

## **PERINATAL COMMITTEE**

**Chair: Dr. David Weisoly**

The last meeting was held via Zoom on 12.09.2020 with 111 people in attendance. The next meeting will be held on March 10, 2021. This group has ramped up their initiatives and projects with metric goals, frequent meetings, and best practices. All workgroup leaders provided status updates on the current projects listed below. This committee is committed to continuous collection of neonatal data via the SETRAC Clinical Database. CEO reports are being developed for individual hospitals and routine virtual meetings to include, monthly Maternal focused COVID-19 best practice meetings and PRN Neonatal focused COVID-19 best practice meetings are in full swing.

The Perinatal Quality Improvement workgroup, led by Dr. Weisoly, continues to excel with multiple quality improvement projects based on the 2019 neonatal data. An award to highlight improvement in neonatal and maternal metrics is being developed. This workgroup remains focused on the detailed initiatives listed below.

The FAQ Document project group, led by Jon Fry and Dr. Madhu Kulkarni, maintains the FAQ document that was created for those submitting neonatal data. Workgroup leaders will begin creating a similar living document for maternal data when established as they collaborate with Maternal Quality Measures project group.

The Maternal Quality Measures project group, led by Dr. Carey Eppes and Kendra Folh, meets regularly to discuss the project goals. 3 maternal data metrics were proposed to the Perinatal Committee, seconded, and approved. The group will now focus implementing the following maternal data metrics into the SETRAC Clinical Database; screening for substance abuse and depression, hemorrhage and transfusions  $\geq 4$  units pRBC, and timely treatment for hypertension. A survey has been sent to all perinatal stakeholders to determine which measures they currently capture and how they are reported. A gap analysis will then be performed to determine additional needs.

The Antibiotic Timeliness project group, led by Dr. Hanine Hajj and Soji Tom, meets regularly to discuss a regional goal and best practices to improve this metric. Members are collaborating with their hospital's pharmacy departments to improve the metric and develop a best practice guideline.

The Breastmilk at Discharge project group led by Dr. Tiffany Molina and Dr. Elizabeth Sager meets on the 4<sup>th</sup> Thursday of every month. They have begun their project by first targeting initiation and establishment of breast milk and fostering the breast milk culture in the NICU. Education bundles, logs, and audit tools to measure improvement were developed and proposed to the Perinatal Committee, seconded, and approved. Breastfeeding at Discharge toolkit has been added to the SETRAC Perinatal webpage as a regional resource (see pages 3-5).

The Neuro Radiology project group, led by Dr. David Weisoly, will meet following the RAC PCR Alliance met in September 2020 to discuss best practices and imaging guidelines for MRIs and ultrasounds on late pre-term and low birthweight babies.

The Maternal and Neonatal Program Manager Collaborative, led by Lisa Hutchins, is being established for all maternal and/or neonatal program leaders to collaboratively share best

practices and quality improvement projects in preparation for designation surveys. Inaugural meeting to occur on January 25, 2021.

Dr. Eugene Toy's Maternal Mortality workgroup meets regularly and continues to hold monthly virtual meetings with regional maternal medical directors and program manager to share COVID-19 best practices. The group will now refocus their efforts on creating a maternal depression and substance abuse screening toolkit as opioid abuse is the leading cause of maternal death within the first year of giving birth. Dr. Carey Eppes and Kendra Folh, leaders of the Maternal Quality Measures project group, will collaborate with Dr. Toy regarding the depression screening tool and maternal quality metric projects.

The Perinatal Planning workgroup led by Dr. Sophia Tsakiri and Patrick Vermaas is working to ensure bed reporting for moms and babies is accurate in EMResource. The group has asked 3 facilities to report their bed count to check accuracy. Each facility has the capability to run their hospital's bed report. This group continues to build the L&D triage algorithm to be included in the Pediatric Evacuation and Mass Surge (PEMS) Plan, an annex to the CMOC Regional Plan. Once complete, a link to the PEMS plan will be added to the SETRAC Perinatal webpage under password protection. Neonatal Resuscitation Training for our EMS partners is in development. Workgroup leader is working with SETRAC to finalize specifics and funding to ensure the success of the training.

The Low Birthweight Infant Mortality workgroup, led by Dr. Lisa Owens, met to finalize the Safe Sleep toolkit, including an audit tool, crib cards, staff and parental education aimed at reducing infant mortality rates. The Safe Sleep toolkit has been added to the SETRAC Perinatal webpage as a regional resource. The workgroup continues to focus on improving Late Onset Sepsis Prevention to include skin integrity, PICC line usage, humidity, and CLABSI reduction.

# The Science of Mother's Own Milk Feeding for the Healthcare Professional

- Mother's Own Milk is an ESSENTIAL MEDICATION for NICU babies, not just a food
- Focusing on ***breast milk production, not breast feeding*** is essential for success, as some *breast feeding issues* are controversial and are a distraction to mothers initiating pumping
- Breast milk pumping should begin by *6 hours* after delivery, and *pumping should occur every 3 hours*. This gives mom the best chance of successfully producing optimal amounts of breast milk for the baby
- Routinely asking moms about pumping (frequency and milk production problems) should be done *daily* for at least the first week to get breast milk production established. Viewing of *maternal pumping log* is essential
- Research provides strong evidence for the following Health Benefits of Mother's Own Milk:
  - Better neurodevelopment: for every 10ml/kg/day an extremely premature baby ingests, Bayley MDI scores increase 0.59 points
  - Less necrotizing enterocolitis, a life-threatening NICU disease (Surgery often means death, and non-surgical NEC costs \$73,700 on average per case and 22 day increased length of stay)
  - 50% less nosocomial infections, including less bacterial meningitis and late-onset sepsis
  - Less rehospitalization after discharge
  - 21% less postneonatal mortality
  - Possible decreases in Type I and Type II Diabetes, decreased risk of SIDS, decreased leukemia and lymphoma, obesity, hypercholesterolemia, and asthma
  - The potential for *\$3.6 billion* in decreased ANNUAL health costs in the USA, including less costs for WIC programs and less parental work loss due to child illness
- Mechanisms for protection of the baby by Mothers Own Milk include:
  - nutritional, enzymatic, anti-infective, anti-inflammatory, and immunomodulatory factors which are more highly concentrated in milk of women who delivery prematurely
  - lipids in human milk provide energy and long chain polyunsaturated fatty acids which promote optimal vision and brain development
  - breast milk, when metabolized in the GI tract, makes it difficult for pathogens (germs) to grow and develop, thus protecting the GI tract from nosocomial infection and NEC.....

# My Feeding Care Map



Pumping

Colostrum  
Feeding

Kangaroo  
Care

First Tastes  
of Milk

Practice  
Feeding By  
Mouth

Feeding  
Without  
Feeding Tube

Birth

31 Weeks

33 Weeks

35 Weeks +

I plan to feed at the breast:

☐ Yes ☐ No



# Mother's Own Milk Pumping Log

## WEEK 1

Begin pumping within 3-6 hours after delivery

Keep a daily total of milk pumped in mL

Pump 8-10 times in 24 hours, pumping at least one time in the middle of the night.

Please bring this log to review with your babies' nurse EVERY DAY

Goal Week 1 350 mL (12 oz.) per day by the end

of the week

|       |                 |   |   |   |   |   |   |   |   |  |  |  |  |       |                 |
|-------|-----------------|---|---|---|---|---|---|---|---|--|--|--|--|-------|-----------------|
| Day 1 | Pumping Session | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |  |  |  |  | Total | 24 hour Goals   |
|       | Time Pumped     |   |   |   |   |   |   |   |   |  |  |  |  |       | Every 2-3 hours |
|       | Amount Pumped   |   |   |   |   |   |   |   |   |  |  |  |  |       | More than day 1 |
|       |                 |   |   |   |   |   |   |   |   |  |  |  |  |       |                 |
| Day 2 | Pumping Session | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |  |  |  |  | Total | 24 hour Goals   |
|       | Time Pumped     |   |   |   |   |   |   |   |   |  |  |  |  |       | Every 2-3 hours |
|       | Amount Pumped   |   |   |   |   |   |   |   |   |  |  |  |  |       | More than day 1 |
|       |                 |   |   |   |   |   |   |   |   |  |  |  |  |       |                 |
| Day 3 | Pumping Session | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |  |  |  |  | Total | 24 hour Goals   |
|       | Time Pumped     |   |   |   |   |   |   |   |   |  |  |  |  |       | Every 2-3 hours |
|       | Amount Pumped   |   |   |   |   |   |   |   |   |  |  |  |  |       | More than day 2 |
|       |                 |   |   |   |   |   |   |   |   |  |  |  |  |       |                 |
| Day 4 | Pumping Session | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |  |  |  |  | Total | 24 hour Goals   |
|       | Time Pumped     |   |   |   |   |   |   |   |   |  |  |  |  |       | Every 2-3 hours |
|       | Amount Pumped   |   |   |   |   |   |   |   |   |  |  |  |  |       | More than day 3 |

**CARDIAC COMMITTEE**  
**Chair: Dr. James McCarthy**

This committee meets quarterly and met via Zoom on 10.23.2020. The next Committee meeting will be held on January 22, 2021. Micah Panczyk with Texas CARES Project provided an update on the national scope of the program. The committee reviewed Quarter 2 2020 data along with data highlighting decreases in STEMI volumes, revealing the importance of the public messaging campaign (see pages 7-9). STEMI data slides were presented at the last EMS Committee meeting.

The Cardiac Data/QI Subcommittee members continue to refine the database categories that incorporate acceptable and unacceptable reasons for delay, to include COVID screening. 2019 summary report and CEO reports will be sent to CEOs. Upgrades to database to include updated metrics and button to indicate “no patients”. Co-leader is needed for the workgroup.

Incomplete 2020 goals will roll over to 2021 to include a partnership between a PCI facility and a free-standing non-PCI facility for mentorship on best practices in regard to transfers, achieving D2B<120 minutes for all transfer patients, hands-only CPR community education, and social media presence related to stroke and STEMI regional education. SETRAC received great feedback from Cardiac stakeholders identifying free-standing non-PCI facilities in their area that they will partner with and mentor for improved lytic administration in our region.

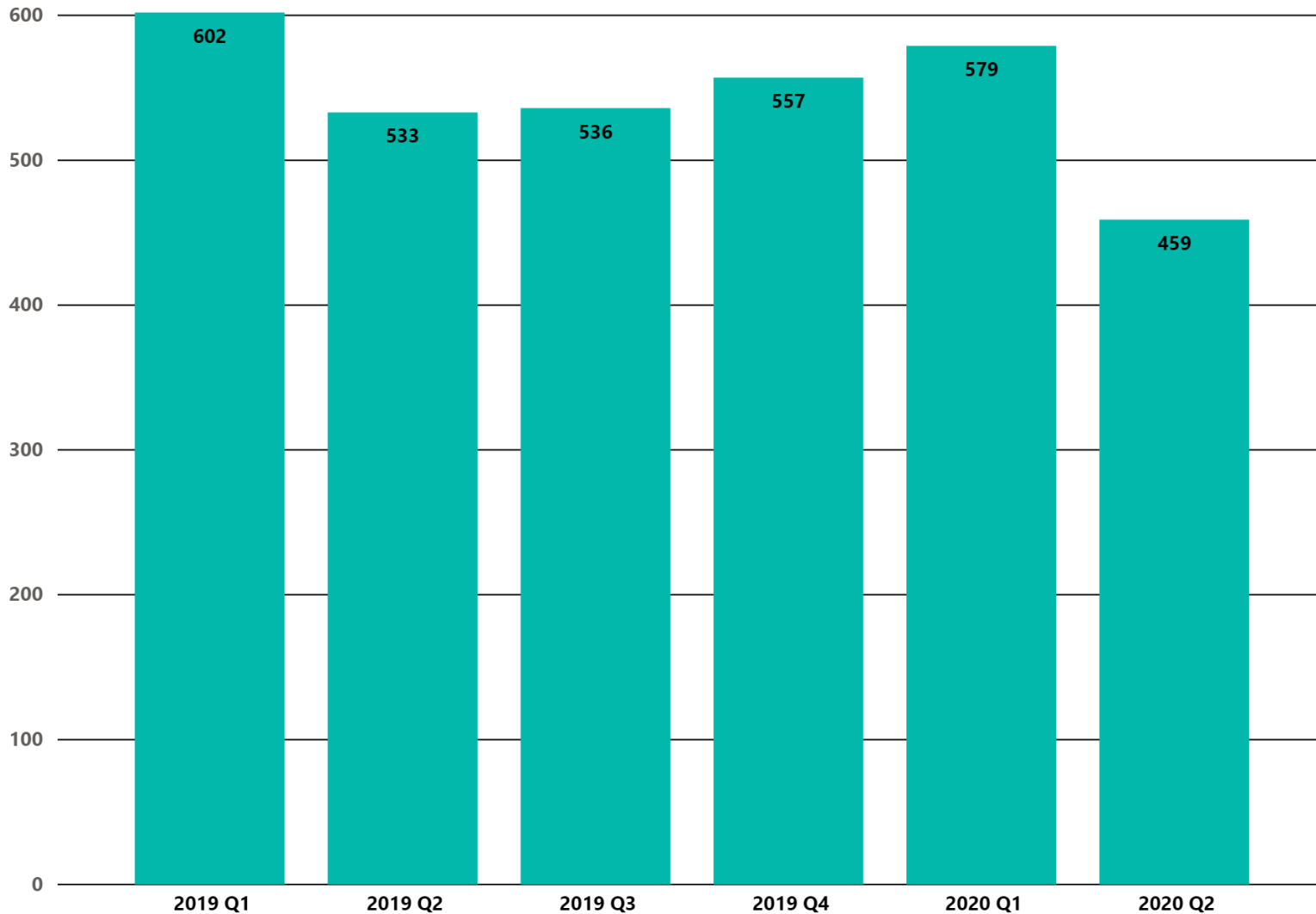
The leader of the Cardiac Education workgroup is developing basic education for PCI facilities to educate non-PCI facilities regarding the 10/30 project, lytic administration, and transfer guidelines. The success of this initiative will be captured in the updated data elements regarding reasons for delay in performing PCI. This workgroup is also working to develop education tools for early heart attack care and the importance of calling 911, as well as partnering with the AHA for resources on virtual hands-only CPR education for the community. Any developed resources will be vetted and voted upon by the Cardiac committee and its leaders prior to distribution.

The HEART Safe Community Program has had a name change to the “Heart Healthy Community Program”. This workgroup met to revise the requirements of the program and any corresponding documents. Once finalized, the Heart Healthy Community Program will be presented to the Cardiac Committee for approval as a SETRAC endorsed, Cardiac Committee based program structured for optional implementation by a SETRAC provider.

The Cardiac Consortium will now be held through a virtual platform. SETRAC will utilize the EdX education platform to upload 3-5 pre-recorded lectures on cardiac care subject matter. Attendees will receive a certificate as well as nursing, EMS, or physician CEUs from SETRAC after completion of all lectures. The consortium taskforce is currently developing topics and reaching out to potential speakers.

# STEMI DATA (Direct Presentation and Transfers)

Total STEMI



HOSPITAL DATA SUBMISSIONS

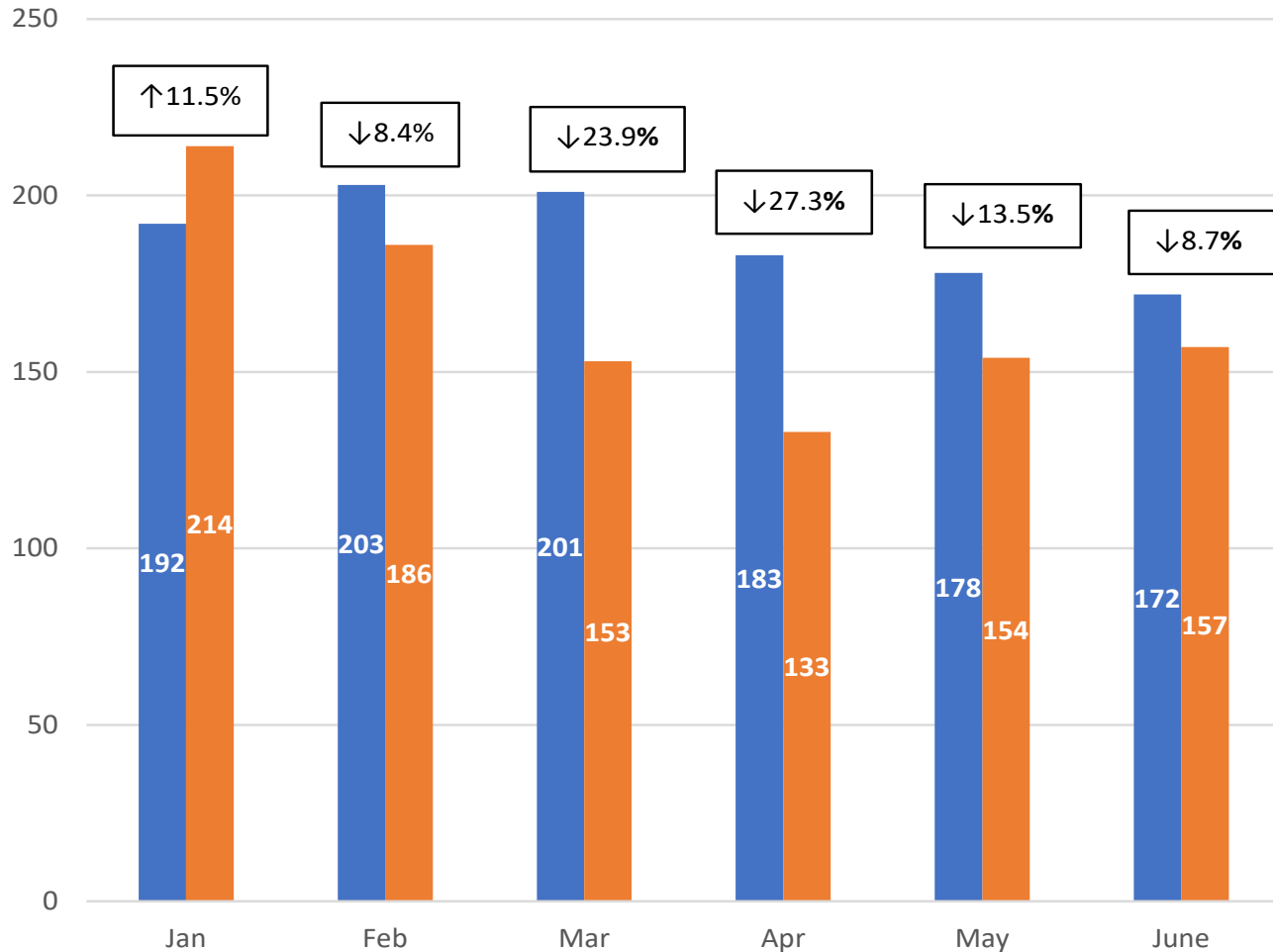
|                | Complete  | %          | None     | Partial  |
|----------------|-----------|------------|----------|----------|
| Q1 2019        | 33        | 94%        | 2        | 0        |
| Q2 2019        | 32        | 94%        | 2        | 0        |
| Q3 2019        | 31        | 91%        | 2        | 1        |
| Q4 2019        | 32        | 94%        | 2        | 0        |
| Q1 2020        | 33        | 97%        | 1        | 0        |
| <b>Q2 2020</b> | <b>31</b> | <b>91%</b> | <b>2</b> | <b>1</b> |

# COVID-19 Pandemic – Comparative Data

## Total STEMIs - 2019 v 2020

(31 hospitals reporting)

■ Total STEMI - 2019 ■ Total STEMI - 2020



### Notes:

- January 2019 vs 2020 showed an increase in total STEMI population. Remainder of the months showed a decrease from the number of patients from the previous year.
- Number of STEMI patients have dropped dramatically in March and April 2020 when compared to 2019.
- The number of patients began to increase in May and June.

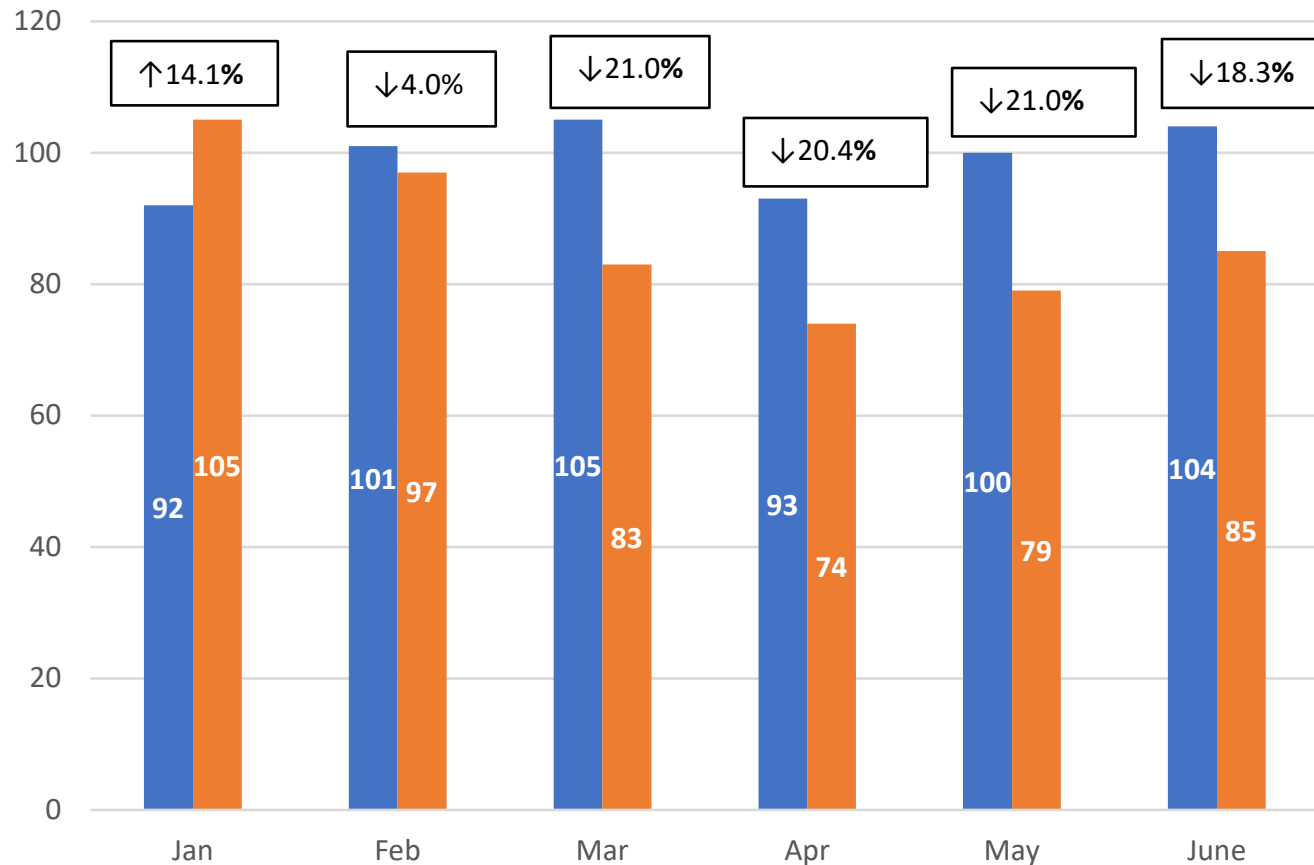


# COVID-19 Pandemic – Comparative Data

## STEMIs - EMS Arrivals - 2019 v 2020

(31 hospitals reporting)

■ Total EMS Arrivals - 2019 ■ Total EMS Arrivals - 2020

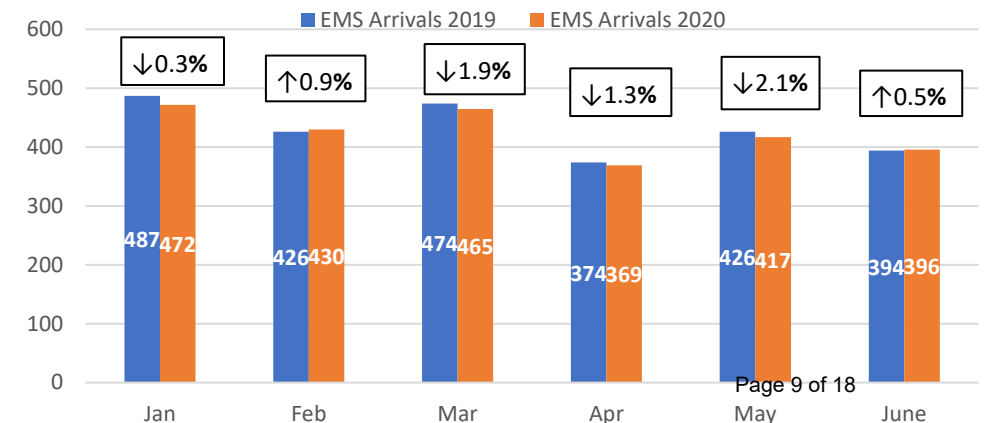


### Notes:

- January 2019 vs 2020 showed an increase in total EMS arrivals. Remainder of the months showed a decrease.
- Although hospitals report the number of STEMI cases began to increase after April, those arriving by EMS did not rebound as much as the total number of STEMIs reported.
- The number of stroke patients arriving via EMS did not see as much of a drop from the previous year as STEMI patients.

## Stroke - EMS Arrivals - 2019 v 2020

(29 hospitals reporting)



## **STROKE COMMITTEE**

**Chair: Dr. Sean Savitz**

The group met virtually on 11.18.2020 with roughly 40 attendees. CHI Baylor St. Luke's Medical Center presented on their IT integration best practices using TigerConnect, Decisio, and Viz.ai technology. Noted decreases in Door to Needle and Door to Revascularization times. Darrell Pile presented the public messaging campaign to members and received positive feedback.

SETRAC continues to host monthly stakeholder led education sessions alternating between the stroke data subcommittee meetings, the stroke coordinators subcommittee meetings, and stroke committee meetings. With a continuous goal of improving stroke care in our region, each facility will collaboratively share a quality improvement project or best practice guideline that has proven effective at their facility. All facilities are aware of their designated month to present.

The committee reviewed Q1-Q2 2020 data highlighting the impact of COVID-19 on stroke volumes. The data reflects a significant decrease in the month of April in regard to total stroke volumes, patient arrival by personal transportation, EMS volumes and EMS stroke alerts. Volumes begin to increase slightly in June through August (see pages 11-16). Upgrades to database were made to include updated metrics and button to indicate "no patients". This committee will continue to monitor volume data. Stroke data slides were presented at the last EMS Committee meeting.

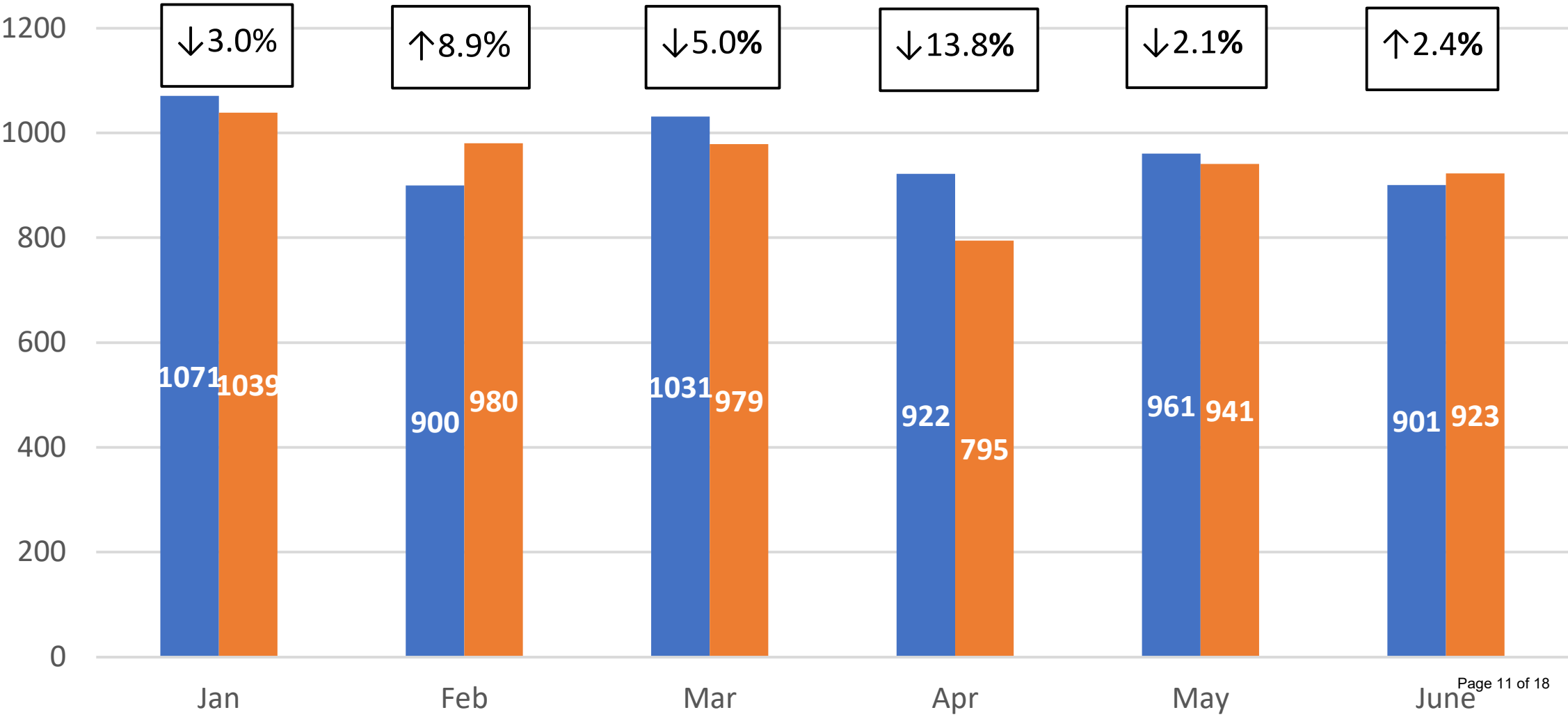
The Stroke Data subcommittee met virtually on 12.16.2020. Q3 2020 data reviewed. The subcommittee discussed the finalization of the Comprehensive Stroke Center (CSC) LVO data collection project. This project was established by the Joint Conference Committee to track the efficacy of the pre-hospital stroke algorithm. Final tests were completed to ensure data is captured accurately by all CSCs. Jan 2020 – Oct 2020 CSC LVO data due January 15. Upload instructions sent to CSCs via email on 12.16.2020. Virtual education courses hosted by SETRAC supporting this effort will be rolled out to Cypress Creek EMS for completion. Education will be dispersed by agency due to limited open enrollment availability.

The Stroke Coordinators subcommittee met on 12.16.2020. New stroke coordinators subcommittee co-leader appointed, Michelle Vu with UTMB Clear Lake. A leader for the education workgroup was also established, Melissa Willet with Houston Methodist The Woodlands. Houston Methodist Baytown will present their facility's best practice protocols in January 2021. This subcommittee is currently working to develop 2021 goals.

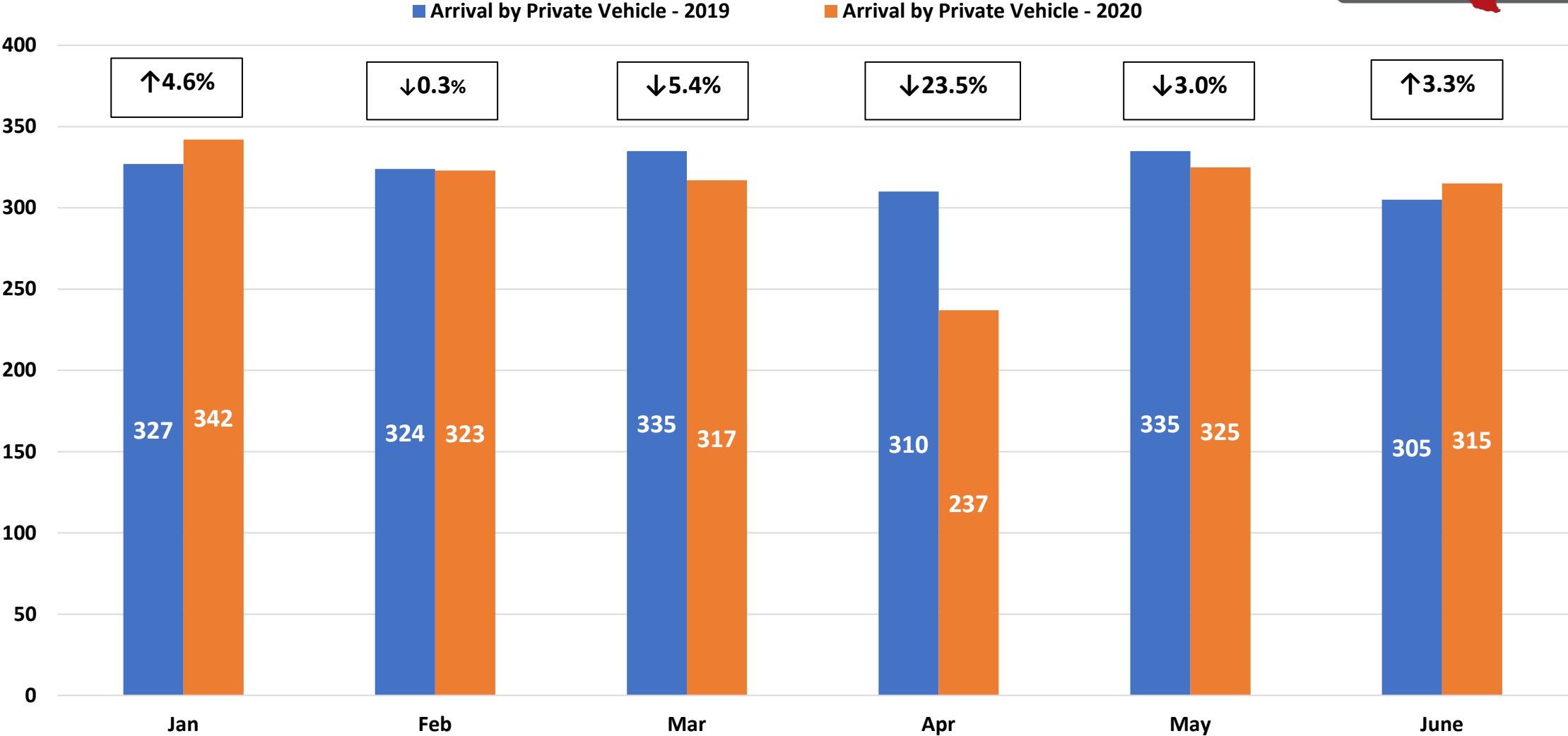
# Total Strokes - 2019 v 2020

(29 hospitals reporting)

Stroke 2019   Strokes 2020



Stroke Arrivals Via Personal Transportation - 2019 v 2020  
(29 hospitals reporting)



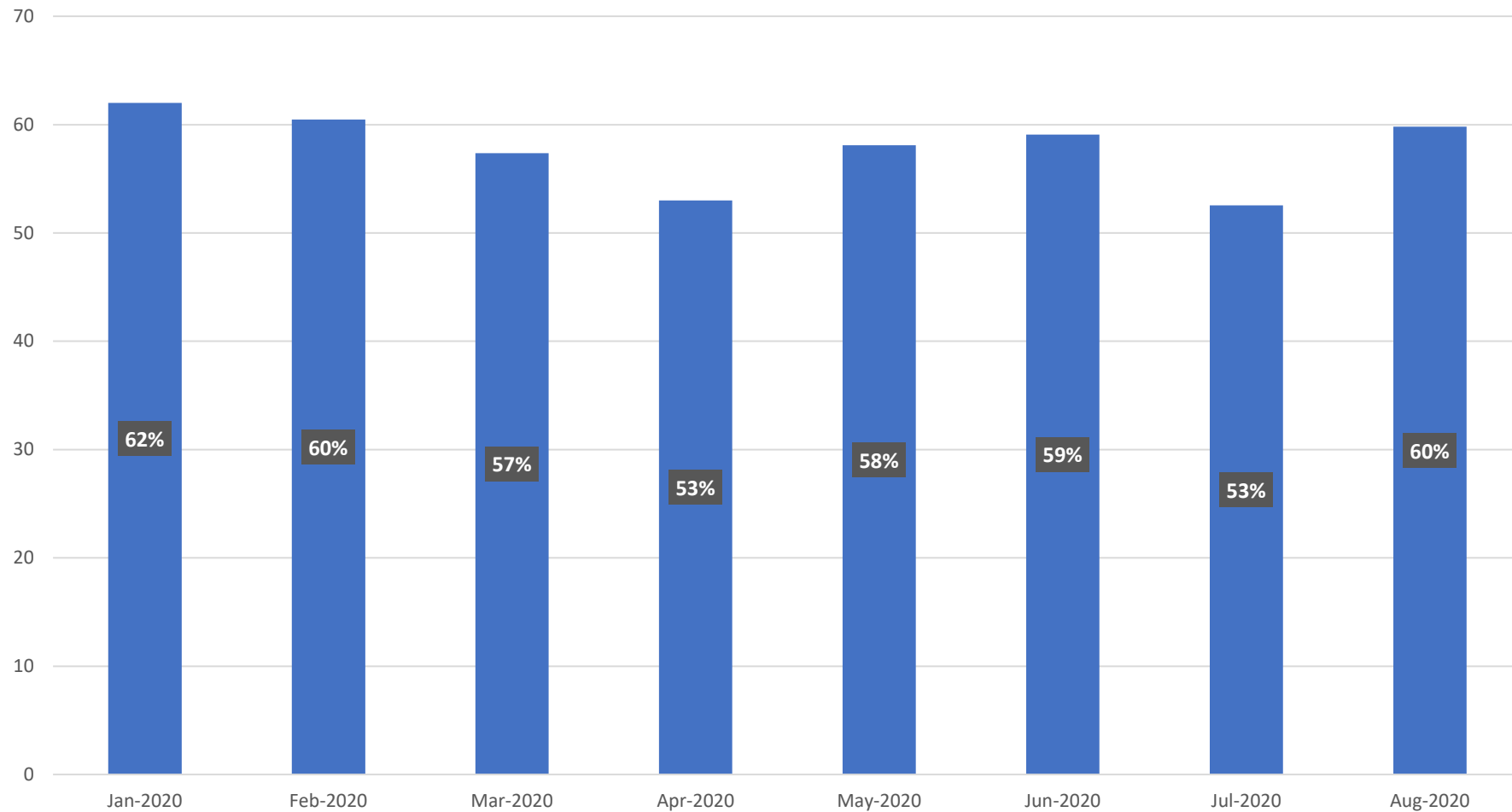
\*Personal Transportation includes personal vehicles, Lyft, Uber, Taxi and other transportation that is not 911.

# Stroke / EMS Volumes – 2020



TSA-Q - EMS Patient Transfers  
January - August 2020  
11 agencies reporting

■ % EMS Volume Resulting in Patient Transfer

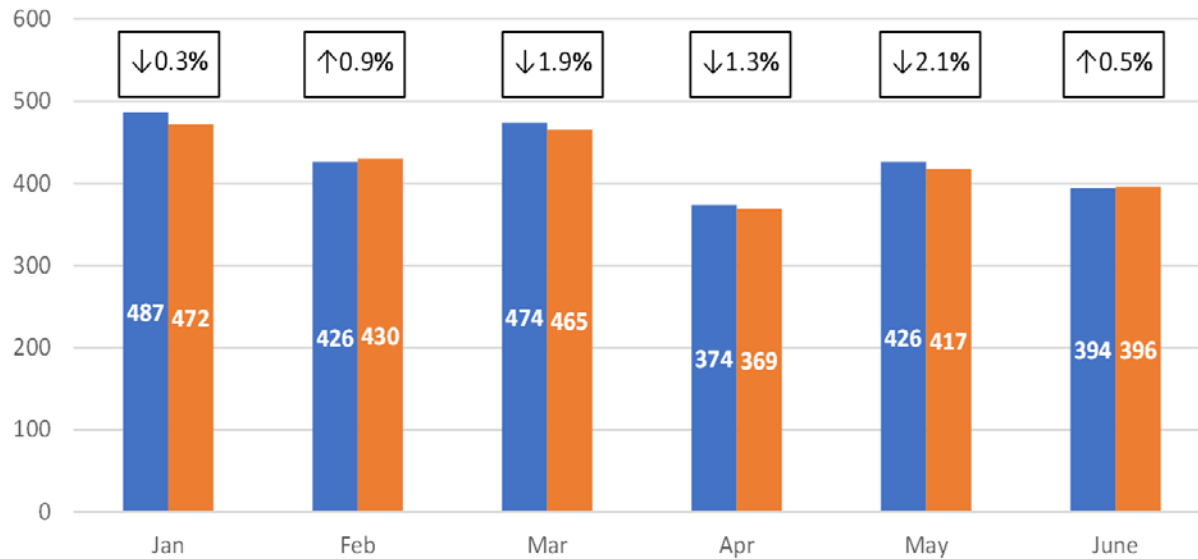


# Stroke / EMS Volumes – 2020

**Stroke - EMS Arrivals - 2019 v 2020**  
(29 hospitals reporting)



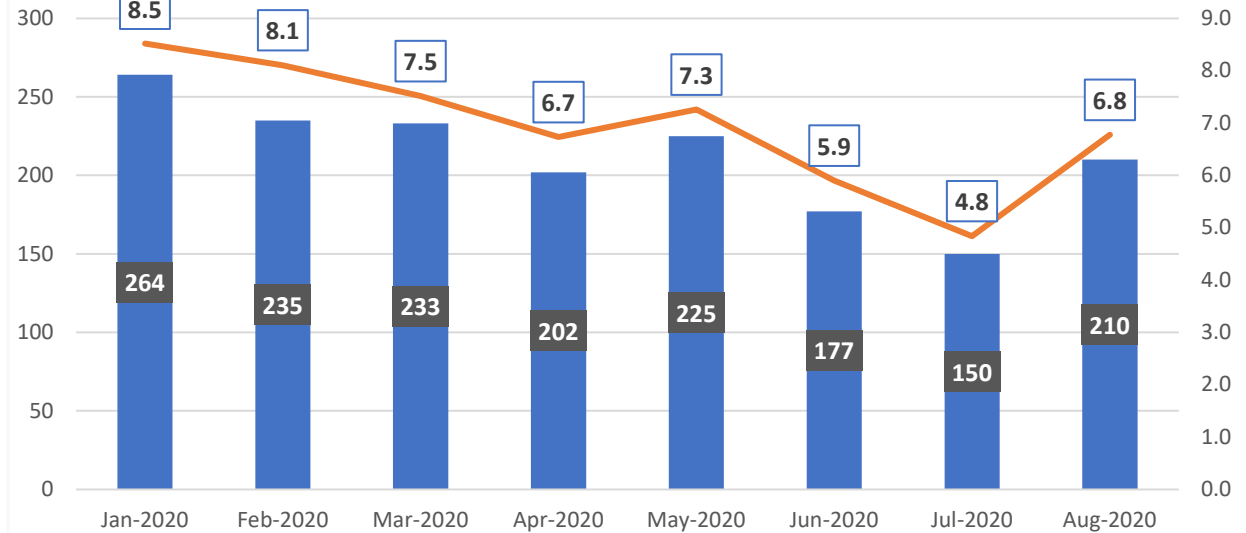
■ EMS Arrivals 2019 ■ EMS Arrivals 2020



**TSA-Q - EMS Stroke Alerts**  
January - August 2020  
11 agencies reporting



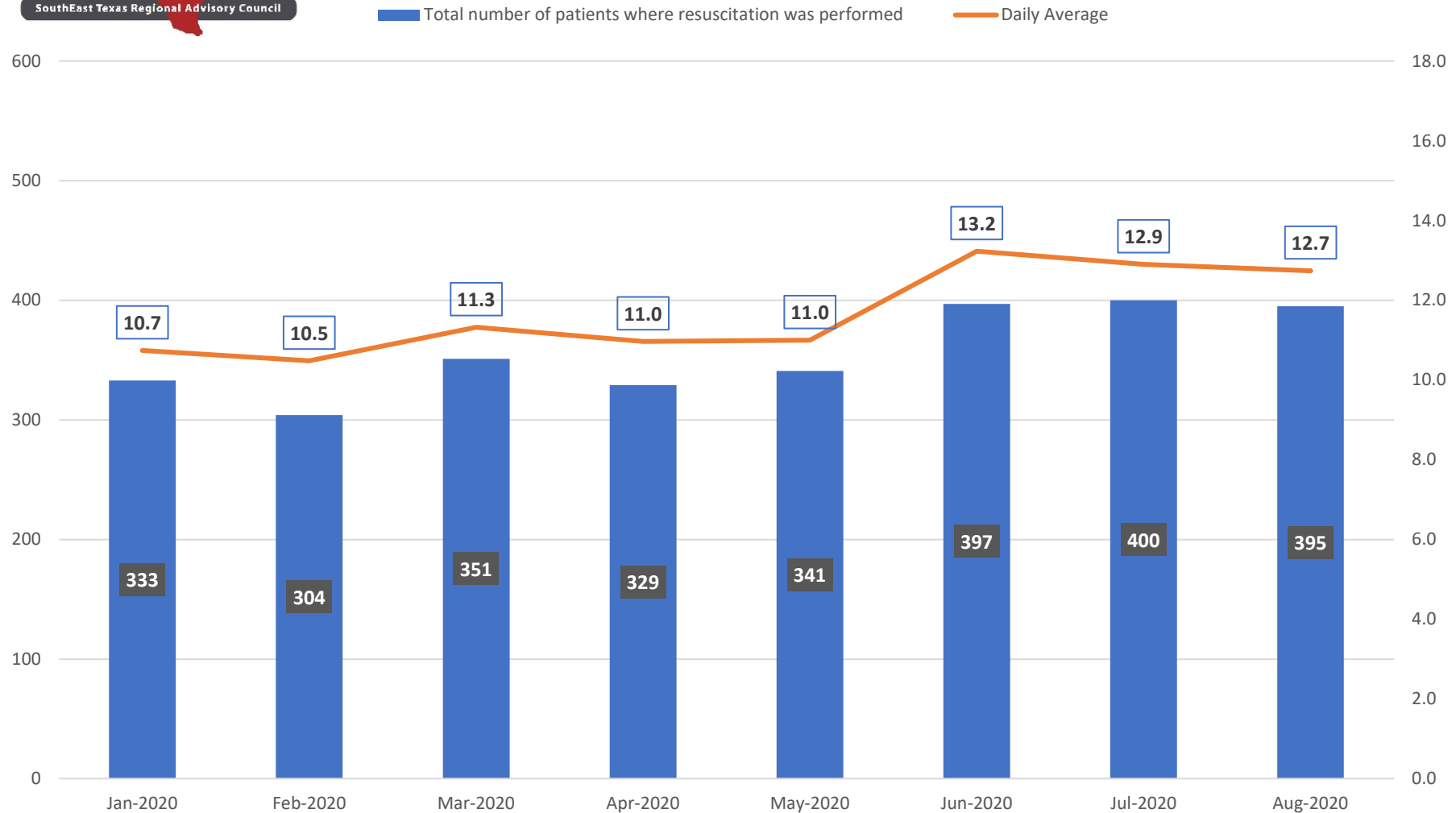
■ Total number of stroke alerts ■ Daily Average



# Stroke / EMS Volumes – 2020



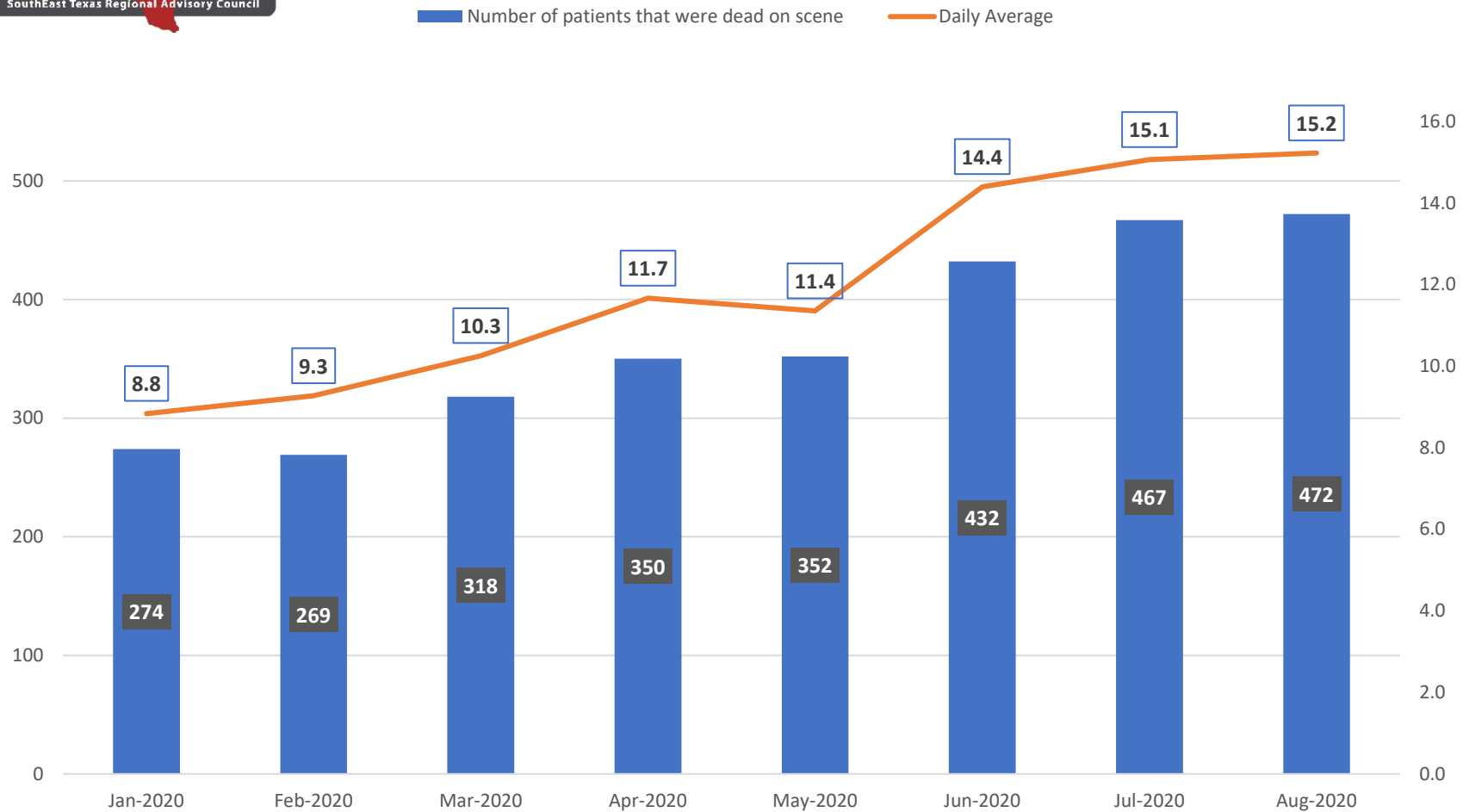
TSA-Q - Patient Resuscitation  
January - August 2020  
11 agencies reporting



# Stroke / EMS Volumes – 2020



TSA-Q - Patients Dead on Scene  
January - August 2020  
11 agencies reporting





## **PEDIATRICS COMMITTEE**

**Chair: Dr. Brent Kaziny**

The committee met virtually on 10.8.2020 and 12.10.2020. Kimberly Williams, Program Director of the Anti-Human Trafficking Initiative at Baylor St. Luke's Medical Center & Coordinator at Houston Area Human Trafficking Healthcare Consortium will present to the committee on human trafficking in October 2020. Nursing and EMS CEUs were provided. The pediatric education workgroup continues to seek pediatric and EMS focused education for the committee.

The 2020 goals were reviewed and reconfirmed. The committee operates with three subgroups that focus on child abuse screening tools, publishing one regional pediatric practice guideline annually, and committee education for continuing education credit.

The Regionwide Child Physical Abuse Screening Tool has been developed at GETAC and is currently in review. Dr. Emily Kidd has been included to provide perspective on pre-hospital usage. Collaborative forming to discuss education vs. screening tool. Dr. Kaziny will be included to determine the effectiveness of interventions.

The focus of the annual publication of a pediatric guideline will be on pediatric imaging and dosage recommendations as a rollover from committee 2020 goals. Seeking updated literature from committee members.

The virtual Pediatric Emergency Care Coordinator (PECC) Symposium is in development and planned to occur in the Spring of 2021. 3 speakers are confirmed. Pending 2 additional speakers. Date will be finalized once all speakers are confirmed. Goal is to have over one thousand PECCs in hospital and pre-hospital setting.