ANNUAL REPORT

TIPQC
Tennessee Initiative for Perinatal Quality Care

2008-2018
Celebrating 10 Years

2018
Tennessee Initiative for Perinatal Quality Care (TIPQC) seeks to improve health outcomes for mothers and infants in Tennessee by engaging key stakeholders in a perinatal quality collaborative that will identify opportunities to optimize maternal and infant outcomes and implement data-driven provider- and community-based performance improvement initiatives.
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Greetings

This has been a busy and exciting year for the Collaborative, with our first combined maternal-infant project moving forward to improve outcomes for mothers and infants affected by opioid use. We have big plans and we have identified new leaders to begin our vision of transitioning our Medical Directorships to foster growth across Tennessee. I’m thrilled that Dr. Anna Morad will be taking the baton from Dr. Dhanireddy to lead as the Infant Medical Director in July 2019. The joint Maternal and Infant Opioid Use Disorder: Optimizing Obstetric & Neonatal Care Project emphasizes the need for broad leadership across the state, and Dr. Morad’s experience leading state TIPQC projects over the years including the current Optimizing Care for the 35-36 Week Infant in the Newborn Nursery Project (35-36 Weeks) and the Breastfeeding Promotion Projects make her a very fitting Infant Medical Director. I look forward to hearing and celebrating the wonderful ways in which you have moved the needle at your institution over the last ten (10) years.

Over the last eight years as Commissioner of the Tennessee Department of Health, I have seen the Tennessee Initiative for Perinatal Quality Care (TIPQC) mature from its infancy and early years into an organization that has built a culture of quality improvement across the state, turning competitors into partners. The successes we’ve seen from TIPQC in the last 10 years have been about improved clinical outcomes as well as lessons learned in how to teach and facilitate collaborative quality improvement across institutions. Your success and modeling as TIPQC has inspired an approach to partnership and quality in areas from clinical care to prevention of opioid abuse. I am grateful and want to say thank you and congratulations on a job well done. I will continue to be a fan.

TennCare counts TIPQC an essential partner in realizing its mission of improving the lives of Tennesseans through high-quality, cost effective care. TIPQC gathers input from key healthcare and provider stakeholders across the state to identify high-impact quality improvement opportunities. Each year, our leadership at TennCare prioritizes this collaboration with TIPQC and other perinatal/neonatal leadership convened by TIPQC to learn from and exchange.

Many of the projects this year – Tennessee Antibiotic Stewardship, Optimizing Care for the 35-36 Week Infant in the Newborn Nursery Project (35-36 Weeks), Improving Nutrition and Growth in Very Low Birth Weight Infants (VLBW), and Immediate Postpartum Long Acting Reversible Contraception (PPLARC) – continue to highlight vitally important and high-value opportunities to drive impact for our members and across the state. TennCare is committed to working side-by-side with TIPQC and to supporting the continued clinical and quality improvement efforts led by TIPQC.

Over the last 10 years, TIPQC has been instructive in its processes and inspirational in its mission. Since its inception, TIPQC has always been about the right care at the right time in the right way. In every project, the child and family are always at the center of focus. Over the last 10 years, we’ve learned so much together about how to form teams, how to measure progress, and how to overcome obstacles big and small to keep things moving forward. We’ve been able to apply these lessons not only to individual projects but also to state public health priorities like opioid prescribing. We should all be proud to be part of this work and the way it is improving the care of families throughout our state.

Susan Guttenag, MD
PI & Oversight Committee Chair, TIPQC

Victor Wu, MD, MPH
Chief Medical Officer, TennCare

John Dreyzehner, MD, MPH, FACOEM
Commissioner, TN Department of Health

Morgan McDonald, MD, MPH
Assistant Commissioner, TN Department of Health

Tennessee Initiative for Perinatal Quality Care
March of Dimes Report Card

According to the March of Dimes, “The preterm birth rate in the United States has worsened for a third year, rising to 9.93 percent in 2017. Premature birth and its complications are the largest contributors to infant death in this country.” Tennessee again received a “D” with a preterm birth rate of 11.1 percent.

TENNESSEE

GRADE D
PRETERM BIRTH RATE 11.1%

COUNTIES

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>GRADE</th>
<th>PRETERM BIRTH RATE 2016</th>
<th>PRETERM BIRTH RATE 2017</th>
<th>CHANGE BETWEEN 2007 AND 2018</th>
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<tr>
<td>Davidson</td>
<td>D</td>
<td>10.5%</td>
<td>10.4%</td>
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<tr>
<td>Hamilton</td>
<td>F</td>
<td>12.1%</td>
<td>13.0%</td>
<td>Improved</td>
</tr>
<tr>
<td>Knox</td>
<td>C</td>
<td>9.8%</td>
<td>9.7%</td>
<td>Improved</td>
</tr>
<tr>
<td>Montgomery</td>
<td>C</td>
<td>9.6%</td>
<td>9.0%</td>
<td>No change</td>
</tr>
<tr>
<td>Rutherford</td>
<td>F</td>
<td>12.2%</td>
<td>10.5%</td>
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</tr>
<tr>
<td>Shelby</td>
<td>F</td>
<td>13.3%</td>
<td>12.6%</td>
<td>No change</td>
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Source: Preterm birth rates are from the National Center for Health Statistics, 2017 vital statistics data. Colors assigned by March of Dimes Perinatal Data Center.
More than 300 physicians, nurses, hospital administrators, insurance companies, families, legislators and community groups joined forces on March 4-6, 2018 at the Cool Springs Marriott in Franklin to collaborate around improvement opportunities in Tennessee.

The two and a half day program featured sessions on maternal and child health issues, quality improvement projects, and noted state and national speakers. Tennessee Commissioner of Health, Dr. John Dreyzehner, Dr. Zsakeba Henderson, CDC, Jeanne Mahoney and Amy Bross, Alliance for Innovation in Maternal Health (AIM), Dr. Raylene Phillips, Loma Linda University Medical Center and National Perinatal Association, Dr. Melissa Kottke, Emory University, Dr. Morgan McDonald, Tennessee Department of Health, Dr. Sarah Taylor, Medical University of South Carolina, Dr. Tanya Lord, Foundation for Healthy Communities, Dr. Dmitry Dukhovny, Oregon Health & Science University, and Mica Bumpus, American College of Obstetricians & Gynecologists addressed improvement opportunities and efforts on a local, state, and national level. Project Workshops discussed current and ongoing challenges, best practices, successes, and allowed for collaboration around Antibiotic Stewardship in the NICU, Optimizing Care of the 35-36 Week Infant, the Basics of LEAN, Patient and Family Engagement, Improving NICU Nutrition, Opioid Use Disorder, the Tennessee Breastfeeding Coalition, Obstetric Hemorrhage, and the Immediate Postpartum Long Acting Reversible Contraception. “The work in Tennessee around perinatal health has never been more important as we continue to show some of the worst health outcomes across the nation. Engaged teams across the state are showing remarkable progress in changing this tide, making Tennessee the best state to be born in,” stated Executive Director, Brenda Barker.
Learning Sessions

35-36 Week Learning Session

Over 50 people, representing eleven (11) different facilities, attended the Optimizing Care of the 35-36 Week Infant in the Newborn Nursery Learning Session on September 17. This project began in March at the Annual Meeting with the primary aim of decreasing hospital readmissions in this vulnerable population.

Since breastfeeding can be a challenge for these babies, the learning session started with an excellent discussion from Diane Businda, MSN, RN, IBCLC, CCE and Kelli Berg, BSN, RN, IBCLC sharing many evidenced-based tips related to this common difficulty, as well as a QI focus on run charts, and a glimpse at the state data.

PPLARC Learning Session

On August 7, 2018, five of the six teams participating in the Immediate Postpartum Long Acting Reversible Contraception Project (PPLARC) met to discuss patient-centered care, barriers to project implementation, utilization of quality improvement tools, and strategies that could be used to reduce or eliminate barriers and facilitate project outcomes. Team discussion and participation followed each didactic session with application of each concept utilizing a quality improvement tool. In addition, an update from TennCare was provided by Lorraine Buerhaus, RPh, JD.

The PPLARC Project is very process-oriented with numerous steps for implementation and evaluation. This learning session provided additional information for project success, facilitated sharing and problem solving between teams, and allowed the teams to understand their progress. Since the teams are at different implementation points, teams that were already placing LARCs provided valuable information to the teams who were still in the planning stage or beginning stages of implementation. The teams expressed appreciation for the numerous resources that have been available in this project, including training for providers and nurses, patient teaching tools (English and Spanish), and care guidelines.

“TIPQC has provided vast amounts of data and tools that have enabled our staff to improve teamwork, improve patient care, network with other healthcare systems, and ultimately make a difference everyday for our patients and families.”

-Deena Kail, BSN, RN, MBA, Jackson-Madison County General Hospital
Infant Medical Director Update

The Infant Arm of TIPQC had a busy year. We concluded the Nutrition in Very Low Birth Weight (VLBW) project. Today, VLBW infants in neonatal intensive care units across Tennessee are receiving earlier parenteral and enteral nutrition support and advancing to full enteral support sooner. The NICU teams also have an increased awareness of the role of early nutritional support in improving outcomes for these critically ill newborns. We have continued the iNICQ Antibiotic Stewardship in collaboration with Vermont Oxford Network leading to further optimization of antibiotic utilization and improved parental awareness of antibiotic therapy. Optimizing Care of the 35-36 Week Infant in the Newborn Nursery (35-36 Week) was started in 2018 and is progressing well.

I am happy to report that Dr. Anna Morad will take over the Infant Medical Directorship in July 2019. She has done several projects with TIPQC and is a great leader. I am enormously grateful for the opportunity to have been associated with TIPQC since its inception and as the Infant Medical Director during the last two years. TIPQC has contributed significantly in improving the quality of care for mothers and infants in Tennessee through evidence-based interventions during these years. It has also raised the awareness of the role of quality improvement, trained many leaders and brought a culture change in hospitals small and large throughout Tennessee.

Active Projects

Optimizing Care of the 35-36 Week Infant in the Newborn Nursery

The Optimizing Care of the 35-36 Week Infant in the Newborn Nursery Project (35-36 Week) is led by Drs. Anna Morad and Victoria DeVito, with twelve (12) facilities participating. As a result of their work on this project, facilities have developed many resources to improve care in this population. These resources include policies, protocols, crib cards, parent education materials, and educational resources for staff. Many of these facilities have also instituted follow-up calls to these families to provide an opportunity to answer additional questions and provide family support following discharge.

"We expected that the project teams would implement guidelines and improve consistency of care for their late preterm infants but we were especially proud of the number of resources developed during the course of this project. The ability to share those resources between the teams is a huge benefit of participation in TIPQC."

-Anna Morad, MD, Monroe Carell Jr. Children's Hospital at Vanderbilt

Participating Hospitals

- Children’s Hospital at Erlanger
- Fort Sanders Regional Medical Center
- Franklin Woods Community Hospital
- Jackson-Madison County General Hospital
- Monroe Carell Jr. Children’s Hospital at Vanderbilt
- Niswonger Children’s Hospital
- Regional One Health
- Tennova Healthcare - Harton
- TriStar Centennial Women’s and Children’s Hospital
- TriStar Hendersonville Medical Center
- TriStar Horizon Medical Center
- University of Tennessee Medical Center, Knoxville

"The impact that the TIPQC Late Preterm project has had on our organization is knowing that we saved a baby’s life. During one of our late preterm call backs we were able to intervene and ultimately save the baby’s life. Our hope is that with this improvement project we will continue to save lives and improve the care and outcomes of all of our late preterm babies."

-Annette Edens RN, BSN, TriStar Centennial Women’s and Children’s Hospital
Improving Nutrition and Growth in Very Low Birth Weight Infants

Improving Nutrition and Growth in Very Low Birth Weight Infants Project, led by Dr. Reddy Dhanireddy, centered around optimizing growth for babies born at less than 1500 grams, is moving into sustainment after three (3) years of hard work. The outcome measure of reducing growth restriction in this population was not quite achieved, but the process measures showed definite improvement. Many of the teams are continuing this important work.

"Our nutrition quality team appreciates the support offered by TIPQC and the other centers involved in the Improving Nutrition & Growth in Very Low Birthweight Infants project. This work to improve nutrition & growth significantly impacts the outcomes of these tiny patients."
- Esmond Arrindell, MD, Baptist Memorial Hospital for Women

VON: iNICQ Antibiotic Stewardship

TIPQC has participated as a statewide collaborative along with Vermont Oxford Network (VON) Antibiotic Stewardship Collaborative for the last three (3) years, thanks to a generous grant from TDH. Teams have lowered the use of antibiotics, as well as the variation (as can be seen from the one-day audits to the right), and increased parental awareness of antibiotic therapy without any increase in adverse outcomes to the babies.

"The TN Neonatal Antibiotic Stewardship project brought a culture change amongst providers at all levels across the state. The question ‘why do we need antibiotics on this baby?’ became a routine on rounds."
Ajay Talati, MD, University of Tennessee Health Science Center

"We found so much benefit in this [Nutrition] project that this group is now an integral part of our NICU."
-Malinda Harris, MD, East Tennessee Children’s Hospital

Participating Hospitals
- Baptist Memorial Hospital for Women
- East Tennessee Children’s Hospital
- Jackson-Madison County General Hospital
- Niswonger Children’s Hospital
- Regional One Health
- Monroe Carell Jr. Children’s Hospital at Vanderbilt
- St. Thomas Midtown Hospital
- TriStar Centennial Women’s and Children’s Hospital
- University of Tennessee Medical Center, Knoxville

"Choosing Antibiotics Wisely" VON Day Quality Audits Antibiotic Utilization Rate (AUR)

Participating Hospitals
- Baptist Memorial Hospital for Women
- Jackson-Madison County General Hospital
- Maury Regional Medical Center
- Niswonger Children’s Hospital
- Regional One Health
- Tennova Healthcare - Clarksville
- University of Tennessee Medical Center, Knoxville
Tennessee Neonatal Antibiotic Stewardship

TIPQC teams participating in the Tennessee Neonatal Antibiotic Stewardship Project, led by Dr. Ajay Talati, are completing the state focused project. There has been a decrease in the overall use of antibiotics. Since many of our facilities have been participating in this project for several years, we have also been able to appreciate how many of these teams have “sustained their gains” over time. Improvement has also been made in communication between healthcare providers and parents concerning antibiotics being given.

**Participating Hospitals**
- Children’s Hospital at Erlanger
- Jackson-Madison County General Hospital
- Monroe Carell Jr. Children’s Hospital at Vanderbilt
- Niswonger Children’s Hospital
- Regional One Health
- University Of Tennessee Medical Center, Knoxville
- Williamson Medical Center

“The TIPQC state-wide antibiotic stewardship webinars are helpful to allow teams to share both data and ideas for improvement. Many of the participating NICUs experience the same challenges and the sharing of ideas can help move improvement processes along.”

-Eva Dye, DNP, APRN, NNP-BC, Monroe Carell Jr. Children’s Hospital at Vanderbilt
Maternal Medical Director Update

I am impressed and excited by what TIPQC has accomplished in 2018, and I am looking forward to expanding on the successes in the future. For the Maternal Arm, we are coming up on the one-year mark for our Immediate Postpartum Long Acting Reversible Contraception (PPLARC) project. Teams have learned first-hand about the amount of cooperation and teamwork required to implement a completely new service. I am thrilled with the work each team has done at their institution, but even more overwhelmed by the cooperation and support between teams to make this project a true statewide success.

We are very excited to be working with The American College of Obstetricians and Gynecologists (ACOG) Alliance for Innovation on Maternal Health (AIM) program, starting with the support of TennCare, the Department of Health, the Tennessee Hospital Association, and the MCOs, none of our projects would be possible. This is especially true with PPLARC and we are hopeful we can all continue to expand access to all women in Tennessee in 2019. I believe everyone will be enthusiastic about the opportunities to improve outcomes for mothers, babies, and families in Tennessee through sustainment, and potentially expansion, of PPLARC, initiation of the OUD project, and more exciting projects to come.

Active Projects

Immediate Postpartum Long Acting Reversible Contraception Project

Six (6) teams have worked to implement the Immediate Postpartum Long Acting Reversible Contraception Project (PPLARC) at their institutions. With the assistance of statewide leadership from Nikki Zite, MD, MPH, Suzanne Baird, DNP, RN, Megan Lacy, MPH, and Tenn-Care representatives, we were able to support the teams to overcome barriers to provide this option for women to better plan future pregnancies and prevent unintended pregnancies. Not only did this project allow the option of PPLARC for desiring women, it also promoted the increase of comprehensive contraceptive counseling by providers during prenatal care. In order to initiate new in-patient product services, in this case intrauterine devices and contraceptive implants, the process required planning and collaboration with numerous other hospital teams including pharmacy, information technology, revenue stream management, nursing, and delivering providers. The participating institutions worked through the onerous implementation process in record time as compared to many other states. It is our desire to have private payors follow with unbundling for reimbursement to make this option available to all women in Tennessee.

Participating Hospitals

- Cookeville Regional Medical Center
- Erlanger Health System
- Johnson City Medical Center
- Regional One Health
- University of Tennessee Medical Center, Knoxville
- Vanderbilt University Medical Center
Joint Maternal & Infant

Opioid Use Disorder: Optimizing Obstetric & Neonatal Care

Over the past 10-15 years, Tennessee has struggled with the health and societal effects of opioids overprescribing and Opioid Use Disorder. A variety of cultural, socioeconomic, demographic, and medical/pharmaceutical factors have been implicated as causative factors. TIPQC is focusing on the perinatal aspects of opioid use, and effects on the mother, the infant, and the “dyad” or family unit in the perinatal period. In partnership with UnitedHealthcare Community Plan of Tennessee, OptumLabs, the TDH, and AIM, TIPQC has the opportunity to make significant improvements to the perinatal care of these mothers and infants, and make a lasting impact on their lives.

Building on the earlier successes, TIPQC is taking additional steps to further improve the perinatal care of pregnant women using opioids, and to identify at-risk infants for earlier intervention.

In 2018, the TDH reported 881 cases of Neonatal Abstinence Syndrome (NAS) in the state, and an unknown number of opioid-exposed newborns (OEN) who were at risk for NAS. TIPQC membership identified this as a crucial project for perinatal health improvement. During the past year, TIPQC has been working to develop the project addressing the issue at 3 levels:

**Maternal:** Improve the management of women using opioids during pregnancy by advancing provider and patient education, increasing OUD screening, mapping community resources, and implementing evidence-based practices for addiction treatment, the spectrum of pregnancy care, and pain management protocols, under the leadership of Jessica Young, MD, MPH.

**Infant:** Improve the diagnosis of infants at risk, educate providers and parents, control environmental stimuli for OEN in addition to infants with NAS, and provide other non-pharmacologic treatment, under the leadership of Mike DeVoe, MD.

**Dyad:** Promote postpartum rooming-in, identify barriers to rooming-in, promote breastfeeding, enhance discharge with parents and plans of safe care, improve the interaction with social services and outside agencies.

This is a unique project that combines the efforts of a variety of obstetric and newborn care providers to develop effective evidence-based protocols or bundles. These protocols can be applied to a variety of clinical settings within the state of Tennessee and through existing collaborative efforts with other health systems across the United States.

“I am proud to be a part of an organization committed to improving maternal and infant health in the state. Being able to collaborate with others from around the state who share the same level of dedication and passion is appreciated. I am excited to see what TIPQC will accomplish in the next 10 years and beyond.”

-Danielle Tate, MD, FACOG, University of Tennessee Health Sciences Center
Teams Across the State

Left (Top to Bottom): Baptist Memorial Hospital for Women, Jackson-Madison County General Hospital, Niswonger Children's Hospital, Regional One Health

Right (Top to Bottom): TriStar Centennial Women's and Children's Hospital, University of Tennessee Medical Center, Knoxville, Vanderbilt University Medical Center
10 Years of Projects

Previous Maternal Projects

- Reduction of Early Elective Deliveries, 2009-15
- Breastfeeding Promotion: Prenatal, 2010-11
- Breastfeeding Promotion: Delivery & Postpartum, Wave 1, 2012-2014
- Antenatal Steroids, 2013-14
- Breastfeeding Promotion: Delivery & Postpartum, Wave 2, 2014-2016
- Obstetric Hemorrhage, 2016-2018

Previous Infant Projects

- NICU Hypothermia, 2009-10
- NICU Human Milk, 2009-13
- NICU CLABSI Reduction, 2010-12
- Undetected Critical Congenital Heart Disease, 2011-12
- NCABS1 Multi-State Collaborative, 2012-13
- Family Involvement Teams, 2012-15
- NICU Follow-Up Network, 2012-13
- NICU Golden Hour, 2012-2015
- NICU NAS 1.0 & 2.0, 2012-2015
- NICU HAI 2.0, 2014-16
- NICU NAS Multi-State Collaborative, 2015-16

Active Projects

- iNICQ Antibiotic Stewardship, 2016-2018
- Nutrition: Improving Nutrition and Growth in Very Low Birth Weight Infants, 2016-2018
- Tennessee Antibiotic Stewardship, 2018-2019
- Optimizing Care of the 35-36 Week Infant in the Newborn Nursery, 2018-
- Immediate Postpartum Long Acting Reversible Contraception, 2018-

Developing Projects

- Opioid Use Disorder: Optimizing Obstetric & Neonatal Care, 2019-

“We believe changing our practice is easier and faster with EHR implementation, and the outcome is better with persistent persuasion of evidence based medicine!”
-Darshan Shah, MD, MBBS, FAAP, Nijsonger Children's Hospital

“Our patient and family efforts and achievements are numerous and have brought us a long way in the last decade but we still have a long way to go.”
-Rochelle Nelson, MS, Parent

“I am so proud of this organization and all our providers who have raised the bar for neonatal and perinatal care in Tennessee. Our Tennessee babies have benefited greatly from all that hard work!”
-John Buchheit, MD, East Tennessee Children's Hospital

“10 years! Congrats to your team and all the babies in Tennessee.”
-Barb Rose, Previously Ohio Perinatal Quality Collaborative

“I am thrilled about the 10 year anniversary, and proud to say that I had a very small part in the earliest stages of TIPQC, when I was a medical director at TennCare. What began as a grant proposal to CMS (that was not approved) has matured into a vital quality improvement collaborative that has improved the health of so many babies and mothers in TN.”
-Jeanne James, MD, VP and Chief Medical Officer, BlueCare
Oversight Committee

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President and Vice Chair
Department of Obstetrics and Gynecology
Section on Maternal Fetal Medicine
The University of Tennessee College of Medicine

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Division of Maternal Fetal Medicine
Vanderbilt University Medical Center

Joel Bradley, MD, FAAP
Chief Medical Officer
United Healthcare Community Plan of Tennessee

John Buchheit, MD
Neonatology, Chairman of the Board
East Tennessee Children’s Hospital

Tara M. Burnette, MD
Neonatologist
University of Tennessee Medical Center, Knoxville

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Tennessee Hospital Association

W. Michael DeVoe, MD
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Vanderbilt Pediatrics – Neonatology

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Adjunct Professor, Meharry Medical College
Professor, University of Tennessee

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Professor of Pediatrics, Obstetrics & Gynecology
Chief of Pediatrics & Medical Director of Newborn Center, Regional One Health
TIPQC Infant Medical Director

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And for partnering with us to provide ongoing learning opportunities:

Vanderbilt University School of Medicine Continuing Medical Education

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