Through collaborative use of improvement science methods, reduce preterm births & improve perinatal and preterm newborn outcomes in Ohio as quickly as possible.
Today’s presenters:

Mike Marcotte, MD  
OPQC OB Faculty Lead/Tri-Health

Amy Burkett, MD  
ACOG Ohio Chair, Cleveland Clinic Foundation

Kelly Gibson, MD  
MetroHealth

Lynda Hoffman, Licking Memorial Hospital

Jenny McAllister, MD, IBCLC  
University of Cincinnati Newborn Nursery

Liz Maseth BSN, RN, IBCLC  
Akron Children’s Medical Center

Heather Kaplan, MD, MSCE  
OPQC neo faculty/CCHMC

Updated April 3, 2020
Welcome

• Goals:
  • Share practicalities of implementing strategies now
  • Discuss what people are doing in situations where it is unclear and guidance doesn’t exist
  • **ALL TEACH ~ ALL LEARN**

• Over 350 registrants with several submitted questions - we prioritized 2 topics and scenarios:
  • Alterations to prenatal care due to COVID19 restrictions
  • Practical applications of breastfeeding for the COVID+ or PUI mom and her infant

• Plans:
  • We will provide resource links on website and update regularly
  • We will send follow-up survey; we will need your feedback to improve

• The case scenarios are from individual institution responses, not OPQC recommendation
Data Update April 2, 2020
WHO/CDC/ODH: COVID-19 Outbreak

<table>
<thead>
<tr>
<th>WHO</th>
<th>CDC</th>
<th>ODH</th>
</tr>
</thead>
</table>

Updated: 2 April 2020
Coronavirus (COVID-19) outbreak
- **896,450** Confirmed cases
- **45,426** Confirmed deaths
- **206** Countries, areas or territories with cases

**WHO**
- Total cases: **213,144**
- Total deaths: **4,513**
- Jurisdictions reporting cases: 55
  (50 states, District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands)

**CDC**
- **2,902** Confirmed Cases in Ohio
- **260** ICU admissions
- **802** Hospitalizations in Ohio
- **81** Deaths

**ODH**
- Total cases: **213,144**
- Total deaths: **4,513**
- Jurisdictions reporting cases: 55
  (50 states, District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands)
Poll #1: Question for OB providers

Have you altered your approach for prenatal visits for pregnant patients in response to COVID19?

- Yes, we have
- No, we have not
- Not sure

*If you answered yes, please provide “how” (spacing appts, telehealth visits, etc) in the chat box

Updated April 3, 2020
Modifications to in-person prenatal care

ACOG - Prenatal Care and Postpartum Visits:
• Supports spacing/modifying visit schedule

• Telehealth via HIPPA compliant methods
  • Great option for consults when a physical exam is not needed
  • Bill using appropriate codes
  • BP cuffs and dopplers

• Continued in-person visits when desired by patient/practitioner
  • Combining in person visits for vaccines/glucola
  • COVID screen prior to arrival

Updated April 3, 2020
Case study:
Patient brings up concerns at PNV about exposure to herself and baby when delivering at the hospital and is inquiring about a home birth

- ACOG DOES NOT support home birth during the Covid-19 Pandemic
- Hospitals and accredited birth centers are still safest place to deliver
- Given the pandemic response times by EMS and other first responders may be delayed if any emergency occurs
- Consider ways for families to connect (FaceTime etc)
An Example of modifications to in-person postpartum care

<table>
<thead>
<tr>
<th>POSTPARTUM CARE RECOMMENDATIONS:</th>
<th>Timing</th>
<th>In-person vs. virtual</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit type:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal delivery</td>
<td>4-8w</td>
<td>Virtual</td>
<td></td>
</tr>
<tr>
<td>Cesarean delivery</td>
<td>4-8w</td>
<td>Virtual, video preferred</td>
<td>Incision check can be done through photo if video not available</td>
</tr>
<tr>
<td>Higher-order perineal</td>
<td>2w</td>
<td>In-person</td>
<td></td>
</tr>
<tr>
<td>laceration</td>
<td>4-8w</td>
<td>Virtual</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>2w</td>
<td>Virtual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4-8w</td>
<td>Virtual</td>
<td></td>
</tr>
<tr>
<td>gHTN, PEC, cHTN, no meds</td>
<td>1-2w</td>
<td>Call</td>
<td>Patient encouraged to check BP at newborn visit</td>
</tr>
<tr>
<td></td>
<td>4-8w</td>
<td>Virtual</td>
<td></td>
</tr>
<tr>
<td>gHTN, PEC, cHTN, on meds</td>
<td>1w</td>
<td>Call</td>
<td>Meds to be titrated w/ on-call virtual MFM</td>
</tr>
<tr>
<td></td>
<td>2w</td>
<td>Call</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4-8w</td>
<td>Virtual</td>
<td></td>
</tr>
<tr>
<td>Desires PP LARC</td>
<td>4-8w</td>
<td>In-person</td>
<td>Per provider discretion</td>
</tr>
<tr>
<td>Received PP IUD</td>
<td>4-8w</td>
<td>In-person</td>
<td>Per provider discretion</td>
</tr>
<tr>
<td>Others</td>
<td>4-8w</td>
<td>Virtual preferred</td>
<td>Provider discretion</td>
</tr>
</tbody>
</table>

Providers should follow usual postpartum visit template.
EPDS should be completed verbally with patient until available to be pushed through portal
OB Actions ➔ Screenings ➔ EPDS
Resources

- www.acog.org/topics/covid-19
- Modified prenatal and postpartum care: https://www.acog.org/clinical-information/physician-faqs/-/media/287cefdb936e4cda99a683d3cd56dca1.ashx
- Billing for telehealth: https://www.acog.org/clinical-information/physician-faqs/~/link.aspx?_id=3803296EAAD940C69525D4DD2679A00E&_z=z

Updated April 3, 2020
Social distanced visits

• March 15th, moved to only essential visits
  • Rest via telehealth or video visits

• Changes to outpatient clinics
  • Symptom and temperature scanning
  • Only patient in the office

• Grouping care
  • Vitals, labs, vaccines with each ultrasound visit

Updated April 3, 2020
<table>
<thead>
<tr>
<th>EGA</th>
<th>Low Risk</th>
<th>LR FDC</th>
<th>High Risk</th>
<th>HR FDC</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-10w</td>
<td>Phone</td>
<td>Viability IF bleeding</td>
<td>Phone</td>
<td>Viability IF bleeding</td>
<td>DME for BP cuff, MyChart signup, New OB labs, Flu shot</td>
</tr>
<tr>
<td>12-13w</td>
<td>Visit</td>
<td>NT/Dating</td>
<td>Visit</td>
<td>NT/Dating</td>
<td>Genetics PRN</td>
</tr>
<tr>
<td>16w</td>
<td>Phone</td>
<td>Phone</td>
<td>Phone</td>
<td>RN for progesterone start</td>
<td></td>
</tr>
<tr>
<td>20w</td>
<td>Visit</td>
<td>Anatomy</td>
<td>Visit</td>
<td>Anatomy/CL screening</td>
<td>msAFP</td>
</tr>
<tr>
<td>24w</td>
<td>Phone</td>
<td>Phone</td>
<td>Screening echo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26w</td>
<td>Phone</td>
<td>Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28w</td>
<td>Visit</td>
<td>Visit</td>
<td>Growth</td>
<td>Glucola Rhogam, TDaP</td>
<td></td>
</tr>
<tr>
<td>30w</td>
<td>Phone</td>
<td>Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32w</td>
<td>Visit</td>
<td>Growth</td>
<td>Visit</td>
<td>Growth/ Surveillance</td>
<td></td>
</tr>
<tr>
<td>33w</td>
<td></td>
<td></td>
<td></td>
<td>Surveillance</td>
<td></td>
</tr>
<tr>
<td>34w</td>
<td>Phone</td>
<td>Visit</td>
<td>Visit</td>
<td>Surveillance</td>
<td></td>
</tr>
<tr>
<td>35w</td>
<td></td>
<td></td>
<td></td>
<td>Growth/ Surveillance</td>
<td></td>
</tr>
<tr>
<td>36w</td>
<td>Visit</td>
<td></td>
<td>Visit</td>
<td>Surveillance</td>
<td>GBS</td>
</tr>
<tr>
<td>37w</td>
<td>Phone</td>
<td>Visit</td>
<td>Visit</td>
<td>Surveillance</td>
<td></td>
</tr>
<tr>
<td>38w</td>
<td>Visit</td>
<td>Visit</td>
<td>Visit</td>
<td>Growth/ Surveillance</td>
<td></td>
</tr>
<tr>
<td>39w</td>
<td>V</td>
<td>Visit</td>
<td>Visit</td>
<td>Surveillance</td>
<td></td>
</tr>
<tr>
<td>40w</td>
<td>Visit</td>
<td>Visit</td>
<td></td>
<td>Surveillance</td>
<td></td>
</tr>
</tbody>
</table>
• CMS (then states) emergently broadened access and liberalized telemedicine rules on March 17
  • Ability to use conferencing software that doesn't meet HIPAA requirements
  • Can use for new patient as well as established
  • Originating site waived - can be patient home, rather than clinic
  • Patients do not need to be located in a rural area
  • Services are not limited by patient diagnosis

• Telemedicine consultations require the same elements as those required in regular face-to-face consultations:
  • (1) Request for consultation
  • (2) Opinion
  • (3) Written Report
This visit has been performed as a phone visit to comply with patient safety concerns in accordance with CDC recommendations.

Total Time Spent with Patient: *** minutes, of which greater than 50% was spent on counseling or coordinating care.
COVID-19 OUTPATIENT ASSESSMENT AND MANAGEMENT

Screening Questions
- Fever ≥100.4°F or subjective
- Cough
- Difficulty breathing or shortness of breath
- Sore throat
- Body aches
- Fatigue
- Diarrhea
- Recent travel to high risk area or close contact with suspected or confirmed COVID-19 case

Visitor Policy
- No non-essential visitors
- Limit 1 essential visitor per patient (interpreter, caregiver, minor child, etc.)
- Patients asked NOT to bring children
- All patients and visitors entering will receive temperature screening and possible additional screening and instructions as needed
- If you are a nonessential visitor, we kindly ask you remain in your vehicle/outside until the patient’s visit is complete

If on the phone
- If pregnant, transfer to RN for further assessment
- If not pregnant, advise patient to call her PCP or (220) 564-4014 if no PCP
- Reschedule appointment, if applicable

If in the office
- Give patient a mask
- Maintain distance of 6 ft. apart
- Mask any visitor with the patient or ask them to wait in their vehicle
- Place in designated private room with door closed (or ask to return to vehicle)
- Apply Droplet/Contact Precautions sign to door
- Notify physician and office manager
- MA or RN to check patient’s temperature and pulse ox and document in EMR

Assess Epidemiologic Risk Factors*
- Extent of COVID-19 community spread
- Close contact with suspect or laboratory-confirmed COVID-19 patient within 14 days of symptom onset
- History of travel from affected geographic area (US or abroad) within 14 days of symptom onset
- Healthcare worker
- Public safety occupation (eg, police, fire, EMS)

Lynda Hoffman, MSN, RN
Licking Memorial Hospital – Director of Maternity Services

Updated April 3, 2020

YES

Screen all patients
- When scheduling appointment via phone
- When making appointment reminder calls
- When a patient calls in with COVID-19 concern
- When patient presents to the office

Cold Symptoms Only

NO

Routine Care

Provide mask and notify provider to determine if patient will be seen or rescheduled
ED/OB triage

ED and OB RN assessment
Staff PPE (+N95 or half mask)
VS, SaO2, fetal surveillance

Comorbidities* may include hypertension, diabetes, asthma, HIV, chronic heart disease, chronic liver disease, chronic lung disease, chronic kidney disease, blood dyscrasia, class III obesity, and people on immunosuppressive medications

OR 11 C-SECTION
• Spinal preferred
• Staff PPE (+N95 or half mask)
• Newborn transfer to separate room via isolette after stabilization
• OB physician to determine postpartum care location (eg, transfer, medical bed, PP 341)

Care plan per ED and OB physicians
• Stabilize and transfer to Ohio Health MFM if anticipate need for respiratory support
  OR
• Admit to available PUI/COVID-19+ medical bed (AIIR preferred)
• COVID-19 testing, consider influenza testing
• Notify and/or consult MFM, ID, ICU, anesthesia, peds
• Follow LMH protocols for PUI/COVID-19+ patient

Patient Instructions
• Symptomatic: self-isolate
• Asymptomatic with exposure risk: self-quarantine x14 d
• Telehealth follow up 7-14 d

Updated April 3, 2020

OB problem?

YES

NO

OB physician lead evaluation

Delivery indicated? (eg, labor, ROM)

YES

NO

ED physician lead evaluation then discuss with OB physician

Does patient need admission?

YES

NO

• Admit (AIIR preferred)
  • Labor: consider OPS 27 or 28, PP 341
  • Early epidural advised
  • C-section: OR 11 (OR 7 neutral air flow)
• COVID-19 testing, consider influenza testing
• Notify and/or consult MFM, ID, ICU, anesthesia, peds
• Follow LMH protocols for PUI/COVID-19+ patient

• COVID-19 testing if
  • Symptomatic AND HCW, public safety occupation, medical comorbidities*, ≥37 weeks
  • Consider influenza testing
  • Discharge to home

Comorbidities* may include hypertension, diabetes, asthma, HIV, chronic heart disease, chronic liver disease, chronic lung disease, chronic kidney disease, blood dyscrasia, class III obesity, and people on immunosuppressive medications

* May include hypertension, diabetes, asthma, HIV, chronic heart disease, chronic liver disease, chronic lung disease, chronic kidney disease, blood dyscrasia, class III obesity, and people on immunosuppressive medications.
Modifications to in-person prenatal care

For Obstetric Patients.
Reassure that we are still open for business and taking precautions to protect the health of our patients and staff.
Please refer to the table below to determine when the patient should come in for a face-to-face visit versus a remote visit.

Prenatal care schedule

<table>
<thead>
<tr>
<th>Gestational Age</th>
<th>Visit Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 12 weeks</td>
<td>Remote, as early as possible, send of labs</td>
</tr>
<tr>
<td>12 weeks</td>
<td>Ultrasound (only for those desiring genetic testing)</td>
</tr>
<tr>
<td>19-20 weeks</td>
<td>In Person, anatomy scan</td>
</tr>
<tr>
<td>24-20 weeks</td>
<td>In Person, labs</td>
</tr>
<tr>
<td>&gt; 26 weeks</td>
<td>Only the people that need Rhogam</td>
</tr>
<tr>
<td>30 weeks</td>
<td>Remote</td>
</tr>
<tr>
<td>32 weeks</td>
<td>In Person</td>
</tr>
<tr>
<td>34 weeks</td>
<td>Remote</td>
</tr>
<tr>
<td>36 weeks</td>
<td>In Person</td>
</tr>
<tr>
<td>37 weeks</td>
<td>In Person</td>
</tr>
<tr>
<td>39 weeks</td>
<td>In Person, consider schedule for 38 week induction of labor</td>
</tr>
<tr>
<td>39 weeks</td>
<td>In Person</td>
</tr>
<tr>
<td>40 weeks</td>
<td>In Person</td>
</tr>
<tr>
<td>1 week Postpartum</td>
<td>Remote with Nurse</td>
</tr>
<tr>
<td>&lt; 6 weeks Postpartum</td>
<td>In Person</td>
</tr>
</tbody>
</table>

Even though these are GUIDELINES, please do not let patients slip through the cracks. For example, if a patient is seen < 12 weeks and does not come back to care until 30 weeks, she should be seen in person.

Is it safe for me to go to my prenatal appointments?

The safety of our patients and staff is our top priority. At this time, we are implementing multiple measures to keep you and your baby safe while providing excellent prenatal care.

We are following national guidelines to streamline your prenatal visits to provide adequate care with minimal risk. All visits are being screened to determine if your appointment can be conducted via phone or video call. Prior to office visits, patients undergo a COVID-19 screening to prevent exposed or infected individuals from entering our office. To further protect you and our clinical staff, we are prohibiting visitors at office appointments to limit exposure risk.

Our providers and staff are practicing good hand hygiene, implementing social distancing and complying with CDC recommendations for cleaning rooms and equipment between patient encounters. With these measures in place, it is safe and recommended that you continue to receive prenatal care to ensure the best outcome for you and your baby.

Updated April 3, 2020
Poll #2 – Breastfeeding

Regarding your lactation consultants on the post-partum floor and NICU during COVID, lactation consultants are...

- [ ] fully available in the hospital
- [ ] available at a reduced number in the hospital
- [ ] available but only via phone/telehealth
- [ ] no longer available
- [ ] uncertain

1. Regarding your lactation consultants on the post partum floor and NICU, lactation consultants are...

<table>
<thead>
<tr>
<th>Option</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>fully available in the hospital</td>
<td>77</td>
</tr>
<tr>
<td>available at a reduced number in the hospital</td>
<td>13</td>
</tr>
<tr>
<td>available but only via phone/telehealth</td>
<td>8</td>
</tr>
<tr>
<td>no longer available</td>
<td>2</td>
</tr>
<tr>
<td>uncertain</td>
<td>17</td>
</tr>
</tbody>
</table>
Management of Infants Born to Mothers with COVID-19

Rooming-in for mothers and well newborns:
• While difficult, separation minimizes the risk of postnatal infant infection from maternal respiratory secretions.
• If the center cannot place the infant in a separate area — or the mother chooses rooming-in despite recommendations — ensure the infant is at least 6 feet from the mother. A curtain or an isolette can help facilitate separation.

Breastfeeding:
• Because studies to date have not detected the virus in breast milk, mothers may express breast milk after appropriate breast and hand hygiene.
• Caregivers who are not infected may feed the breast milk to the infant. Mothers who request direct breastfeeding should adhere to strict preventive precautions that include use of a mask and meticulous breast and hand hygiene.
Breast Feeding with a COVID-19 Positive mom or PUI

• Mothers should be encouraged to provide breast milk for her infant utilizing SHARED DECISION MAKING with family and health care team

• Temporary separation-
  • encouraged to express breast milk
  • a dedicated breast pump should be provided
  • consider having someone else feed the expressed breast milk to infant

• Elects to room in
  • Mom uses a face mask, washes breast and hand hygiene before each feeding
Breastfeeding Practical Applications

Case study:

A full-term mother comes to your hospital in labor. She states she just moved here from New York City last week to be closer to family.

For the last 2 days she had cough and low-grade fevers.

She is admitted to your negative pressure room and placed on droplet precautions.

She is swabbed for COVID-19 but tests in your system is send out with turn around time of 2-3 days.

She delivers a vigorous baby and is planning on breastfeeding.
Breastfeeding Practical Applications

Per your hospital’s policy, would you allow direct breastfeeding? Is there a role for shared decision making?

**Risks:** decrease bonding, becoming pump dependent (not able to establish latch), compromise to milk supply

**Benefits:** decrease risk of transmission of COVID-19 to baby (children less affected than adults, but reported risk is highest in <1 year)

What would you do to protect her milk supply if she is exclusively pumping her milk?

Updated April 3, 2020

Jennifer McAllister, MD, IBCLC
Medical Director, University of Cincinnati Newborn Nursery
Breastfeeding Practical Applications

Case study: discharge to home

Who would you recommend to care for the baby at home?

If it is the parent, what type of precautions would you advise parents use when caring for the baby? For how long?

When would you recommend mother direct breastfeeding if she had been exclusively expressing milk?
CDC guidelines for discontinuation of isolation procedures:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and
- improvement in respiratory symptoms (e.g., cough, shortness of breath); and
- At least 7 days have passed since symptoms first appeared.
Resources

• Hand expression: https://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html

• Hands-on Pumping: https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html


Case study:

• 5 mos former 27 week gestation with multiple respiratory and GI issues

• Father was a person under investigation (PUI) exposed in the community and was tested with a 6 day wait until final results

• Mother and father quarantined until tests results returned

• LC support of the mother in quarantine with possible exposure
Approach to Lactation Consultations and Lactation Support

• Ante-partum
  • Visits ordered by MFM or CNP
  • 1:1 only with mother per SMFM, PPE with visit
  • Can provide 1:1 or telehealth Breastfeeding classes
  • Open discussion on COVID 19 and Breastfeeding and the use of human milk

• Post-partum
  • 1:1 visits with mother only
  • PPE with visit
Breastfeeding Practical Applications – NICU Considerations

Updated April 3, 2020

Plans for supporting breastmilk use in the NICU must address:

• Where to store milk being pumped from COVID-19 positive/PUI mom

• How to support transportation of expressed breastmilk with COVID-19 positive/PUI mom (and support person) isolated at home?

• Unit policies on kangaroo care
Human Milk Banking Association

• If the maternal donor has been exposed, the mother is asked to hold her milk for 28 days. If she is still negative, she can donate that milk

• If a donor mother is positive, she is asked not to donate her expressed breast milk 7 days before testing to 21 days after
Resources for parents

Updated April 3, 2020

- Information sheet for families regarding the provision of breastmilk by mothers who have COVID-19 or have been exposed to the virus
- Available in English and Spanish
- Posted on the OPQC website

Created by Paula Meier, PhD, RN and Aloka Patel, MD
Options for Participating in COVID-19 Neonatal Registries

Updated April 3, 2020

- **Vermont Oxford Network (VON) Audit**
  - Monthly Audit (starting in April), sites choose the day of the week the wish to audit
  - Track your unit data over time + potential to look at our aggregate data in Ohio
  - VON member hospitals should have received information on participation by email, if not reach out to your VON site administrator

- **AAP Section on Neonatal Perinatal Medicine (SONPM) Registry**
  - *National Registry for Surveillance and Epidemiology of Perinatal COVID-19 Infection*
  - Approved by the University of Florida IRB—collects only de-identified information with no PHI
  - Data **only** for maternal/infant dyads for which the mother has **confirmed** COVID-19 disease on the basis of a virological test obtained between 14 days prior to delivery to 3 days after delivery
  - For more information and the link to sign up: [https://services.aap.org/en/community/aap-sections/sonpm/](https://services.aap.org/en/community/aap-sections/sonpm/)
Participating in COVID-19 Obstetrical Registry

- https://priority.ucsf.edu/

PRIORITY Study

PRIORITY (Pregnancy CoRonavirus Outcomes RegIsTGY) is a nationwide study of pregnant or recently pregnant women who are either under investigation for Coronavirus infection (COVID-19) or have been confirmed to have COVID-19. This study is being done to help patients and doctors better understand how COVID-19 impacts pregnant women and their newborns.

Study overview

- Research Topic: Pregnancy and Coronavirus (COVID-19)
- Location: Online
- Compensation: Up to $40 in gift cards

TOTAL ENROLLED: 88 (Updated 4/2/2020)

What is the purpose of this study?

The goal of the study is to better understand how pregnant women are affected by COVID-19 including what their symptoms are, how long they last, and how COVID-19 may impact their pregnancy and/or delivery.
Future Discussion/Webinars

• Ohio Maternal Opiate Medical Support+ (MOMS+) Response to COVID-19
  • Tuesday, April 7th 12N-1pm
  • **Goal:** address care for women with opioid use disorder (OUD) during pregnancy and delivery during the COVID pandemic

• Surge planning for OB-neonatal units
  • Friday, April 10th 12N-1pm
  • Interest in sharing your site plan
Contact information for today’s presenters

- Dr. Mike Marcotte: michael_marcotte@trihealth.com
- Dr. Amy Burkett: amburket@neomed.edu
- Dr. Kelly Gibson: kgibson@metrohealth.org
- Lynda Hoffman: lhoffman@lmhealth.org
- Dr. Jenny McAllister: Jennifer.McAllister@cchmc.org
- Liz Maseth: emaseth@akronchildrens.org
- Dr. Heather Kaplan: Heather.Kaplan@cchmc.org
- Susan Ford: susan.ford@UHhospitals.org
- info@opqc.net

Updated April 3, 2020
The OPQC website has a list of information and resources that will be updated regularly: https://opqc.net/

Contact us: info@opqc.net
Take care out there
It takes a village...

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