

Friday, February 24, 2023

Perinatal-Neonatal Quality Improvement Network of Massachusetts (PNQIN)

Hospital Team Award Selection Committee PNQINAdmin@pnqinma.org

To Whom It May Concern:

It is our distinct honor to nominate the **UMass Memorial Medical Center Maternity Center team** (individuals named in the table below) for the **PNQIN Hospital Team Award**.

Name	Position
Julianne Luring, MD	Medical Director, Maternity Center
Wendy Moan, MSN RN, RNC-OB/EFM	Nurse Manager, Labor and Delivery
Teresa Blass, BSN RN, RNFA	Assistant Nurse Manager, Labor and Delivery
Nora Scharf, MSN, RNC-EFM	Assistant Nurse Manager, Labor and Delivery
Alyssa Sullivan, BSN RN, CLC	Nurse Manager, Mother Baby Unit
Isabella Polselli, BSN RN	Assistant Nurse Manager, Maternity
Marie O'Brien MSN RN	Nurse Education Safety Specialist, Maternity Center
Jodi Fortunato, MSN RN, RNC-MNN	Nurse Education Safety Specialist, Maternity Center
Laura Cohen, DO	Director, Obstetric Anesthesia
Jie Zhou, MD	Anesthesia Site Chief, Memorial Campus
Gina Sullivan, MD	Director, Doula Program
Luu Ireland, MD	Director, Dept of OB/Gyn, Director of Diversity, Equity, Inclusion & Belonging; Anti-racism task force leader; Co-I on PCORI postpartum care grant
Kristina Gracey, MD	Anti-racism task force leader; Co-I on PCORI postpartum care grant
Mark Curley	Program Manager, Center for Innovation and Transformational Change (CITC)

This team certainly meets the criteria of having demonstrated:

- Implementation of QI initiatives focused on improving maternal, newborn, and or family health;
- Involvement in PNQIN learning collaboratives, webinars, data submission; and
- A dedication to health equity and underserved or historically marginalized populations.

It is truly amazing to see what can be accomplished when a dedicated team works together – especially this team focused on quality improvement, patient and provider experience, and equity. The accomplishments over the past year have been numerous. Some are early in their implementation life cycle and results are still forthcoming. Others are already demonstrating quantifiable improvements. A select listing and some associated details are below:

- **Implementation efforts regarding the Hemorrhage Bundle:** Historically there was provider discretion regarding the when and what of oxytocin administration following neonate delivery. Now there is an order set for stage 3 labor where the evidence-based recommendation for a 1 hour bolus followed by a 3 hour continuous infusion has been standardized, along with dosing. In Q2 2022, after initiation of this order set, early evidence demonstrated a decrease from 10% to 8% in postpartum hemorrhage rates for our Black patients; white patients' rates were unchanged at ~6.5%.
- **Implementation efforts regarding the Equity Bundle:**
 - o Equity of outcomes is tied to communication and understanding patient preferences. We partnered with Ariadne labs to implement **TeamBirth**, a program that uses structured communication and efficient, shared decision-making methods to enhance teamwork and understand preferences among individuals giving birth and those supporting and caring for them. The implementation effort occurred 2021-2022 and included but was not limited to (1) development of and installation of communication boards in every room that separately focus on plans for the patient, the baby, and labor, and what the patient and partner preferences are, (2) inclusion of discussion and decision guides for admission, labor support and assisted delivery in all labor rooms and with poster-size admission guides posted in 5 languages adjacent to triage, and (3) trainings of the hundreds of caregivers and team-members in our maternity center on how to 'huddle' with patients to improve communication amongst the full team (minimally patient, partner, nurse and doctors) and elucidate preferences. At the 10 month mark, 73% of patients reported having received a huddle in labor, 84% indicated high patient autonomy in the context of their clinical team, and 70% noted that 'yes, definitely' sharing preferences made a difference in their care.
 - o **Equity M&Ms** have been initiated in two forms. First, every M&M includes information about structural and social determinants of health and probes how they may or may not have influenced the care. Secondly, we have established an M&M specific to cases in which there was concern that the care would have been different if the patient was not from a population marginalized by racism or socioeconomic disadvantage.
 - o Given increasing evidence demonstrating **doula support** for Black perinatal individuals and with philanthropic support from the laccoca foundation, we supported the training of 15 women from our community to be trained as doulas. Three were hired by Accompany Doula Care who will partner with us in the coming year. Through this support, we will provide free prenatal/labor/delivery/postpartum doula care to a minimum of 30 Black perinatal individuals, with more planned in the future. Ultimately, we aim to provide culturally and linguistically concordant doula care to the majority of our patients marginalized by racism and socioeconomic disadvantage. We also aim to provide enhanced training to our doulas including empowerment as social justice advocates.
- **Critical Care OB (CCOB):** Ten labor rooms were renovated such that they now have telemetry capability and eICU connectivity. A CCOB nursing team was established that completed AHA ACLS courses, AWHONN CCOB learning modules, and oriented in the UMass Memorial ICUs. Simulations are performed including echos, eICU, and COVID. A-lines can be monitored within the maternity center proper. This allows patients previously labored or managed postpartum in the ICUs to be cared for in the maternity center thus providing a safe and family-centered approach.
- **Dedicated 24/7 OB Anesthesia Team:** At a time when anesthesia specialists including physicians and cRNAs are a highly limited resource, through creative scheduling and acceptance of increased call, our

anesthesia colleagues have transitioned a semi-dedicated service (with concomitant responsibilities in main OR and ICUs) to a fully dedicated 24/7 OB anesthesia service. This is a critical and appreciated change as our delivery volume and acuity continues to increase.

- **Postpartum Discharge Transitions and Perinatal Mental Health Patient Safety Bundle (and Equity Bundle):** Aligned with these bundles, we are the recipients of PCORI funding for a multi-site trial including UMass, Yale and University of Buffalo. The study started Oct 1, 2022 with recruitment beginning May 1, 2023 and is titled 'Community-based, family-centered, trauma-informed, anti-racist approach to timely detection and management of early postpartum hypertension and perinatal mental health in those marginalized by racism and socioeconomic disadvantage.' This initiative will be 5 years in length and ultimately will increase our efforts regarding remote home blood pressure monitoring and treatment, enhanced mental health monitoring and treatment, and social determinants of health screening and resource connection, using OB extenders and community-health workers (doulas). Community engagement is a key and critical component.

We are incredibly proud of this team and in writing this are reflecting on the fact that this only represents a small portion of the total body of their work. We are so very grateful for their relentless pursuit of quality and optimized outcomes for all the patients we serve.

If there are any questions, needed clarifications, or desire for more information, please do contact us.

Sincerely,

Tiffany A. Moore Simas, MD, MPH, MEd, FACOG (she/her/hers)
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Professor, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Population & Quantitative Health Sciences
Medical Director, Lifeline for Moms
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Kimberly Oliveira MSN RN NEA-BC (she/her/hers) Sr.
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Jack Bailey, MS, FACHE (he/him/his)
Sr. Vice President of Clinical Services