

RAC R MMD/NMD Committee

3/12/2024



Attendance

Baptist Beaumont

- MAT- Dr. Christopher Dowdy & MPM Ashleigh Williams
- NEO- Dr. Snehal Doshi

CHRISTUS St. Elizabeth

- MAT- Dr. Deborah Sherman & MPM April Waguespack
- NEO-

Medical Center of Southeast TX- Port Arthur

- MAT-
- NEO-

UTMB Angleton Danbury

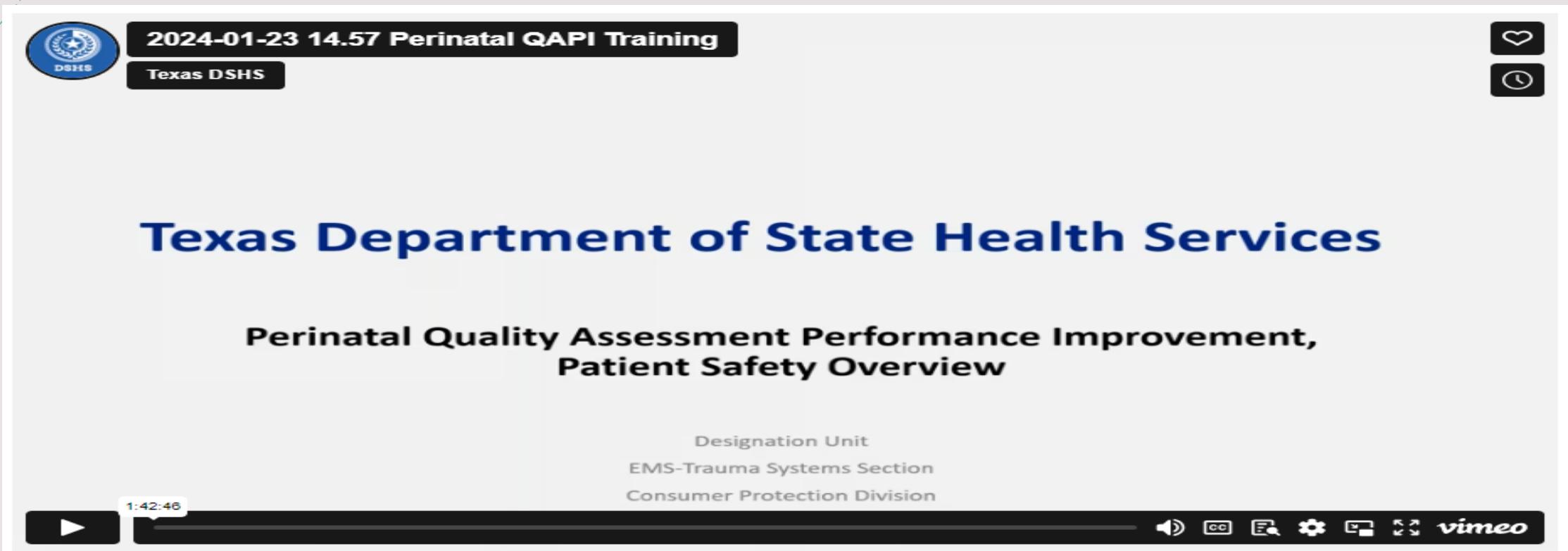
- MAT-
- NEO- Dr. Linda Shelmire

UTMB Galveston

- MAT- Dr. Luis Pacheco, Dr. Shannon Clark and Kim Stewart ANM
- NEO-
- Reminder if change in medical director, program manager or CEO- Complete form on DSHS site

DSHS QAPI Patient Safety Overview Available

<https://www.dshs.texas.gov/sites/default/files/emstraumasystems/Perinatal/PDF/Handout-Perinatal-QAPI-January-23-2024.pdf>



2024-01-23 14.57 Perinatal QAPI Training

Texas DSHS

1:42:46

Texas Department of State Health Services

Perinatal Quality Assessment Performance Improvement, Patient Safety Overview

Designation Unit
EMS-Trauma Systems Section
Consumer Protection Division

vimeo



“Small Baby Unit – The Road to Development, Implementation and Outcomes”

March 19 @ 1:00 p.m.

Register to Attend the March Texas Quality Care Forum

Join us on **Tuesday, March 19 at 1:00 p.m. CDT** as Michelle Hempel MSN, RNC-NIC, C-ELBW presents, "Small Baby Unit - The Road to Development, Implementation, and Outcomes."

TETAF/Texas Perinatal Services welcomes trauma, stroke, maternal, neonatal, acute care, and EMS professionals to join the Texas Quality Care Forum (TQCF) each month as an opportunity to learn from different service lines.

[**Register for the March Texas Quality Care Forum**](#)

Upcoming DSHS Perinatal Calls

- + Level 3 and 4, March 20th 2-3 PM - Occurs 3rd Wednesday of every month
- + Level 1 and 2, April 3rd 2-3 PM - Occurs 1st Wednesday of every month

Next PAC meeting

- + Thursday, March 28th at 0900. Will be streamed on PAC website.

<https://www.hhs.texas.gov/about/leadership/advisory-committees/perinatal-advisory-council>

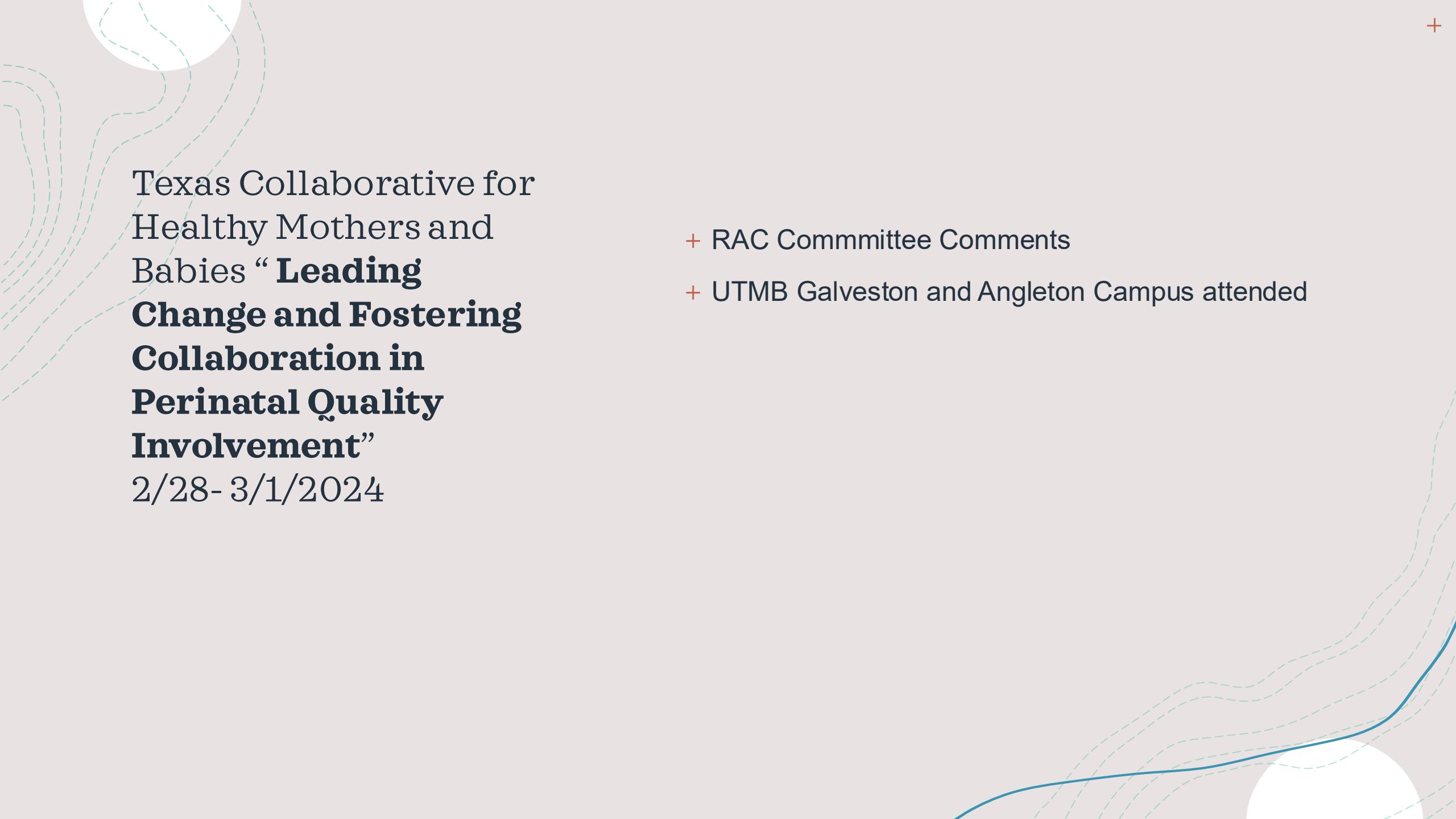
Texas AIM

Save the date for Learning Session 3

TexasAIM HTN Learning Session 3

| Cohort | Date |
|----------|--|
| Cohort 5 | Monday and Tuesday, March 25-26, 2024 |
| Cohort 4 | Thursday and Friday, April 11-12, 2024 |
| Cohort 2 | Thursday and Friday, April 18-19, 2024 |
| Cohort 1 | Thursday and Friday, April 25-26, 2024 |
| Cohort 3 | Thursday and Friday, May 2-3, 2024 |

- + Updated AIM Data Reporting Forms (Project Updates, Data Collected, Disaggregated & Aggregated Data) Data Disaggregation Tips Race & Ethnicity page . Prework information, registration, video instruction avail from TX AIM.
- + Travel Scholarship avail to a limited number of attendees. Reside more than 50 miles from venue and established member of Texas AIM. Apply by March 21st. Form on website.
- + If you need to submit corrections to your data email TexasAIM@dshs.texas.gov
- + If you need to attend a different cohort than your own, register your team for your preferred event, and then email TexasAIM@dshs.texas.gov with the names of your team members and hospital name so that we can ensure you receive cohort-specific reminders.



Texas Collaborative for Healthy Mothers and Babies “**Leading Change and Fostering Collaboration in Perinatal Quality Involvement**”

2/28- 3/1/2024

+ RAC Committee Comments

+ UTMB Galveston and Angleton Campus attended

TCHMB OB and Neo MTG

+ New TCHMB OB Project Manager- Onyinye Omega- Njemnobi MTG 1/24/24 (next mtg 3/24)

- RAC check-in, rereviewed individual RAC updates
- Several new Program Managers in RACs
- Discussed PPED projects currently ongoing, had a successful PPED Webinar
- Texas Maternity Map <https://www.tchmb.org/pped#map>

+ Neo Project Manager- Sarah McConnor MTG 1/29/24 (next mtg 3/15)

- RAC check-in, reviewed individual RAC updates
- End of NAT project Dec 2023 <https://www.tchmb.org/newborn-admission-temperature>
 - Analysis and cleaning ongoing, to send out exit surveys to hospital by end of Jan.
- Reviewed options of new Neo projects- discussion surrounding need, interest, and feasibility of topics
 - Overall choice was " Optimizing Newborn Nutrition," which is what RAC-R submitted too. To send out a last reach for further comments.
 - 2nd choice was Screening for Parental Depression in the NICU and MBU, 3rd, Safe Sleep

TCHMB Example Temp Guidelines <35 weeks and \geq 35 weeks of Gestation

Example of Recommended Guidelines for Thermoregulation in Preterm Infants < 35 weeks of Gestation

Background

- Premature infants are at risk for both hypo- and hyperthermia after delivery.
- An admission temperature of 36° to 36.4°C is considered cold stress.
- An admission temperature of <36°C is hypothermia and >37.5°C is hyperthermia.
- Euthermia can be achieved by establishing policies and procedures prior to and immediately after birth.

Temperature Goal: 36-37.5°C (96.8-99.5°F)

Suggested Guidelines for the Management of Temperature by Phase of Care

Prior to Delivery

- Have a dedicated resuscitation team with complete NRP training to attend all preterm deliveries
- Collaborate with OB and hospital environmental engineering to maintain ambient temperature in the delivery/operating room at least 23°C (74°F)
- Have available equipment and supplies for all preterm births, including occlusive wrap/bag, hat, thermometer, overhead warmer with servo-controlled temperature probe, incubator and exothermic mattress

At Delivery

For infants <32 weeks gestational age or <1500 grams:

- Place infant on pre-warmed radiant warmer bed
- Immediately place in polyethylene bag without first drying the skin, apply hat (fabric or occlusive) and use exothermic warming mattress
- Record temperature every five minutes during all neonatal resuscitations
- If temperature is greater than 37.3°C confirm radiant warmer is set to servo mode and consider removing exothermic warming mattress to avoid hyperthermia.

For infants 32-35 weeks' gestational age or >1500 grams:

- Place temperature probe in servo mode on radiant warmer
- Use transport incubator to move infant from delivery room to admission area
- Avoid umbilical lines in the delivery room unless needed for resuscitation
- Record temperature every five minutes during all neonatal resuscitations
- Dry skin rapidly with pre-warmed, absorbent blanket, apply hat and use a warm blanket-covered heating mattress
- For extended resuscitations, consider using the exothermic blanket

Admission Area or NICU

- Have pre-warmed incubator for all deliveries
- Continue to use occlusive bag and exothermic mattress on radiant warmer for procedures
- Monitor axillary temperature every five minutes
- Preferentially use servo over manual mode

Initial Set Temperature: Initially set temperature 36.5°C. Do not set servo temperature higher than 37°C

1 Follow NRP guidelines for resuscitation including immediate drying of infant

2 Place infant skin-to-skin with mother as appropriate

3 Obtain vital signs following NRP resuscitation, and every 30 minutes after birth for the first two hours of age

Initial temperature measurements can be axillary or rectal

Temperature reported for infants in mother-baby unit/newborn nursery should be taken between 20-60 minutes after birth

Temperature reported for NICU infants should be the first temperature taken upon admission to the NICU

If the axillary temperature does not correlate with clinical picture, a rectal temperature may be performed at clinician's discretion

If temperature is 36.0°C (96.8°F) to 37.5°C (99.5°F), rectal temperature should be obtained to verify core temperature

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Example of Admission Temperature Guidelines for Infants \geq 35 weeks of Gestation

Preparatory Phase

- Ensure all equipment is ready per American Academy of Pediatrics Neonatal Resuscitation Program (NRP) guidelines
- Radiant warmer set at 100% (may be less if maternal fever present at time of delivery)
- Review maternal history
- Delivery room temp recommended 23-25°C (73.4-77.0°F)

Procedure | Term Infants

Infant with cold stress 36.0°C (96.8°F) to 36.4°C (97.5°F)

- Encourage skin-to-skin in a warm room
- If unable to do skin-to-skin, wrap infant in two warm blankets
- Place warm dry cap on infant's head
- If no improvement after 30 minutes, place under radiant warmer and notify provider

Infant with hypothermia <36.0°C (96.8°F)

- Place under radiant warmer
- Place warm dry cap on infant's head
- Once temperature is improving and >36.5°C (97.7°F), transition out of radiant warmer back to skin-to-skin
- If under radiant warmer longer than 15 minutes, place covered temperature probe with servo set point at 36.5°C (97.7°F)
- If no improvement after 30 minutes, notify provider

Infant with Hyperthermia >37.5°C (99.5°F)

- Turn off heat from radiant warmer, if being used
- Loosely wrap infant in one blanket
- Continue skin-to-skin
- If no improvement after 30 minutes, notify provider

*Adapted from the North Central Texas Trauma Regional Advisory Council

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 Data Submission - Thoughts for now?

- +Neonatal Measures
- +Maternal Measures

Committee members will think on this and make a plan at the next meeting, if TCHMB project is not approved statewide by then.

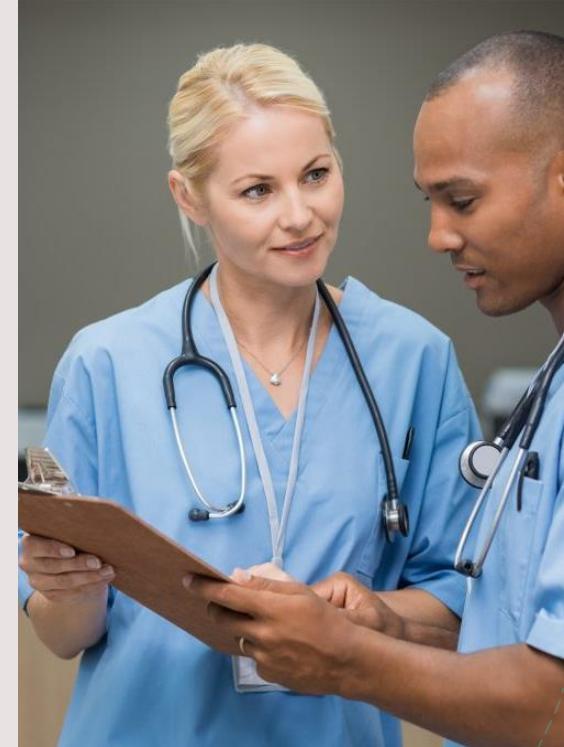
- ✓ Updated RAC-R Maternal & Neo Disaster Grid and Program Manager & Medical Director emailed 3/5/24.
- ✓ Suggestion for Maternal and Neo to alternate committee education during MPM and NPM committee timeframe.
- ✓ Reminder new rules are in effect for Maternal or Neo Survey. Survey guidelines are on the DSHS website. They are very helpful!
- ✓ Dr. Shannon Clark with UTMB will be speaking on debriefs at the MPD/NPD meeting Friday, 3/15 @ 0730.

AORN - Elevated Patient Safety with Structured Hand-Off Protocols

A Closer Look at New Updates to the Guideline for Team Communication

https://www.aorn.org/article/elevate-patient-safety-with-structured-hand-off-protocols?utm_campaign=periop_today&utm_medium=promotional&utm_source=email&utm_content=guidelines_mpl_240228&mkt_tok=NTQ1LUtDUC0xNjMAAAGRkUvg95oMznFTVVZj2ybna7ac6-CqI1xUp2s2Z0owkp3MFExsNL1iiqjqqCkjeX-7A72baWQm1m-a9tUciGgFm5Lg-zW8suhZSCcTF7X9W0Ok

- + Structured Hand-Off Protocols
- + Importance of a Customized Structured Hand-off Process
- + Elements of an Effective Structured Hand-off Process
- + Improving Quality of Information Exchanged at Hand-off
- + Standardized Process and the Elements to Include in Hand-off



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.

DEBRIEFING IN OBSTETRICS

- + Shannon M. Clark, MD
- + Professor
- + Director, UTMB Levels of
- + Maternal Care-Level IV
- + Designation
- + Dept. ObGyn
- + Div. MFM
- + UTMB-Galveston





Questions?