

I. Committee Purpose

The Perinatal Committee is responsible for the development of a Perinatal Region of Care (PCR) in Trauma Service Area (TSA)-E including the Regional Perinatal System Plan. This plan will identify all resources available in the PCRs for perinatal care including resources for emergency and disaster preparedness. The committee will provide guidance in the development and review of hospital and pre-hospital assessment tools, regional plans and treatment guidelines, and the committee SOP. Additionally, the committee will provide interface with the other NCTTRAC committees, professional associations appropriate to the service line, and the Governor's EMS and Trauma Advisory Council (GETAC).

Further details of committee responsibilities are defined under Article IX of the NCTTRAC Bylaws.

Mission Statement

- II.** Each patient in the region shall have access to the optimal maternal and neonatal levels of care.

III. Committee Responsibilities

- A. Create and/or maintain collaborative relationships to facilitate optimal maternal and neonatal care.
- B. Establish standardized reporting tools for data acquisition.
- C. Develop and review system performance standards.
- D. Review, evaluate and report hospital-based maternal and neonatal data in a de-identified manner.
- E. Create best practices through shared quality improvement data and processes
- F. Collaborate with other Perinatal Committees statewide.

IV. Committee Chair/Chair Elect Responsibilities

A. Chair

The Committee Chair serves as the principal liaison between the committee and the Board of Directors with responsibilities that include, but are not limited, to:

- 1. Knowledge of the Bylaws.
- 2. Scheduling meetings.
- 3. Meeting agenda and notes.
- 4. Providing committee report to the Board of Directors at least quarterly.
- 5. Annual review of Maternal and Neonatal Standards for Designation with recommendation to the PAC, Perinatal Committee SOP, participation data, quality indicators and other reports as defined in TAC 133.181-190.
- 6. The Chair must be a Perinatal representative of a NCTTRAC member hospital in good standing as defined in the NCTTRAC Bylaws.

B. Chair Elect

The Chair Elect assists the Chair with committee functions and assumes the Chair responsibilities for committee activity and meeting management in the temporary absence of the Chair.

1. The Chair Elect is a voting member of the Board in the absence of the Chair.
2. The Chair Elect has the authority to call or postpone Committee Meetings in the absence of the Chair.
3. The Chair Elect must be a documented Perinatal representative of a NCTTRAC member hospital in good standing as defined in the NCTTRAC Bylaws.
4. The Chair Elect automatically ascends to the Chair position at the end of the current Chair's term.
5. The Chair Elect position will be voted on by the committee every even year or when this position has been vacated by the incumbent.

C. Immediate Past Chair

- A. The Immediate Past Chair assists the Chair with committee functions and assumes the Chair responsibilities for committee activity and meeting management in the temporary absence of the Chair and Chair Elect.
- B. The Immediate Past Chair may not serve on the NCTTRAC Board of Directors in lieu of the Committee Chair / Chair Elect.
- B. The Immediate Past Chair must be a Perinatal representative of a NCTTRAC member hospital in good standing as defined in the NCTTRAC Bylaws.

v. Medical Director

- A. The Medical Director represents Perinatal care issues in the Medical Directors Committee.
- B. The Medical Director can facilitate communication via email groups among their service line physician peers, identified as a subgroup.
- C. The Medical Director is elected by the committee. An annual review for continuation as Medical Director is based on availability and preferences of the committee.

VI. Committee Products

- A. Perinatal quality standards
- B. Perinatal quality metrics
- C. Perinatal System Plan as defined in TAC 133.181-190
- D. Participation data

VII. Work Group

NA

VIII. Core Group

- A. The Perinatal Committee core group shall be comprised of primary or delegated representatives from NCTTRAC Member hospitals. In accordance with the NCTTRAC Bylaws, committee voting authority afforded to Perinatal Committee core group representatives includes only NCTTRAC members in good standing. The Perinatal Committee is the voting group on leadership and the structure of the Steering Group.
1. Representation: The Perinatal Committee core group will be comprised of identified primary and alternate representatives of perinatal hospital members in good standing.
- B. Steering Group: The Perinatal Steering Group will be responsible for producing and voting on the committee products defined in section V of this SOP and the Committee Annual Smart Goals as required by Section XI of this SOP.
1. Representation: The Perinatal Committee Steering Group will be comprised of 22 Perinatal hospital primary and alternate representatives on a two year alternating schedule while maintaining the following minimum representation:
 - Two Children's hospitals
 - Each Level of Care
 - Each NCTTRAC Zone

IX. Definitions

- A. Perinatal quality standard – an outcome measure that defines quality in maternal and neonatal care.
- B. Perinatal quality metric - a measure of quality identified and defined by the Perinatal Core group members.
- C. Perinatal member representative – a healthcare facility that provides maternal and/or neonatal care.
- D. Perinatal Core Group – Voting representatives of the committee
- E. Perinatal Steering Group – Sub group voting for Committee products and Annual Smart Goals.

X. Procedures (Meeting, Agenda and Notes)

The Committee shall perform its responsibilities with an organized approach utilizing the following procedures:

- A. The date, time and location of all scheduled meetings will be posted at least ten (10) days in advance on the NCTTRAC website calendar.
- B. The committee will meet at least quarterly.
- C. All meetings are held as open meetings.
- D. Agendas will be provided and be prepared by the committee chair.
- E. An attendance sheet will be provided at each meeting.
- F. Each meeting will have notes.

- G. Agendas and meeting notes will be forwarded to NCTTRAC office and administrative staff within 20 days after the meeting for posting. The attendance will be turned in at the end of the meeting. Attendance sheet tracks participation including of those in virtual attendance.
 - H. Members may access copies of meeting agendas, minutes and/or notes on the NCTTRAC website.
- XI. Liaison**
Affiliated Liaison Groups:
 - A. Perinatal Advisory Council
 - B. March of Dimes
- XII. Events for Review**
 - A. To be established through regional and state data reviews by perinatal core group.
- XIII. Annual Committee Goals**
 - A. Improve the access to care and quality and outcomes of healthcare for pregnant women and newborns in the State.
 - B. One or more SMART goals will be adopted annually as established by the Perinatal Committee.
 - C. Statewide collaborative projects will be incorporated into the RAC goals in addition to local goals.
- XIV. Unobligated Budget Request**
 - A. Recommend to the Board of Directors financial backing or support of perinatal related efforts across the 19 county region.
- XV. Membership Requirements**
 - A. Hospitals in TSA-E providing perinatal care.
 - B. Submit requested data for system development.
- XVI. Participation Requirements**
 - A. Evidence of attendance of 75% of committee meetings by primary member or identified alternate.
 - B. Each member will have 100% participation in one of the NCTTRAC SMART goals and one statewide collaborative goal each year.