



## **Mission, Governance and Operating Principles**

### **Mission**

Northern New England Perinatal Quality Improvement Network's Mission is to improve perinatal health throughout Northern New England by:

- Offering state-of-the-science continuing education conferences
- Developing best practice guidelines and assisting members to adapt them for local implementation
- Facilitating benchmarking for excellence in care
- Developing consistent quality improvement (QI) parameters for use throughout the region
- Providing independent and confidential case review of unanticipated perinatal outcomes with structured feedback for participating organizations



## **Governance Structure and Operating Principles**

### **Overview**

Northern New England Perinatal Quality Improvement Network (NNEPQIN) is a voluntary consortium of healthcare organizations including hospitals, state health departments, professional midwifery organizations, and others committed to improving care for women and children in our region. We practice governance by consensus and foster interdisciplinary collaboration.

### **Membership**

Membership to NNEPQIN is via a signed Agreement between the member organization and The Hitchcock Foundation (THF), NNEPQIN's fiscal intermediary. The Agreement will be revised as needed based on feedback from member organizations or when legally necessary. The Executive Director and Medical Director, along with Counsel through The Hitchcock Foundation, will be responsible for updating the Agreement.

### **NNEPQIN Directors**

NNEPQIN Directors consist of the following individuals:

- **Medical Director:** Is accountable for all decisions made by the group. Provides clinical oversight and creates the vision for NNEPQIN.
- **Executive Director:** Oversees administrative work and collaborates closely with The Hitchcock Foundation, NNEPQIN's fiscal intermediary, to manage contracts and finances.
- **Operations Director:** Oversees the planning of all educational meetings and initiatives, including clinical guidelines and special projects.

### **Steering Committee**

- The Steering Committee (SC) is composed of the three Directors and at least five additional Members-at-Large, selected from the NNEPQIN membership.
- Members-at-Large serve 3-year terms and are encouraged to participate on at least one committee or project.
- Oversees all operations of NNEPQIN including improvement initiatives, conferences and publications.
- Must approve all major decisions by the subcommittees.
- Authorizes all expenditures > \$1000 except for conference-related expenses.
- Meets monthly; members are encouraged to attend at least 60% of meetings.
- Makes decisions considering the input of NNEPQIN members and the Advisory Council (to be created).
- Members agree to follow the mission of NNEPQIN to the best of their ability.
- Steering Committee ultimately answers to membership, which can ask for a recall election.

### **Advisory Council (To be created)**

A national group composed of individuals from a broad range of interests and expertise, who meet annually to help guide NNEPQIN regarding topics/areas of interest and provide input for major decisions. Steering Committee will identify Advisors and coordinate an annual meeting.

## **Committees**

### Obstetric Committee and Neonatal Committee

*Open to NNEPQIN members with interest in topics*

- Provides direction for clinical guidelines and conference planning around important and timely topics
- Connects Steering Committee to priorities as established by ACOG, AAP, ACNM, AWHONN and/or other professional organizations
- Fosters collaboration across disciplines and sites for NNEPQIN projects

Obstetric Committee meetings: Monthly, second Wednesday @ noon

Neonatal Committee meetings: Monthly, first Tuesday @ noon

### Guidelines Committee (as needed)

*Open to NNEPQIN members who have interest in developing guidelines*

- Develops topic-specific, multi-disciplinary teams to draft clinical guidelines, which are refined with broad input from NNEPQIN members
- Reviews and reaffirms or revises existing guidelines every two years or as needed based on emerging evidence

Meetings: determined by group as needed for specific guidelines

### Confidential Review & Improvement Board

*Open to NNEPQIN member organizations in NH & VT who sign a BAA and bring a case or assist with a case review*

- Provides independent and confidential peer review of perinatal cases with unanticipated adverse outcomes, with structured feedback for participating organizations

Meetings: as needed for cases submitted; usually 2x/year

### AIM Projects Committee (to be created in 2020)

*Open to NNEPQIN members interested in leading QI projects, data analysis and reporting related to the Alliance for Innovation in Maternal Health program.*

- Regularly reviews data dashboards for hospitals across the NNEPQIN organization
- Implements and supports AIM Bundle work groups
- Reports out findings, progress, and outcomes at NNEPQIN meetings
- Includes MCH leadership from participating State Departments of Public Health

Meetings: Monthly (TBD) and as needed for project planning/administration and bundle implementation.

## **Voting Mechanism**

- The hospital-based voting members of NNEPQIN consist of the Chief of Obstetrics, Chief of Pediatrics, and Nursing Director of perinatal care. For non-hospital member organizations, their leadership may appoint one voting member. These individuals may delegate voting authority to another person.
- Voting will be via electronic means.
- NNEPQIN Steering Committee will request a member vote for the following reasons:
  - Changes in annual dues
  - Changes in Operating Principles or governance structure
  - Expenditures over \$5000, excluding personnel costs and hotel contracts for major conferences
  - Election of Members-at-Large to the Steering Committee

### **Dues/Membership**

- Fiscal year is July 1 to June 30.
- For providers not employed by a hospital, their delivery hospital can serve as their member organization.

### **Benefits of Membership**

- Joining a well-established perinatal quality collaborative with 45+ member organizations
- Participating in regional QI projects with staff from other member organizations
- Enjoying extensive educational CME & CNE opportunities, at no fee or at discounted rates
- Participating in the Confidential Review and Improvement Board (CRIB) via both case submission and expert review [*for VT & NH member health care providers only*]
- Developing and utilizing evidence-based clinical guidelines in multi-disciplinary teams, with implementation support from the NNEPQIN community
- Participation in the Alliance for Innovation on Maternal Health Program (AIM) bundles and safety initiatives [*to start in 2020*]

# NNEPQIN

NORTHERN NEW ENGLAND  
PERINATAL QUALITY IMPROVEMENT NETWORK

## Advisory Council

To be created 2020

### Steering Committee

#### Directors Ex-Officio:

Medical Director: Timothy J. Fisher, MD, MHCDS  
Operations Director: Victoria A. Flanagan, MS, RN  
Executive Director: Margaret Rose Minnock, MBA

#### 2020 Members-at-Large:

Sarah Austin, RN, MSN, CNL, C-EFM	Maine Medical Center, Portland ME
Kelley Bowden RN, MS	Maine Medical Center, Portland ME
Daisy Goodman CNM, DNP, MPH, CARN-AP	Dartmouth Hitchcock, Lebanon, NH
Viking Hedberg MD	Concord Hospital, Concord, NH
Rebecca Hunt MD	Maine Medical Center, Portland ME
Kelley McLean MD	University of VT Medical Center, Burlington VT
Charles Mercier MD	University of VT Children's Hospital, Burlington VT
Erin Morris MD	University of VT Medical Center, Burlington VT
Nicole Pendenza BSN, RNC-NIC	Catholic Medical Center, Manchester, NH
Janet Perkins MD	Wentworth Douglass Hospital, Dover, NH
Alan Picarillo MD	Maine Medical Center, Portland ME
Steve Ringer MD, PhD	Dartmouth Hitchcock, Lebanon, NH
Bonny Whalen MD	Dartmouth Hitchcock, Lebanon, NH

#### Maternal-Child Health (MCH) Affiliated Appointees:

MAINE: TBD                      NEW HAMPSHIRE: TBD                      VERMONT: TBD

### Perinatal Committee & Neonatal Committee

Open to NNEPQIN members with interest in topics

- Provides direction for clinical guidelines and conference planning around important and timely topics
- Connects Steering Committee to priorities as established by ACOG, AAP, AWHONN, ACNM, & other professional organizations
- Fosters collaboration across disciplines and sites for NNEPQIN projects

Meetings: Monthly

### Alliance for Innovation in Maternal Health (AIM) Committee

VT PQC    NH NQ    ME PQC

Open to NNEPQIN members interested in leading QI projects, data analysis and reporting related to the Alliance for Innovation in Maternal Health program.

- Reviews data dashboards for hospitals across the NNEPQIN organization
- Implements and supports AIM Bundle work groups
- Reports out findings, progress, & outcomes at NNEPQIN meetings
- Includes MCH staff from participating State Depts of Health

Meetings: TBD

### Confidential Review & Improvement Board (CRIB)

Requires BAA

Open to NNEPQIN member organizations in NH & VT who sign a BAA and bring a case or assist with a case review

- Provides independent & confidential peer review of perinatal cases with unanticipated adverse outcomes, with structured feedback for participating organizations

Meetings: as needed for cases submitted; usually 2x/year

### Guidelines Committee

Ad hoc

Open to NNEPQIN members who have interest in developing guidelines

- Develops topic-specific, multi-disciplinary teams to draft clinical guidelines, which are refined with broad input from NNEPQIN members
- Reviews and reaffirms or revises existing guidelines every two years or as needed based on emerging evidence

Meetings: determined by group as needed for specific guidelines