



| TOPIC | DISCUSSION/RECOMMENDATION | ACTION/FOLLOW-UP |
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| <p>Presenter: Dr. David Weisoly Topic: Call to Order/Approval of Minutes</p> | <p>Dr. Weisoly welcomed the group. Minutes from the Sept. 11, 2019 meeting were approved with edit to the TexasAIM discussion.</p> | <p>Changed “sever” to “severe”.</p> |
| <p>Presenter: Donald Morrison Topic: Elections</p> | <p>Elections were held. All nominees briefly provided their background information. Neonatal Chair for TCHMB is Dr. Elizabeth Eason, MD Maternity Chair for TCHMB is Dr. Kelli Burroughs, MD SETRAC Perinatal Vice Chair is Lisa Hutchins, MD.</p> | <p>The committee has no further recommendations</p> |
| <p>Presenter: Lisa Spivey Topic: Regional Pediatric Evacuation and Mass Surge</p> | <p>Lisa presented on the PEMS plan. Noted the grant has provide additional deliverables including a regional plan however this plan does not supersede individual hospital/system plans and is not specific as it is a living document. Plan will mainly affect stand-alone facilities with no plan in place for a mass casualty incident. This plan will be updated every 5 years or when necessary. The tabletop exercise will be on Feb 6th. Currently 96 attendees with a limit of 100. Recommended members go to their hospital's emergency manager to determine the hospital plan and to share the PEMS plan with their facility. Goal is to ensure medical infrastructure stays in place. We are first to submit plan and will be used as a template throughout the state. Maternal is not listed on EMResource. Adding level IV. Next year will cover burns, then radiation within the next 5 years.</p> | <p>The committee has no further recommendations</p> |
| <p>Presenter: Dr. Weisoly Topic: Perinatal QI Workgroup</p> | <p>Comparative aggregate Q3 2018 – Q2 2019 data reviewed. Noted data can still be corrected and resubmitted. Recommended asking Grace for the latest version of the spreadsheet before resubmitting. Still pending data from 6 facilities for 2019 data. Question 6 is possible QI project for 2020. Will drill down on out-born mortality numbers as babies may be counted twice. Requested all facilities review their antenatal steroid data as the numbers are higher than expected. Transferred out and in data discussed. Noted transfers out from level IV facilities. Found 1/3 of transfers are level IV. Upper 90% of babies in VLBW are being born in Level III and IV facilities in RAC Q. Shows increase of in-</p> | <p>Requested all facilities review their antenatal steroid data that have been reported and going forward Due date for Jul – Dec 2019 data submission is March 15, 2020.</p> |



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| | <p>utero transfers. Workgroup will begin meeting monthly. Working on improving d/c on breastmilk measure and one-hour time period for giving antibiotics after ordered. Will continue spreadsheet for Jul – Dec 2019 and will send via email next month. Deadline for Jul- Dec 2019 will be 2 months after the close of the quarter. March 15th will be due date.</p> | |
| <p>Presenter: Dr. Lisa Owens Topic: Low Birthweight Infant Mortality Workgroup</p> | <p>Working on education for parents and staff. Will upload to web-based tool. Requested members look for this via email and see if they would like to implement in individual facilities.</p> | <p>The committee has no further recommendations</p> |
| <p>Presenter: Dr. Sophia Tsakiri Topic: Perinatal Planning Workgroup</p> | <p>Patrick Vermaas presented noting pregnant mothers are not addressed in the PEMS plan so group will work on standardized triage for this population.</p> | <p>Members to bring emergency mgmt plans to next meeting</p> |
| <p>Presenter: Dr. Eugene Toy Topic: Maternal Mortality Workgroup</p> | <p>Had 25 attendees. Noted anyone can join. Discussed best practices such as perinatal depression and substance abuse screening. Will resend survey monkey. Maternal mortality rate in Texas is not specific but roughly we are mid-range for the United States. Discussed healthcare disparities, ethnic disparities. And language disparities. Three quality measures on the maternity side are being reviewed. Will send to workgroup and pick three meaningful and practical projects. When sending something out, note what fraction receives steroids at any time in their pregnancy. This is being used as a quality goal as it is important on the neonatal side.</p> | <p>Dr. Toy will send three quality measures on the maternity side to workgroup members for projects</p> |
| <p>Open Discussion</p> | <p>Committee goal is best care for Mothers and Babies. For a committee that has been established for less than 3 year, much has been accomplished. All are invited to the workgroup meetings.</p> | <p>The committee has no further recommendations</p> |
| <p>Adjourn / Next Meeting</p> | <p>There being no other items for discussion, Dr. Weisoly adjourned the meeting.</p> | <p>Wednesday, March 18, 2020 1:30pm to 3:00pm SETRAC Conference Center</p> |