



SPONSOR: Sen. Townsend & Sen. Richardson & Rep. Minor-Brown  
Sens. Delcollo, Hansen, Lopez, Paradee, Sokola; Reps.  
Kowalko, Seigfried

DELAWARE STATE SENATE  
150th GENERAL ASSEMBLY

SENATE BILL NO. 122

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO PERINATAL QUALITY  
COLLABORATIVE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

1           Section 1. Amend Subchapter IX, Title 16 of the Delaware Code by making deletions as shown by strike through  
2 and insertions as shown by underline as follows:

3           § 197. Delaware Perinatal Quality Collaborative.

4           (a) The Delaware Perinatal Quality Collaborative ("Collaborative") is established. The Collaborative shall work to  
5 improve pregnancy outcomes for women and newborns and such issues as obstetrical blood loss management, pregnant  
6 women with substance use disorder, infants impacted by neonatal abstinence syndrome, and advancing evidence-based  
7 clinical practices and processes through quality care review, audit, and continuous quality improvement.

8           (b) The Collaborative shall do all of the following:

9               (1) Maintain a core set of quality improvement projects based on best practices and interventions that have a  
10 measurable impact on health outcomes.

11               (2) Identify performance metrics to set statewide quality benchmarks.

12               (3) Support the use of real-time hospital and facility-based data to perform rapid-cycle quality improvement  
13 and advocate for real-time data at a state level.

14               (4) Share successes of quality improvement projects at hospitals and facilities to ensure stakeholders and the  
15 public know that our State is deeply committed to making this State the best place for maternal and newborn health.

16           (c) Members of the Collaborative will be appointed by their respective entities, unless otherwise noted. The  
17 Collaborative's membership shall be as follows:

18               (1) The Chair of the Delaware Healthy Mother and Infant Consortium.

19               (2) One representative from the Delaware Maternal Mortality Review Committee.

20               (3) One representative from each birthing institution in the state of Delaware.

21               (4) One representative from Nemours/Alfred I. duPont Hospital for Children.

22               (5) One representative from the Delaware Healthcare Association.

- (6) One representative from the local chapter of the American College of Obstetricians and Gynecologists.
- (7) One representative from the local chapter of the American Academy of Pediatrics.
- (8) One representative from the local chapter of the American Academy of Family Physicians.
- (9) One representative from the local chapter of the Association of Women's Health, Obstetric and Neonatal Nurses.
- (10) One consumer advocate that promotes patient-centered care and has a commitment and interest to reduce maternal morbidity and mortality, who shall be appointed by the chair of the Collaborative.
- (11) A licensed midwife shall serve as an ex officio nonvoting member.
- (d) The Collaborative shall have a chair and a vice chair, elected annually by majority vote of the members of the Collaborative.
- (e) Members of the Collaborative shall serve without compensation, except that they may be reimbursed for reasonable and necessary expenses incident to their duties, to the extent that funds are available and the expenditures are in accordance with state laws. Collaborative members shall comply with the provisions of Chapter 58 of Title 29.
- (f) The Collaborative is an independent public instrumentality. For administrative and budgetary purposes only, the Collaborative shall be placed within the Department of Health and Social Services, Division of Public Health. The Collaborative shall function in cooperation with the Delaware Healthy Mother and Infant Consortium.
- (g) The Collaborative is not to be considered a public body as defined at § 10002 of Title 29. Meetings of the Collaborative must be closed to the public and all proceedings confidential.
- (h) The Collaborative may do all of the following:
- (1) Develop a responsive, real time, risk-adjusted, statewide perinatal data system.
  - (2) Access timely, accurate, and standardized information and utilize perinatal data to drive quality improvement initiatives.
  - (3) Develop a collaborative, confidential data-sharing network including public and private obstetric and neonatal providers, insurers, and public health professionals and to support a system for peer review, bench marking, and continuous quality improvement activities for perinatal care.
  - (4) Adopt bylaws as necessary for conducting its affairs.
  - (5) Conduct other activities it considers necessary to carry out the intent of the General Assembly as expressed in this section.

51           (i)(1) For purposes of this subsection, “records” means recordings of interviews and all oral or written reports,  
52           statements, minutes, memoranda, charts, statistics, data, and other documentation generated by the Collaborative for the  
53           stated purpose of quality care review, audit, and continuous quality improvement.

54           (2) Records and raw data collected or created by the Collaborative and members, attendees, and visitors at  
55           meetings held for the stated purpose of quality care review, audit, and continuous quality improvement are confidential  
56           and privileged and are to be protected from direct or indirect means of discovery, subpoena, or admission into evidence  
57           in any judicial or administrative proceeding and are specifically excluded from the definition of public record under §  
58           10002 of Title 29.

#### SYNOPSIS

          This Act creates the Delaware Perinatal Quality Collaborative to improve pregnancy outcomes for women and newborns and such issues as obstetrical blood loss management, pregnant women with substance use disorder, infants impacted by neonatal abstinence syndrome, and advancing evidence-based clinical practices and processes through quality care review, audit, and continuous quality improvement.

Author: Senator Townsend