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.

TIPQC Operations Team: (L-R) Amanda Nally, BS; Steven Compton, JD; Patti Scott, DNP, APN, NNP-BC, C-NPT; Anna Morad, MD; Brenda Barker, M Ed, MBA; Nikki Zite, MD, MPH; Jessica Young, MD, MPH; Theresa Scott, MS; Denise Pullella, BS
2019
MARCH OF DIMES
TENNESSEE
REPORT CARD

PREMATURITY GRADE
D

PRETERM BIRTH RATE
11.1%

PRETERM BIRTH RATE BY RACE AND ETHNICITY

The March of Dimes disparity ratio measures and tracks progress towards the elimination of racial/ethnic disparities in preterm birth. It’s based on Healthy People 2020 methodology and compares the group with the lowest preterm birth rate to the average for all other groups. Progress is evaluated by comparing the current disparity ratio to a baseline disparity ratio. A lower disparity ratio is better, with a disparity ratio of 1 indicating no disparity.

In Tennessee, the preterm birth rate among black women is 45% higher than the rate among all other women.

DISPARITY RATIO: 1.31
CHANGE FROM BASELINE: No Improvement

Data quoted from the March of Dimes Report Card that can be found online at the link below:
We have much to celebrate this year in Tennessee as we continue to make strides in improving the health of mothers and infants. Our state’s infant mortality rate has fallen to 6.9 deaths per 1,000 live births, the lowest point in three years. This progress is due in part to a reduction in sleep-related deaths of infants, from a rate of 1.8 per 1,000 live births in 2017 to 1.6 last year. In 2018, we also saw the first decline in Neonatal Abstinence Syndrome (NAS) rates in Tennessee since surveillance began in 2013, dropping from 1,096 NAS cases in 2017 to 927 in 2018. While a single year’s decrease is not yet a trend, these are certainly successes worth highlighting, and we should all be proud of the work we’re doing together to improve outcomes for Tennessee families.

Lisa Piercey, MD  
Commissioner  
Tennessee Department of Health

TIPQC is a critical partner in improving the health of infants and families. From bedside decisions to institutional and state policies, TIPQC takes an evidence-based and team-minded approach that has resulted in measurable improvement in key population health priorities for our state. The Department of Health deeply appreciates the commitment of every clinical and administrative partner that has made TIPQC a success. We celebrate the reductions in NAS and infant mortality with you and look forward to ongoing work to address the ongoing challenges to the health of Tennessee families.

Morgan McDonald, MD, FACP, FAAP  
Deputy Commissioner for Population Health  
Tennessee Department of Health

TIPQC is an incredibly vital part of our maternal and infant health efforts in the state of Tennessee. In my role, I have had the opportunity to hear from other Medicaid colleagues across other states about their experiences with their perinatal quality collaboratives. I am deeply grateful for the level of commitment and engagement from all TIPQC members that we have and recognize how truly unique and essential it is for all of Tennessee. TIPQC draws such a diverse passionate group of community providers, academic institutions, state agencies, and other clinical stakeholders working together on the most pressing issues facing our moms and babies and truly provides a forum for actionable data-driven quality improvement to be made. TennCare relies on the expertise and ideas of TIPQC and we remain fully committed to working side-by-side with TIPQC to improve the lives and health outcomes of the members we serve.

Victor Wu, MD, MPH  
Chief Medical Officer  
TennCare

Another year of great quality improvement work comes to a close with this Annual Report, and with it we begin again. It has been a privilege to work over the last 3 years with Dr. Nikki Zite, our first Maternal Medical Director for TIPQC, as she worked with the Department of Health (TDH) and the Managed Care Organizations to bring Immediate Postpartum Long Acting Contraception (IPPLARC) availability to Tennessee. I hope that you join me in welcoming Dr. Jessica Young as the new Maternal Medical Director and continuing Project Lead for our project on Opioid Use Disorder. We are fortunate to have Dr. Anna Morad for another year as our Infant Medical Director, and with her guidance we look forward to embarking on a Safe Sleep project. The synergy between our maternal and infant projects around opioids has been fantastic, and these projects have brought new members into our TIPQC family. I can’t thank you enough for all of the work you do in the service of pregnant women, their families, and their babies. I look forward to the new ideas that you bring to TIPQC.

Susan Guttentag, MD  
PI & Oversight Committee Chair  
Tennessee Initiative for Perinatal Quality Care
March
- Neonatal Abstinence Syndrome (NAS) Subcabinet Committee, Nashville, TN – OUD/OEN Project Presentation

April
- Pediatric Academic Society Meeting, Baltimore, MD - Poster Presentations: Nutrition in the VLBW Project; Antibiotic Stewardship Project

May
- Alliance for Innovation on Maternal Health (AIM) Maternal Mortality Summit, Nashville, TN

June
- Kentucky Perinatal Quality Collaborative, Louisville, KY – TIPQC Presentation
- American Board of Pediatrics, Maintenance of Certification, Raleigh, NC
- Tennessee Patient Safety Center Board - OEN/OUD Project Presentation

July
- AIM National Meeting, Washington, DC

August
- ASTHO OMNI Learning Community, Washington, DC
- National Network of Perinatal Quality Collaboratives - OEN/OUD Project Presentation

September
- Vermont Oxford Network (VON) Annual Meeting, Chicago, IL
- Medication Assisted Treatment Conference, TN Mental Health & Substance Abuse Services, Franklin, TN
- City MatCH Annual Meeting, Providence, RI

October
- Oklahoma Perinatal Quality Collaborative, Oklahoma City, OK - OUD/OEN Project Presentation
- Tennessee Patient Safety Center (TPSC) Meeting (Tennessee Hospital Association), Franklin, TN - OUD/OEN Project Poster Presentation

- Middle Tennessee Opioids Conference, Nashville, TN
- Tennessee Department of Health (TDH) Perinatal Advisory Committee (PAC), Nashville, TN—OUD/OEN Project Update

December
- Grand Rounds Presentation, Regional One Health, Memphis, TN

Articles & Collaborations
- TIPQC has been able to share expertise with newly formed One Tennessee (TN’s Opioid Healthcare Collaborative) https://www.onetnhealth.org
TIPQC brought together more than 300 physicians, nurses, hospital administrators, insurance companies, families, legislators, and community groups on March 4-5, 2019 at the Cool Springs Marriott in Franklin to celebrate 10 years of Quality Improvement in Tennessee.

The two (2) day program featured sessions on maternal and child health issues, quality improvement projects, and noted state and national speakers. Tennessee Commissioner of Health, Dr. Lisa Piercey, Dr. Neel Shah, Harvard Medical School & March for Moms, Charles Johnson, 4Kira4Moms, Dr. Debra Bingham, Institute for Perinatal Quality Improvement, Dr. Ann Borders, Illinois Perinatal Quality Collaborative, Dr. Tia Hubbard, UC San Diego School of Medicine, Dr. Morgan McDonald, Tennessee Department of Health, Dr. Victor Wu, TennCare, and Dr. Stephen Patrick, Vanderbilt Center of Child Health Policy, 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 Optimizing Care of the 35-36 Week Infant, Long Acting Reversible Contraceptives, Opioid Use Disorder, Opioid Exposed Newborns, Communication in Disparities, Maternal Depression Screening, Trauma Informed Care, and the Tennessee Breastfeeding Coalition.

The attendees were able to sharpen their improvement objectives and projects through collaborative sharing, benchmarking, and learning from national as well as state experts. Poster winners were celebrated as well as the over 40 hospital teams awarded for their improvement work.
Opioid Use Disorder: Optimizing Obstetric & Neonatal Care

The Maternal Opioid Use Disorder (OUD) and the Infant Opioid Exposed Newborn (OEN) quality improvement projects are focused on the perinatal aspects of opioid use, and effects on the mother, the infant, and the “dyad” or family unit. Our participating teams have the opportunity to make significant improvements to the perinatal care of these mothers and infants and make a lasting impact on their lives.

Currently, the teams are hard at work on their “Progress in Care,” a tool to help teams monitor their progress toward meeting the “potentially best practices” surrounding the care of mothers with OUD and their opioid exposed newborn. Teams are also identifying resources for these families in their communities, evaluating their current methods of identification and scoring, and encouraging these mothers to “room-in” with their newborns.

Not only do teams work locally, but they all come together from across the state for monthly webinar-based huddles and quarterly in-person learning sessions. The learning sessions are opportunities for teams to learn from experts in this field and collaborate with each other.

Educational Videos

Twelve (12) videos have been developed to provide education around the care of the mother with OUD and the newborn with opioid exposure. The TIPQC leadership team scripted, developed content, recruited experts, filmed, edited, created quizzes, and obtained CME approval for these videos. They are available to care teams across the state via Vanderbilt University Medical Center’s CME platform, and by special request.

Subjects include:
- Allied Health Services (Swaddling, Breastfeeding and Informed Care)
- Reducing Stigma and Motivational Interviewing
- A Parent’s Perspective
- Social Services
- Development and Behavior (Care Provider Focus)
- Development and Behavior (Parent Focus)
- The 4th Trimester and Postpartum Relapse Prevention and Management
- Eat, Sleep, Console
- Care of the Opioid Exposed Newborn (OEN): A Panel Discussion; What’s New in Neonatal Abstinence Syndrome (NAS)
- Intrapartum Pain Management
- Tennessee Safe Baby Courts

Educational Outreach Visits

TIPQC leaders visited hospital teams to offer quality improvement methodology education and how to apply it to the OUD and OEN projects. They also met with hospital administrators to give background information on TIPQC and their team’s participation in the OUD and OEN projects.

TIPQC at Hardin Medical Center in September 2019
June Learning Session

On June 4th, the Decreasing Stigma & Improving Knowledge of OUD and OEN Learning Session was held. Over 80 neonatologists, pediatricians, obstetricians, nurses, lactation support specialists, parents, case managers, and other stakeholders from across the state attended.

Speakers included:
- Tamala Milan-Alexander, a parent, who shared her journey from drug addiction to regaining control of her life and custody of her children through respectful support from, and earned trust with, her health care provider and community;
- Jessica Young, Physician Lead for TIPQC, who taught on the need to destigmatize addiction and the importance of word choice when talking with patients; and
- Tamasyn Nelson, an Associate Professor of Pediatrics at Monroe Carrell Jr. Children’s Hospital at Vanderbilt, who taught on the need and skills for Motivational Interviewing.

ASAM Training

The American Society of Addiction Medicine Buprenorphine Waiver course was held on August 16 in Chattanooga and broadcast live to Knoxville, Memphis, Johnson City, and Nashville. This four hour in-person training was taught by Jessica Young MD, MPH to 42 attendees, allowing them to be eligible to prescribe buprenorphine to pregnant women.
### August Learning Session

On August 26th, over 140 team members from 18 hospitals and 7 partner agencies joined to hear Dr. Matt Grossman from Yale who helped create the Eat, Sleep, and Console (ESC) approach to caring for newborns exposed to opioids. In addition, Dr. Grossman and Dr. Stephen Patrick held a panel discussion on ESC, scoring, and care of the OEN; Betty McDaniel-Thomas presented breastfeeding needs and tips for OEN and NAS infants and their moms; and Dr. Jessica Young shared with the Maternal providers pain management, outpatient management options, and the new pharmacy law. Teams received printed materials on IPPLARC and NARCAN, as well as spent time discussing their next PDSA cycle and networking with others from across the state.

### November Learning Session

On November 4th over 120 gathered in Franklin to learn, share, and hear from community experts supporting moms and babies affected by the opioid crisis.

**Highlights included:**
- TN Court Director Deborah Tate;
- Department of Children's Services Amy Coble;
- Mom, Samantha Powell;
- Tennessee Early Intervention System's Jill Rigsby;
- Leah Festa from Prevention Alliance of Tennessee; and
- Erika Rodriguez-Muñoz on hospital social services

**Afternoon workshops included:**
- Anesthesiologist Dr. Britany Raymond;
- Developmentally Appropriate Care for Infants with Tasha Allen and Sasha Lewis; and
- Social services workshop with Erika Rodriguez-Muñoz, Corrie Cecil, and Amy Coble

Twenty community resources were available for attendees to meet and discuss services offered for moms and babies affected by opioid usage.
Medical Director Greeting

As I come to the end of my tenure as the Maternal Medical Director of TIPQC, I am thrilled by all that we have accomplished. In this report, you will see information about our overwhelmingly successful Immediate Postpartum Long Acting Contraceptive Project (IPPLARC) and the incredible work that is being undertaken to implement the Opioid Use Disorder (OUD) project.

In March of 2019, we stopped tracking devices inserted as the IPPLARC Project moved into sustainment, but, we know that insertions continue to occur at all six participating sites through our partnership with TennCare. We are truly grateful to Drs. Lorraine Buerhaus and Victor Wu of TennCare for their dedication to the women of Tennessee and this project.

The OUD project, led by Dr. Jessica Young, Maternal Medical Director Elect, is an extraordinary undertaking. I have truly enjoyed learning from the amazing experts brought together in our learning sessions. While the project is focused on decreasing the complications of OUD during pregnancy, many of the tenants of care emphasized in the bundles will improve the health and well-being of all women and newborns in Tennessee. Given the knowledge gleaned from the state Maternal Mortality Review, resources spent increasing awareness of OUD in pregnancy will save lives.

I look forward to all the great things Dr. Young and the Maternal Arm have planned during her tenure, and I encourage any OB/GYN in Tennessee interested in improving the health of moms and babies in Tennessee to jump in!

Looking back over the past year, I am proud of the work TIPQC has done to address the opioid epidemic in Tennessee. As the state physician lead on the TIPQC maternal OUD project, I have been inspired by the dedication and commitment of participating teams across the state. This project has fostered stronger partnerships between obstetric and pediatric teams that I imagine will continue beyond this individual initiative. From west to east, rural to urban, large to small hospitals, teams have come together for continuing education, collaboration, resource sharing, and bridge building. I have seen a shift in how we as individual providers and institutions view patients with substance use disorder, moving from judgement to empathy and from punishment to treatment. It is truly an honor to be able to do this work in partnership with all of you.
Immediate Postpartum Long Acting Reversible Contraception

In November 2017, TennCare unbundled long-acting reversible contraceptives (LARC), implants and intrauterine devices, and the provider insertion fees from the global fee of delivery for women covered by TennCare, CoverKids, and Blue Cross Blue Shield state employees. This has allowed hospitals across the state to be reimbursed for LARC devices that are placed immediately postpartum (IPP), during a patient’s delivery admission. Vanderbilt University Medical Center, Regional One Hospital, and the University of Tennessee Medical Center Knoxville (UTMCK) served as pilot facilities for the Immediate Postpartum Long Acting Contraception (IPPLARC) project and in 2018, at the TIPQC Annual Meeting, the full project was launched. Teams from Cookeville Regional Medical Center, Erlanger Medical Center, and Johnson City Medical Center joined the project.

This project was heavily focused on implementation and helping institutions work through the various statewide and institutionally-specific barriers to making IPPLARC available. By the end of the project in March 2019, all six teams had LARC devices available for insertion and 5 of the 6 had both inserted a device and been reimbursed. The project moved into sustainment after TIPQC’s 2019 Annual Meeting, but teams continued to work vigilantly on improving access to this option for women delivering in their facilities.

During the year of the project, over 2,000 devices were placed across the state in women desiring IPPLARC (graph). While in sustainment we continue to celebrate achievements, including demonstrating a 96% reimbursement rate on devices placed during the third quarter of 2019. In addition, at the end of October 2019, UTMCK announced they had placed 1,000 LARC devices to eligible women desiring IPPLARC placement. TIPQC will continue to be a resource for institutions in Tennessee interested in implementing IPPLARC initiatives.

We appreciate the assistance of many individuals and organizations that made this project successful.
Medical Director Greeting

2019 was an exciting year for the Infant Arm of TIPQC. Our 35-36 Week Infant in the Newborn Nursery Project entered sustainment with teams reporting continued compliance with 35-36 Week guidelines. The Antibiotic Stewardship project also reached sustainment with all of the teams continuing to work on the appropriate use of antibiotics. We launched our first combined maternal and infant project for mother-baby dyads. This three-year project will be the most complex quality improvement project tackled by TIPQC to date and will explore care for moms with opioid use disorder and their infants with opioid exposure.

On a personal note, I have enjoyed this year as the Infant Medical Director and have learned so much from our teams. The amount of time and energy that the teams devote to TIPQC is a testament to how much quality patient care matters. I look forward to seeing our progress over this next year and continued robust collaboration across the state!

For quality improvement efforts to be successful, they must include all members of the healthcare team, especially nursing. Since nurses are with our patients continuously, who better to evaluate a problem and suggest solutions? This commitment to improving patient care is no more evident than it is in our projects from the past year. These projects have enhanced staff and parent education, streamlined workflow, increased parent satisfaction, and, most important, improved patient safety. Much of this effort has been driven by nursing. Our teams come from different types of facilities – from academic centers to community hospitals. These teams have shared resources and ideas; they also worked together to overcome challenges. They have worked tirelessly to improve the care for mothers and babies in Tennessee.

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) moved into sustainment in 2019. This project was led by Drs. Anna Morad and Victoria DeVito, with twelve (12) facilities participating. Many “wins” with this project include: the development/refinement of policies and guidelines specific to this population, staff education related to the special needs of these babies, parent education materials specific to their new “late preterm” baby, crib cards to remind everyone of that baby’s special needs, follow-up phone calls, longer lengths of stay to ensure the infant’s readiness for discharge, and processes to ensure a follow-up provider appointment made prior to discharge from the newborn nursery. Many of our teams reported a decrease in their readmission rates for these babies. Between May 2018 and April 2019, data was captured on N = 1,442 35-36 week newborns across the twelve participating facilities. The facilities were successful in having a post-discharge follow-up phone call with over half of the 35-36 week newborns (58%, 650/1112; phone calls attempted with those 35-36 week newborns discharged from newborn nurseries, not NICUs), and attempted a phone call with over another 20% (253/1112). All of our teams reported satisfaction with the changes instituted through this project and plan to continue these improvements for the 35-36 week newborns born in their facilities.
MOTHER AND INFANT PROJECTS IN SUSTAINMENT

2009-2015, Reduction of Early Elective Deliveries
2010-2011, Breastfeeding Promotion: Prenatal
2013-2014, Breastfeeding Promotion: Delivery & Postpartum, Wave 1
2013-2014, Antenatal Steroids
2014-2016, Breastfeeding Promotion: Delivery & Postpartum, Wave 2
2016-2018, Obstetric Hemorrhage
2018-2019, Immediate Postpartum Long Acting Reversible Contraception

INFANT PROJECTS IN SUSTAINMENT

NICU Hypothermia, 2009-2010
NICU Human Milk, 2009-2013
NICU CLABSI Reduction, 2010-2012
Undetected Critical Congenital Heart Disease, 2011-2012
NCABSI Multi-State Collaborative, 2012-2013
Family Involvement Teams, 2012-2015
NICU Follow-Up Network, 2012-2013
NICU Golden Hour, 2012-2015
NICU NAS 1.0 & 2.0, 2012-2015
NICU HAI 2.0, 2014-2016
NICU NAS Multi-State Collaborative, 2015-2016
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, 2018-2019

ACTIVE PROJECTS

2019-current, Opioid Use Disorder: Optimizing Obstetric & Neonatal Care (Joint Maternal and Infant Project)
2020-current, iNICQ Transitions of Care

DEVELOPING PROJECT

Safe Sleep, 2020-
Opioid Use Disorder: Optimizing Obstetric & Neonatal Care

- Baptist Memorial
- Erlanger Health System / Children's at Erlanger
- Erlanger East
- Hardin Medical Center
- Henry County Medical Center
- Jackson-Madison County General Hospital
- Johnson City / Niswonger Children's Hospital
- Maury Regional Medical Center
- Methodist Le Bonheur Germantown
- Regional One Health
- Saint Thomas Midtown Hospital
- Sumner Regional Medical Center
- Tennova Healthcare - Harton
- TriStar Centennial Women's and Children’s
- TriStar Hendersonville Medical Center
- TriStar Horizon Medical Center
- University of Tennessee Medical Center, Knoxville
- Vanderbilt University Medical Center/Monroe Carell Jr. Children's Hospital at Vanderbilt
- West Tennessee Healthcare - Dyersburg

Green = OEN Only  Purple = Both OEN & OUD

Vermont Oxford Network NAS Universal Training

- Baptist Memorial Hospital for Women
- Baptist Tipton
- Blount Memorial Hospital
- Children's Hospital at Erlanger
- Children's Hospital at TriStar Centennial
- Cookeville Regional Medical Center
- East Tennessee Children's Hospital
- Erlanger East
- Fort Sanders Regional Medical Center
- Greenville Community Hospital
- Hardin Medical Center
- Henry County Medical Center
- Holston Valley Hospital and Medical Center
- Jackson-Madison County General
- Johnson City Medical Center
- Livingston Regional Hospital
- Maury Regional Medical Center
- Methodist Le Bonheur Germantown Hospital
- Methodist LeBonheur South
- Nashville General
- Parkridge East Hospital
- Regional One Health
- Saint Francis Hospital
- Saint Francis Hospital Memphis
- Saint Thomas Midtown Hospital
- Saint Thomas River Park
- Saint Thomas Rutherford Hospital
- Southern TN Regional Health System Pulaski
- Southern TN Regional Health Systems Winchester
- Sumner Regional Medical Center
- Tennova Healthcare - Harton
- Tennova Healthcare - Lebanon
- TriStar Hendersonville Medical Center
- TriStar Horizon Medical Center
- TriStar StoneCrest Medical Center
- University of Tennessee Medical Center
- West Tennessee Healthcare - Dyersburg
- Williamson Medical Center
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Partner Organizations

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And for partnering with us to provide ongoing learning opportunities:

Vanderbilt University School of Medicine Continuing Medical Education

TriStar Summit Medical Center, an approved provider of continuing nursing education by the Tennessee Nurses Association, as accredited by the American Nurses Credentialing Center’s Commission on Accreditation

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