Slide 1

**Perinatal Advisory Committee**

Bureau of Health Care Safety and Quality
Department of Public Health

Wednesday, February 13, 2020

Slide 2

**Agenda**

Welcome
Overview of Conflict of Interest, Training, and Open Meeting Law Requirements

Special Project Waiver Data Requirements Discussion

Screening Guidelines Discussion

Slide 3

**Conflict of Interest, Training, & Open Meeting Law Requirements**

Open Meeting Law
*Kelly Haynes, Deputy General Counsel*

Conflict of Interest
*Kelly Haynes, Deputy General Counsel*

Slide 4

**Open Meeting Law (OML)**

* The OML is designed to ensure transparency in the ***deliberations*** of public bodies.
* A ***deliberation*** is:
	+ an oral or written communication, through any medium, ***including electronic mail*,**
	+ between or among a ***quorum*** of a public body,
	+ on any public business within its jurisdiction.
* **If a quorum of a public body wants to discuss public business within that body’s jurisdiction, they must do so during a properly posted meeting.**

Slide 5

**Deliberation**

A ***deliberation*** does not include:

* distribution of a meeting agenda, scheduling or ***procedural*** information, or
* reports or documents that may be discussed at a meeting, **provided that no member of the public body expresses an opinion on matters within the body’s jurisdiction.**
	+ ***NOTE: If a public body member sends an email to a quorum of the public body expressing an opinion on any matter that could come before that body, the communication violates the OML, even if no recipient responds.***

Slide 6

**What is a Quorum?**

A Quorum is defined as:

A **simple majority** of the members of a public body, unless otherwise provided in a general or special law, executive order, or other authorizing provision.  G.L. c. 30A, § 18.

**As applied to the Perinatal Advisory Committee quorum equals 8 members (½ of 15 members + 1)**

Slide 7

**Avoiding OML Violation-Best Practice Recommendations**

Public body members must not engage in “serial deliberations”—a series of separate, independent conversations outside of a meeting among a quorum of the members regarding a topic within its jurisdiction.

In order to avoid even the appearance of a potential OML violation, the Attorney General’s Office advises public body members to refrain from communications over email except for distributing meeting agenda, scheduling meetings and distributing documents created by nonmembers.

Slide 8

**Remote Participation**

The Attorney General’s Regulations, 940 CMR 29.10, permit members to participate remotely in future public meetings if the public body specifically votes to allow remote participation.

The AGO strongly encourages all members to be physically present at public meetings, when possible.

Slide 9

**Reasons/Minimum Requirements for Remote Participation**

Public body members may participate remotely in a meeting “only if physical attendance would be unreasonably difficult.”

A quorum of the body, including the chair, must be physically present at the meeting location.

Members of a public body who participate remotely and all persons present must be clearly audible to each other.

All votes taken during a meeting in which a member participates remotely must be by roll call vote.

Slide 10

**Procedures for Remote Participation**

A member who wishes to participate remotely should notify the chair (or, in the chair’s absence, the person chairing the meeting) of his/her desire to do so, with the reason and factual support for the request.

At the start of the meeting, the chair must announce members participating remotely; the meeting minutes must contain this information as well. (No detail as to the reason is required).

Members participating remotely may vote; roll call vote is required.

Slide 11

**Conflict of Interest Law**

The Conflict of Interest (COI) law, M.G.L. c. 268A, is meant to prevent conflicts (and appearances of conflict) between a state employee’s private interests and his or her public duties.

As statutory public body members, you are considered to be “special state employees” subject to the COI law.

The COI law is complex; State Ethics Commission attorneys are available, through the “Attorney of the Day” program, to provide confidential advice/guidance on how the COI law applies to you in a particular situation.

***Contact Attorney of the Day @ (617) 371-9500***

Slide 12

Conflict of Interest Law-Training Requirements

* All state employees subject to the COI law are required to:
	+ Certify they received and reviewed the annual Summary of Conflict of Interest Law, and
	+ Complete the biannual online training program through DPH’s **PACE** (Performance and Care Enhancement Learning Management System).

Slide 13

Training Requirements

**Required Conflict of Interest Law PACE Online Trainings**

**Conflict of Interest Law Online Training Program**

**Conflict of Interest Law Summary**

**PACE Contact**

Kathy Creed, Kathy.creed@state.ma.us

**State Ethics Commission**

For information regarding the Education & Training requirements, refer to the State Ethics Commission website: <http://www.mass.gov/ethics/revised-implementation-procedures.html>

Phone: (617) 371-9500

Slide 14

**PACE Trainings**

An account will be created for each Committee member in PACE. This will give you access to the trainings.

You will soon receive an automated email from the PACE system with instructions on how to access the system.

If you do not receive an email this week, please email Kathy Creed.

You must complete the training within 30 days.

Slide 15

**Additional References**

Conflict of Interest Law:

https://www.mass.gov/laws-regulations-rulings-opinions-and-advisories

https://www.mass.gov/learn-more-about-conflicts-of-interest

Office of Attorney General, Open Meeting Law Website and Guide:

https://www.mass.gov/files/documents/2017/09/25/2017%20Guide%20only.pdf

http://www.mass.gov/ago/government-resources/open-meeting-law/

Slide 16

**Newton-Wellesley Hospital Short Term Mechanical Ventilation Waiver Update**

Slide 17

**Short Term Mechanical Ventilation (STMV) Waiver Background**

Newton-Wellesley Hospital has a licensed Level II B maternal newborn service

Waiver in place since 2009 for STMV of neonates who have respiratory distress and are intubated at less than 24 hours old for mechanical ventilation anticipated to last for no more than 36 hours

Waiver conditions require neonatologist in house 24/7 while the neonate is on a ventilator, formal collaboration with one Level III maternal newborn service, staff competency, protocols for the assessment of the neonate, policies and procedures on therapy, including inclusion and exclusion criteria, and data reports to the Department of Public Health

Slide 18

**Waiver Justification**

* Late preterm infants (34-366/7 weeks) have higher incidence of respiratory distress than babies born at 39 weeks gestation or greater (NIH, 2019b)
* Straightforward diagnosis of surfactant deficiency in babies that are less than 32 weeks gestation
* Difficult diagnosis for late preterm infant, and etiology for respiratory distress (NIH, 2019b)
* Lab test, and X-Ray findings are nonspecific (NIH, 2019a)
* Nationally increased number of preterm infants (NIH, 2019a)
* Increase risk of short and long-term morbidities in these patients (NIH, 2019a)
* Concerns about development of pneumothorax in late preterm infant treated with CPAP alone

Slide 19

**NWH Patient Characteristics (2016-2019)**

Chart showing information for births at the hospital

\* Total number of neonates born is missing from Jan-June 2019

Slide 20

**Treatment by Gestational Age**

During this time period, NW Hospital reported treating one neonate at 27 weeks.

Data considerations:

* Unknown number of total births per specific gestational age. Therefore, treatment averages (%) calculated per ranges from <32 weeks, 32-34 weeks, 35-37 weeks, and >37 weeks.
* No data documented for total deliveries from January to June 2019.

Slide 21

**Most Frequently Reported Diagnoses in Neonates Receiving STMV**

NWH submitted data from Jan 2016 - Dec 2019

Chart showing Most Frequently Reported Diagnoses in Neonates Receiving STMV

Slide 22

**Diagnoses of Neonates Intubated and Transferred to Level III Service**

Chart showing Diagnoses of Neonates Intubated and Transferred to Level III Service

NWH submitted data from Jan 2016 - Dec 2019

Slide 23

**Summary Of Observations From NW Hospital**

* Lower incidence of pneumothoraxes in babies who receive STMV as opposed to CPAP
* Benefits of surfactant in STMV over CPAP
* Concerns about development of pneumothoraces in the late preterm infants who are treated with CPAP alone

Slide 24

**Discussion**

Currently biannual hospital reporting to the Department using the STMV template form which captures:

* GA
* BW
* Neonatal diagnoses
* Antenatal steroids: Full course/partial course/none/ within 7 days of birth (yes/no).
* Intubation age
* Total time CPAP before STMV (hrs)
* Total time on STMV (hrs)
* Total time on CPAP after STMV (hrs)
* Total time on CPAP (hrs)
* Surfactant replacement (yes, no, ·doses, age at first dose (hours).
* Extubate within 36 hours (yes/no)
* Re-intubated
* Neonatal complications (yes/no)
* Disposition (transfer level III, DC home, death
* Reason to transfer (if applicable)
* Retro-transfer
* Readmission (if within 30 days)

Slide 25

**Alcohol and Substance Use Screening in Pregnant Women**

Slide 26

**NAS/SEN Validation Findings Across 15 Selected Hospitals: Preliminary Results**

* We reviewed 1,124 mother-baby dyads
* ICD code information was provided by hospitals
* Substance use or exposure was assigned based on chart review and included the following drugs:
	+ methadone, buprenorphine, heroin, other opioids, methamphetamine, amphetamines, benzodiazepines, barbiturate, cocaine, hallucinogens, or cannabis
* The following findings are not representative of all births in MA
* The majority of NAS is due to opioid use
	+ Ongoing debate around NOWS v NAS
* We defined NAS as confirmed substance exposure and either Finnegan of 8 or higher OR diagnosis noted in the chart

Slide 27

**Substance Use Screening**

Findings

* Less than 0.1% of the mother’s had evidence of a standardized screening tool in their electronic health records
* 100% of mothers that had evidence of substance use screening using a tool were white
* Birth hospitals had similar rates of documented substance use screening

Gaps and Opportunities

* Action: Universally select an appropriate and validated substance use screening tool for use in prenatal and L&D settings and implement them
	+ DPH recommended screening tools (“Guidelines for Community Standard for Maternal/Newborn Screening for Alcohol/Substance Use ”)
	+ AIM OUD bundle
* Action: Document screening in prenatal charts and send to intended birth hospital

Slide 28

**Guidelines for Community Standard for Maternal/Newborn Screening for Alcohol/Substance Use**

* Purpose for issuing guidelines was to create a community standard and consensus approach to the screening and testing of pregnant women and their newborns for exposure to substances or alcohol during pregnancy.
* DPH issued these guidelines in 2013
* Recommended three screening opportunities of pregnant woman:
	+ First prenatal visit
	+ Repeated at 28 weeks
	+ Upon admission to Labor and Delivery

Slide 29

**2013 Guidelines Recommended Screening Tools**

* Substance Use Risk Profile Pregnancy Tool for Labor and Delivery
* 5 P’s Screen for Alcohol/Substance Use: Prenatal and Postpartum visits

Slide 30

**2013 Guidelines Recommended Testing**

* Maternal Urine Toxicology
	+ Recommended standardizing testing panel
	+ Basic urine panel example : cocaine, TCH, amphetamines, benzodiazepines, opiates
* Newborn Toxicology
	+ Urine
	+ Meconium

Slide 31

**Discussion**

* Updates to screening tools
* Updates to screening frequency
* Updates to testing recommendations