2023 AIM OB Emergency Readiness COL Session #4

Innovation in Technology Assisted Care



Monday, May 15, 2023 1:00 – 2:30PM EST



ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

The Alliance for Innovation on Maternal Health is a national, cross-sector commitment designed to support best practices that make birth safer, improve maternal health outcomes, and save lives.

You can find more information at saferbirth.org.

This program is supported by a cooperative agreement with the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UC4MC28042, Alliance for Innovation on Maternal Health. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



- ▶ You are **muted** upon entry to the call.
- ▶ You will have the ability to unmute yourself during Q&A times.
- We encourage participants to remain muted to reduce background noise.
- If you are experiencing technical difficulties, please chat an AIM staff member or email aim@acog.org

This presentation will be recorded.

Both the slides and recording will be available on the AIM Website and shared in the follow-up newsletter.





Upcoming Educational Offerings

Register at saferbirth.org under Resources > Events

Educational Offering #5

Responding to Hypertensive Obstetric Emergencies in Non-Obstetric Settings

> June 13, 2023 2:00PM-3:30PM (EST)

Educational Offering #6

Safe Transfer: Key Considerations and Best Practices

June 28, 2023 2:00PM-3:30PM (EST)

EDUCATIONAL OPPORTUNITY



Friday, June 2, 2023 10 AM - 6 PM EST

- Registration now open
- Recorded session will be available following live conference

This conference will explore emerging topics, trends and treatments of maternal medical emergencies and maternal cardiac arrest.

Target Audience: healthcare professionals from pre-hospital and hospital-based sectors across the US that care for reproductive-age women

Cost: Free unless you are interested in receiving CE (physicians, nurses, paramedics & EMTS)



Innovations in Technology Assisted Care

Kevin Curtis, MD, MS (Emergency Medicine) Tim Fisher, MD, MS (Ob/Gyn) Patricia Lanter, MD, MS (Emergency Medicine) Michelle Tyler, MD (Neonatology)

May 15th, 2023



Disclosures

- None of the faculty have relevant financial disclosures
- We will reference the AAFP's Basic Life Support in Obstetrics curriculum during the session, with acknowledgements for IP and copyrighted material
- We are all employed faculty at Dartmouth Health/The Geisel School of Medicine at Dartmouth







Session Objectives

- Explore approaches to remote care and consultation pathways
- Discuss best practices using these resources to address obstetrical and neonatal emergencies in non-obstetric settings
- Share resources, ideas, and experiences across a variety of geographical and clinical care delivery environments



Session Overview

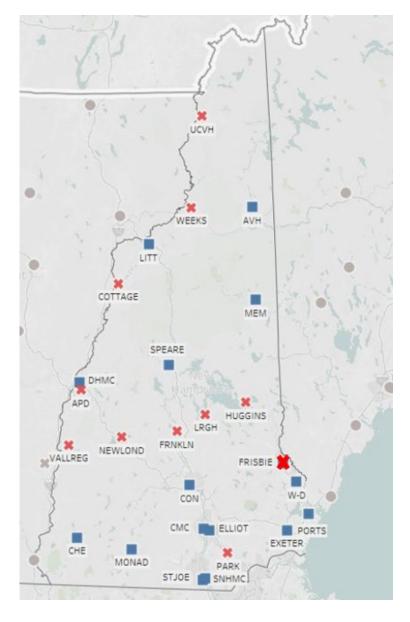
- Background:
 - Current state of maternal-child health hospital based services in Northern New England
 - Programs to support rural ED's and EMS professionals

- TeleED program: Opportunities for training and service enhancement
- Group activity...
- What about the baby? TeleICN



Background

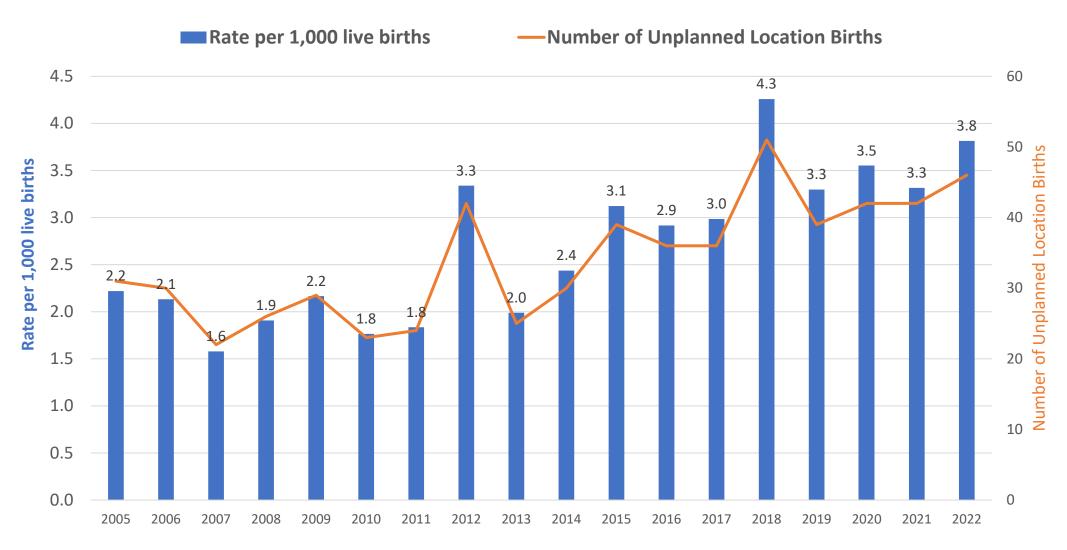
- Since 2000, 11 of New Hampshire's 27 hospital labor and delivery units have closed (4 since 2018)
- 10 are located in HRSAdesignated rural service areas



David.Laflamme@unh.edu Carolyn.K.Nyamasege@affiliate.dhhs.nh.gov



Unplanned Location† Births Occurring in New Hampshire

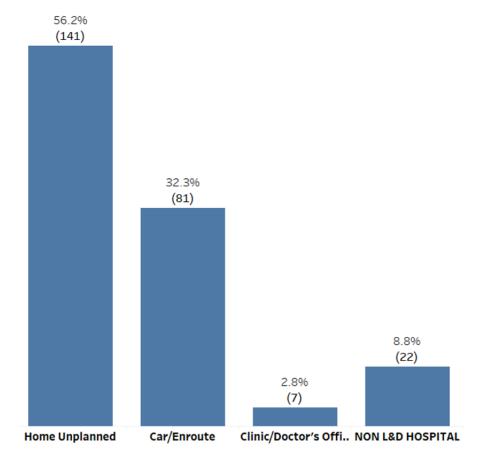


†Unplanned Location: Home-Unplanned, Enroute, Clinic/Doc Office, Non-L&D Hospital

Background

- Where do people go when in labor?
- . Who is there to help them?

Child Place of Birth Aggregates: (2016-2021)





- Simulation Training for Obstetrical and Neonatal Emergencies
- One year congressional appropriations/HRSA funding (Senator Jean Shaheen, D-NH)
- . Two components
 - Simulation training
 - TeleICN implementation



AAFP BLSO curriculum

- Normal labor
- Breech, twins, cord prolapse
- Shoulder dystocia
- Emergent prenatal assessment
- Maternal resuscitation/PPH
- Hypertensive disorders
- Preterm labor
- Neonatal resuscitation

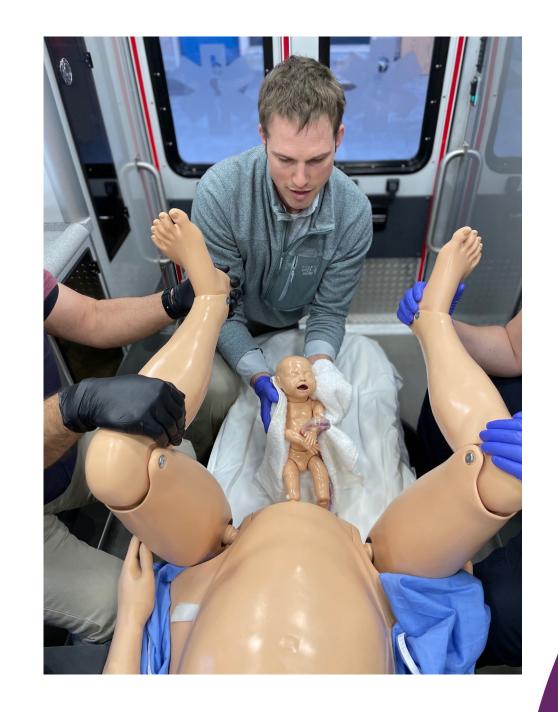






Multidisciplinary instructors

- Obstetrician
- Emergency Physician
- Neonatologist
- . State EMS educator
- Simulation experts





Participants (n=77 to date)

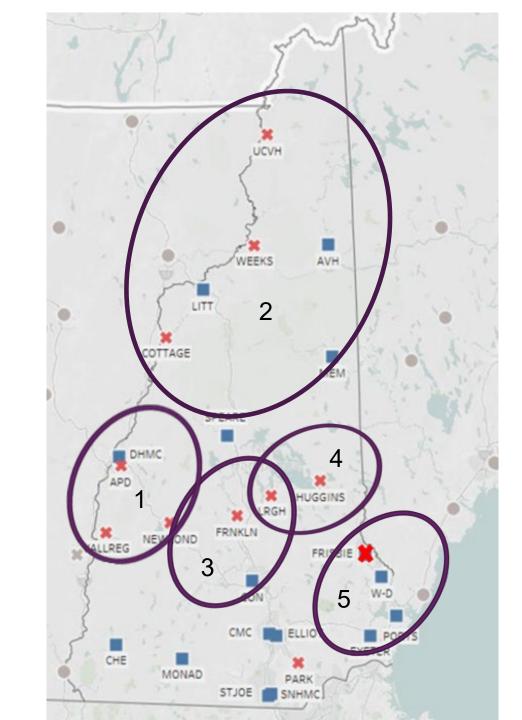
- . EMS providers
- . Basic EMT to Paramedic
- ED RNs, APPs, MDs
- House supervisors
 Universally well received
 A lot of trepidation with L&D closures





10 courses targeting 5 geographical areas:

- . Upper CT river valley
- North Country
- . Mid state
- . Lakes region
- Seacoast





Realization

Many of these smaller hospitals have

Tele-ED Tele-ICN







Dartmouth Health Connected Care Center for Telehealth

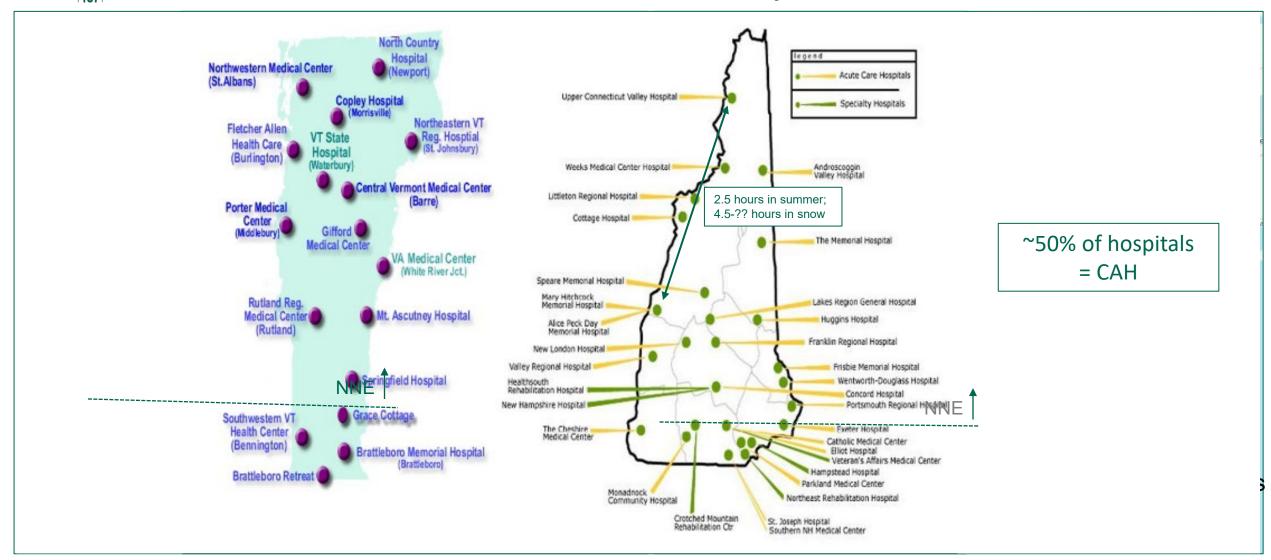
Kevin M. Curtis, MD, MS

Medical Director, Connected Care and Center for Telehealth Dartmouth Health Associate Professor of Emergency Medicine, The Geisel School of Medicine at Dartmouth



Where are we and our patients?

Connected Care



TeleEmergency

TeleICN
 TeleICU
 TeleNeurology
 TelePharmacy

TelePsychiatry • Outpatient Virtual Visits • Virtual Urgent Care



Capacity



- DHMC Transfer Center:
 - >1000 transfer requests/month
- Inpatient Bed Capacity each morning:
 - Hospital Medicine: full 100% of time
 - ICUs and other: full frequently

Dartmouth Health Connected Care





Service	Sites	Icon		ected Ca	are Servio	ce Locations) UCVH	Northern Light Mayo
TelePharmacy	29	•	Alice Hyde			North Country	7	
TeleEmergency	13	•	CVPH •	NMC		Hospital	/	MaineGeneralThayer
TeleNeurology	14	•			Copley		AVH Weeks	MaineGeneral Alfond
TeleICU	5	•	\	UVM	•	NVRH	Veeks	Allond
TelePsychiatry	13	•	New York	OVIVI	Central VT		CCFHS	Maine
Telemedicine Clinics	16	•	. /	Vermont		Littleton	wмснс	
TeleICN	11	•	Elizabethtown		Gifford	/	Speare Memoria	St. Joseph Healthcare- Bangor
TeleGeriatric ED	4	•	}	RRMC	MAI	DHMC APD	Huggins	St. Mary's- Lewiston
	<u> </u>	† .)	Springfield	NLH VRH	New Hampshire	
	Virtual Ur	_			Brattleboro Retreat	Cedarcrest Monadnock	DH-Concord DH-Manchester	St. Joseph's- Nashua
				SVMC D-H Putnam	вмн	Cheshire/D-H Keene	DH-Nashua	~

MiraVista

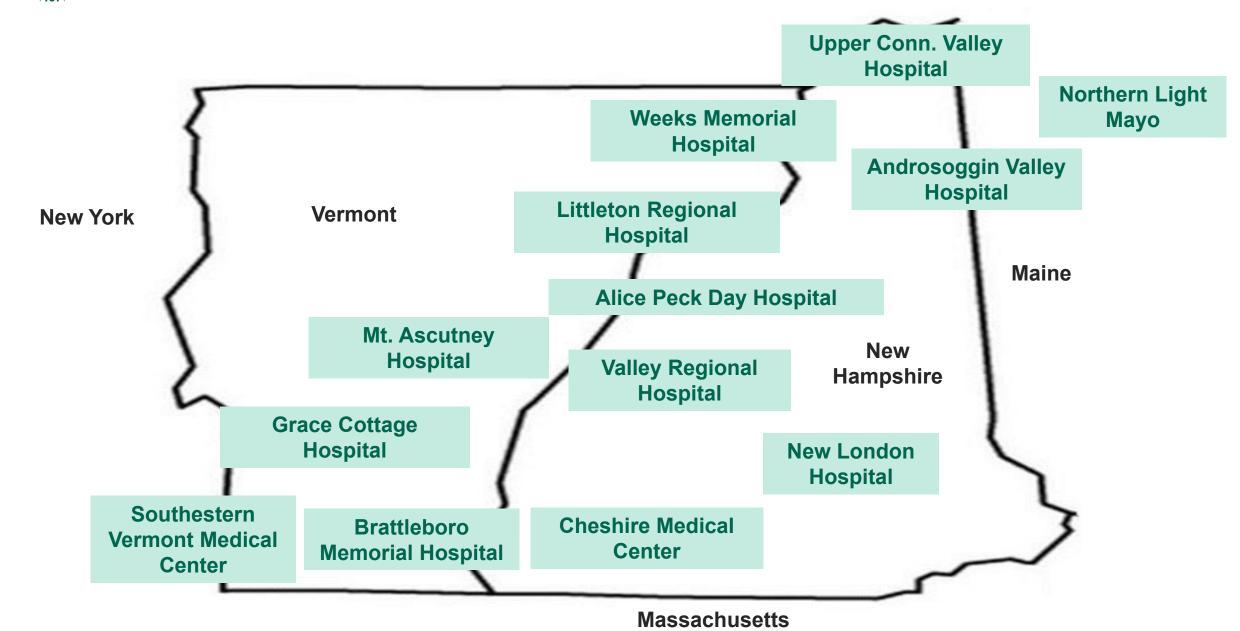
Taravista

Harrington

Massachusetts

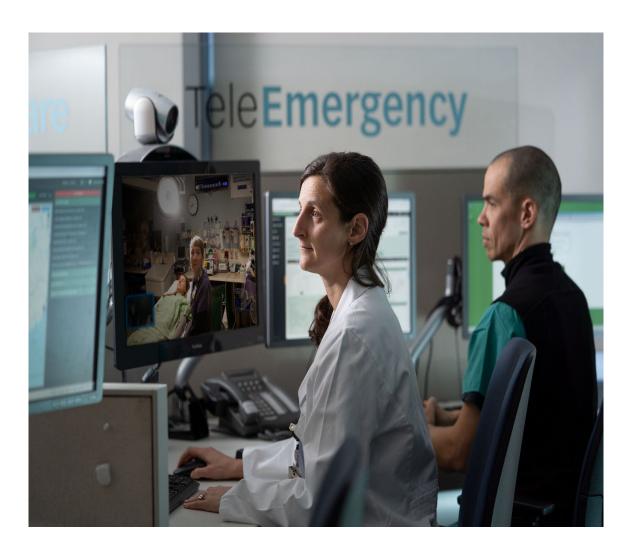
DH TeleEmergency Locations

Connected Care





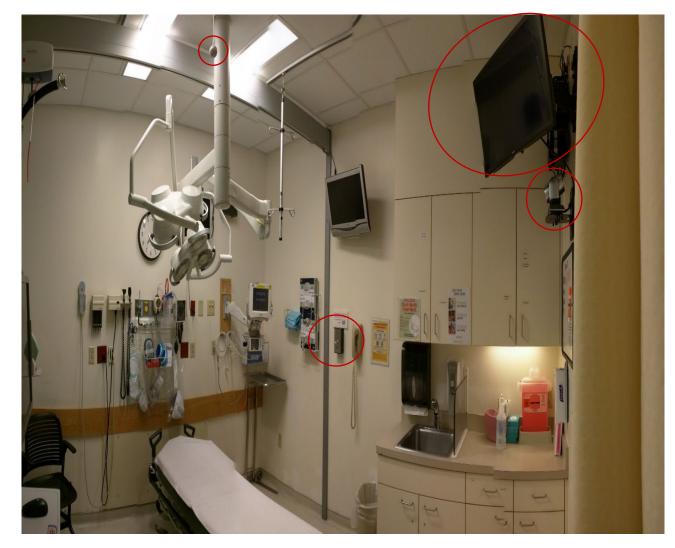
Dartmouth Health TeleEmergency







TeleEmergency: hardware







TeleEmergency: Hub support



Nurse

- Nursing documentation and support
- Assistance with running codes
- Medication questions
- Procedural assistance
- EHR review

Physician

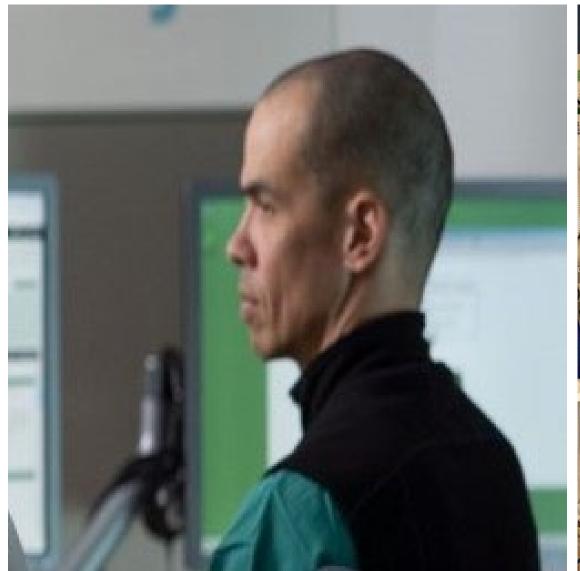
- Physician collaboration for unusual or challenging cases
- More rapid initiation of patient care during volume surges
- Procedural support

Transfer

- Hub physicians work with local Critical Care Transport and relevant Transfer Center
- Coordinate transport, accepting facility and accepting MD
- Doc-to-Doc and Nurse-to-Nurse report

TeleEmergency: example

Connected Care







TeleEmergency

TeleICN

TeleICU

TeleNeurology

TelePharmacy •

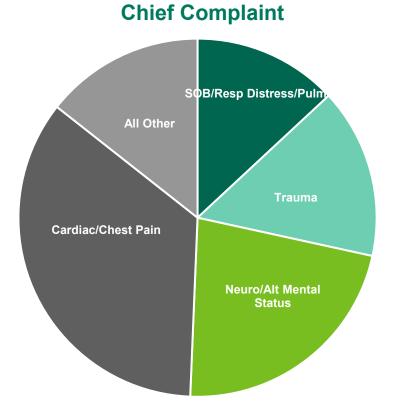
TelePsychiatry

Outpatient Virtual Visits

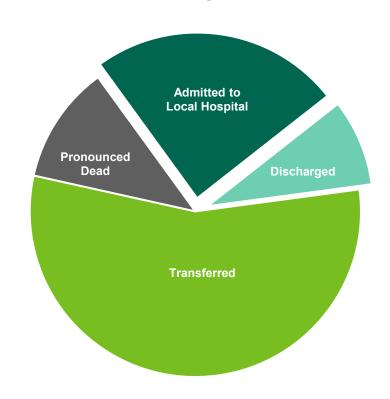
Virtual Urgent Care



TeleEmergency: data



Patient Disposition



 \triangleright Transfer avoided in \ge 13% of cases





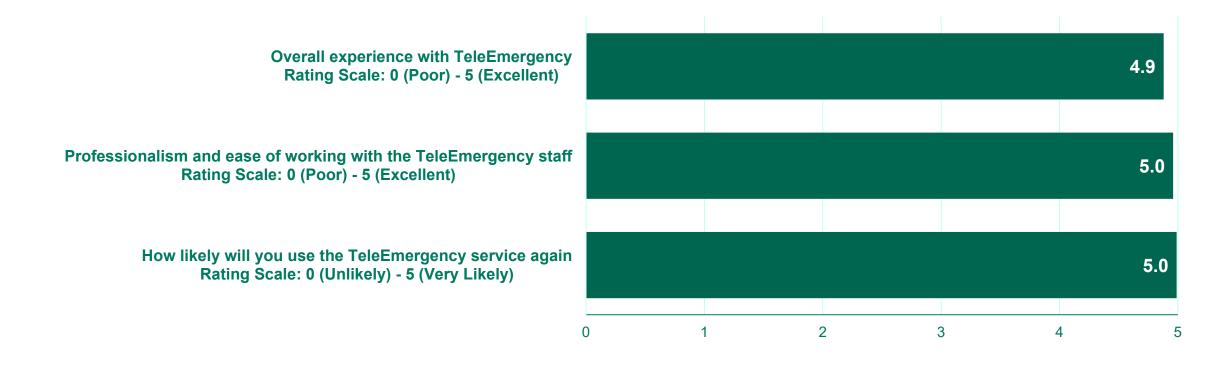
TeleEmergency: Lessons Learned

- Relationship 1st
- Join the bedside team
- Take in the room
- The spoke knows more than the Hub
- Help in whatever manner requested
 - make their life easier
- Solve problems together
- EM practice variation is normal

- Effective communication is key
 - You're always on camera
 - Talk ≤ 10% of time
 - Pace your suggestions
 - Don't overtalk
 - Use names et al
 - Nudges prn
 - Repeat and/or change tactics if needed



TeleEmergency: Site Satisfaction



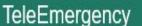


TeleOB?!

April 24th, 2023:

A 24 year old female presents to a critical access hospital in labor. No prenatal care, LMP 8 months prior, significant history of trauma and multiple social determinants risk factors.

The phone rings in the hub...





TeleED training

DHMC Patient Safety Training Center

Brief didactics

- SVD/AMTS
- Breech
- Shoulder dystocia
- PPH
- Maternal code/resuscitative hysterotomy

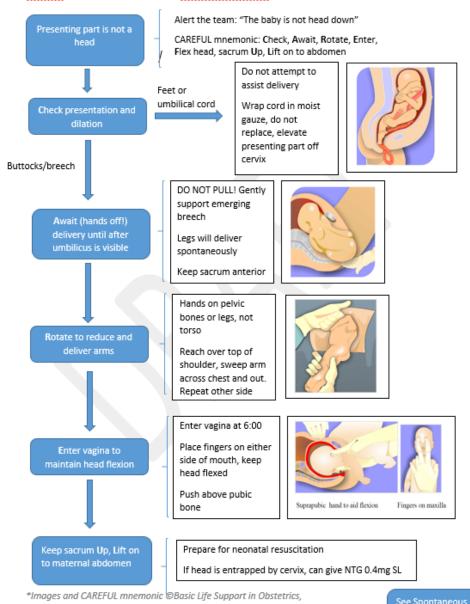
"At-the-elbow" resources

Two groups:

- Sim center (remote provider)
- Hub (TeleED doc)



TeleED At-The-Elbow Guide: Malpresentation



American Academy of Family Physicians, 2017

See Spontaneous Vaginal delivery ATE Guide for 3rd Stage

Best practice demonstration?

Breech vaginal delivery



GROUP ACTIVITY





WHAT ABOUT THE NEONATE?





TeleICN Program

Michelle Tyler, MD, MPH
TelelCN Medical Director
Michelle.D.Tyler@Hitchcock.org



D-H TeleICN Overview



- Established 2017
- Board Certified Neonatologist support 24/7/365 to hospital care team
- Secure, simple, reliable videoconferencing equipment
- Avoidance of transfer, keeping patients closer to home for care and minimizing cost of care
- Improve care through real time support of decision making





D-H TeleICN Common Consults

- Unexpected depressed baby
- Unexpected Preterm baby
- Birth trauma
- Respiratory Distress
- Seizures
- Infectious disease consultation
- Neurologic Exam/evaluation for cooling
- Dysmorphic features





A rising problem...

2019 • 19–1 New England Public Policy Center Regional Briefs

Declining Access to Health Care in Northern New England

By Riley Sullivan

POLICY CENTER

Health Policy Center
Labor and Delivery Unit Closures in Rural New Hampshire

With Springfield Hospital's birthing center closed, expectant mothers face a delivery dilemma

By NORA DOYLE-BURR Valley News Staff Writer Published: 5/4/2019 10:05:49 PM Modified: 5/5/2019 9:58:53 PM

Hospital maternity ward closes after century of delivering babies

By RICK GREEN, THE LACONIA DAILY SUN May 31, 2018 💂 1

Critical condition

New Hampshire's rural hospitals struggle to keep pace with changing market

May 9, 2019 by Michael Kitch



D-H TeleICN in Emergency Departments

Pre-Birth:

- Review set-up of warmer
- Check neonatal equipment
- Anticipate needs during resuscitation

After Birth:

- Lead Neonatal resuscitation
- Evaluation assistance
- Management guidance



D-H TeleICN in Emergency Departments

- Neonate with respiratory distress
 - Evaluation of breathing pattern
 - Assistance with medical decision making
 - Provide recommendations

- Peri-viable Case
 - Consultation with family
 - Assistance preparing room for extreme prematurity
 - Assistance with transfer



D-H TeleICN "Go-Live"

- Review/assist with site protocols
- Neonatal Resuscitation Simulations
- Hands on training with:
- NeoNatalie
- Preemie Annie
- Intubation Head
- Technology & workflow trainings





Questions? We'd love to hear from you...

Michelle Tyler, MD
TeleICN Medical Director

Michelle.D.Tyler@Hitchcock.org

Tim Fisher, MD Ob/Gyn

Timothy.J.Fisher@Hitchcock.org

Kevin Curtis, MD
TeleED Medical Director

Kevin.M.Curtis@Hitchcock.org

Patricia Lanter, MD Emergency Medicine

Patricia.L.Lanter@Hitchcock.org





Where did you find this session's registration information?



If you selected Other in the poll, please type how you found registration information session in the chat!



Where did you find this session's registration information?

Constant Contact (Email Newsletter)



2023 Obstetric Emergency Readiness Community of Learning

Please join us for AIM Obstetric Emergency Readiness Educational Offering #4! Registration details are below.



May 8, 2023

Educational Offering # 4

Innovation in Technology Assisted Care

Date and Time: May 15, 2023, from 1:00 PM - 2:30 PM EST

Direct Email

Good morning,

Please join us for AIM Data Support Community of Learning (COL) Educational Offering #6!
Registration details are below.

Title: Using Data to Understand Inequities: Strategies for Collecting Race, Ethnicity, and Language Data in Clinical Settings.

Date and Time: May 02, 2023, from 3:00 PM – 4: 30 PM ET Faculty: Amelia Shapiro, MBA; Brianne Genow, MS, RN.

Registration link: https://us02web.zoom.us/meeting/register/tZwrfu-

uqDkjEtKQ3ZTcgm3hyyv4IVlDEenj