



TEXAS COLLABORATIVE FOR HEALTHY MOTHERS AND BABIES

The Perinatal Quality Collaborative for Texas



THE UNIVERSITY of TEXAS SYSTEM
THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

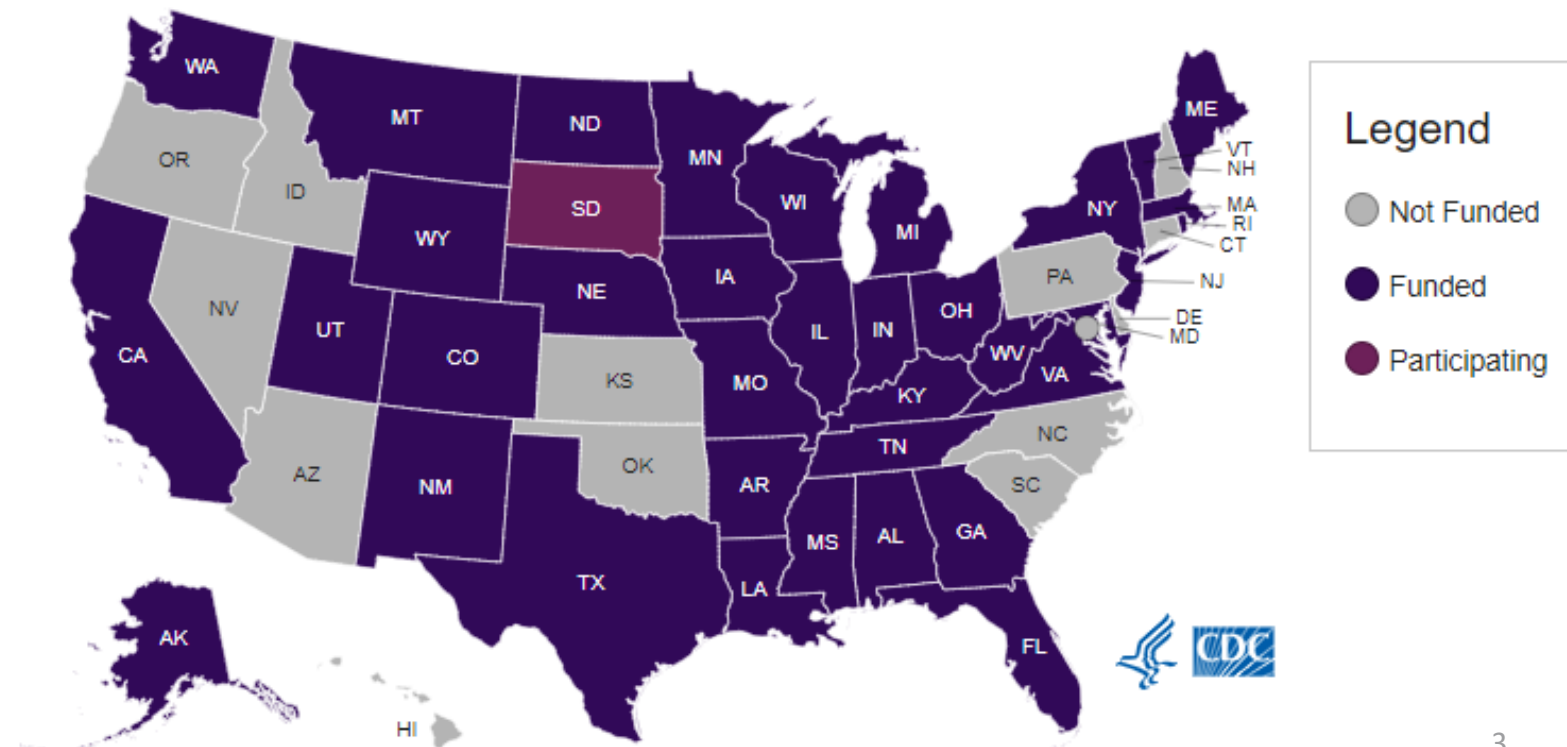
OVERVIEW OF PQCS

PERINATAL QUALITY COLLABORATIVES (PQCS)

Perinatal Quality Collaboratives (PQCs) are state or multistate networks of teams **working to improve the quality of care for mothers and babies.**

PQC members **identify health care processes** that need to be improved and use the **best available methods to make changes as quickly as possible.**

PQCs Funded in the United States



PERINATAL QUALITY COLLABORATIVES (PQCS)

PQCs **partner with hospitals, providers, nurses, patients and families**, and other stakeholders using a process of **data-driven, continuous Quality Improvement (QI)** to spread best practices, reduce care variation, and optimize resources.

The goal of a PQC is to make **measurable improvements** in population-level outcomes in **maternal and infant health** and achieve systems-level change.



Collaborative
Learning



Rapid Response
Data



Quality Improvement
Science Support

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How is Texas Unique?

2ND largest state in the U.S.



35% of population speaks language other than English at home



400,000 births annually



Has more counties (**254**) than any other state



10% of all births in the U.S.



Is both urban and rural: **95%** of population lives in less than half (108) of counties.



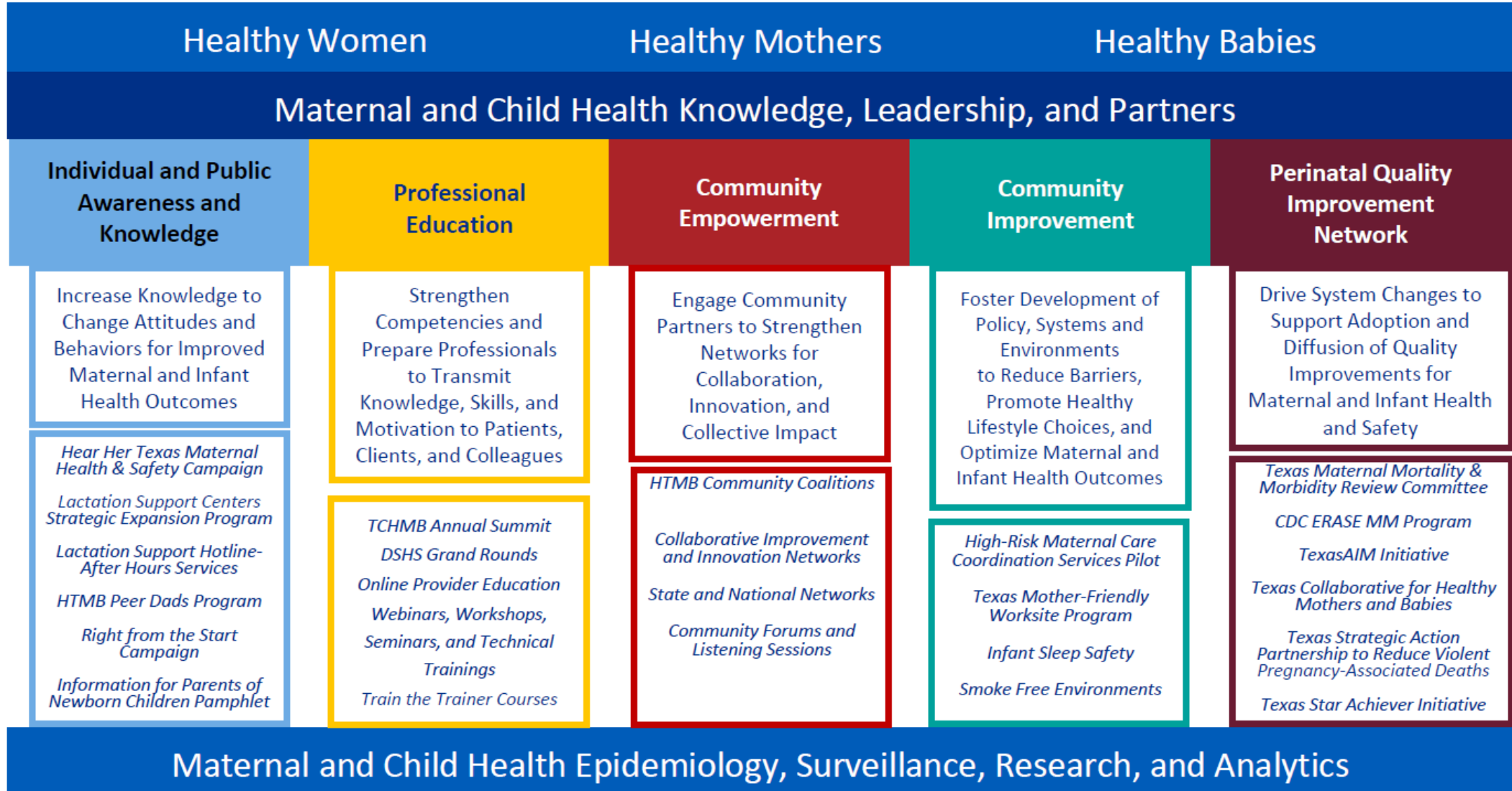
1 of 5 “minority-majority” states



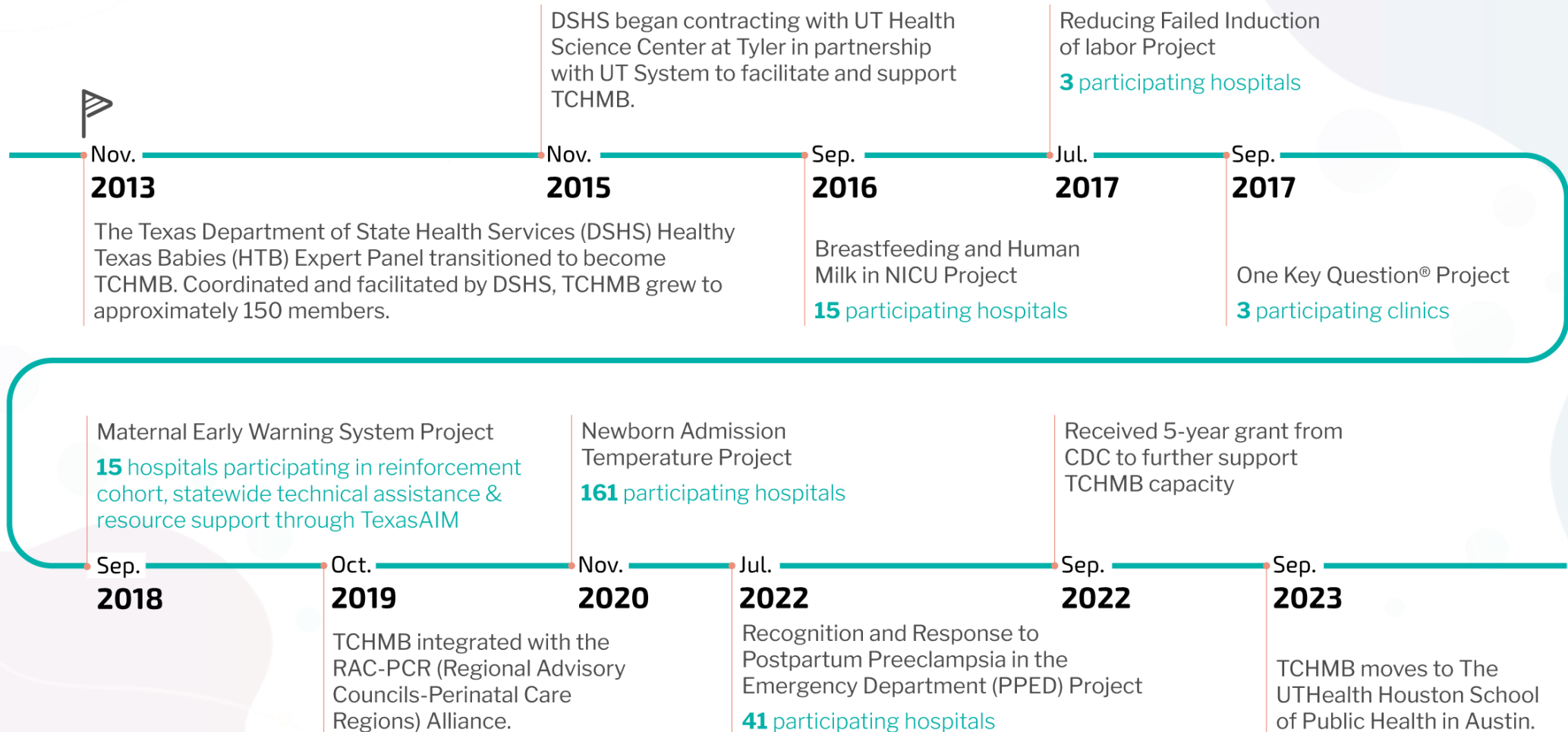
Has **3 of the 10** biggest cities in the U.S., **5 of the top 20**

Healthy Texas Mothers & Babies

Our mission is to improve maternal and infant health and safety by advancing quality, equity, and evidence-based prevention for all Texas mothers and babies.



A BRIEF HISTORY OF TCHMB



MISSION & GOALS

To advance health care quality, equity and patient safety for all Texas mothers and babies through the collaboration of health and community stakeholders as informed by the voices of the patients we serve.

Goals:

- Reduce preterm birth
- Reduce maternal/infant morbidity and mortality
- Eliminate health disparities and inequities
- Improve health outcomes using the life course approach
- Strengthen involvement of partners/families
- Improve the health environment for mothers and babies

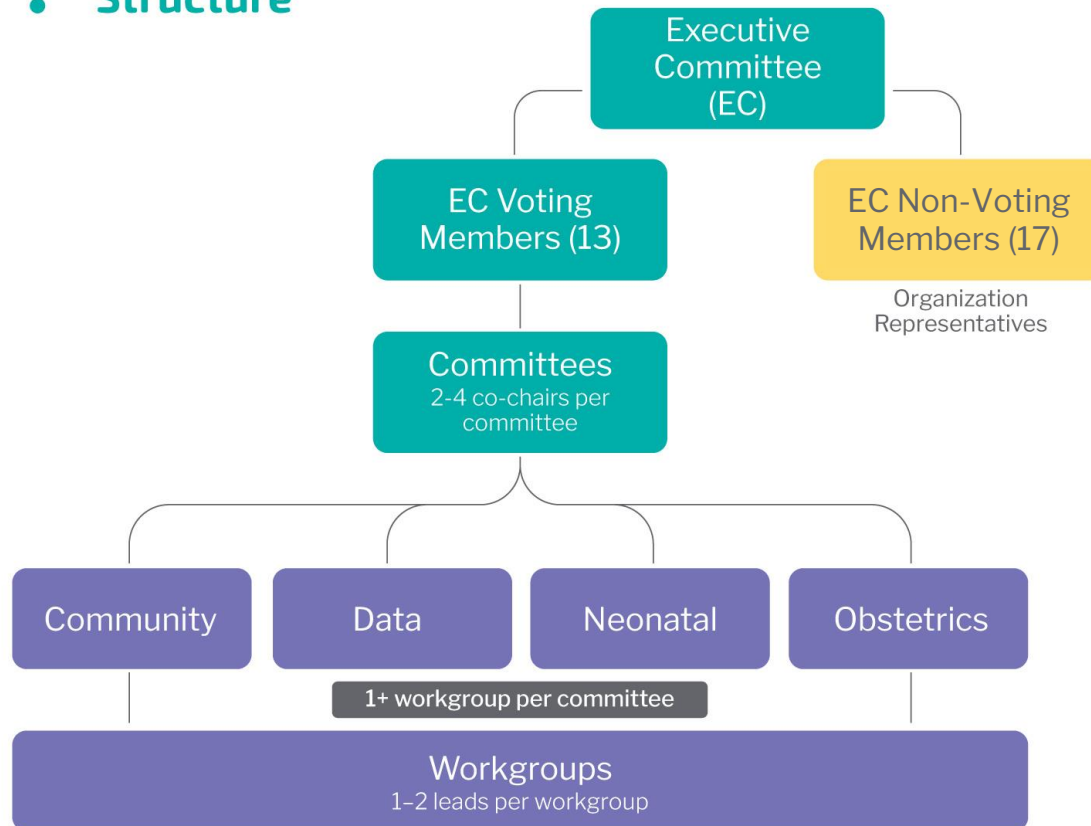
STRATEGIES



1. Implement **high-valued quality improvement projects** that address health priorities, promote equity, and eliminate disparities.
2. Establish a **robust data system** to drive quality improvement.
3. Establish **governance** that supports stakeholder engagement and good stewardship of resources.
4. Disseminate **effective educational content**.
5. Enhance **collaboration with key partners** to drive quality improvement.
6. Involve **people with lived experience** at the governance level.

TCHMB GOVERNANCE

TCHMB Working Structure



Members of Committees:

- Community & Data: elected and appointed members with expertise
- Neonatal & OB: 22 RAC-PCR Representatives and organization reps

Members of workgroups are nominated by the workgroup leads and approved by the committee.

Chair:
Charleta Guillory, MD MPH FAAP

Vice Chair/Chair-Elect:
Alice K. Gong, M.D.

Past Chair:
Catherine Eppes, MD

Obstetrics Committee Co-Chairs:
Gloria Delgado, MSN, RNC-OB
James Hill, MD

Neonatal Committee Co-Chairs:
David Weisoly, DO
Gillian Gonzaba, NNPC

Community Health Committee Co-Chairs:
Evelyn Delgado
Alicia Lee, MHA

Data Co-Chairs
Kendra Folh, MSN, RNC-OB, C-ONQS, CPHQ, CLSSBB
Kaashif Ahmad, MD

At Large
Jasmine Farrish, MSN, MPH
Sonal Zambare, MD

UT System
David Lakey, MD

DSHS
Manda Hall, MD

HHSC
Valerie Mayes, MPP

DFPS
Sasha Rasco, MPAff

ACOG
Gayle Olson, MD, MPH, FACOG

AWHONN
Terrie Price, RNC-OB

March of Dimes
Erin Strangland

MoMMA's Voices Coalition
Nicole Purnell

Perinatal Advisory Council (PAC)
Sadhana Chheda

Perinatal Care Regions Alliance (PCR)
John Loyd, MD

Regional Advisory Committee (RAC)
Eric Epley

Texas Academy of Family Physicians (TAFP)
Tom Banning

TACHC
Jana Eubank, MPA

Texas Medical Association
Emily Briggs, MD, MPH

Texas Hospital Association
Erika Ramirez

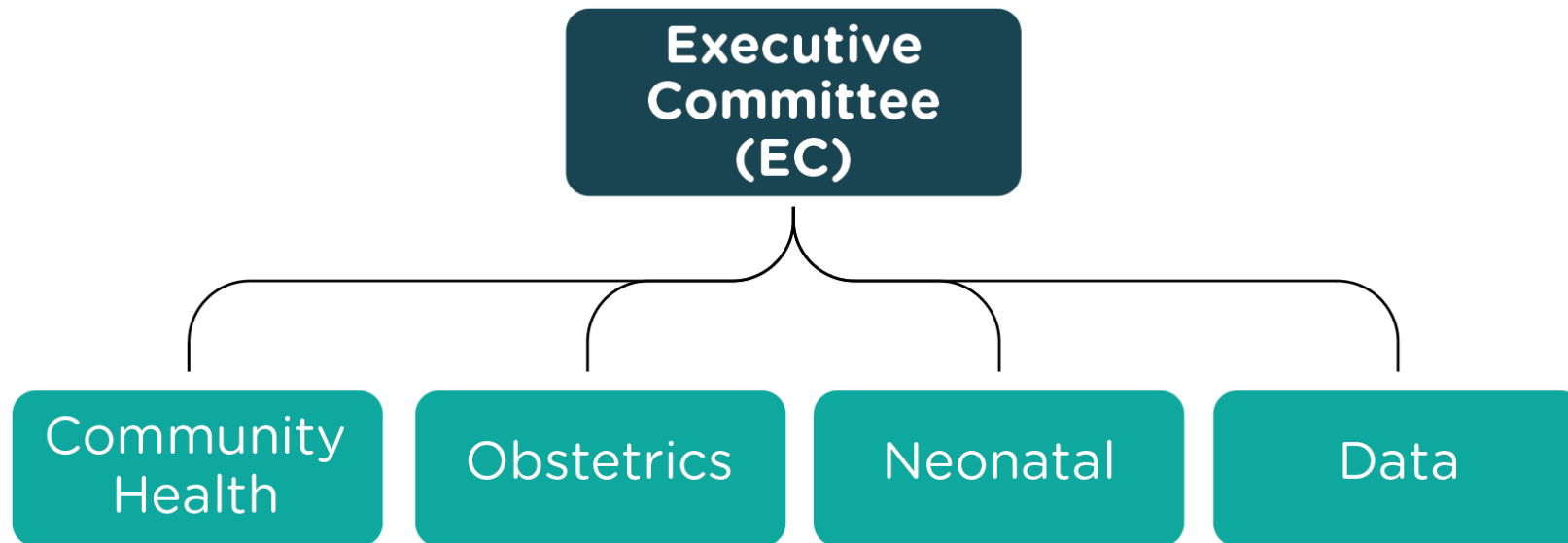
Texas Pediatric Society
Ben Raimer, MD

UTHealth Houston School of Public Health in Austin
Deanna M. Hoelscher, PhD, RDN, LD, CNS, FISBNPA



CURRENT EXECUTIVE COMMITTEE

TCHMB COMMITTEES



TCHMB STAFF



Heather Salas, MEd
Campus Administrator



Divya Patel, PhD
Associate Professor
Epidemiology, Human Genetics &
Environmental Sciences



Tiffni Menendez, MPH
Senior Program Manager



Deanna Hoelscher
John P. McGovern Professorship in
Health Promotion and Regional Campus
Dean, Health Promotion & Behavioral
Sciences



Patrick Ramsey, MD, MSPH
Chief Medical Officer, TCHMB



Steven Kelder
Professor, Beth Toby Grossman Distinguished
Professor of Spirituality and Healing
Epidemiology, Human Genetics &
Environmental Sciences



**Susan Dimitrijevic, BSN,
RNC-NIC, Senior Nurse
Program Manager**



Joanne Delk, MPH
Biostatistician



Melissa Marts
Grants and Contracts Specialist



Kalup Cuellar
Project Specialist



Em Karimifar, MFA
Senior UI/UX Designer



Ali Linan
Communication Assistant



Sarah McConnon, MPH
Project Manager



Kacey Hanson, MPH
Senior Project Manager



Jon Gibson, MS
Data Architect



Sarah Presti, MS OTR/L
Project Manager



Kirsten Handler
Communication Specialist



**Onyinye Omega-Njemnoli,
MBBS, MPH** Program Manager

TCHMB STAFF

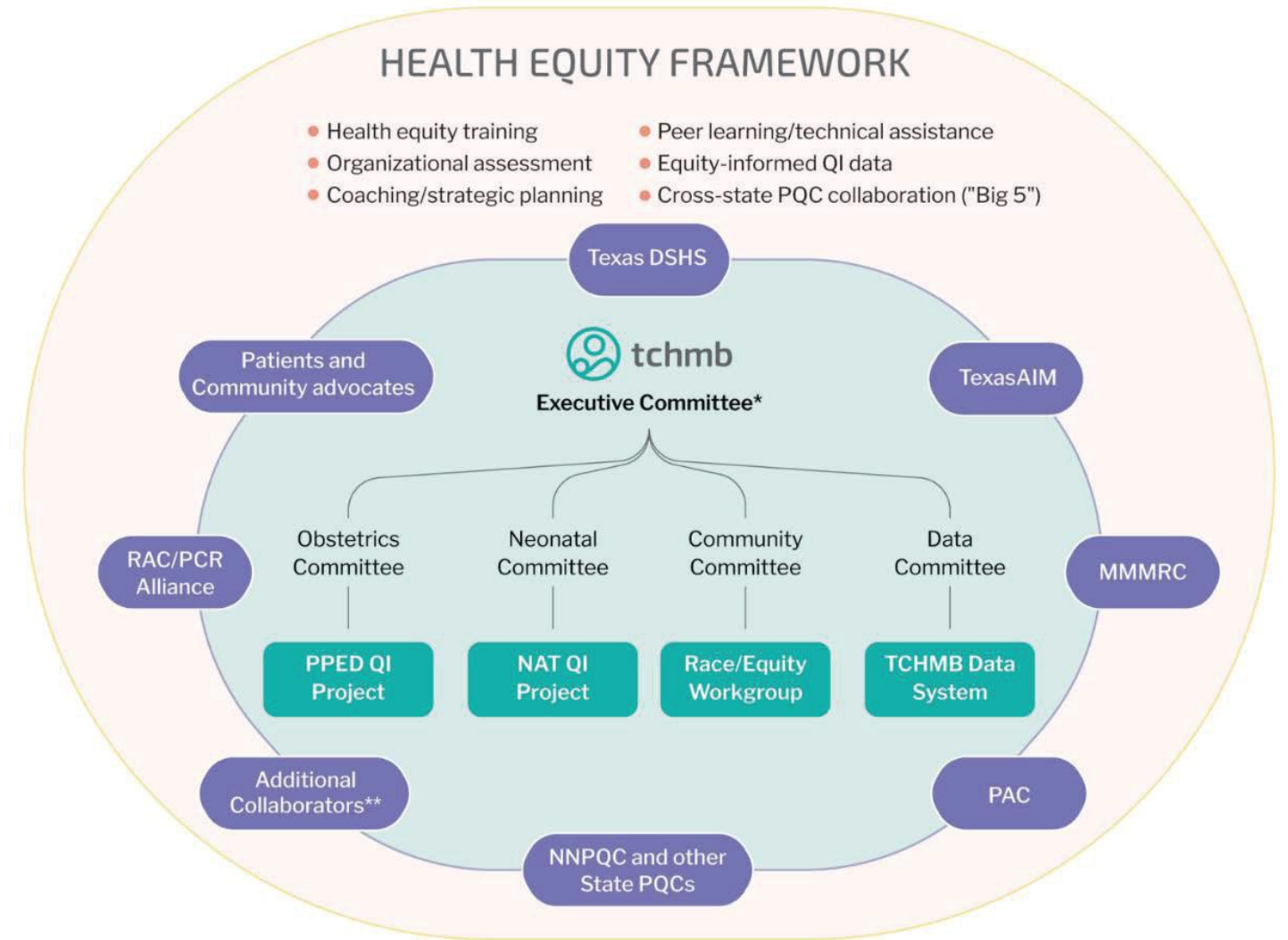
Staff members support the committees and advance the work in partnership with the co-chairs and committee members by:

- Assisting with **ongoing communication** within and between committees and staff
- Coordinate and **facilitate meetings**
- **Identify priorities** for future projects and activities
- **Support and manage ongoing and upcoming projects**
- Coordinate **implementation** of projects
- Report findings through **publication** and dissemination

TCHMB ACTIVITIES

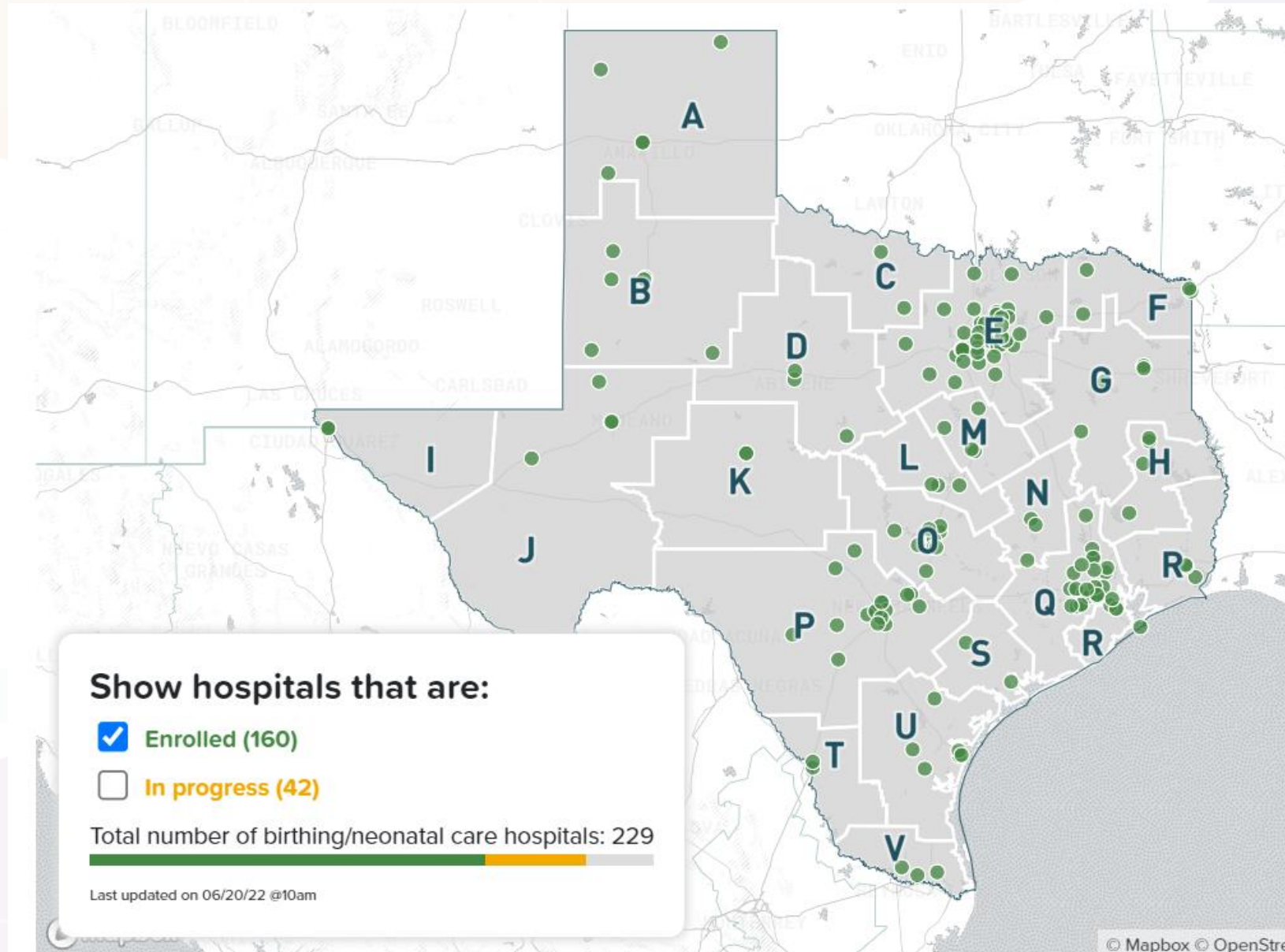
CDC FUNDING

- Support integration of a **health equity framework** in the design, implementation, and maintenance of **QI projects**
- Build and **strengthen TCHMB capacity** through training, patient engagement, and technical assistance



NEONATAL ADMISSION TEMPERATURE (NAT) PROJECT

- Immediate **postnatal hypothermia** is a **risk factor for morbidity and mortality** in neonates. **Hyperthermia** is also associated with adverse outcomes.
- **Challenges in thermoregulation persist** despite readily available evidence-based thermal care recommendations to minimize heat loss immediately after birth.
- **Reducing variation in neonatal thermal care** will:
 - **Diminish the risks** with hypo- and hyperthermia exposure-related outcomes
 - **Reduce health disparities** associated with neonatal treatment
 - **Increase newborn health care quality** and patient safety



RECOGNITION AND RESPONSE TO POSTPARTUM PREECLAMPSIA IN THE EMERGENCY DEPARTMENT (PPED) PROJECT

The 2020 MMMRC and DSHS joint biennial report identified:

- **11% of women had pre-eclampsia and eclampsia** as the leading cause of death
 - 50% of these deaths occurring within **42 days of delivery**
- If diagnosed and treated early, these deaths were **potentially preventable**.
- **Non-Hispanic Black patients** had the highest rate of delivery hospitalizations involving hypertension disorders.

“**Emergency health providers’** knowledge about maternal physiology and health management, as well as **communication and coordination with obstetric** and women’s health professionals, can be a critical factor in maternal health outcomes.”

PPED PROJECT OVERVIEW

The PPED project seeks to reduce maternal morbidity and mortality related to severe hypertension in postpartum patients by:

- 1. Identifying postpartum patients** presenting to the Emergency Department (ED) with severe hypertension or preeclampsia
- 2. Treating patients** identified with severe hypertension in a timely fashion
- Improving **communication and coordination** of care **between ED and Obstetric** health care teams
- 4. Reducing complications** from postpartum preeclampsia that led to maternal morbidity and mortality
- 5. Reducing racial disparities** in health outcomes of Black and/or Hispanic postpartum patients with severe hypertension or preeclampsia

PPED PROJECT OVERVIEW

SMART Goals:

- Emergency Departments will increase patients screened for postpartum status and for elevated blood pressure (SBP ≥ 140 and/or DBP ≥ 90) and symptoms of preeclampsia by 50% from hospital baseline.
- Reinforcement Cohort hospitals will increase joint ED and OB unit case reviews performed for cases of postpartum patients with elevated blood pressure (SBP ≥ 140 and/or DBP ≥ 90) presenting through the emergency department by 50% from baseline.



UTHealth® Houston
School of Public Health

2024 TCHMB SUMMIT



Register Now!

*Leading Change and
Fostering Collaboration in
Perinatal Quality Involvement*

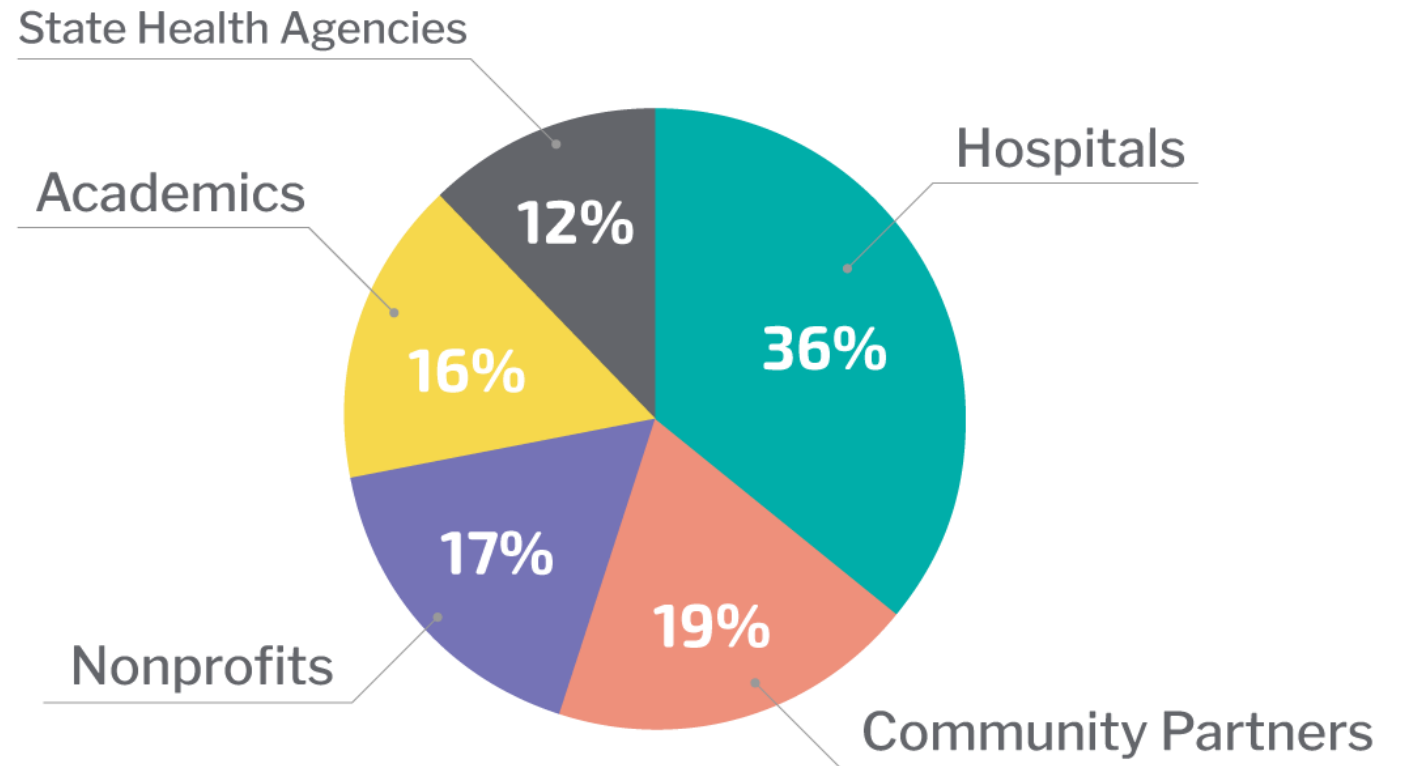
Feb. 28–March 1

AT&T Conference Center
Austin, TX



WHO ATTENDED?

- **Nurses**
- **Physicians**
- **Other clinicians**
- **Faculty and researchers**
- **Policymakers**
- **Social workers**
- **Community health workers**
- **Students**



494 registered attendees -- Highest ever attendance in history of TCHMB!

QUESTIONS?