

ARKANSAS MATERNAL AND PERINATAL  
OUTCOMES QUALITY REVIEW  
COMMITTEE



I.9(b)

Legislative Report  
December 2022

Act 1032 of 2019

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*This report is produced by the Arkansas Department of Health, Center for Health Advancement as a requirement of Act 1032 of 2019.*

The Arkansas Maternal and Perinatal Outcomes Quality Review Committee (AMPOQRC) is charged with implementing and maintaining risk-appropriate perinatal care using evidence-based criteria for designating and assigning levels of maternal and neonatal care. The committee is also tasked to review birth data and to develop strategies for improving infant mortality and birth outcomes. This report details AMPOQRC key activities for calendar year 2022.

The AMPOQRC is a multidisciplinary committee comprised of representatives from the Arkansas Department of Health, Department of Human Services, maternal and perinatal community stakeholders including representatives from participating delivering hospitals and the state's only freestanding pediatric specialty hospital.

The AMPOQRC held virtual bi-monthly meetings in 2022, with five meetings during the 2022 reporting period.

Key activities for 2022 include:

- Collaborative Learning
- Subcommittee Projects
- Strategies

The AMPOQRC charter, approved in 2021, was developed to outline responsibilities and roles of committee members and to create a continuous quality improvement process. The committee is led by two co-chairs with diverse clinical or administrative backgrounds, and who are committed to improve the health and well-being of Arkansans, regardless of employer affiliation. The Chairs, appointed by the Secretary of Health, lead committee meetings and develop strategies relative to the vision of the Committee. Voting committee members will include eight (8) representatives from participating level I or II facilities, eight (8) representatives from level III-A, III-B, and IV facilities. Additional voting members will include representatives from the ADH Family Health Branch.

Three subcommittees were formed, with a focus on quality, education, and site visits. Written descriptions of each committee were agreed upon and with regular reporting to the full committee at each meeting.

Risk appropriate care is a strategy developed to improve health outcomes for pregnant women and in infants. A level of care assessment was conducted by introduction of the CDC Levels of Care Assessment Tool (LOCATe) in 2021. LOCATe helps to assess birthing facilities based on the level of risk-appropriate care and offers a standard process for assessment that aligns with the most recent guidelines and policy statements issued by the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the Society for

Maternal-Fetal Medicine (SMFM). The results revealed a discrepancy in 50% of maternal and 43% of neonatal self-reported level of care and their LOCATe-assessed level of care.

## Background and Current Activities

In 2011, the Arkansas Department of Health (ADH) appointed a committee on Neonatal Intensive Care Unit (NICU) classification and regionalization with the aim of developing a perinatal care system with standardized, risk-appropriate levels of maternal and neonatal care.

In 2014, this group became the Perinatal Regionalization Committee, which included a diverse group of stakeholders, including representatives from the University of Arkansas for Medical Sciences (UAMS), Arkansas Children’s Hospital (ACH), the Arkansas Hospital Association (AHA), the Arkansas Center for Health Improvement (ACHI), the Arkansas Foundation for Medical Care (AFMC), as well as representatives from many of the State’s 39 birthing hospitals. The Perinatal Regionalization Committee developed the Arkansas Perinatal Levels of Care Recommendations, which were approved by the Arkansas Board of Health in 2016.

At this time, Arkansas had 17 Level I hospitals, 14 Level II hospitals, 5 Level III-A hospitals, 2 Level III-B hospitals, and 1 Level IV hospital.

After the levels of care were approved, a process was developed for all hospitals to voluntarily verify their maternal and neonatal levels of care annually. In addition to the annual verification survey, site visits were to be conducted every three years for level III-A, III-B, and IV hospitals.

In 2019, Act 1032 gave ADH authority to establish a Maternal and Perinatal Outcomes Quality Review Committee to review data on births and to develop strategies to improve birth outcomes. Once Act 1032 was signed, the Perinatal Regionalization Committee assumed responsibility for the mandates set forth by the legislation and was renamed the Arkansas Maternal and Perinatal Outcomes Quality Review Committee (AMPOQRC).

### **Current Activities**

In 2022, the AMPOQRC focused on collaborative learning activities, subcommittee projects, and review to action strategies.

During a 2022 meeting, the AMPOQRC members voted through a survey poll to determine the best tool to use to assess the levels of care for Arkansas birthing hospitals. The poll results were 88% in favor to conduct a hybrid approach with ensuring that the perinatal levels of care classification system are implemented and maintained in the state of Arkansas with the ultimate goal of decreasing maternal and infant mortality. The hybrid approach will combine the current CDC LOCATe Tool and ADH Survey using the Guidelines for Perinatal Care Eight Edition.

## Collaborative Learning Activities

Arkansas Maternal Mortality Review Committee (AMMRC) members met in 2022 and carefully considered each maternal mortality case identified for review in 2021. The members applied their collective knowledge, training, and professional experience to develop clinical recommendations to improve maternal outcomes.

The recommendations provided by AMMRC based on 2018 cases were published in late 2021. During the 1<sup>st</sup> quarter of 2022, the AMPOQRC utilized its platform as a collaborative learning forum to share recommendations and resources for Arkansas birthing hospitals to work together to improve maternal outcomes.

AMMRC recommendation #1: Promote a culture of consistent excellence in maternal health care through education and implementation of best practices. One of the quality improvement points of intervention stated, “Facilities should develop a system to inform health care providers of innovative and emerging therapies.” In 2022, the AMPOQRC meetings provided health care providers in attendance with information about partner programs and emerging therapies beneficial for improving maternal and neonatal care.

During a spring meeting in 2022, AMPOQRC members were presented information on an outbreak of congenital syphilis (CS) in the State of Arkansas from an Arkansas Department of Health Epidemiologist. ADH resources were provided to all health care facilities to inform about free screening and treatment for Arkansas patients at the Local Health Units.

The following additional information was provided to AMPOQRC:

- In 2021, the proportion of female syphilis cases that were pregnant was **significantly lower** than the previous 3 years.
- In 2021, the number of congenital syphilis (CS) cases was **significantly higher** than the previous 3 years.
- 20 CS cases have been diagnosed so far in the first 4 months of 2022.

### Proposed Plan:

- Develop syphilis screening algorithm in the epic system to be used in the emergency setting with ADH conducting patient follow-up and treatment.
- Develop electronic case reporting (eCR) that would allow real-time exchange of syphilis labs and patient information between epic system and ADH.
- Partner with community organizations that already work with pregnant women with substance use disorder (SUD) to offer screening and treatment to pregnant patients not enrolled in prenatal care

In late fall, the AMPOQRC sent a critical clinical update letter about CS to providers within our state to remind everyone of the importance of complying with required Arkansas state guideline for maternal screenings.

The following clinical updates were included:

- Serologic testing at the first prenatal visit and at 28-32 weeks (even if previously treated) for all pregnant patients with each pregnancy
- Serologic testing at delivery for pregnant patients:
  - at high risk for acquisition during pregnancy
  - those living in areas with high rates of syphilis
  - those not tested during the last trimester

During a spring AMPOQRC meeting, the Medical Director for ACH NICU also co-chair of committee, presented information on the ACH Nursery Alliance. The Arkansas Children's Hospital Nursery Alliance is a quality collaborative focused on improving neonatal clinical outcomes through partnership and best practice. This alliance is focused on lowering infant mortality with a strategic plan that steers in a direction towards charting Arkansas' smallest citizens. The ACH Nurse Alliance strategic plan was designed around three emerging trends across the alliance: Stabilization/Escalation of Care, Nutrition, and Safety.

In mid-summer of 2022, ADH launched a new Pregnancy and Covid website.

<https://www.healthy.arkansas.gov/programs-services/topics/covid-19-and-pregnancy>. The new website was presented to AMPOQRC. Resources and updates were provided to the committee regarding this topic.

Other resources provided to the MPOQRC to contribute to improvements in infant outcomes included a Donor Milk Bank presentation and Safe Sleep education.

## **Subcommittees**

In 2022, each subcommittee met to discuss ways to improve the quality of care for Arkansas mothers and babies.

### **Quality Improvement Subcommittee**

The Quality improvement subcommittee is charged with working to identify collaborative quality improvement projects that seek to improve maternal and neonatal outcomes across Arkansas. The subcommittee provides insight on the design and processes of such projects to ensure successful implementation.

The Quality improvement subcommittee met in 2022. This subcommittee continues to build on syphilis public health awareness projects.

The subcommittee is interested in forming a quality collaborative to learn and share best practices. Ongoing quality projects that are being considered include:

- Safe Sleep
- Opioid Abuse

- Arkansas Syphilis Increase Notifications
- COVID Surveillance & Education

### **Education Subcommittee**

The Education subcommittee is charged with working to provide ongoing education to support hospital efforts that seek to improve maternal and neonatal outcomes across Arkansas and to develop community education. Ongoing education can include, but is not limited to: e-modules, simulations, or trainings from ACOG and other national groups.

The Education subcommittee met at different times throughout 2021 to discuss educational information needs to be shared on an ongoing basis. The Education subcommittee presented information to the AMPOQRC on COVID-19 trends, pregnant women, educational campaigns, etc. in the June 17 and August 19 committee meetings. Ongoing educational activities include:

- Providing approved educational offerings on the ADH AMPOQRC website. The material would be for health care providers as well as consumers. An example of health consumer information would be to include a hospital locator with level of care designation.
- Developing a process to collect and create distribution lists for educational offerings (ex. Nursery Alliance, Perinatal Outcomes Workshop through Education Research (POWER) program, ADH, Arkansas Medical board).
- Developing monthly or bi-monthly newsletters.

In August 2022, a letter was developed by the Education subcommittee and addressed to providers regarding clinical updates about congenital syphilis.

### **Site Visit Subcommittee**

The Site Visit subcommittee is charged with outlining processes for site reviews at hospitals in relation to perinatal regionalization activities. This work can include but is not limited to, identifying, confirming, or advancing level of care statuses of nurseries across the state and participation of the new Maternal Levels of Care (MLC) Verification program. The site reviews will occur every two years for level III-A, III-B, and IV facilities. The site visit subcommittee will submit a pre-survey questionnaire and LOCATe tool to the facility for each site visit, complete the review and conduct an exit interview to present the facility with recommendations. This committee will be led by two co-chairs and will include hospital members, and other state and community organizations, who are committed to improving the health and well-being of Arkansas.

The Site Visit subcommittee proposed planning site visits for Level III and IV sites and is not currently planning to visit Level II sites. The current cycle carried over is a two-year cycle;

however, a three-year cycle may be considered. The site visit process will include verification of credentials, a review process, the onsite visit, and a meeting to finalize the report. It is expected to be a two-day process. There is a need for additional surveyors. This is an ongoing project.

## Strategies

Urgent Maternal Warning Signs were presented to AMPOQRC. The ADH Family Health Medical Director, also co-chair of the committee presented the information. The providers were encouraged to add CDC Hear Her Campaign Urgent Warning Signs [Urgent Maternal Warning Signs | CDC](#) material to discharge packets.

“Thoughts about harming yourself or your baby” is an Urgent Maternal Warning Sign apart of the CDC HEAR Her Concerns campaign. An action step that AMPOQRC conducted to help save a life or improve healthcare for this sign included sending the national maternal mental health hotline 1-833-9-HELP4MOMS for pregnant and new moms to the committee to share with patients as needed. The hotline is 24/7, free, and confidential [National Maternal Mental Health Hotline | MCHB \(hrsa.gov\)](#). This free support is for before, during, and after pregnancy. Patients are able to have access to professional counselors and referrals to local providers.

“Baby’s movement stopping or slowing down during pregnancy” is an Urgent Maternal Warning Sign apart of the CDC HEAR Her Concerns campaign. An action step that AMPOQRC conducted to help save a life or improve healthcare for this sign includes partnering with UAMS and Count the Kicks (CTK). “CTK is an evidence-based campaign that teaches expectant parents about the importance of tracking fetal movements” <https://countthekicks.org/about-us/>. This new partnership is expected to go live in early 2023 and will provide free educational materials to all expecting Arkansas moms about the importance of tracking baby’s movements.

The urgent challenges facing Arkansas maternal and newborn health gives an important role to the Arkansas Maternal and Perinatal Outcomes Quality Review Committee. It is our goal to continue to address critical health issues for our moms and babies.

The AMPOQRC continues to provide an infrastructure to support quality improvement efforts to contribute to addressing maternal and perinatal outcomes. As recommendations are completed from the Arkansas Maternal Mortality Review Committee yearly, AMPOQRC will strategize opportunities to achieve systems-level changes for Arkansas health care providers.





## Infant Mortality

What is infant mortality?

Below are a few common terms used when examining infant mortality:

### Infant mortality

• The death of an infant before his or her first birthday

### Infant mortality rate

• The number of infant deaths for every 1,000 live births

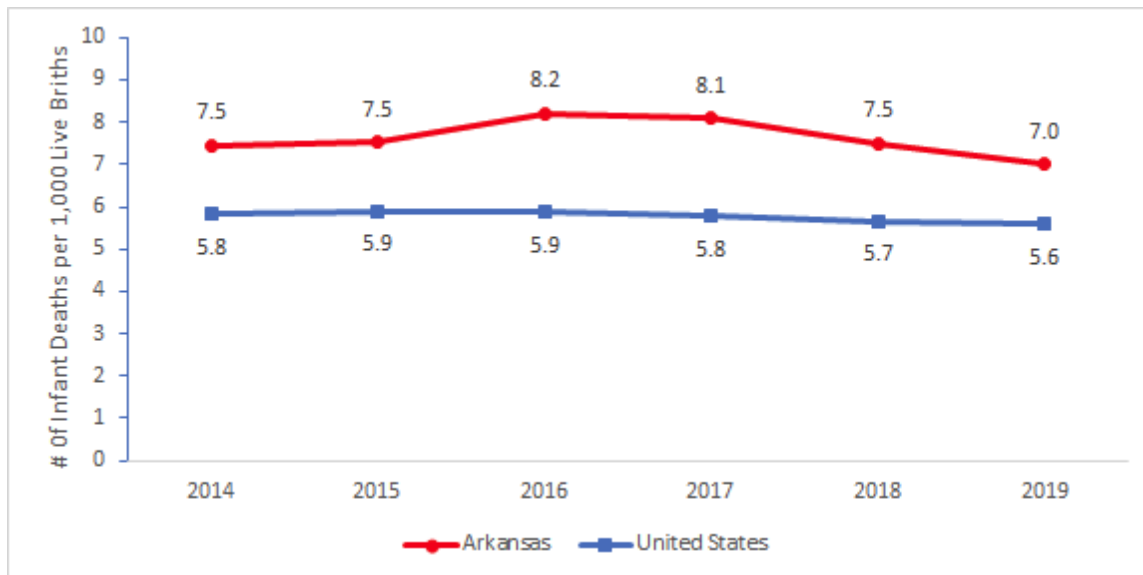
### Neonatal mortality

• The death of an infant in the first 28 days of life (0-27 days)

### Post-neonatal mortality

• The death of an infant that is more than 27 days and less than one year of age

❖ In infant mortality, Arkansas has consistently been above the national average. However, the number of infant deaths per 1,000 live births has been steadily decreasing since 2016.



### 1. Top Causes of Neonatal Death

- ❖ Among the 256 infant deaths in Arkansas in 2019, 156 (60.9%) occurred during the first 27 days of life. The leading causes of death were:
  - Congenital malformations, deformations, and chromosomal abnormalities (46 deaths)
  - Disorders related to short gestation and low birth weight, not elsewhere classified (39 deaths)
  - Newborn affected by maternal complications of pregnancy (11 deaths)

### 2. Top Causes of Post-neonatal Death

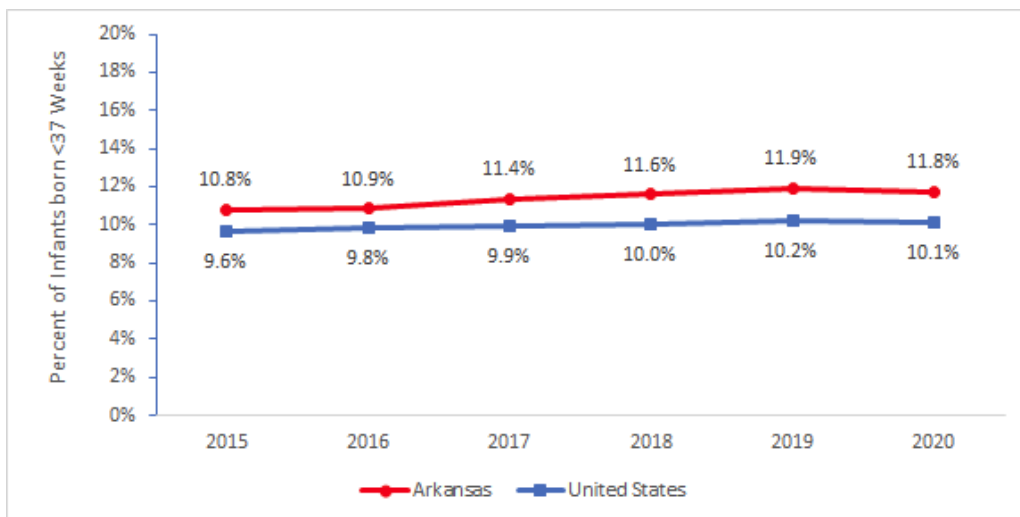
- ❖ One hundred infants died during the post-neonatal period (28-364 days postpartum). The leading causes of post-neonatal death were:
  - Sudden infant death syndrome (SIDS) (47 deaths)
  - Congenital malformations, deformations, and chromosomal abnormalities (17 deaths)

### Other Infant Health Data

Several risk factors affect an infant’s risk of dying including, but not limited to, preterm birth, low birthweight, mother receiving prenatal care, safe sleep practices, and breastfeeding.

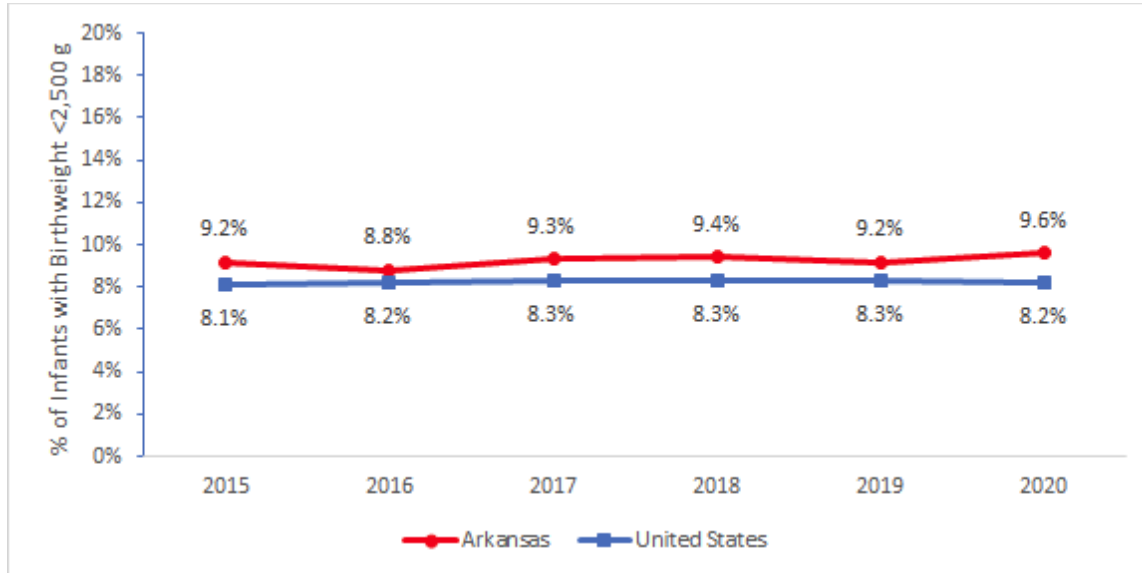
### 3. Preterm Birth Ranking

- ❖ In preterm births, Arkansas has consistently been above the national average. The percentage of infants in the state born before 37 weeks gestation has been steadily increasing over time. Arkansas currently ranks 45 out of 50 in preterm birth (50 being worst).



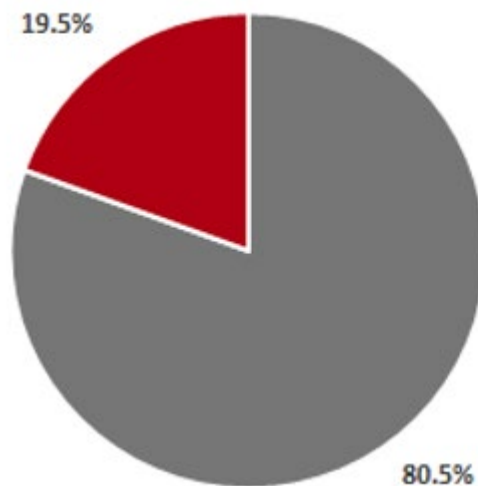
#### 4. Low Birthweight Rank

- ❖ In low birthweight, Arkansas has consistently been above the national average. In the state, trends have not been consistent. Currently, Arkansas ranks 44 out of 50 in low birthweight (50 being worst).



#### 5. Number of Very Low Birthweight Babies Born in Hospitals with Well-Equipped NICUs

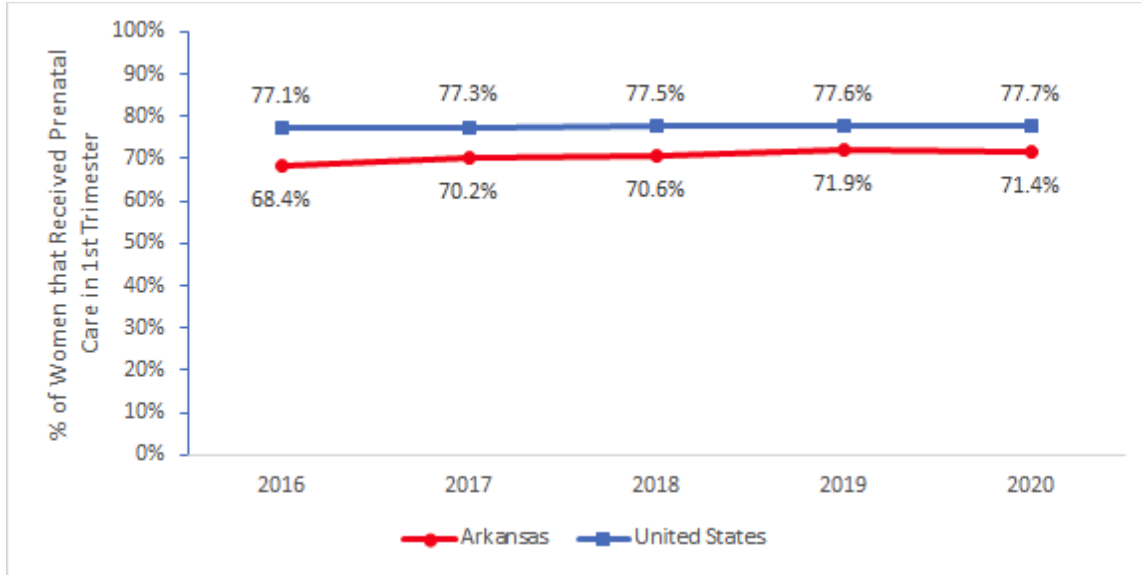
- ❖ As of 2021, most infants of very low birthweight were born at hospitals with Level III+ NICUs (80.5%).



- Infants Born at a Hospital with a Level III+ NICU
- Infant Born Outside of Hospitals with Level III+ NICUs

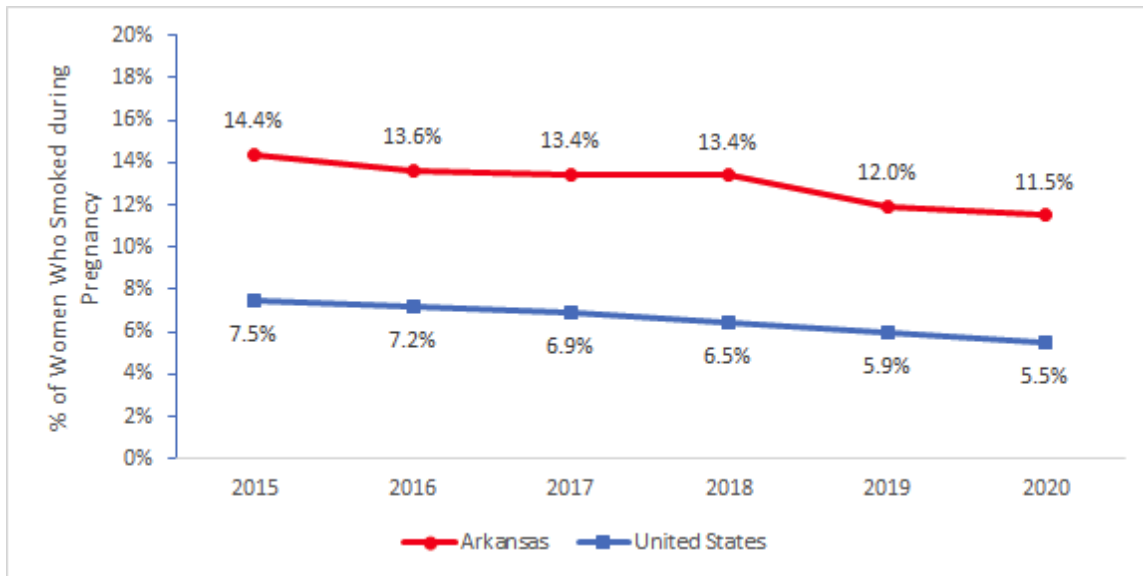
## 6. Percent of Pregnant Women Who Received Prenatal Care Beginning in the 1st Trimester

- ❖ In early prenatal care, Arkansas has consistently been below the national average. However, the percentage of women who receive prenatal care beginning in the 1st trimester has been steadily increasing over time.



## 7. Percent of Women Who Smoked During Pregnancy

- ❖ In smoking during pregnancy, Arkansas has consistently been above the national average. However, the percent of pregnant women who smoke has been steadily decreasing over time.



## 8. Safe Sleep Practices

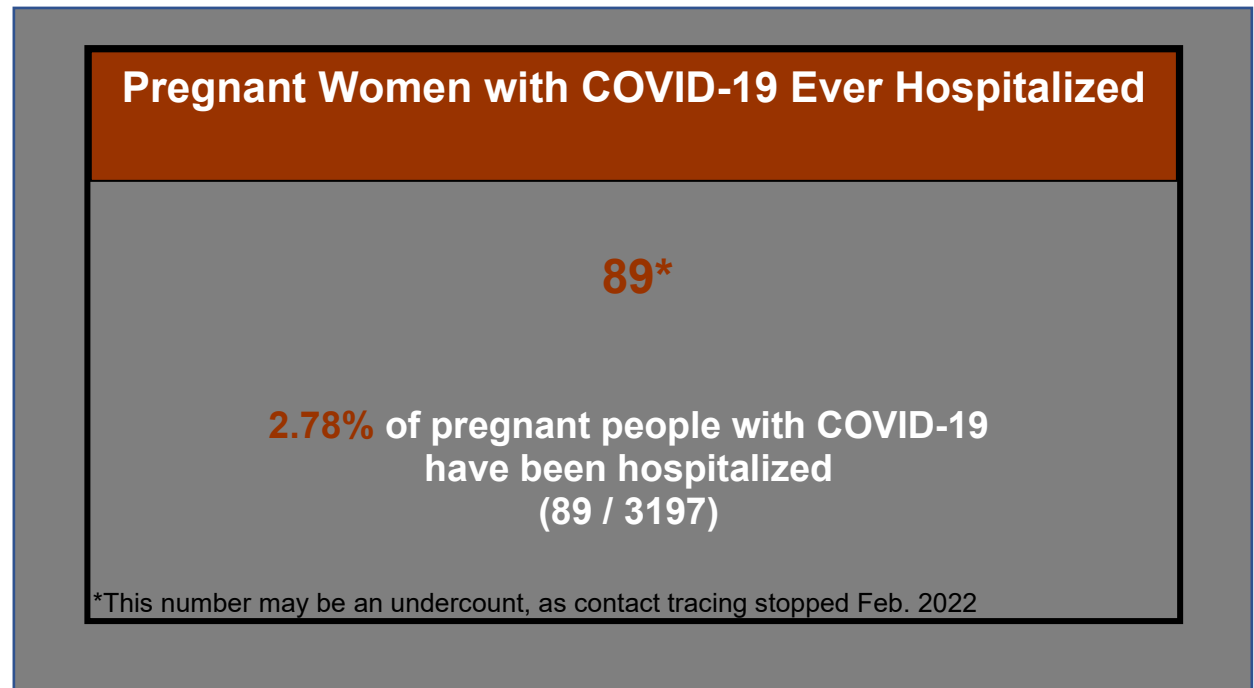
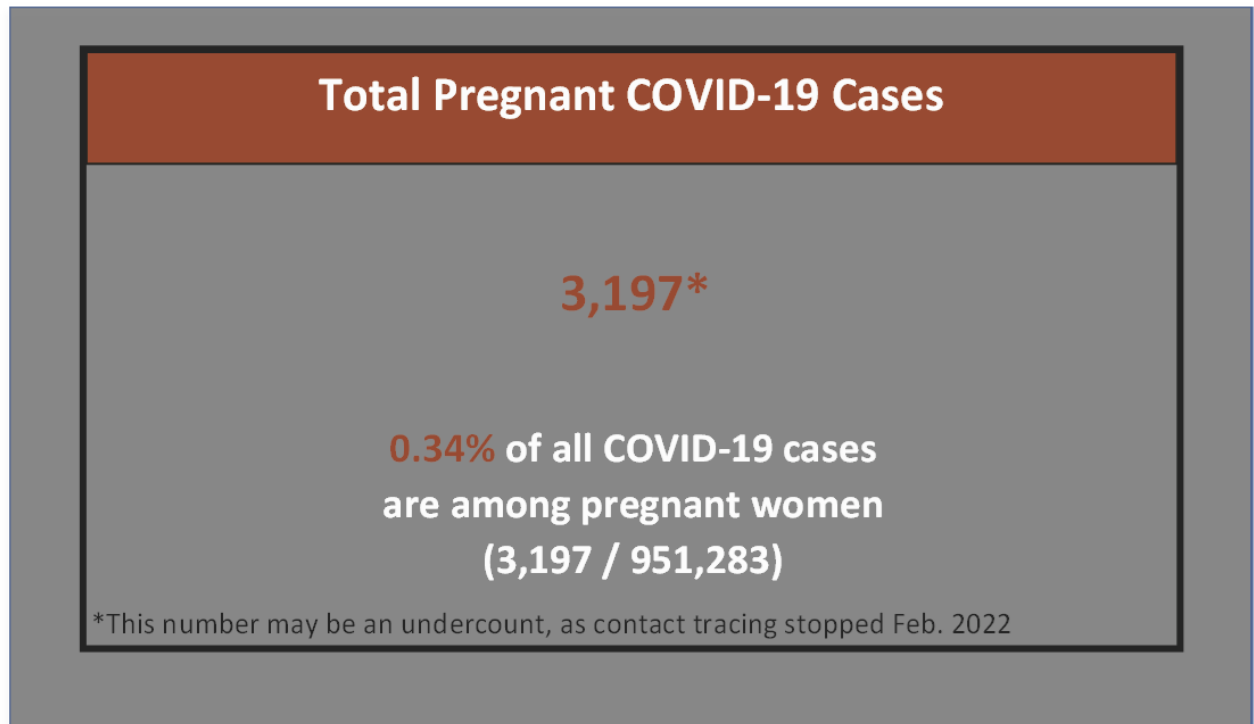
	2018	2019	2020
Percent of Infants Placed to Sleep on Their Backs	74.4	74.4	79.1
Percent of Infants Placed to Sleep on a Separate Approved Sleep Surface	35.7	35.7	34.2
Percent of Infants Placed to Sleep Without Soft Objects or Loose Bedding	32.8	32.8	40.8



## 9. Breastfeeding

	2016	2017	2018	2019	2020
Percent of Infants Ever Breastfed	68.4	64.4	73.8	70.9	70.1
Percent of Infants Exclusively Breastfed Through 6 Months	14.1	19.1	20.4	19.2	19.4

## 10. Pregnant COVID-19 Cases in Arkansas<sup>1</sup>



<sup>1</sup> Source of information is ADH and is accurate as of 09/29/22

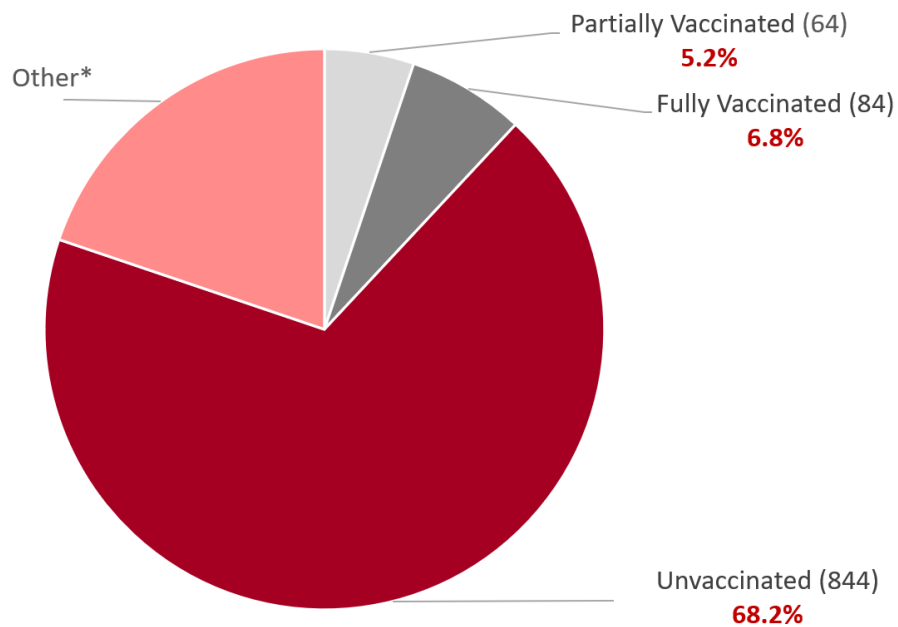
## Deaths Among Pregnant Women due to COVID-19

<5\*

**Less than 5** deaths due to COVID-19  
are among pregnant women  
(Total deaths due to COVID-19: 12,148)

\*This number may be an undercount, as contact tracing stopped Feb. 2022

## Vaccination Status of Pregnant COVID-19 Cases, Arkansas, 2021<sup>2</sup>



<sup>2</sup> \*Other = Cases before February 1<sup>st</sup>, 2021 and cannot be assigned a vaccination status or have missing information in case file.

## Conclusion and Next Steps

The Arkansas Maternal and Perinatal Outcomes Quality Review Committee will continue to serve the mission of improving healthcare quality, with transparency in efforts and results, and the following recommendations:

1. Set a quality agenda for improvement initiatives
  - a. Assess current position with relation to state and regional data
  - b. Address disparities in outcomes
  - c. Survey participating facilities on current areas of focus/priorities
2. Align/partner with other state and local efforts
  - a. Arkansas Children's Hospital (ACH) Nursery Alliance
    - i. Supports participating level I and II hospitals so that their patients and families can receive care closer to home
  - b. University of Arkansas for Medical Sciences POWER (Perinatal Outcomes Workgroup through Education and Research)
    - i. Collaborative workgroup that identifies topics or areas of patient care that could be improved and then develops plans to implement the improvements
3. Adopt a facility verification plan and conduct site visits for level III+ hospitals
  - a. Adopt a standardized annual self-verification process
  - b. Develop a standardized site-visit process and schedule to conduct site visits for level III-A, III-B, and IV hospitals, as well as hospitals requesting to achieve a higher level of designation
4. Ensure transparency in efforts and results



## Appendix A: AMPOQR Committee Charter

**Committee Name:**

Arkansas Maternal and Perinatal Outcomes Quality Review Committee

**Committee Establishment and Authority:**

Scope: State of Arkansas

Sponsor: Arkansas Department of Health

**Committee Mission:**

Ensuring the best health outcomes for mothers and newborns

**Committee Vision:**

Arkansas families have access to high quality care for their family members to achieve optimal long-term health and wellness

**Committee Structure:**

The Maternal and Perinatal Outcomes Quality Review Committee will be charged with ensuring that the perinatal levels of care classification system is implemented and maintained in the state of Arkansas with the ultimate goal of decreasing maternal and infant mortality. The Committee will operate under the direction and stipulations outlined in Arkansas Act 1032 of 2019, will be led by two co-chairs with diverse clinical or administrative backgrounds, and hospital members who are committed to improving the health and well-being of Arkansans, regardless of employer affiliation.

**Chairs will:**

- Be nominated from among the committee attendees and partner hospitals or birthing centers
- Be appointed by the ADH Secretary of Health
- Serve two to three-year terms (with option for renewal)
- Lead Committee meetings and develop strategies relative to the vision

**Voting Committee Members will:**

- Be nominated by the Committee (including self-nominations) and selected by chairs of the Committee
- Be comprised of eight (8) representatives from participating level I or II facilities and eight (8) representatives from participating level III-A, III-B, and IV facilities
- Include an ADH pediatrician or child health staff member
- Include an ADH obstetrician or maternal health staff member
- Have one vote each
- Recuse themselves if the Committee is voting on recommendations related to their facility

**Voting Member Obligations:**

- 80% attendance in a calendar year (remote or in person)
- Speak on behalf of Arkansans and not just their region or facility
- Foster a collaborative and collegial atmosphere

**Non-Voting Committee Members will be Comprised of:**

- ADH personnel, Arkansas Department of Human Services (DHS) representatives, Nursery Alliance representatives (ACH), Arkansas Hospital Association (AHA) representatives, and attendance and participation from state hospitals or community stakeholders

**Quorum:**

- >50% of total voting members with at least half from level I and II and half from level III (a and b) and IV
- If a vote is needed it may go to an electronic vote if a quorum is not met

**Special Meetings:**

- May be called by the co-chairs to address an acute request or issue

**Minutes:**

- Will be taken, disseminated, and voted on and/or approved during the following meeting

**Voting/Decision Making:**

- By simple majority (>50%)
- Any ties will be decided by co-chairs
- Appeals may be made directly to the co-chairs, who will make a decision to return the vote to committee if there were circumstances not understood or clear at the time of the vote

**Committee Goals and Objectives:**

- Create a continuous quality improvement process that includes but is not limited to:
  - Reviewing maternal and neonatal data from labor and delivery units, nurseries, and neonatal intensive care units in the state
    - Sharing of aggregate data with the committee aligned with improvement efforts
  - Using comparative data (where it exists) to assess opportunities as well as success of hospitals in the state
  - Identify agreed upon outcomes and process measures
  - Develop aims and interventions to reduce maternal and infant mortality and morbidity

- Review self-verification data and quality data collection tool information yearly for all participating facilities
- In addition to yearly self-verification, the Committee will conduct facility site reviews for level III-A, III-B, and IV facilities every two years
- Provide education to the committee based on current evidence and state needs
- Advocacy and policy recommendations

**Committee Specific Duties and Responsibilities:**

- The Committee will report all findings and recommendations to the ADH Secretary of Health for final approval
- The Arkansas Maternal and Perinatal Outcomes Quality Review Committee shall file a written report and its recommendations on or before December 31 of each year, starting in the year 2020, to the Senate Committee on Public Health, Welfare, and Labor, the House Committee on Public Health, Welfare, and Labor, and the Legislative Council. The report shall include:
  - The findings and recommendations of the committee; and
  - An analysis of factual information obtained from the review of the birth outcome data and local or regional review panels that do not violate the confidentiality provisions under this subchapter.
  - The report shall only include aggregate data and shall not identify a particular facility or provider.
- Composition of the survey team and metrics they review and obtain
- Transparency with the committee
- Fostering a collegial and collaborative platform for labor and delivery units, nurseries, neonatal intensive care units, and community stakeholders across the state of Arkansas
- Serve as a recommendation body for hospitals wishing to change classification

**Committee Chair Requisite Skills and General Qualifications:**

- Basic knowledge of maternal and child health, pediatrics, obstetrics, and community resources
- Basic quality improvement skills
- Leadership skills: including but not limited to, effective communication, meeting management/facilitation, and effective problem solving
- Committed to a two to three-year leadership role

**Frequency**

Every other month or as determined by the Committee

### Quality Improvement Subcommittee

#### Committee Structure:

The Quality Improvement subcommittee will be charged with working to identify collaborative quality improvement projects that seek to improve maternal and neonatal outcomes across Arkansas. Additionally, provide insight on the design and processes of such projects to ensure successful implementation. This committee will be led by two co-chairs and will include hospital members, and other state and community organizations, who are committed to improving the health and well-being of Arkansas.

#### Committee Goals and Objectives:

- Create a continuous quality improvement process that includes but is not limited to:
  - Reviewing maternal and neonatal data from labor and delivery units, nurseries, and neonatal intensive care units in the state
  - Using comparative data to assess opportunities as well as success of hospitals in the state
  - Identify agreed upon outcomes and process measures
  - Develop aims and interventions to reduce maternal and infant mortality and morbidity

#### Committee Specific Duties and Responsibilities:

- The duty of the Quality Improvement subcommittee is to advise the AMPOQRC on all matters relating to developing and maintaining quality improvement projects for the improvement of maternal and neonatal outcomes for Arkansas
- Assessing and classifying appropriate maternal and neonatal quality improvement projects and focus areas
- Facilitate a platform for discussion regarding quality improvement needs and focus
- Provide required reporting of quality improvement, performance goals, and outcomes data related to the improvement of maternal and neonatal outcomes for Arkansas
- Transparency with the AMPOQRC on all current work and future projects
- Advocacy and policy recommendations
- Fostering a collegial and collaborative platform for quality improvement work for, labor and delivery units, nurseries, neonatal intensive care units, and community stakeholders across the state of Arkansas

#### Committee Chair Requisite Skills and General Qualifications:

- Basic knowledge of maternal and child health, pediatrics, obstetrics and community resources
- Basic quality improvement skills

- Leadership skills: including but not limited to, effective communication, meeting management/facilitation and effective problem solving
- Committed to a two to three-year leadership role

**Committee Reporting:**

- The quality committee will report out on current projects during each bi-monthly meeting of the AMPOQRC
- The quality committee shall provide yearly or as required written reports on all quality improvement work
- The report shall only include aggregate data and shall not identify a particular facility or provider

**Frequency:**

Bi-monthly or as determined by the committee

**Education Subcommittee**

**Committee Structure:**

The Education subcommittee will be charged with working to provide ongoing education to support hospital efforts that seek to improve maternal and neonatal outcomes across Arkansas. Ongoing education can include, but is not limited to: e-modules, simulations, or trainings from ACOG and other national groups. This committee will be led by co-chairs and will include hospital members, and other state and community organizations, who are committed to improving the health and well-being of Arkansas.

**Committee Goals and Objectives:**

- Create an ongoing education process that includes but is not limited to:
  - Reviewing maternal and neonatal data from labor and delivery units, nurseries, and neonatal intensive care units in the state to educate and improve outcomes
  - Using comparative data to assess training opportunities as well as success of hospitals in the state
  - Identify agreed upon outcomes and process measures to educate all hospitals
  - Develop aims and interventions education to reduce maternal and infant mortality and morbidity

**Committee Specific Duties and Responsibilities:**

- The duty of the Education subcommittee is to advise the AMPOQRC on all matters relating to developing and maintaining ongoing educational training for the improvement of maternal and neonatal outcomes for Arkansas
- Researching appropriate national continuing educational and professional development opportunities
- Facilitate a platform for discussion regarding educational needs and focus

- Provide required reporting of professional development, performance goals, and outcomes data related to the improvement of maternal and neonatal outcomes for Arkansas
- Transparency with the AMPOQRC on all current work and future projects
- Advocacy and policy recommendations
- Fostering a collegial and collaborative platform for educational improvement work for, labor and delivery units, nurseries, neonatal intensive care units, and community stakeholders across the state of Arkansas

**Committee Chair Requisite Skills and General Qualifications:**

- Basic knowledge of maternal and child health, pediatrics, obstetrics and community resources
- Professional development training skills
- Leadership skills: including but not limited to, effective communication, meeting management/facilitation and effective problem solving
- Committed to a two to three-year leadership role

**Committee Reporting:**

- The education committee will report on current projects during each bi-monthly meeting of the AMPOQRC.
- The education committee shall provide yearly or as required written reports on all professional development work.
- The report shall only include aggregate data and shall not identify a particular facility or provider.

**Frequency:**

Bi-monthly or as determined by the committee

**Site Visit Subcommittee**

**Committee Structure:**

The Site Visit subcommittee will be charged with outlining processes for site reviews at hospitals in relation to perinatal regionalization activities. This work can include but not be limited to, identifying, confirming, or advancing level of care statuses of nurseries across the state and participation of the new Maternal Levels of Care (MLC) Verification program. The site reviews will occur every two years for level III-A, III-B, and IV facilities. The site visit subcommittee will complete the review and conduct an exit interview to present the facility with recommendations. This committee will be led by two co-chairs and will include hospital members, and other state and community organizations, who are committed to improving the health and well-being of Arkansas.

**Committee Goals and Objectives:**

- Create an ongoing site visit process that includes but is not limited to:
  - Reviewing maternal and neonatal labor and delivery units, nurseries, and neonatal intensive care units in the state to educate and enhance quality outcomes
  - Using comparative data to assess hospital needs as well as success in the state
  - Identify agreed upon outcomes and process measures to educate all hospitals
  - Develop aims and interventions to reduce maternal and infant mortality and morbidity

**Committee Specific Duties and Responsibilities:**

- The duty of the Site Visit subcommittee is to advise the AMPOQRC on all matters relating to developing and maintaining labor and delivery units, nurseries, neonatal intensive care units for the improvement of maternal and neonatal outcomes for Arkansas
- Facilitate a platform for discussion regarding site visit needs and focus
- Provide required reporting of site visit findings, performance goals, and outcomes data related to the improvement of maternal and neonatal outcomes for Arkansas
- Transparency with the AMPOQRC on all work currently and future projects
- Advocacy and policy recommendations
- Fostering a collegial and collaborative platform for site improvement work for, labor and delivery units, nurseries, neonatal intensive care units, and community stakeholders across the state of Arkansas

**Committee Chair Requisite Skills and General Qualifications:**

- Basic knowledge of maternal and child health, pediatrics, obstetrics, and community resources
- Previous site survey experience is preferred but not required
- Leadership skills: including but not limited to, effective communication, meeting management/facilitation and effective problem solving
- Committed to a two to three-year leadership role

**Committee Reporting:**

- The Site Visit subcommittee will report out on current projects during each bi-monthly meeting of the AMPOQRC.
- The Site Visit subcommittee shall provide yearly or as required written reports on all professional development work.
- The report shall only include aggregate data and shall not identify a particular facility or provider.

**Frequency:**

Bi-monthly or as determined by the committee

Stricken language would be deleted from and underlined language would be added to present law.

1 State of Arkansas As Engrossed: H2/18/19 H2/20/19 S4/4/19

2 92nd General Assembly

**A Bill**

3 Regular Session, 2019

HOUSE BILL 1441

4

5 By: Representatives Bentley, D. Ferguson, Barker, Brown, Burch, Capp, Cavanaugh, Clowney, Crawford,  
6 Dalby, C. Fite, V. Flowers, D. Garner, Godfrey, M. Gray, Lundstrum, McCullough, Petty, Rushing, Scott,  
7 Speaks, Vaught, Della Rosa, *Eaves*

8 By: Senators Irvin, Bledsoe, J. English, Elliott, L. Chesterfield

9

**For An Act To Be Entitled**

10

11 AN ACT TO IMPROVE MATERNAL AND PERINATAL OUTCOMES BY  
12 CREATING THE MATERNAL AND PERINATAL OUTCOMES QUALITY  
13 REVIEW COMMITTEE; AND FOR OTHER PURPOSES.

14

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16

**Subtitle**

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23 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

24

25 SECTION 1. DO NOT CODIFY. Legislative findings and intent.

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(a) The General Assembly finds that:

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28 (1) In 2018, Arkansas's infant mortality rate was seven and  
29 eight-tenths (7.8) per one thousand (1,000) live births compared to five and  
30 nine-tenths (5.9) per one thousand (1,000) live births nationally;

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(2) Arkansas ranks forty-sixth in the nation for infant  
mortality per America's Health Rankings;

(3)(A) In 2018, almost eleven percent (11%) of babies born in  
Arkansas were preterm.

(B) Of those babies born preterm, eight and eight-tenths  
percent (8.8%) had low birth weights; and

(4) The quality for maternal and perinatal outcomes could be



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1 improved drastically in this state.

2 (b) It is the intent of the General Assembly to establish a maternal  
3 and perinatal outcomes quality review committee in the State of Arkansas and  
4 to improve the maternal and perinatal outcomes in the state.

5

6 SECTION 2. Arkansas Code Title 20, Chapter 15, is amended to add an  
7 additional subchapter to read as follows:

8 Subchapter 23 – Maternal and Perinatal Outcomes Quality Review Committee

9

10 20-15-2301. Maternal and Perinatal Outcomes Quality Review Committee.

11 (a)(1) The Department of Health shall establish the Maternal and  
12 Perinatal Outcomes Quality Review Committee to review data on births and to  
13 develop strategies for improving birth outcomes.

14 (2) The committee shall be multidisciplinary and composed of  
15 members as deemed appropriate by the department.

16 (b) The department may contract with an external organization to  
17 assist in collecting, analyzing, and disseminating maternal mortality  
18 information, organizing and convening meetings of the committee, and other  
19 tasks as may be incident to these activities, including providing the  
20 necessary data, information, and resources to ensure successful completion of  
21 the ongoing review required by this section.

22

23 20-15-2302. Powers and duties.

24 The Maternal and Perinatal Outcomes Quality Review Committee shall:

25 (1) Create a unified message and strategy that builds on best  
26 practices;

27 (2) Develop clear measurements to evaluate targeted outreach,  
28 progress, and return on investment;

29 (3) Develop recommendations for levels of care by establishing  
30 systems designating where infants are born or transferred according to the  
31 level of care they need at birth;

32 (4) Create a system of continuous quality improvement that will  
33 include the ability of designated and nondesignated hospitals to compare  
34 performance to peer facilities;

35 (5) Create a collaborative framework, in addition to quality  
36 improvement for birthing hospitals that will allow for better outcomes,

1 better overall long-term care and decrease cost of care; and

2 (6) Disseminate findings and recommendations to policy makers,  
3 healthcare providers, healthcare facilities, and the general public.

4  
5 20-15-2303. Access to records.

6 (a) Healthcare providers, healthcare facilities, and pharmacies shall  
7 provide reasonable access to the Maternal and Perinatal Outcomes Quality  
8 Review Committee to all relevant medical records associated with a case under  
9 review by the committee.

10 (b) A healthcare provider, healthcare facility, or pharmacy providing  
11 access to medical records as described by subdivision (a) of this section is  
12 not liable for civil damages or subject to any criminal or disciplinary  
13 action for good faith efforts in providing such records.

14  
15 20-15-2304. Confidentiality.

16 (a)(1) Information, records, reports, statements, notes, memoranda, or  
17 other data collected under this subchapter are not admissible as evidence in  
18 any action of any kind in any court or before any other tribunal, board,  
19 agency, or person.

20 (2) Information, records, reports, statements, notes, memoranda,  
21 or other data collected under this subchapter shall not be exhibited or  
22 disclosed in any way, in whole or in part, by any officer or representative  
23 of the Department of Health or any other person, except as necessary for the  
24 purpose of furthering the review of the Maternal and Perinatal Outcomes  
25 Quality Review Committee of the case to which they relate.

26 (3) A person participating in a review shall not disclose, in  
27 any manner, the information so obtained except in strict conformity with such  
28 review project.

29 (b) All information, records of interviews, written reports,  
30 statements, notes, memoranda, or other data obtained by the department, the  
31 committee, and other persons, agencies, or organizations so authorized by the  
32 department under this subchapter are confidential.

33 (c)(1) All proceedings and activities of the committee under this  
34 subchapter, opinions of members of the committee formed as a result of such  
35 proceedings and activities, and records obtained, created, or maintained  
36 pursuant to this subchapter, including records of interviews, written

1 reports, and statements procured by the department or any other person,  
2 agency, or organization acting jointly or under contract with the department  
3 in connection with the requirements of this subchapter, are confidential and  
4 are not subject to the Freedom of Information Act of 1967, §§ 25-19-101 et  
5 seq., relating to open meetings, subject to subpoena, discovery, or  
6 introduction into evidence in any civil or criminal proceeding.

7 (2) However, this subchapter does not limit or restrict the  
8 right to discover or use in any civil or criminal proceeding anything that is  
9 available from another source and entirely independent of the committee's  
10 proceedings.

11 (d)(1) Members of the committee shall not be questioned in any civil  
12 or criminal proceeding regarding the information presented in or opinions  
13 formed as a result of a meeting or communication of the committee.

14 (2) This subchapter does not prevent a member of the committee  
15 from testifying to information obtained independently of the committee or  
16 which is public information.

17  
18 20-15-2305. Disclosure.

19 Disclosure of protected health information is allowed for public  
20 health, safety, and law enforcement purposes, and providing case information  
21 on maternal deaths for review by the Maternal and Perinatal Outcomes Quality  
22 Review Committee is not a violation of the Health Insurance Portability and  
23 Accountability Act of 1996.

24  
25 20-15-2306. Immunity from liability.

26 State, local, or regional committee members are immune from civil and  
27 criminal liability in connection with their good-faith participation in the  
28 maternal death review and all activities related to a review with the  
29 Maternal and Perinatal Outcomes Quality Review Committee.

30  
31 20-15-2307. Reporting.

32 (a) Beginning in 2020, the Maternal and Perinatal Outcomes Quality  
33 Review Committee shall file a written report on the maternal and perinatal  
34 outcomes and its recommendations on or before December 31 of each year to:

35 (1) The Senate Committee on Public Health, Welfare, and Labor;

36 (2) The House Committee on Public Health, Welfare, and Labor;

1 and

2 (3) The Legislative Council.

3 (b) The report shall include:

4 (1) The findings and recommendations of the committee; and

5 (2) An analysis of factual information obtained from the review

6 of the birth outcome data and local or regional review panels that do not

7 violate the confidentiality provisions under this subchapter.

8 (c) The report shall include only aggregate data and shall not

9 identify a particular facility or provider.

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11 */s/Bentley*

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