



ATTENDANCE			
FACILITY	NEONATAL REP	MATERNAL REP	OTHER
Baptist Hospitals of Southeast Texas			
CHRISTUS Jasper Memorial			
CHRISTUS Southeast Texas St. Elizabeth			
Medical Center of Southeast Texas			
Pearland-Memorial Hermann			
UTMB-Angleton Danbury			
UTMB - Galveston			
UTMB - League City			
Approval of minutes	Did not have previous minutes		
Topic	Discussion	Actions	Responsible/Status/Date Resolved
Maternal Participation	Brought up in general assembly, If freestanding NICU department when have a separate person. Level 1 could have just one person. To start with next meeting to help maternal get started and as we grow and designation completes we can re-evaluate dividing. We do need to work together on issues	If facility is level 1 then have one representative to represent both departments. If higher level or separate NICU department then have a separate representative for each area.	All-OPEN

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	Jeff recommended that we vote to change the name of the committee to Perinatal Committee, or alternative if include maternal representation.	Will vote next meeting- 3/2018	
Surveys	Questions for facilities who have already had their survey. DHS, Alicia, discussed maternal leveling being pushed back and require leveling survey for level 1. The level 1 facilities are having issues with the applications and an organized QAPI programs. So all future level 1 applicants will have survey. There are only 2 people surveying for the state. It can take 2-3 months to hear back from TETAf. A lot of maternal content during survey. _____ had a potential deficiency related to the OB. Make		Open discussion-no action needed

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	<p>sure that you have someone available to discuss maternal issue and can access maternal documentation.</p> <p>Emergency C-section: use of emergency term can cause deficiencies related to 30-minute C-section.</p> <p>Maternal rep from UTMB, sit in on neonatal survey, watch webinar, review rules.</p> <p>Admit temperature was a focus for St. Elizabeth survey, what time the temp is required, what is the ideal temperature. If it's not a rule then it cannot be seen as a deficiency and the TETAF/AAP survey report gives you a potential deficiencies, only DSHS can determine actual deficiency. UTMB had a potential deficiency related to not having a t-piece</p>		
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	<p>resuscitator, state NRP recommends it. Natalie Duplechin, RN from Baptist Hospital educated on the Neo-tee resuscitator on use as a disposable alternative to the Neo-puff.</p> <p>How the surveyors verify the rules is different for different surveyors.</p>		
<p>Harvey Lessons</p>	<p>Only Beaumont evacuated NICU babies. Port Arthur was able to keep their babies, they had about 9 babies during the storm. St. Elizabeth had 17 babies in the NICU, ended up transferring 11 out. Baptist evacuated all patients</p> <p>Issues: influx of people into the facility due to not having shelter.</p> <p>Stretchers are not one size</p>		<p>Open discussion-no actions needed</p>

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	<p>for all, not all transport teams are competent to transport babies, flight capable vs not flight capable,</p> <p>Breast feeding, extra storage to allow for parents to bring stores of breast milk in prior to disaster.</p> <p>Level 1 facility with only 6 LDR beds and was the only facility that was reachable and did 29 deliveries, had to move to med surgical beds. Issue: security, people had to stand at exterior stairwells. Having enough staff was an issue due to increased patient load and decreased resources. Brought OR staff taking care of newborns. Cath lab did circumcisions. Not enough cribs, so moms were co-sleeping until open</p>		
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	<p>cribs could be brought in. Clinic out of triage for community.</p> <p>Sister facilities sent people in, compact state licensure doesn't matter during disaster.</p> <p>St. Mary's did not have the appropriate staff to handle imminent deliveries.</p> <p>Medical equipment for discharges and open clinics for follow up. Families not able to get to baby for discharges.</p> <p>Equipment not being available in ER after facilities closed.</p> <p>Community needs for formula. Formula reps gave lists of shelters that formula was brought to. Laundry.</p>		
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	<p>Discharges in house criteria.</p> <p>Disaster teams not activated, no disaster plans for long term disasters.</p>		
Disaster Grid	<p>Started before the storm, we need to review to make sure all are on it.</p> <p>E-mail emergency contact</p> <p>Transport options in/out</p> <p>Capacity</p> <p>Max capacity</p>	Will bring for next meeting and finalize then	Kelli-OPEN
RAC project	<p>Potentials: Antibiotics within the 1st hour, admit temperatures, vital signs frequency, hours of age vs hour of admit.</p> <p>What do we want to do as a RAC to create standards?</p> <p>Maternal to NICU handoff, communication tools, look at the barriers of both sides.</p>	<p>Committee members research on what is the optimum time to obtain temperature.</p> <p>Best Practices for Maternal-Neo communication tools-future project with input from maternal partners.</p> <p>Facilities to present temp findings at next meeting.</p>	All-OPEN

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	<p>Delivery room documentation during resuscitation create a tool for documentation with a debrief section.</p> <p>Two pages, one as part of the medical record, one for the chart reviewer with the debrief.</p>		
<p>Outreach education “needs”</p>	<p>Dinah thinks the RAC should do a needs assessment.</p> <p>PT/OT from UTMB</p> <p>Neonatal nutrition courses 3 days in March, in Houston.</p> <p>Baylor is doing a nursing education in January.</p> <p>Bring case review and alternate.</p>		

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	<p>Baptist educated on blood culture bottles that require less volume for pediatric patients.</p> <p>Due to saline shortage facilities are now mixing their medications.</p>		
Open floor	<p>Right to bear arms (no rings, sleeves, no watches) most facilities have rules for what the nurses can and cannot wear.</p> <p>Visitation policy hours, survey wants open visitation hours. Memorial Hermann will be sending out the HIPAA. Sibling visitation, able to come in admit, must bring shot record, temperature check, no siblings during RSV and flu season, 2 adults must come with child.</p>		
Adjournment: 1435			

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e-mail to regan.sciarrilla@bhset.net to review and complete.

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