PAC SUBCOMMITTEE:

MATERNAL AND NEONATAL STRATEGIC REVIEW

David B. Nelson, MD

Proposed discussion points previously presented:

A - Important data metrics (and definitions) to assess the impact of neonatal and maternal designation

1. Postpartum hemorrhage vs Transfusion (any, BT $\geq$ 4 units)
2. Severe maternal morbidity (SMM)
3. Neonatal outcomes
4. Align data considerations with the TCHMB Perinatal Data System

B - Among the identified barriers to attaining facility desired designation, are there considerations for future language modification that may ameliorate these barriers

1. TOLAC
2. Level IV to level IV care transfers
3. Transfer or critical care patients to non-maternal facilities
4. Specialty/subspecialty complement considerations for level III vs level IV maternal/neonatal facilities (e.g., gestational age considerations)

C – Other state maternal designations to consider in future deliberations of maternal rule revisions

D - Can or should complexity of care/illness severity be evaluated

1. Metrics to assess for complexity of care/illness severity (e.g., Risk of Mortality, Severity of Illness)

E - Other areas the subcommittee would consider are outlined in SB749 - Section M

1. Barriers to obtaining requested level of care designation
2. Requirements for level of care designation
3. Geographic considerations
4. Gestational age considerations

F – Other areas not listed

PAC Subcommittee activities

- Met 3 April 2023

- Goal for distillation of proposed topics to refined list for subcommittee discussion of specific targets

- Attendees: members of PAC subcommittee

- Defined specific targets for subcommittee
  1. Barriers to care
     - TOLAC expectations
     - 30-min to bedside coverage for Maternal-Fetal Medicine
  2. Emphasized need for database, follow up to Dr. Byrne presentation to PAC
  3. Identified other state experiences with levels of care
  4. Defined “comprehensive” medical care

PAC Subcommittee activities

- Met 17 April 2023

- Goal: discussion of targeted items
  #1 Barriers to care, 30-min to bedside MFM
  #2, data sources

- Attendees: PAC subcommittee and included external stakeholders and subject matter experts, shown on next slide
  - DSHS representatives, Medicaid and CHIP services data experts
  - TCHMB leadership
  - Subject matter experts

Subject Matter Experts who attended:

- Sara Snowden – HHSC
- Jimmy Blanton – HHSC
- Dr. Amber Samuel – Pediatrix Maternal-Fetal Medicine
- Dr. Cynthia Blanco – ex PAC member, UT Health San Antonio Neonatology
- Dr. Ahmad Kaashif – TCHMB
- Dr. Kendra Foth – TCHMB, Baylor College of Medicine
- Dr. C Andrew Combs – Pediatrix, Memorial Herman Maternal-Fetal Medicine
- Dr. Bannie Lee Tabor –Pediatrix Maternal-Fetal Medicine
- Dr. John Byrne – UT Health San Antonio Maternal-Fetal Medicine

PAC Subcommittee activities

- Met 17 April 2023

- Item #1, barriers to care:

Subject Matter Expert in Houston area,

"…we cover 14 hospitals and 12 of those are level three or higher and only once or twice a year are we called With an urgent request to bedside. So, although we are able to meet this requirement, ***it does not in clinical practice seem to be necessary for the safe care of pregnant patients****. Further, I explained that actually our driving into the hospital with rare exception, is going to slow down care as the majority of the reason we are called is for our expertise in reviewing lab results and previous records and imaging , which can be done faster if it is not delayed by the need to be physically at a bedside. In the absence of being the delivering physician, this rule makes no clinical sense, and has not positively affected care in my five years of experience with it."*

- **Agreement** from other PAC subcommittee members and subject matter experts

PAC Subcommittee activities

- Met 17 April 2023

- Item #2, data analysis:

Subject Matter Experts with TCHMB, HHSC, and Neonatology

- Outlined gap analysis of existing data sources
- Identified path forward for analysis of state-level data
  - HHSC with state-level data from Medicaid dataset to examine SMM according to de-identified level of care for birthing facilities (ie. Dr. Byrne proposal)
  - Data sources defined for planned report to PAC
- Reviewed previous PAC Neonatal data definition efforts (2014)

Neonatal proposed outcome measures (2014)

DRAFT – Outcome Measures

OUTCOME Subcommittee Report

July 22, 2014

ALL HOSPITALS:

DELIVERIES:

1) Total # deliveries: vaginal, vaginal operative, cesarean, still birth, out of hospital deliveries
2) Inductions <39 weeks without indications
3) # Births by completed week gestation
4) Birth Weight in kilograms
5) Antenatal Steroids prior to delivery 24-33 weeks gestation

MORTALITY:

1) Infants greater than or equal to 22 0/7 weeks gestation(grouped by gestation or weight in Kg.)
2) Infants who died prior to transfer
    a) Without anomalies
    b) With lethal anomalies
    c) Died in delivery room
    d) Less than or equal to 12 hours of age
    e) Greater than 12 hours of age
    f) Intrapartum stillbirths
    g) Transferred and died

TRANSFERS:

1) Transfer to higher level of care
    a) Ground
    b) Air
        i) Helicopter
        ii) Fixed Wing
2) Back Transfer:
    a) Ground
    b) Air
        i) Helicopter
        ii) Fixed Wing
3) Multiple Transfers

DRAFT – Outcome Measures

PROCESS MEASURES:

1) Admission Temperature (target range specified)
2) Breast Milk
    1) Only Breast Milk at 1 week
    2) Only Breast Milk at discharge
    3) Only Formula at discharge
    4) Combination of Breast and Formula
3) Antibiotics >72 hours with negative cultures
4) Postnatal Steroids
5) Late onset of sepsis
6) Length of Stay
    a) C-section
    b) Vaginal
    c) NICU
7) Hearing Screen Completed prior to discharge
8) Congenital Heart Screening
9) Metabolic Screen
10) Documented SIDS Education
11) Readmission < 30 days post discharge

OUTCOME MEASURES:

1) Growth Velocity
2) Grade ROP, document exam
3) Grade III-IV Intraventricular Hemorrhage
4) Necrotizing Enterocolitis
    a) surgical
    b) medical
5) Chronic lung disease
    a) Oxygen at 36 weeks post conceptual age

1. **All hospitals will use same or similar form and enter NA where appropriate**
2. **Require all hospitals delivering babies to have ongoing CQI with documentation**
3. **Compile data for review on quarterly basis with documentation of review of data by appropriate hospital committee and Medical Director**
4. **DSHS recommends CQI focus for each year ie: Breast Milk on discharge %**

Next steps

1. Barriers to care
   - TOLAC expectations, **planning subcommittee discussion**
   - 30-min to bedside coverage for Maternal-Fetal Medicine, **request PAC discussion**

2. Data follow up
   - Database, follow up to Dr. Byrne presentation to PAC, **request PAC approval**
     - **HHSC to provide Data pulls using Medicaid administrative/encounter data**
   - Review of 2014 Neonatal proposed outcome measures, **request PAC discussion**

3. Identified other state experiences with levels of care, **request PAC approval**

4. Defined “comprehensive” medical care, **planning subcommittee discussion**