District of Columbia
Perinatal
Quality Collaborative

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

This program is funded wholly or in part by the Government of the District of Columbia Department of Health

DC | HEALTH

The District of Columbia Perinatal Quality Collaborative Grant is managed by the District of Columbia Hospital Association (DCHA). DCHA is a unifying force working to advance hospitals and health systems in the District by promoting policies and initiatives that strengthen our system of care, preserve access and promote better health outcomes for the patients and communities they serve.

AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

This DC Perinatal Quality Collaborative Program is funded wholly or in part by the Alliance for Innovation on Maternal Health

DCHA
District of Columbia Hospital Association

Charter for The District of Columbia Perinatal Quality Collaborative

MARCH 2022

Section 1: Who Is the DCPQC

Mission
The District of Columbia Perinatal Quality Collaborative serves as champions for reducing maternal mortality, improving health outcomes, and narrowing racial and place-based disparities in maternal health through a data-driven, quality improvement approach.

Vision
To create and support measurable quality improvement approaches that decrease maternal morbidity and mortality and contribute to all women thriving, being strong and having a healthy pregnancy.

Goals

1. By January 2026, the DCPQC will reduce pregnancy related morbidity and mortality among women in the District and reduce racial, geographic and social economic disparities.

2. By January 2026, the DCPQC will work with hospitals to reduce the impact of policies and practices that reflect systemic racism to decrease pregnancy related morbidity and mortality.

Objectives:
The following objectives are established to measure and determine success:

Objectives	Achieved
Partner and participate in the Alliance for Innovation of Maternal Health (AIM).	✓
Identify key areas of maternal risk for morbidity and mortality through data analysis of hospital, birth certificate, and other valid data sources.	✓
Identify, recruit, engage, and retain key perinatal stakeholders such as public health professionals including representation from DC Health; clinicians; professionals; payers and purchasers of perinatal health care services; representatives of women and infant-serving community-based organizations; academia; representatives of national, state and local professional organizations such as the American College of Obstetricians and Gynecologists; patient and family advocates; and patients and family members affected by the maternal mortality and morbidity concerns that the DCPQC aims to address.	✓

Collaborate with the Alliance for Innovation on Maternal Health (AIM), a national, cross sector program aimed to promote safe maternal care and lower high US morbidity and mortality rates in the US, to enhance the work of the DCPQC, benefit from lessons learned, and best practices of other PQC's and maternal equity groups. Participating in AIM will also allow the DCPQC to implement and evaluate programs and services designed to promote patient safety; educate providers, patients and the larger community on quality maternal health care and associated outcomes; and foster a culture of high quality, accountable, and accessible maternal health services in the District.	✓
Use data-driven patient safety and quality improvement methodology for implementation of any strategies and plans.	✓
Develop a solid PQC infrastructure with a sustainability plan in place.	
Build a community-based strategy for addressing maternal health concerns.	

Continuing Objectives:
The following objectives are recurring and will continue as the DCPQC evolves:

Objective	On Going
Develop the staffing, partnerships, stakeholder engagement, quality improvement capacity, community visibility, and other resources and supports necessary to ensure the sustainability of the Collaborative and its initiatives. Assemble the staffing and other resources –health information technology, data collection and management, communications to support dissemination and outreach, and protocols and policies needed to guide the Collaborative's operations. Support and evaluate community efforts aimed at improving maternal health.	

In Scope:
The DCPQC is a quality improvement collaborative focused on changes in the maternal and infant health care in District of Columbia.

Out of Scope:
The DCPQC is not:

- A lobbying and advocacy group
- A research study group
- A community-based group (however, we recognize the need to include the patient/community input)

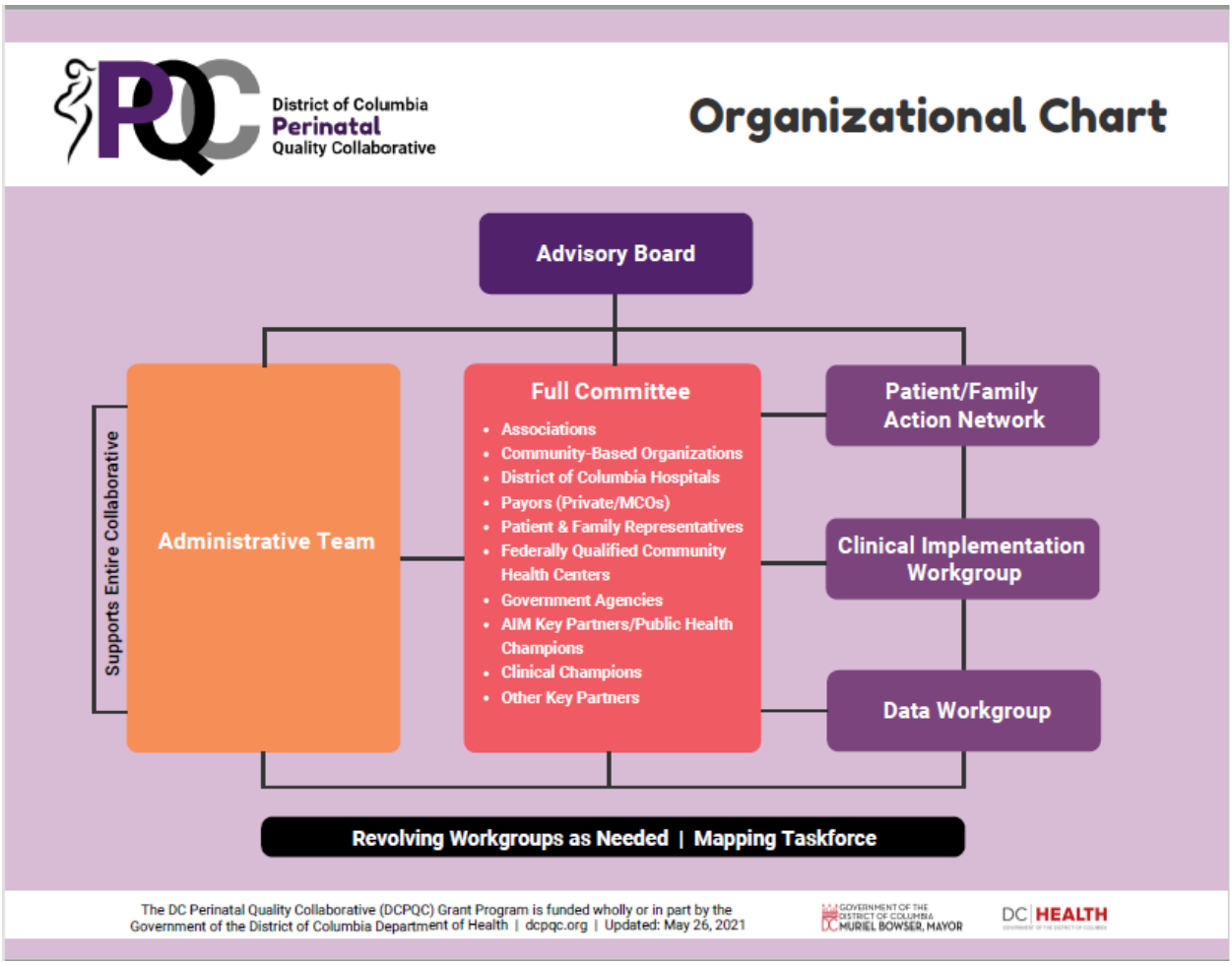
Partnership
Our partners are dedicated to the cause of improving perinatal and maternal health in the District of Columbia. We are proud to work with such esteemed groups of experts who share their knowledge, resources and passion for healthy moms and babies**.** More information about each partner can be found by clicking on each partner's name below:

- DC Hospital Association (DCHA)
- Alliance for Innovation on Maternal Health (AIM)
- DC Primary Care Association (DCPCA)

- Wolomi
- Children's National Hospital
- The George Washington University Hospital
- Howard University Hospital
- Medstar Washington Hospital Center
- Medstar Georgetown University Hospital
- Sibley Memorial Hospital

Section 2: DCPQC Collaborative Structure

The DCPQC is made up of a large body of stakeholders which divides into smaller groups to achieve the overall goal and mission of the DCPQC. The relationship between them is built on bi-directional input from one another. The DCPQC stakeholders make up the following groups and are responsible for the following.



Administrative Team

The members listed below represent the Administrative Team and were appointed by way of the initial grant. The Administrative Team's primary responsibility is to provide the initial vision and direction for the DCPQC; brainstorm and provide feedback on initial DCPQC and AIM related documents and discuss ideas for larger meetings and agenda items. This team is already established; however, current members can recommend someone as an alternate or new teammate based on their expertise. This participant would need to be vetted by the current Administrative Team.

They are:

- **Executive Clinical Director**: Melissa Howard Fries, MD
- **Executive Program Director**: Gayle Olano Hurt, MPA, CPHQ, PMC, DCHA Assistant Vice President, Patient Safety and Quality Operations.
- **Patient/Family and Partnerships Director**: Yolette A. Gray, MPH, CHES, DCHA Senior Manager, Public Policy and Community Engagement.
- **Project Manager**: Rakiya Moore, BSc, DCHA Perinatal Quality Collaborative Project Manager.
- **Data Analyst**: Annette Kotna, BSc, DCHA Data Analyst.
- **Communications Expert**: Jennifer Hurt, MPA, DCHA Senior Director Communications and Member Relations.
- **Grants Manager**: John Norman, DHA, DCHA Assistant Vice President for Finance and Administration.
- **AIM Subject Matter Expert Liaison**: Jeanne Mahoney, BSN, former Senior Director of Provider's Partnership and Alliance for Innovation in Maternal Health and American College of Obstetricians and Gynecologists (ACOG).
- **Patient and Family Liaison and Data Liaison**: Patricia Quinn, Director of Policy and External Affairs at the District of Columbia Primary Care Association (DCPCA)

Advisory Board

The Advisory Board consists of a subset of key stakeholders from the Full Committee and are the decision-making voting body. This group consists of clinicians, public health professionals, representatives of key maternal health care stakeholder's organizations, members of the District's Maternal Mortality Review Committee, patient/family members, Quality Improvement (QI) experts, DC Health, local health policymakers and payors (Private/MCOs). The responsibilities of the Advisory Board is to vote on key decisions, advise on the development of the initiatives; to establish operating rules for decision-making processes and strategic planning; and to provide guidance on how the Collaborative should address the District's priority perinatal QI issues including identifying key drivers of maternal morbidity and mortality, providing recommendations on QI measurement strategies, and disseminating QI findings. This Advisory Board is not open to the public. To join this Board, participants must be vetted and invited by the Administrative Team and DC Health.

- As a note, any time the Advisory Board votes, all government attendees are considered ex-officio and are unable to participate in the vote.

Full Committee

The DCPQC Full Committee is a large body of stakeholders that include DC Hospitals and Clinicians, Payors (Private/MCOs), DC Hospital Associations, DC Primary Care Associations, Community Based Organizations, Patient and Family Representatives,

Federal Qualified/ Community Health Centers, Government Agencies, AIM Key Partners/ Public Health Champions, Clinical Champions, Quality and Safety Improvement Experts, University-based Subject Matter Experts, and other key stakeholders in the District. These members will attend bi-monthly meetings and provide input and recommendations on issues happening in the DCPQC. Members will collaborate with one another if a taskforce/workgroup is created surrounding a particular initiative. Additional duties and responsibilities are forthcoming as the DCPQC evolves. The Full Committee is not open to the public. To join this committee, participants must be vetted and invited by the Administrative Team and DC Health.

Data Workgroup

The Data Workgroup consists of representatives from the DC Hospital Association, DC Primary Care Association, DC Hospitals, Subject Matter Experts, Community Based Organizations, Key Partners, and representatives from CRISP. The primary responsibilities of the Data Workgroup are to build on the existing data infrastructure which will include CRISP's maternal health snapshot, create a gap analysis to understand the modifications that may need to be made overtime and often review the gap analysis to ensure the current agreements and underlying systems supports the needs of the DCPQC; propose and create a plan at the start of program year 1 to implement an annual data collection plan; make decisions about data categories and identify entities that are sources of these datal draft and execute Data Sharing Agreements; ensure the secure transfer of storage of data; create the data indicators to track progress of the implemented bundles, facilitate the submission of the DCPQC member data to the AIM portal; and create data reports to be disseminated on the DCPQC website. To join this workgroup, interested participants must email the DCPQC Project Manager to be added to the meeting.

Community Action Network/Team

The Patient/ Family Action Network consists of community members from the District that have a passion for maternal health and creating healthy outcomes for future birthing people and family members. Community members will create goals that closely align with the DCPQC mission and vision; create a plan to implement the proposed goals; use the AIM bundle framework to affect change from a patient perspective in the hospitals; and attend DCPQC meetings to provide a patient advocate voice. To join this network, interested participants must be invited through the DC Healthy Start program or the Community Action Team.

Section 3: Meeting Etiquette

Meetings and Participation

Meetings are strategically planned for each group and consider members schedules to the best of our ability. Each meeting will start promptly on time and members are expected to arrive on-time. Participation is welcomed from members in each group and aids in fruitful conversation and discussion. If a member cannot attend a meeting, a designated representative can participate in place of the absent member, however, please email the leader of the meeting prior to the meeting to confirm the designated attendee will be attending. The group meeting is held at a specific time in the month so information can be disseminated across all groups in a timely manner. If a meeting must be changed or cancelled, the change will be communicated in a timely manner. The Advisory Board and the Full Committee meet every other month and the Data Workgroup and Community Action Network/ Team meets ad-hoc.

Meeting Materials

Meeting materials such as agendas and accompanying documents (i.e. PowerPoint slides, reading materials, etc.) will be attached to the meeting invite no later than the day before the meeting for participants to review. An action items list with responsibilities will be maintained within the minutes and will be assigned to members with an expected completion date to move work forward.

Section 4: Project Selection and Secession Planning

Choosing a Project

The DCPQC is a data-driven group, therefore, we choose projects based on the data provided by our partners and DC Health. The data reveals the maternal or neonatal health issue that deems most important. The Data Workgroup interprets the data and provides a recommendation using an SBAR (Situation, Background, Assessment, Recommendation) format. This recommendation will be presented to the Administrative Team and the Advisory Board. The Advisory Board will discuss the SBAR recommendation and using Robert's Rule will propose a motion to vote on the recommendation. The motion to vote will be documented in the Advisory Board minutes.

Choosing a Chair/Co-Chair

The DCPQC will form taskforce and workgroups overtime to further the work of the Collaborative. Every group may or may not have a chair and co-chair. However, if a chair or co-chair are designated to a group, members will be allowed to self-nominate, solicit nominations, or individuals may be nominated based on subject matter expertise, interest, and stakeholder representation.

Reappointment

DCPQC Full Committee Members will be reappointed on an annual basis. This will ensure the most accurate and up to date members are represented. Reappointment letters will be issued to Committee Members at the end of the year for the following year. Appointments will be confirmed by the grantor and DCPQC Administrative members.

Appendix A: Defining Groups within the Collaborative

The DCPQC consists of a variety of groups within the Collaborative. Each group, as mentioned above, consists of a different role and responsibility based on the type of group. Listed below are definitions of a few groups that are established or will soon be established within the DCPQC.

- Board: A board is a body of selected individuals who provided strategic advice to inform decision making regarding the collaborative.
    - *Example*: The Advisory Board
- Collaborative: A collaborative is the process of two or more people, entities or organizations working together to complete a task or achieve a goal. Collaboratives should be engaged and value the work being done, should build a culture of openness, honesty and trust and should take on a network approach in which there is no hierarchy established yet there is a leader who supports egalitarian principles. Collaboratives may brainstorm ideas, provide feedback and input, and help to further the goal of the program or project.
    - *Example*: The DC Perinatal Quality Collaborative
- Committee: A committee is a person or group of persons elected or appointed to perform a service or function. Committees will include an effective chair and co-chair, will communicate with and be accountable to a Board, and will have well-run meetings. Committees may provide feedback and input on documents, brainstorm and be accountable to completing work to help further the goal of the specific committee.
    - *Example*: The DCPQC Full Committee
- Network: A network is a dedicated and connected community of professionals with related interests. A multitude of similar or the same groups established in various places join to achieve a common goal. To join this group, a participant must have related knowledge and expertise.
    - *Example*: Patient and Family Advisory Networks consisting of Patient and Family Advisory Councils.
- Taskforce: A taskforce is a temporary grouping of people brought together to work on a single defined task or activity. To join this group, any participant can volunteer.
    - *Example*: Mapping exercise taskforce or the AIM bundle taskforce
- Workgroup: A workgroup is an organized group of people who work together on a particular portion of a project. This group is not temporary and likely will use meetings to complete work. To join this group, any participant can volunteer.
    - *Example*: Data Workgroup or the Clinical Implementation Workgroup