**Perinatal Advisory Council**
**Meeting #4 Minutes**
**Monday, May 2, 2016**
**10:30 a.m. to 3:00 p.m.**

**Health and Human Services Commission**
**Brown-Heatly Building**
**Public Hearing Room**
**4900 North Lamar Boulevard**
**Austin, Texas 78751**

DRAFT - NOT APPROVED

## Agenda Item 1: Call to Order

The Perinatal Advisory Council (PAC) meeting commenced at 10:31 a.m. with Dr. Eugene Toy serving as chair. Dr. Toy welcomed everyone to the meeting.

## Agenda Item 2: Roll Call

Mr. David Williams called the roll and noted that a quorum was present for the meeting. Table 1 notes Committee member attendance.

Table 1: The Perinatal Advisory Council member attendance at the Monday, May 2, 2016 meeting.

| MEMBER NAME | YES | NO | MEMBER NAME | YES | NO |
|---|---|---|---|---|---|
| Blanco, Cynthia MD | | X | Perez, Annette | | X |
| Briggs, Emily MD | X | | Rivers, Saundra | X | |
| Cho, Frank MD | | X | Saade, George MD | | X |
| Greer, Barbara | X | | Speer, Michael MD* | X | |
| Guillory, Charleta MD | | X | Stanley, Michael MD | | X |
| Harrison, Allen | | X | Stelly, Christina | X | |
| Harvey, John MD | X | | Toy, Eugene MD | X | |
| Hollier, Lisa MD | X | | Woerner, Steve | X | |
| Molina, Alyssa MD | X | | Xenakis, Elly MD | X | |
| Patel, Sanjay MD | | X | | | |

Yes: Indicates attended the meeting No: Indicates did not attend the meeting
* Dr. Speer serves in an ex-officio capacity

Table 2: The Perinatal Advisory Council staff attendance at the Monday, May 2, 2016 meeting.

| STAFF NAME | YES | NO | STAFF NAME | YES | NO |
|---|---|---|---|---|---|
| Collins, Shanece | | X | Stevenson, Elizabeth | X | |
| Guerrero, Jane | | X | Williams, David | X | |

Yes: Indicates attended the meeting No: Indicates did not attend the meeting

## Agenda Item 3: Approval of the minutes (Meeting March 29, 2016)

Dr. Lisa Hollier motioned to approve the March 29, 2016 meeting minutes. Ms. Barbara Greer seconded the motion. The Council members approved the minutes by unanimous voice vote.

## Agenda Item 4: Updates from Department of State Health Services

Ms. Jane Guerrero, Department of State Health Services (DSHS), provided an update on the state neonatal care system report. Highlights of the member discussion are as follows:

- Rules for neonatal designations are still in the process of being reviewed at HHSC and are expected to be published in Texas Register around May 20, 2016. Rules will

be effective 20 days later, and then training will be conducted. They anticipate posting applications on the website around September 1, 2016, and will begin accepting applications from facilities wishing to designate. All perinatal care regions have had an initial meeting with stakeholders and providers, or have one scheduled. DSHS is also interviewing registered nurses for designation coordinator positions for the neonatal program.

- DSHS will continue working with TETAF and AAP for on-sight inspections for Levels 2, 3, and 4. There will be two agencies with which facilities can be designated and according to Ms. Guerrero, in the initial two years to get everyone designated, it will probably take a full push from both organizations to get all facilities inspected. A facility can be chosen based on a number of different things, but regardless of which organization the facility chooses for designation, the rules say the Texas standards are applied. In order to ensure that the methodology is consistent and fair, and costs are comparable, the state wants to participate in training, as well as observe the survey process.
- An update on the subcommittee for House Bill (HB) 2131 showed that the packet had been submitted internally and is being reviewed. It is anticipated that more information related to appointments will be available prior to the next meeting. While there was a good response, there are currently no public members on the subcommittee. Although the DSHS requirements for advisory committees state that public members must be included, no such applications were received. Thus, whether to do additional solicitations for public members or to move forward is a discussion the subcommittee needs to have.

**Agenda Item 5: Updates from Perinatal Advisory Council Chair**

Dr. Toy provided an update, reviewing the PowerPoint presentation. Highlights of member discussion are as follows:

- Dr. Speer provided an update on a study done in his facility of an evaluation of outcomes in neonates before and after initiation of feeding protocol using donor human milk products in the neonatal ICU. For babies fed with human milk, better weight gain was seen, as was a decrease in necrotizing enterocolitis. According to Dr. Speer, this and like data from other institutions demonstrate the value of human milk and human milk fortifiers in growth and in the incidence of surgical medical of necrotizing enterocolitis.
- According to Dr. Kenton, using hospitals to invest in and use human-based milk and milk products is difficult, as many of these babies are under Medicaid and hospitals are under contract with formula companies. Donor milk comes from milk banks and is expensive, as it must be screened. Hospitals see it as money going out without revenue coming in. Texas Pediatric Society took this on two years ago, and he was tasked with this initiative. The organization has been working with the state the past two years and he says they are looking at financial cost to the state in regards to primary and secondary costs and effects with necrotizing enterocolitis, as well as the medical benefits to having babies confined to using human milk for nutrition. The organization is looking to utilize cost benefit analysis and a rider to offset the costs enough to make it feasible for the hospitals to look at this, as well as to assist neonatologists in lobbying for their hospitals on behalf of their patients. From a quality perspective, human milk brings better outcomes to a hospital.
- babies needing major procedures result in a greater reimbursement to the hospital, thus increasing the revenue that has to be offset by the costs of human milk use.
- Dr. Harvey said the data is clear, but there are caveats. His hospital used donor milk for babies under 35 weeks and were able to get their insurance payers in their region to agree to that. Results were achieved even without the use of the expensive milk

DRAFT - NOT APPROVED

based fortifier, making it more difficult to argue to hospitals justification for the extra cost of the human milk fortifiers.

- Ms. Christina Stelly stated the importance for there to be a lactation consultant involved at the bedside and more than one nurse available. According to Dr. Speer, his hospital, Methodist Hospital, has initiated the Texas Collaborative for Healthy Mothers and Babies breastfeeding bundle, which includes lactation support and peer counselling.

**MOTION:**
Dr. Briggs moved for the PAC to support Dr. Kenton and others in going to the state to explore payments for issues with donor human milk or human milk banks, particularly for low birth weight infants. Dr. Harvey seconded the motion. The motion passed with a unanimous voice vote.

- Linda Robert, BSN, RNC, Clinical Director of NICU and Pediatrics Trinity Mother Francis Hospital in Tyler, provided information, referring to the PowerPoint presentation entitled *Standardization of Documentation and Interpretation of Apnea, Bradycardia, and Desaturation Events*. Although the number of babies Ms. Roberts' organization sent home on apnea monitors was below the VON initiative, Dr. Spears urged them to strive to send home zero babies on apnea monitors.

- Dr. Toy reviewed the document entitled *Voluntary Anonymous Survey: Perinatal Hospital Designation Process (DRAFT)*. The survey is completely anonymous and only aggregate data will be reviewed. The survey is voluntary and hospitals can opt out of answering questions they do not want to, for example, if they feel as though the information will be too identifying. The survey has received IRB approval, through the medical research committee, which protects human subjects in studies. The survey is sent out from the database of perinatal care regions made from the Texas Hospital Association Torch and the state. Surveys are sent to leaders in the corresponding hospitals.

- Dr. Toy will look at whether hospitals have neonatal nurse practitioners and neonatologists in-house. The "N/A," or neutral, option will be added to the Likert scale. The PAC discussed adding links to more information for hospitals needing to become more informed, without compromising the results of what the survey is attempting to capture. Diversity in the state was discussed when Dr. Harvey also brought up a large concern of smaller hospitals, as many have the perception that rules and processes favor larger, academically based hospitals and do not take enough consideration to their smaller capacities. According to Dr. Harvey, in order get smaller hospitals to be more accepting of the process, they must be given an option to voice their concerns.

- The survey was not sent out formally by the PAC to alleviate the perception of hospitals that it was being sent by an authoritative body who could use the information against hospitals. As results come in, Dr. Toy would like for the PAC to be sharing in aggregate results and making suggestions to that end.

**MOTION:**
Dr. Harvey moved that the PAC encourage and endorse, through a cover letter/email, the completing of the survey. Ms. Greer seconded the motion. The motion passed with a unanimous voice vote.

Dr. Toy shared the following key principles to be propagated for the future:

- Government regulations should be used sparingly, and only when needed.

DRAFT - NOT APPROVED

- Each individual hospital should strive to become the level it desires.
- There must be an even "playing field" so that big medical centers and academic centers are not allowed to make unfair rules.
- Patients are put first in deliberations and decisions.
- Recognize that Texas is large, and there is not a one-size-fits-all solution.
- Use evidence and national guidelines as a template, but there is a need to be flexible.
- Operate under transparency and openness.
- Use consensus in decision-making.
- Be open to input from everyone.
- Input is desired during our "discussion phase," not just as an afterthought.
- Open communication channels.
- Individual hospitals are depended upon to know their capabilities, serve their communities, and improve their quality.
- Work together collaboratively with stakeholders.
- Respect our role and that of our partners (HHSC, DSHS, etc.)
- Promote best practices to inspire the best care for patients.

**Agenda Item 7: Lunch (Recess)**
The Council recessed for lunch at 11:56 a.m. and reconvened 1:00 p.m.

**Agenda Item 6: Discussion on Maternal Levels of Care***
Dr. Toy reviewed the document entitled *PAC - Maternity Designation - Level 1 DRAFT (April 25, 2016) vers 6.0* and made revisions based on the discussion. Highlights of member discussion are as follows:

- Dr. Speer raised a concern with the use of the word “protocol,” preferring “guideline” instead.
- Dr. Xenakis raised concerns with releasing blood without having it, saying guidelines are good to have but there should be a minimum of products. Ms. Stelly encouraged including an amount when essential timing is mentioned. Dr. Toy stated that the blood bank director said the amount was analogous to the amount needed for trauma, and suggested in the interim to get with the state regarding amounts needed for trauma, as the ability to treat hemorrhage is important.
- Document requirements should be added for the drills, and a suggestion that the documentation and supervision responsibilities be included in the job responsibility of the nurse educator.
- As TXCHMB has funds to a database, Dr. Speer asked whether there has been discussion linking it with the outcomes sought with this initiative. Although there are currently no discussions, Dr. Toy suggested Dr. Speer get in contact with Ms. Guerrero and Ms. Stevenson to provide more information and to look at that possibility. Ms. Evelyn Delgado was listed as a good contact person for this.

**Agenda Item 8: Continue discussion on Maternal Levels of Care***
Dr. Toy continued to review the document titled *PAC - Maternity Designation - Level 2 DRAFT (vers 4.0)* - April 25*, 2016* and *PAC - Maternity Designation - Level 3 DRAFT (April 25, 2016) vers 3.0* and made updates and revisions based on input from the discussion. Highlights of the member discussion are as follows:

- Ms. Stelly suggested collaboration with the community or a blood bank, as drills do not currently include the blood bank.
- The importance of doing PPH screenings was raised, as was having someone available to perform as well as read a portable or urgent ultrasound.

DRAFT - NOT APPROVED

- Ms. Stelly suggested that maternal fetal specialists have physician-to-physician consultations to maintain the privileges of the facility.
- Dr. Toy will determine how to best communicate what management of morbidly obese pregnant women means, specifically what is needed.
- Ms. Stelly asked whether something like skin-to-skin for breastfeeding could be added into the language of the rules. According to Dr. Toy, wording from the neonatal rules was used, but the addition of skin-to-skin would encourage a best practice.
- Regarding Level III, when the level is defined its scope will be more clear and it will be fine-tuned at that time.
- The language for the Transport Medical Director was taken from the neonatal, thus, Dr. Toy will look at the language and perhaps talk to some people with transport services and see what they do. Additionally, Dr. Toy will ask their Maternal Fetal Medicine specialist for their view of whether the Director of Maternity in fetal medicine needs to be a practicing obstetrics physician or in maternal fetal medicine consultation, to answer a question posed by Dr. Watson. Dr. Hollier stated that at this point it would be best to have flexibility, and also mentioned that the training program for maternal fetal medicine subspecialists are enhancing the labor and delivery experience ensuring that the subspecialists maintain those skills and are actively practicing.
- Although the committee agreed that there should be anesthesiologists available onsite and discussed having a radiologist onsite, Dr. Hollier stated that the committee reserved the right to revisit the issue of whether an interventional radiologist available onsite.

**Action Items:**

- Dr. Toy will determine how to best communicate what management of morbidly obese pregnant women means, specifically what is needed.
- Dr. Toy will look at the language regarding Transport Medical Director and perhaps talk to some people with transport services and see what they do. Dr. Toy will ask their Maternal Fetal Medicine specialist for their view of whether the Director of Maternity in fetal medicine needs to be a practicing obstetrics physician or in maternal fetal medicine consultation.

**Agenda Item 9: Public Comment**

Ms. Wendy Spreely, Memorial Hermann, stated she realizes he is trying to bring people to a higher standard, but she has noticed from working in teaching facilities in large and small communities, that once physicians are outside teaching facilities a lot do not maintain BLS, ACLS and other certifications that are necessary and that nursing is mandated to maintain. She stated that this should be looked at on all levels, that all providers should be maintaining certifications that are necessary. Dr. Toy said his recollection of the agreed upon standard is that there would be someone onsite who was ACLS certified who could attend to the patient, not necessarily the obstetrician or family medicine physician. Dr. Xenakis further stated that her understanding is it is a hospital policy.

Mr. Rob Watson said there was clarity needed around the section concerning drills taking place in the facility, as institutions may need to know what is required of them. Dr. Toy stated that this process is to be multidisciplinary, including physicians and nurses, as well as teaching staff like residents. The aim is to give guidelines, but also make it flexible enough for hospitals to be able to formulate the drills that are best for their circumstances. Dr. Toy said they would work on that. Ms. Greer suggested adding the word “multidisciplinary drills” and allow for that to be interpreted.

DRAFT - NOT APPROVED

Ms. Karen Childs, Memorial Hermann, made a comment on the drills, saying nurses have been doing drills for years. Language needs to be included that providers are also involved in the drills, as they are much better received when providers are in the drill, and when it comes to real time there is more of a team approach.

**Agenda Item 10: Announce dates, times, and locations of upcoming meetings in 2016**

Mr. Williams stated that there are three additional meetings for PAC this year: September 20, October 25, and November 24. PAC will be working towards the annual required report. In the meantime if there are questions or concerns, send an email to the address on the PAC website and it will be answered or forwarded to the appropriate entity so it can be addressed.

**Agenda Item 11: Adjourn**

The Council adjourned at 3:03 p.m.

DRAFT - NOT APPROVED