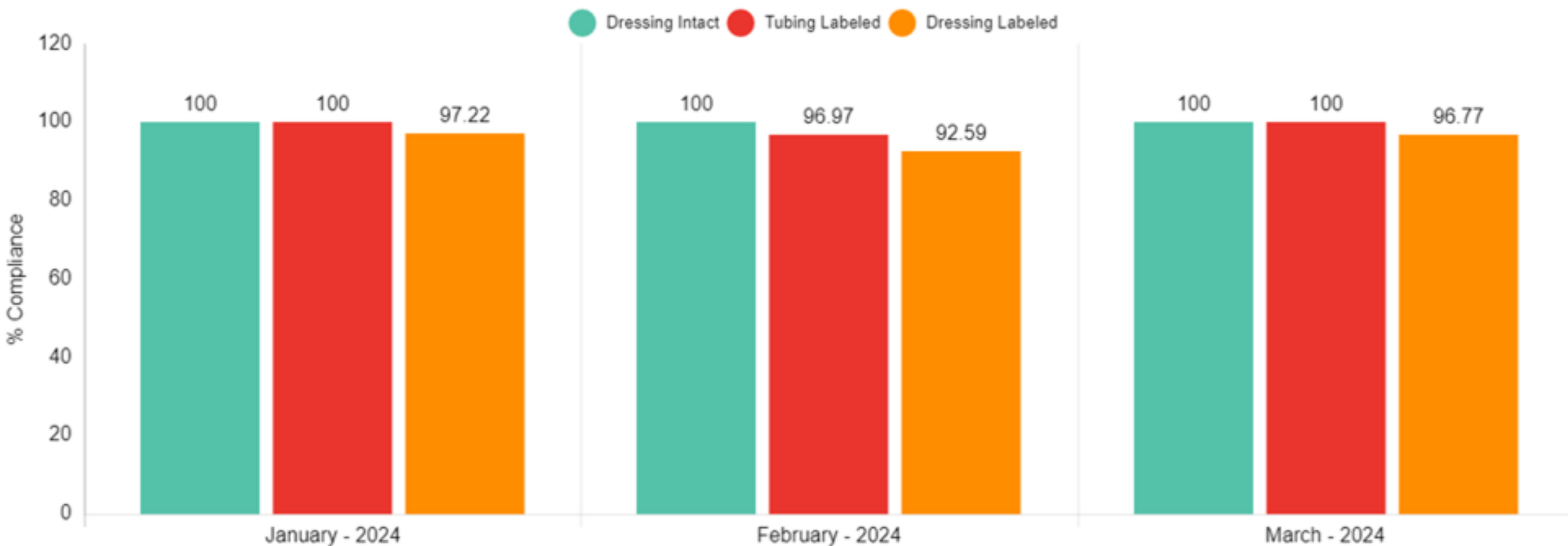
CLABSI Rally - Align Your Lines

CLABSI Bundle Audits - Bathing



CLABSI Rally - Align Your Lines

CLABSI Bundle Audits



PROGRAM OBJECTIVES

- Define the types of perinatal anxiety disorders and identify treatment options.
- Describe the nutritional challenges in caring for the infant of a diabetic mother (IDM).
- Explore self-care techniques that will assist in stress management and improve coworker interaction.
- Describe the essential elements of a post discharge feeding plan in the term, late preterm and preterm infant.
- Discuss the specific needs for diverse families and review communication techniques to provide objective and individualized maternity care to all families.

WHO SHOULD ATTEND:

Advanced Practice Nurses, Clinical Nurse Specialists, Clinical Nutrition Managers, Lactation Consultants, Mother-Baby Nurses, Neonatal Registered Dietitians, Neonatal/Nursery Nurses, Neonatal Nurse Practitioners, Nurse Educators, Registered Dietitians, Registered Nurses, Labor and Delivery Nurses

REGISTRATION (ONLINE ONLY)

RN CE credit: 5.75
RD CPEU credit: 5.75*

TUITION: \$15

REGISTER ONLINE BY:
JUNE 14TH

CLICK HERE OR SCAN
THE QR CODE TO
REGISTER:



Payment accepted via credit card, debit card or check.

For a full refund, cancellations must be made at least one week prior to the

FOR ADDITIONAL
INFORMATION, PLEASE
CONTACT:

Patrice Scott
patrice.scott@abbott.com

Justin Turner
justin.turner@abbott.com

For registration questions, contact The Curry Rockefeller Group, LLC (866) 320-5806

*The CPE activity application for this program is pending CDR review and approval for 5.75 CPEUs.

Abbott Nutrition Health Institute is an approved provider of continuing nursing education by the California Board of Registered Nursing Provider #CEP 11213.

This educational activity has been prior-approved by the Commission on Dietetic Registration (CDR). CDR credentialed practitioners will receive the specified continuing professional education units (CPEUs) for completion of this program/material.



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THE CHALLENGES OF CARING FOR FAMILIES AND SELF IN MATERNAL-CHILD HEALTHCARE

TUESDAY, JUNE 25, 2024
8:30 AM - 3:30 PM CDT

Hotel Zaza Museum District
5701 Main St.
Houston, TX 77005

SPEAKERS

Sharon Groh-Wargo, PhD, RD
Bonnie Gahn, MSN, MA, APRN

THIS CONFERENCE QUALIFIES FOR:
5.75 CE_s FOR NURSES
5.75* CPEUs FOR DIETITIANS

Upcoming DSHS Courses on Mighty Networks

Upcoming Courses

This post contains all of the upcoming sessions for our various courses. Please register for each of these using the Zoom links. These will *not* be live sessions in Mighty Networks.

- Agenda review for maternal and neonatal surveys (held 2x/month):
 - 6/21/2024 at 11:00am CST. Registration link coming soon!
 - 6/21/2024 at 2:00pm CST. Registration link coming soon!
- Decoding Designation: Designation Basics course
 - July 2024, exact date TBD. (held quarterly)
- Decoding Designation: QAPI Review
 - 6/14/2024 at 3:00pm CST. Registration link coming soon!

#Education #ProgramManagers #QAPI #DecodingDesignation

Perinatal Mental Health Resources

PeriPAN

PeriPAN Mental Health Toolkit

PeriPAN Perinatal Mental Health Toolkit for Obstetric Clinicians – TCMHCC (utsystem.edu)



New app from Postpartum Support International (PSI)

PSI now has an app



TCHMB Neo Committee MTG

Neonatal

New Co-Chair Johnathan Nedrelow, MD FAAP Sr. VP & Assoc CMO of Cook's Children's Healthcare System, Neonatologist

RAC check-in, reviewed individual RAC update

- ▶ **April-May 2024 – Discussion with DSHS on potential partnership opportunities**, given their interest in newborn nutrition and safe sleep joint efforts. Review possibilities, including understanding access to resources, data, and infrastructure that DSHS can provide.
- ▶ **May-August 2024 – Complete Project Form One through workgroup** and submit for approval to Executive Committee and DSHS
- ▶ **August 2024 – Call for final workgroup** to support project design, implementation, and evaluation. Participation will last for approximately three years, with possibility of more time.
- ▶ **September-December 2024 – Develop project materials**, including: enrollment forms, data collection tools, data analysis and evaluation plan, DSUA forms, SOPs, project design, pilot design and review
- ▶ **November 2024-February 2025 – Recruit a pilot group of 5-10 hospitals** for Phase 1, including signing of DSUAs.
- ▶ **March-June 2025 – Run pilot for 3-4 months**. Ongoing assessment and evaluation of processes and procedures to inform Phase 2 of the project, the full roll-out.
- ▶ **May-August 2025 – evaluate pilot processes** and procedures, make any changes needed for Phase 2.
- ▶ **May-October 2025 – Ongoing recruitment of hospitals** for Phase 2 of the project, including signing of DSUAs.
- ▶ **September 2025 – Project begins**
- ▶ **September 2027– Project wraps up**. Begin data analysis, report planning, etc.

TCHMB OB Committee MTG

- ▶ TCHMB OB Project Manager- Onyinye Omega-Njemnobi
 - RAC check-in, rereviewed individual RAC updates
 - Several new Program Managers in RACs
 - Texas Maternity Map
<https://www.tchmb.org/pped#map>

Upcoming DSHS Perinatal Calls

Level 1 and 2, JUNE 5th MTG was canceled- Occurs 1st Wednesday of every month. Next Meeting scheduled Aug. 7th

Level 3 and 4, June 19th 2-3 PM - Occurs 3rd Wednesday of every month

Next PAC meeting

+ June 13th at 0900. Will be streamed on PAC website. <https://www.hhs.texas.gov/about/live-archived-meetings>

Optimizing Newborn Nutrition- Approved by RAC-R MPMs & NPMs 12/12/23

- ▶ QI focused with TCHMB on an increase of the percent on newborns who receive human milk as their first feeding and/or increase the percent of newborns breastfeeding at discharge. Joint MICU/MBU and L&D project.
- ▶ Basic definition of the project:
- ▶ Supporting newborns with optimal nutrition. Mothers Own Milk (MOM) is optimal nutrition for the newborn
- ▶ The questions to address:
 - a. The Problem the project seeks to address/improve (defined) – Data (NICU/MB unit/LPI/VLBW)
 - Low % of TX newborns with MOM feeding in first 24 hours of life
 - Low % of newborns discharged on MOM feeding
 - b. The potential Outcome measure(s) – Data (in All NICU, MB, VLBW, LPI neonates discharged or died)
 - % of babies receiving ANY MOM feeding in first 24 hours of life
 - % of babies receiving ANY MOM feeding on discharge/death/transfer
 - % of babies receiving exclusive MOM feeding on discharge/death/transfer (fortification not included.... Careful definitions needed)
 - % of babies receiving initial feed as MOM

Optimizing Newborn Nutrition

c. the potential Intervention (s) – may be process measures

- Breastmilk log
- Golden Hour breastfeed or hand express/pump or skin to skin
- Direct breastfeeding from non-nutritive to direct to breast
- Daily breastmilk supply question checklist with positive reinforcement and lactation emergent consult triggered prn
- Lactation specialist involvement in daily rounds

d. Does this project address Disparities/inequities?

- Lower versus higher breastfeeding use among differing racial/ethnic groups
- Lower versus higher breastfeeding use among differing economic/educational status groups

e. Is this project Achievable statewide (practicality)? Would be heavy lift but very important and likely huge buy-in with DSHS/RAC PCR Alliance and many other organizations supporting

Optimizing Newborn Nutrition

- ▶ Commentary on Core interventions that could be implemented:
- ▶ Parental education, pre-birth planning infant nutrition, skin to skin at birth and attempting to latch infant within the golden hour if both mom and baby are stable. State providing an incentive to exclusive breastfeeding mothers. All participating hospitals in each RAC to initiate interventions at same time to create city-wide awareness of efforts to optimize infant nutrition. PR campaigns (grant money?), huge need for provider training (nursing and physician/APP buy-in is essential), quantification of milk pumped and received in NICU babies, GO MOM checklists, parent and provider standardized education), donor milk education as bridge to MOM
- ▶ Other considered Basic measures:
 - Measure the percentage of infants who breastfeeding within the golden hour in L&D.
 - Measure the percentage of infants who breastfeed exclusively during the entire hospital stay in mother-baby.
 - Measure the percentage of NICU patients receiving some/all breastmilk at discharge.

Committee thoughts for now?

Discussed lunch and learn with hospitals, committee agreed. UTMB Galveston can present first.

Not really any day/time of the week better. Will work with specific hospital team and send out date/time. Will be about 30 minutes.



- ▶ Maternal Chair: Lisa Spencer, UTMB Galveston
- ▶ Neonatal Co-Chair: Yesenia Sandino, UTMB Galveston
- ▶ *RAC Meetings 2024 – June 4th, Sept 10th, Dec 12th
- ▶ *RAC Medical Director Meetings 2024 – June 7th, Sept 13th, Dec 13th
- ▶ June meeting is earlier due to availability of Baytown Community Center Availability
- ▶ TEAMS invites sent for director mtgs, please let me know if you haven't received.



Questions?