

2021 Annual Summit

IMPACT REPORT

February 10-12, 2021



THANK YOU!

It was daunting to plan our first ever virtual Summit, but thanks to early and enthusiastic support from stakeholders and partners like you, we had the confidence to scale up our programming for this year's event rather than pare it back. As a result, this year's Summit brought in more participants, included more sessions, and featured more speakers and panelists than ever before. We also added a half-day pre-session on race equity, and a focus throughout the Summit on issues of disparities in health and health care for mothers and infants.

Now more than ever it's important to recognize the urgency of our individual and collective responsibility to care for each other and to improve the systems that make it possible for all of us, and particularly our most vulnerable, to be healthy and flourish. The impact of the Summit wouldn't have been possible without the support of our hosts and partners. Thank you. By supporting the Summit, you made it possible for so many of us to come together (virtually) to share best practices, innovative strategies, and hard-won wisdom.

We look forward to continuing to work together, going forward, to improve health for mothers and babies in Texas. And we look forward to seeing some of you in person at next year's Summit!

Sincerely,



Manda Hall, MD

Associate Commissioner for Community Health Improvement, Texas Department of State Health Services



David Lakey, MD

Vice Chancellor for Health Affairs, UT System



Catherine Eppes, MD, MPH

Chair of the TCHMB Executive Committee

If you're interested in finding out more about how to support the 2022 Summit, please contact us at tchmb@utsystem.edu.

▶ **Videos and presentations from the 2021 Summit are available online at <https://www.tchmb.org/2021summit-agenda>**

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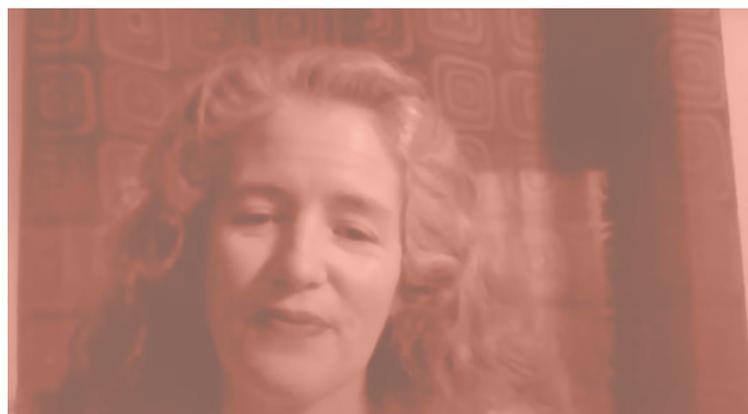
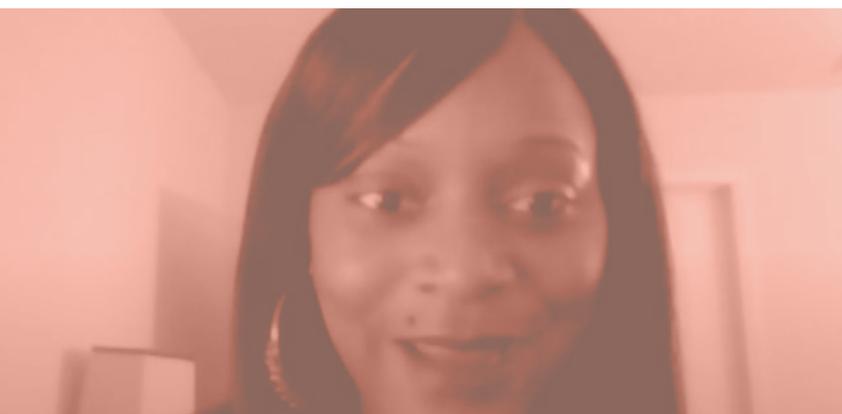
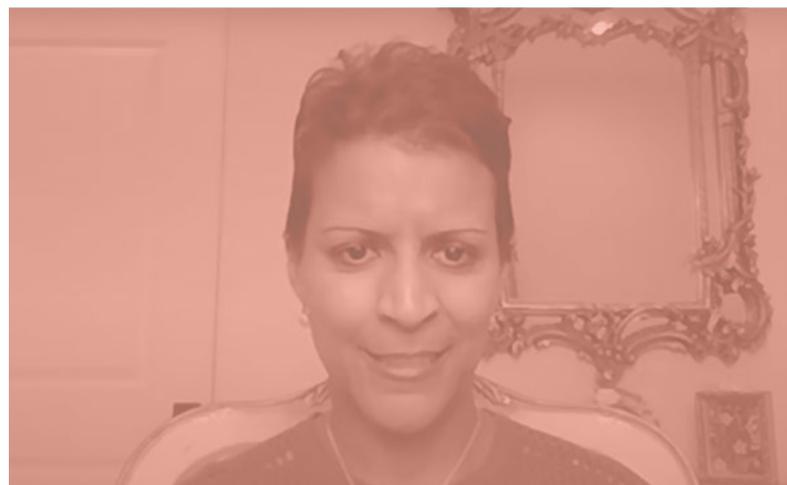
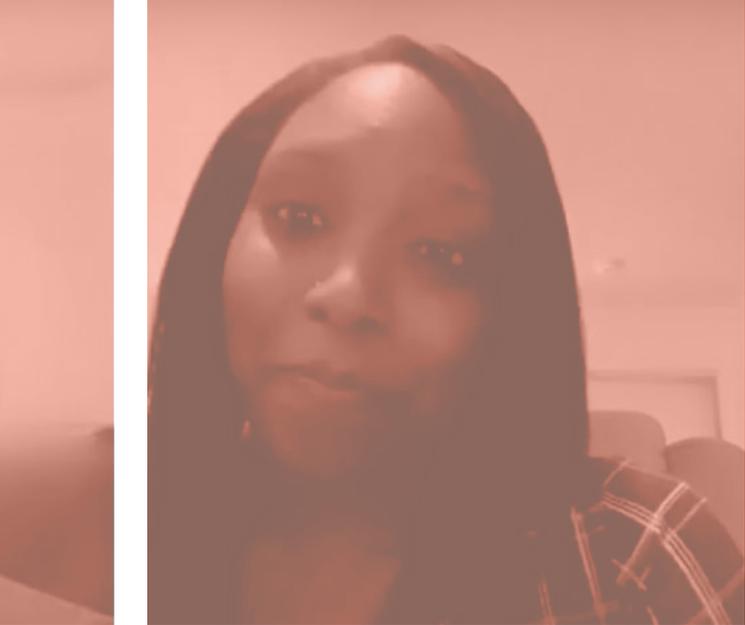
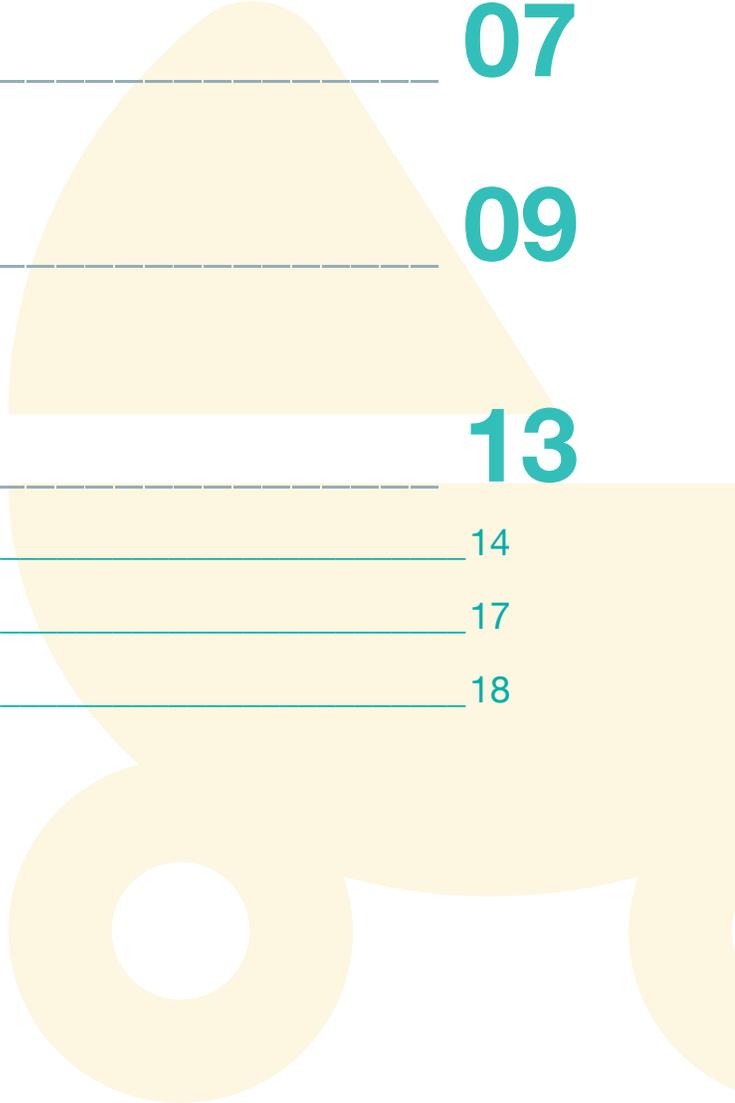


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The Annual Summit of the Texas Perinatal Quality Collaborative

The 2021 Texas Collaborative for Healthy Mothers and Babies (TCHMB) Summit was held online on February 10-12, 2021.

The theme for this year's conference was Addressing Health Disparities through Quality Improvement Efforts. Three pre-sessions were held on Wednesday afternoon, February 10. The three sessions were a Race Equity Training, the Neonatal Outcomes Evaluation Network (NEON) annual meeting, and a session of the QI Training Academy focused on Using Quality Improvement to Address Health Equity.

1,101 people registered to the pre-sessions and the main summit. There were 789 unique attendees on day 1 of the main session, and 725 on day 2. Overall, there were 920 unique attendees who participated in day 1 and day 2 of the main session. The summit pre-sessions had 320 people attending the QI training academy, 377 attending the Race Equity training, and 137 attending the NEON meeting.

There was a total of 18.75 credits for continuing medical education (CME), continuing nursing education (CNE), certified health education specialist education (CHES), and licensed social worker and licensed professional counselor education (LSW/LPC). Credits were provided by Texas Department of State Health Services.

The main sessions were recorded (as was the QI Training Academy pre-session). Slides and recordings from the main sessions and the QI Training Academy have been posted and can be found on the TCHMB website at the following link: <https://www.tchmb.org/2021summit-agenda>

The keynote speech was delivered by Dr. Wanda Barfield, Director of the Division of Reproductive Health in CDC's National Center for Chronic Disease Prevention and Health Promotion. Dr. Barfield's keynote focused on reproductive health priorities and their impact on racial/ethnic disparities.

Attendee response to the Summit was exceptionally positive. More than 92% of the attendees felt that the summit met their expectations very or extremely well. 99% said that they would likely attend again and would recommend it to a colleague. 84% indicated that they were able to connect with current or new colleagues, even within the virtual context. 1,101 registered, which was a more than 100% increase over the previous TCHMB annual conference (which itself had increased more than 40% from the Summit before that).

BY THE NUMBERS:

1,101 registrants

377 attended the Race Equity training

320 attended the QI Training Academy pre-session

137 attended the NEON meeting

60% of attendees had never attended a TCHMB Summit before

92% of the attendees felt that the summit met their expectations very or extremely well.

99% likely to attend future summits

98% of QI Training Academy participants felt that their knowledge and skills improved by taking the course

12,000+ views of Summit webpage

Industries

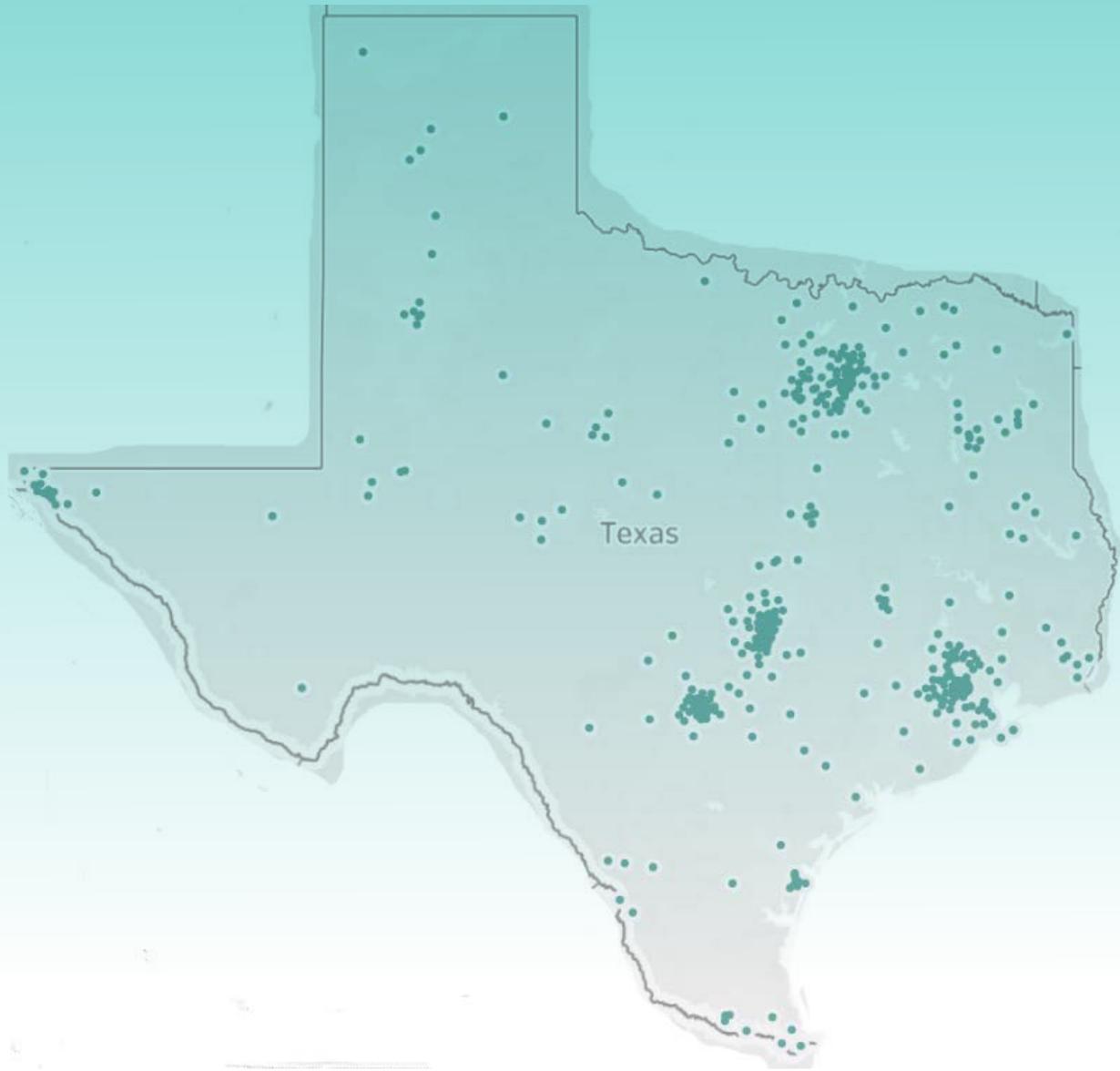
42% Hospitals
22% Academic and Education
14% Non-profits
9% Public Health
5% Other Government
3% Health Agencies
2% Advocacy
2% Insurance

Professions

[based on those who specified]

32% nurses
15% physicians
4% social workers
4% other

1,101 REGISTERED!



63 attending from other states:

- | | | |
|----------------------|---------------|--------------|
| Arizona | Illinois | New Mexico |
| Arkansas | Kansas | Ohio |
| California | Kentucky | Oklahoma |
| Colorado | Maine | Pennsylvania |
| District of Columbia | Maryland | Rhode Island |
| Florida | Massachusetts | Utah |
| Georgia | Michigan | Virginia |

Looking Toward 2022

Our primary lessons learned from this year's Summit were:

- 1. It is possible to host a meaningful and productive virtual Summit.**
- 2. We can reach more people by going virtual.**
- 3. We miss seeing each other in person and in particular miss the interactive elements of a traditional in-person conference.**

As a result, our plan for next year is to hold a hybrid Summit, enabling both virtual and in-person attendance. We are limiting in person attendance to ~350 attendees, and adopting a new virtual platform that offers more and better opportunities for interaction for on-line attendees.

Other changes we are focusing on, in response to participant feedback, include: providing slides ahead of time to make note-taking easier; expanding the interactive element in sessions; and focusing even more on the patient experience.

If you're interested in providing suggestions or comments on next year's event, please contact tchmb@utsystem.edu.



SAVE THE DATE
for the
2022 TCHMB Summit

February 16-18, 2022



ACOG District XI (Texas) @ACOGDXI · Feb 12



Thanks to all the speakers and attendees for making the #TCHMB2021 Summit the best one yet. Looking forward to #TCHMB2022! @TexasPQC @UTSystem @DavidLakey_MD @TexasDSHS @pramsey2012 #SaveTexasMoms @MeAndMyOBG





Attendee Feedback

92% OF ATTENDEES RATED THE EVENT
VERY GOOD OR EXCELLENT.

- “ The information that was brought up and how pertinent it is in my everyday career and how I can apply it was wonderful.
- “ There was a great focus on health equity and the social determinants of health and disparities.
- “ Day 2 made me regret that I had to work clinically and missed day one.
- “ It was very practical: ranging from COVID management to systems for management of maternal perinatal mental health.
- “ I really enjoyed the postpartum mental illness and MCPAP presentations.
- “ I liked the update around COVID-19. Especially enjoyed the behavioral health portions of the program.
- “ The March of Dimes presentation and the maternal psychiatry program from Massachusetts were very interesting and informative.
- “ I really appreciated the candid conversations about pregnant women with the vaccine.
- “ The speakers were all so knowledgeable and inspiring!
- “ I liked the Coordination of Postpartum Mental Illness for the Uninsured in Texas session the best.
- “ Absolutely loved Stacey Stewart and her talk about collective impact!!
- “ Great presenters. Time was good. Started on time. Moderators did a great job.
- “ The topics were great for my families.
- “ I loved the in-depth discussion of COVID19/Vaccine and mother/baby. I feel the information about breastfeeding was crucial.

CHANGES THAT ATTENDEES PLAN TO MAKE IN THEIR PRACTICE AS A RESULT OF THE SUMMIT:

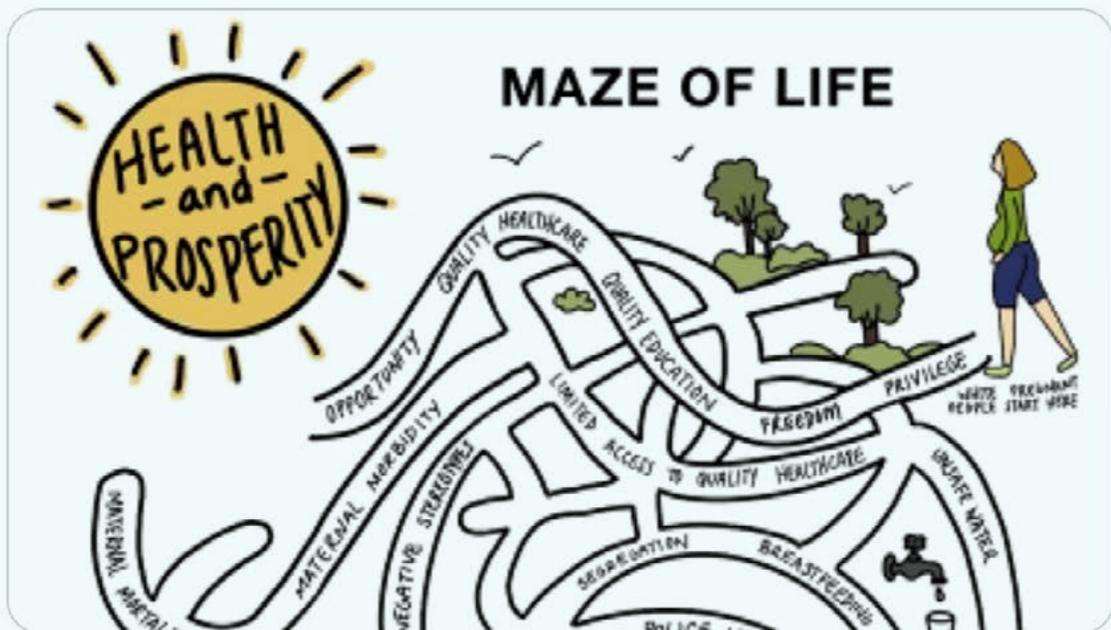
- “ I plan to advocate for more patient education and involvement. I would also like to see increased hospital signage about hemorrhage/preeclampsia/eclampsia as several of the patients agreed that could have been personally helpful for them.
- “ I will continue to strengthen my education of all of my NFP moms to learn to be the best advocates for their health and empower them to speak up and not fear relaying their concerns and symptoms to their providers.
- “ I will continue to believe our patients and families.
- “ I will continue to focus on newborn temperature.
- “ I will continue to help incentivize providers to implement AIM bundles.
- “ I will definitely be more aware of implicit bias while working.
- “ I will educate clients on maternal complications, signs, symptoms, and preventive measures to reduce risk of maternal hypertensive disorders.
- “ I will empower moms to ask questions and I will inform them of potential birth complications.
- “ I will encourage my Nurse Manager and Director to start looking at health inequities and racial disparities in our population.
- “ I am excited to put together more educational materials for our patients to present in labor and delivery, antepartum and postpartum.
- “ I think we will participate in the Newborn Temperature regulation project.
- “ I will share data and stories that I learned. Continue to impress on students the importance of patient education and assessment.
- “ I'd like to learn more about CUFF kit programs and bracelets.
- “ I plan to open discussions regarding disparities in my community.



Tausi Suedi, MPH @TausiSuedi · Feb 10



.@TexasPQC Summit: "black pregnant women & white pregnant women have different paths. #Blackwomen have several barriers to navigate & are likely to experience #maternalmortality and severe #maternalmorbidity." ~Dr. Christina Davidson @bcmhouston.
#TCHMB2021 #BlackMaternalHealth



David Lakey @DavidLakey_MD · Feb 11

Data shared by @TexasDSHS during #TCHMB2021 on the infant mortality disparities in TX. Black babies die at a rate twice that of other races. We must do better! @ACOGDXI @TXPeds #txlege @MarchofDimes @MarchofDimesCEO @TexasPQC @texmed

KEYNOTE:

Reproductive Health Priorities and Impact on Racial/Ethnic Disparities



Wanda Barfield, MD, MPH, RADM USPHS
Director of the Division of Reproductive
Health in CDC's National Center for Chronic
Disease Prevention and Health Promotion



Moderator:
Christina Davidson, MD
TCHMB Obstetrics Committee Co-Chair;
Baylor College of Medicine



Emily Briggs @ebriggsmd · Feb 11

Informative and timely lecture addressing structural [#racism](#) and racial/ethnic disparities at [#TCHMB2021](#) this morning by Dr. Wanda Barfield with the [@CDCgov](#). 691 in attendance!



Lourdes J. Rodríguez @Lourdes_Joely · Feb 12

Looking forward to Day 2 of [#TCHMB2021](#) with [@TexasPQC](#) and taking the time to recognize our beloved domestic workers from [@MISMATX](#) because they too contribute to a healthier Texas. [@StDavidsFDN](#) is proud to call you our partners.

Keynote Address

ADVANCING MATERNAL AND INFANT HEALTH THROUGH THE LENS OF HEALTH EQUITY

Wanda Barfield, MD, MPH, Director of the Division of Reproductive Health, CDC National Center for Chronic Disease Prevention and Health Promotion

As Director of the Division of Reproductive Health (DRH) for the Centers of Disease Control, Dr. Wanda Barfield has led efforts to provide optimal and equitable health to women, infants, and families through improved surveillance and applied public health research during the critical junctures of pregnancy, infancy, and adolescence. Before joining the CDC, Dr. Barfield served as an Assistant Surgeon General in the U.S. Public Health Service and as a medical officer, pediatrician, and neonatologist in the U.S. Army. Her keynote address focused on both the facts and causes of racial disparities in reproductive health in the United States.

“ We need to take action on many levels to really begin dismantling disparities. It begins with each one of us. I know that addressing implicit bias and structural racism in the work we do as healthcare providers is incredibly difficult. We all have biases. But as health providers we need to dig deep to bring to this task the fundamental skills that brought many of us to the profession we are in. We need to bring listening, compassion, and empathy, and use them to build relationships and trust with the families that we serve.

- Dr. Barfield



Shama Tajani
@shamatajani



Thank you Dr. Wanda Barfield from @CDCGov for an inspiring keynote talk on identifying and addressing the needs for optimal and equitable reproductive health for all mothers and babies. @TexasPQC @UTSystem @DavidLakey_MD @TexasDSHS @pramsey2012 #TCHMB2021 #maternalequity

12:55 PM · Feb 11, 2021 · Twitter for iPhone

PATIENT PANEL

This year's patient panel featured presentations and discussion from April Chavez, the maternal sepsis spokesperson for END SEPSIS, the Legacy of Rory Staunton; Brianna Harris, Founder and President of LetsTalkPPCM; and Tiffany and Stephen Bowen, Co-Founders of Skyler's Gift Foundation. April is a maternal sepsis survivor. Her goal as a patient advocate is to help educate others about the symptoms of sepsis and the importance of advocating for your own health or the health of those around you. In her role with LetsTalkPPCM, Brianna shares the story of women battling Peripartum Cardiomyopathy. Stephen and Tiffany founded Skyler's Gift Foundation in 2011 after the loss of their son Skyler to prematurity related causes. Skyler's Gift pays for burial and cremation cost for families who have lost their premature infants, as well as for grief counseling.

“ I had a healthy pregnancy and a normal delivery, but on the day that I was supposed to be discharged from the hospital, I started to feel sick. I began to have fever, chills, just an overall feeling of weakness. I became short of breath, and I felt like my heart was racing. I told my doctors about all of my symptoms, but I was basically brushed off. I was told that I was likely just anxious about being a new mom.

- April Chavez

“ In the weeks after Skyler's death, I attended a few groups hosted by the NICU social worker at the hospital, and we all shared our experiences. A few of them did not sit right with me. Other mothers told me how they were having difficulty coming up with the money to bury their baby and they were running out of time. I asked, 'What do you mean, running out of time?'

- Tiffany Bowen

“ Towards the 8th month of my pregnancy, I started noticing a flutter or something in my chest, in my heart. It was like a bubbly feeling. I asked my obstetrician if she could check my heart, because I felt something weird going on that I didn't feel in my first pregnancy. ... She told me, 'I hear a murmur, but it's a harmless murmur. It will go away after the birth.'

- Brianna Harris

Impact of Adverse Experiences

Family/Patient Panel



April Chavez



Brianna Harris



Tiffany and
Stephen Bowen



Moderator:
Janet Jones Dukes, MPH, CHES
TCHMB Community Health Committee
Co-Chair, Baylor University



Lourdes J. Rodríguez @Lourdes_Joely · Feb 11

...

As a NICU/preterm baby mom, April Chavez, Tiffany Bowen and Brianna Harris-Henderson's stories resonate. @StDavidsFDN we are working with community colleagues to make every pregnancy the healthiest and most joyful to achieve birth equity in Central Texas #TCHMB2021 @TexasPQC



April Chavez @achavez1019 · Feb 11

...

Thankful for the opportunity to share my #sepsis experience with @TexasPQC during #TCHMB2021 along side other brave women and families.



RACE EQUITY TRAINING

This year's summit included a half-day pre-session training on Race Equity, the first such training that TCHMB has sponsored. The training was led by Joyce James, the Founder and CEO of Joyce James Consulting. Prior to her consulting work, James was leader of the Center for Elimination of Disproportionality and Disparities (the Center) and the Texas State Office of Minority Health at the Texas Health and Human Services Commission (HHSC).

The training looked at both the historical and contemporary systems of racism and oppression that condition the experience of health and health care for women and children of color. It also involved participants in reflecting upon, and sharing, their own experiences both as providers and receivers of care, and oriented participants toward individual and system solutions to disparities and discrimination.

The training was well attended (377 individuals) and extremely well received, with 96%, 99%, and 98% of respondents to our survey strongly or somewhat agreeing with statements about the efficacy and value of the session.

When asked about changes to their practice they intended to implement because of the sessions, participants said the following:

- “ I want to open a dialogue with other leaders in my area to implement institutional protections for women and infants of color.
- “ We need to look more at access issues, for one thing, and at the system that Black mothers are experiencing during and after pregnancy.
- “ I will be BOLD and more courageous in addressing racial inequities in maternal care at the hospital system I work for always pulling apart data to look at disparities between race/ethnic groups to get the full picture.



Tausi Suedi, MPH @TausiSuedi · Feb 10



.@TCHMB 2021 Summit pre-session on [#RaceEquity](#) Training by Joyce James has more than 290 attendees and she's amazingly unpacking the history of institutional racism and its current impacts on [#maternal](#) [#infant](#) health outcomes. [#TCHMB2021](#) [#BlackMaternalHealth](#) [#SystemicRacism](#) [#SDOH](#)

QI TRAINING ACADEMY:

Using Quality Improvement to Address Health Equity

On the afternoon of February 10th, in advance of the Summit, TCHMB hosted a half-day QI Workshop on the topic of Using Quality Improvement to Address Health Equity.

Attendees learned about racial disparities; strategies and tools to identify health disparities; and strategies and tools for incorporating the health equity frame into quality improvement. The training was led by Christina Davidson, MD, Texas Children's Hospital; Catherine Eppes, MPH, MD, Ben Taub Hospital; Patrick Ramsey, MD, MSPH, UT Health San Antonio; and Amanda Wagner, DNP, WHNP-BC, CPHQ, CNE, UT Health Science Center at Tyler.

In the post-session survey, 99% of participants agreed that the workshop had delivered on its learning objectives, and 98% agreed QI that their knowledge or skills had improved by taking the course. In response to a question about what changes they intended to implement in their practice, after attending the workshop, responses included:

- “ **As the maternal medical director for our hospital's maternal LOC designation, I am involved in quality improvement and will implement some of these strategies into our work.**
- “ **I will use this training in the assistance that I provide hospitals that are working on quality improvement plans for breastfeeding.**
- “ **I am an RN and president of the board of a prenatal clinic. I will digest these methods and think about how we can use improvement measures to meet our goals.**



Shama Tajani, MPH, CHES @shamatajani · Feb 10



@AmandaWagnerDNP, Dr. Christina Davidson, Dr. Catherine Eppes and @pramsey2012 are leading a great QI Training Academy on incorporating health equity strategies into quality improvement efforts. #TCHMB2021 #Maternalequity @TexasPQC @UTSystem @DavidLakey_MD @TexasDSHS



Tausi Suedi, MPH @TausiSuedi · Feb 10



.@TexasPQC Summit: Christina Davidson @bcmhouston applies the iceberg approach to illustrate causes of maternal mortality and severe maternal morbidity with higher rates and cases among black women in the US. #TCHMB2021 #MaternalMortality #MaternalHealth #SevereMaternalMorbidity



Using Quality Improvement to Address Health Equity (QI Training Academy)



The Texas Collaborative for Healthy Mothers and Babies (TCHMB) is a multidisciplinary network made up of health professionals throughout the state. Our mission is 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.