



# the ANGELS REPORT

ANTENATAL & NEONATAL GUIDELINES, EDUCATION AND LEARNING SYSTEM

## Call Center Update

by Donna J. Williams RN, Nurse Project Manager, ANGELS/CDH Nurse Triage Line and Tammy Bowen



### Project

ANGELS Call Center providing after-hours triage for Arkansas Department of Health Maternity patients

### Purpose:

HD patient utilization of emergency departments (EDs) for prenatal care when LHUs are closed is inappropriate due to the high cost associated with ED care. Extended waits at busy EDs can also deter patients' from needed visits. Use of EDs to address minor problems that can be resolved via phone triage and require simple treatment is a wasteful use of already scarce health resources.



### Overview:

- ANGELS Call Center (ACC) will provide triage services to Arkansas Department of Health (ADH) maternity patients when the Local Health Unit (LHU) is not open and during clinic hours when a provider of Maternity Services is not available.
- Services will eventually cover all Arkansas Health Departments that provide Maternity Care. During the 'ramp up stage' services will expand by region of the state, adding a region approximately every 6 months.
- LHU will notify their maternity patients of new after-hours service through ANGELS (using flyer, and verbal instruction). These pts will call direct, using the ANGELS # on the flyer.
- ACC will send patient triage results (by approved email or fax) to the maternity patient's LHU and ADH Women's Health Section on the next business day.

### Project update

Northwest Region CHDs have now been 'rolled out' and have begun to instruct their maternity patients to immediately start using ANGELS Call Center for after-hours medical needs.

Southwest Region service continues with slowing increasing call volumes.

In December we will begin visiting other Health Departments to roll out their LHU.

### OB services offered by ANGELS Call Center:

- Telephone consults with an ANGELS MFM, OB faculty of chief resident
- Telephone consults with ANGELS APNs (APN to APN)
- OB Transport arrangements
- MD acceptance
- Hospital acceptance
- Transport Service assistance when requested
- Nurse to Nurse report
- Telephone Triage for UAMS OB/GYN pts, and after-hours triage services for contracted clinics
- Follow-up calls to OB patients after discharge from hospital
- Follow-up calls to OB patients 24hrs after urgent care recommended

### ANGELS Triage Call Center also provides services for the CDH (Centers for Distance Health)

**Psych TLC**—24/7 consultation service for psychiatric disorders of children ages 2 through 18

**AR SAVES**—24/7 Telestroke Consultation service providing Neurologist consults for Arkansas EDs contracted and trained through the program.



# Education

by Barbara Smith, RN, BSN, CPC, Director, Guidelines, ANGELS and Sarah Rhoads, DNP, APN, Assistant Professor, Department of OB/GYN



## Guideline and Teleconferences

- The goal for the ANGELS guidelines is to achieve the highest level of quality and safety in Arkansas' obstetric, neonatal, and pediatric healthcare settings. It is well-known that standardization of practice and communication improve quality outcomes.
- Thanks to review and participation by providers around the state, ANGELS has defined best practices for over 175 obstetrical, neonatal, and pediatric conditions.
- The guidelines are recognized as a guide to the management of a clinical situation or process of care that applies to most patients.
- The process to develop the guidelines is collaborative, inclusive, and multidisciplinary. The components are based on accepted national standards and adapted to Arkansas.
- In addition to our scheduled weekly programs during the High Risk Obstetrics Teleconference and PedsPLACE, selected guidelines are introduced, reviewed, and updated.

- You are invited to join statewide physician leadership in guideline development.
- For continuing education and discussion shared through interactive video conferences:

ANGELS' obstetrical, neonatal, and pediatric guidelines now just a 'click' away!

[www.angelsguidelines.com](http://www.angelsguidelines.com)



## Obstetrical, Neonatal, and Pediatric Teleconferences Available at the originating site in Little Rock and via interactive video

Teleconference (ONE Team)	Dial-In Number	Date/Time		Continuing Education Event
ONE Team Nursing Teleconference	068773	1st Friday	12 pm-1:00 pm	ONE Team – Obstetrical Nursing
	068773	2nd Friday	12 pm-1:00 pm	ONE Team – Neonatal Nursing
	068773	3rd Friday	12 pm-1:00 pm	ONE Team – Advanced Practice Nursing in Primary Care & Women's Health; RNs welcome!
	068773	4th Friday	12 pm-1:00 pm	ONE Team – Pediatric Nursing – In collaboration with Arkansas Children's Hospital

Teleconference	Dial-In Number	Date/Time		Continuing Education Event
OB-Gyn Grand Rounds	Call 501-686-8666 to register	Wednesday Weekly	8-9:00 am	OB/GYN Grand Rounds
HROB Teleconference	Call 501-526-7178 to register	Thursday Weekly	7-8:00 am	High Risk Obstetrics Teleconference
FAIM	Call 501-686-8666 to register	4th Friday	7:30-8:30 am	FAIM (Fetal Anomalies Interdisciplinary Management - in collaboration with Arkansas Children's Hospital))
PedsPLACE	070231	Thursday Weekly	12:10-1:10 pm	In collaboration with Arkansas Children's Hospital

Continuing education credit via interactive teleconferences at your local site

## DISCOVER Maternal Child Health Leadership

Easy access to continuing education for health care providers that focus on maternal, neonatal and pediatric care is the main goal of this grant. In 2013, we will be launching a new system that will allow for easy access to continuing education events, allow for live-streaming and will have a library of continuing education modules. We will advertise the new access information as soon as it is put into service.

If your site has a request for an AWHONN Fetal Heart Monitoring Class (Instructor, Intermediate or Advanced) or a S.T.A.B.L.E. class in 2013, please e-mail [cdheducation@uams.edu](mailto:cdheducation@uams.edu) or call 1-855-234-3348 to schedule.

## Women's Health Update 2012

The 2012 Women's Update was a success! The conference was held at the Embassy Suites in Little Rock and was teleconferenced out to four AHEC sites across Arkansas. The conference received rave reviews from the attendees and preparations are being made for the 2013 conference which will be held again at the Embassy Suites in Little Rock on September 27, 2013.

If you want any photos of the conference – here is the link

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ANGELS Photos\Womens  
Health Update 2012



## Save the Date

- **29th Annual Conference on Perinatal Care**  
September 26, 2013
- **Women's Health Update 2013**  
Preconference - September 25, 2013  
Women's Health Update 2013  
Conference - September 27, 2013  
Embassy Suites, Little Rock



## HIV HEART

The Center for Distance Health was awarded a Department of Health and Human Services Administration grant through the AIDS Education and Training Centers for a Telehealth Training Center. The grant is for two years at \$199,989.00 per year. The focus of the grant is to provide one-on-one education with health care providers who infrequently care for patients with HIV. This education will be provided via interactive video and will be done in conjunction with the South Central Telehealth Resource Center, which is a Center for Distance Health funded grant through the Office for the Advancement of Telehealth. The grant will also assist in funding a new learning management system that will allow providers to access continuing education anytime. The on-line continuing education will be an interactive case study format.

The grant funds a great team of health care providers and educators. Keyur Vyas, MD is the Medical Director, Jon Allen, PA is the Clinical Director, Keith Freeman, MEd is the Education Director, Adam Cherepski, MEd is an Instructional Developmental Specialist, Amy Moses, MEd is the Project Coordinator, and Sarah Rhoads, DNP, APN is the Principle Investigator.



*Jon Allen, PA  
Medical Director*



*Keyur Vyas, MD  
Medical Director*



*Keith Freeman, MEd  
Education Director*



*Adam Cherepski, MEd  
Instructional  
Development Specialist*



*Amy Moses, MEd  
Project Coordinator*



*Sarah Rhoads, DNP, APN  
Principle Investigator*

# Influenza and Pregnancy

by Michelle Roberts, RN, CIC, Infection Control, UAMS



Well, it's that time of year again, no not Christmas Shopping season, Influenza Season! It's hard to even imagine since the temperatures are nearing 80+ degrees but before you know it, our lovely Arkansas weather will change on us quickly. The latest recommendations from the CDC for Influenza Vaccination state that pregnant women and their newborns are at elevated risk for influenza-associated hospitalization and death. The Advisory Committee

on Immunization Practices (ACIP) and the American College of Obstetricians and Gynecologists (ACOG) have recommended influenza vaccination for all women who are or will be pregnant during the influenza season, regardless of trimester.

The Infectious Diseases Society of America (IDSA) reported research at their 49th Annual meeting in October 2011 the following:

## **Influenza vaccination during pregnancy protects newborns from getting influenza.**

Pregnant women who get influenza vaccine pass their immunity to their babies in the form of flu antibodies. This protection lasts for several months after birth.

Influenza protection was seen in newborns up to four months old. Babies born to women who were not vaccinated during pregnancy showed no antibody protection.

## **Influenza vaccination does not cause miscarriage.**

Research shows no association between flu vaccination during pregnancy and miscarriage. This largest study conducted during the first trimester showed pregnant women who got the flu vaccine were no more likely to miscarry than those who did not get the flu vaccine.

## **More pregnant women are getting vaccinated against influenza.**

The number of pregnant women receiving influenza vaccine has increased dramatically in the last couple of years in large part due to a national effort to vaccinate against the 2009 H1N1 pandemic influenza during the 2009-10 influenza season. Prior to 2009, less than 15 percent of pregnant women got vaccinated. In the past two influenza seasons, over half of pregnant women were vaccinated.

The Clinic setting is the most likely place for pregnant women and their families to get vaccinated. It may also be the place where exposure can occur. For these reasons it's important that all clinic staff be aware of the signs and symptoms of influenza and that steps should be taken to minimize inadvertent exposure to others during the clinic visits. All front office staff should make sure that during flu season patients are asked upon sign in if they are sick during that visit, specifically if they have a fever, cough, runny nose, diarrhea, or other respiratory symptoms. Very visible signage regarding respiratory etiquette and instructions to report illness should be placed at the sign in areas with tissue, alcohol hand sanitizer and trash receptacles readily available. The signage should be in Spanish and English based on clinic populations. It may be necessary to physically separate sick patients from well patients by either bringing sick patients straight back or providing some sort of spatially separate area for sick patients if they have to stay in the waiting room.

For the Hospitalized patient the following rules should be followed:

- Hospitalized pregnant women with suspected or laboratory-confirmed influenza should be placed in a private room on Droplet Precautions and a regular surgical mask should be worn when entering the room. N95 respirator masks are NOT indicated for Droplet Precautions.

- Health care personnel entering rooms of pregnant women with suspected or confirmed influenza should adhere to Standard and Droplet Precautions
- Droplet Precautions should be continued for hospitalized patients with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while the patient is in a health care facility.

After delivery these guidelines should be followed:

Separation should continue until all of the following are met:

- the mother had received antiviral treatment for >48 hours
- the mother was afebrile without antipyretics for >24 hours, and
- the mother was able to control her cough and respiratory secretions.
- If “rooming in” of the newborn with his/her ill mother in the same hospital room is unavoidable due to a hospital’s configuration, nursery constraints, lack of availability of isolation rooms, or other reasons, facilities should consider implementing measures to reduce influenza-virus exposure of the newborn including:
- using engineering controls like physical barriers (e.g., a curtain between the mother and newborn)

- keeping the newborn ≥6 feet away from the ill mother
- ensuring a healthy adult is present to care for the newborn

If rooming in of the newborn with his/her mother is unavoidable, and if no other healthy adult is present in the room to care for the newborn, a mother with suspected or confirmed influenza should put on a facemask and then practice hand hygiene before each feeding or other close contact with her newborn. The facemask should remain in place during contact with the newborn. These practices should continue while the mother is on Droplet Precautions.

- Once contact between mother and infant is resumed, Droplet Precautions for influenza should continue to be observed until at least 7 days after maternal illness onset.

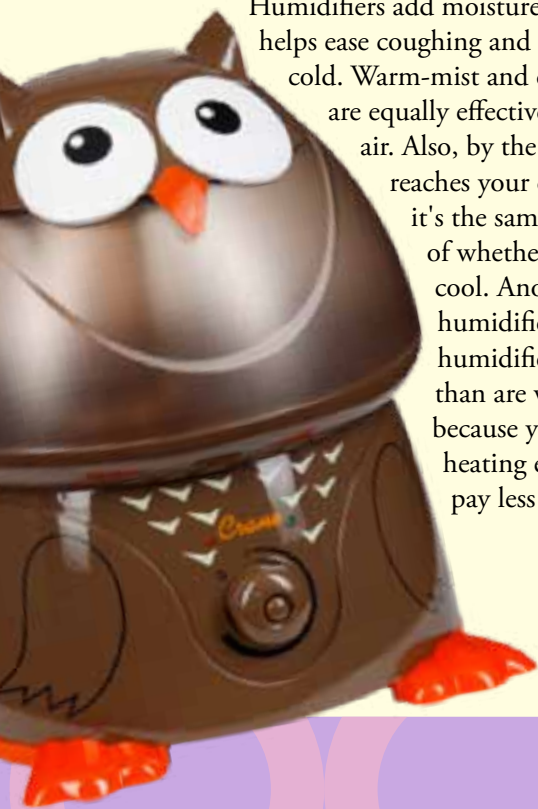
#### Resources

- <http://www.cdc.gov/flu/professionals/infectioncontrol/peri-post-settings.htm>
- <http://www.cdc.gov/flu/professionals/infectioncontrol/settings.htm>
- <http://www.cdc.gov/vaccines/pubs/vis/#flu>
- <http://www.cdc.gov/flu/professionals/index.htm>

## Humidifiers

“For their safety, always use cool-mist humidifiers for children. Hot water or steam from a warm-mist humidifier or steam vaporizer can burn a child if he or she gets too close.

Humidifiers add moisture to the air, which helps ease coughing and congestion due to a cold. Warm-mist and cool-mist humidifiers are equally effective in humidifying the air. Also, by the time the water vapor reaches your child’s lower airways; it’s the same temperature regardless of whether it started out warm or cool. Another benefit of cool-mist humidifiers is cost. Cool-mist humidifiers are less expensive than are warm-mist humidifiers because you’re not paying for the heating element. You may also pay less in energy costs.



If you use a humidifier, be sure to keep it clean to prevent the growth of bacteria and molds. Wiping down the humidifier daily with a 10 percent bleach solution — 9 parts water to 1 part bleach — is one way to safely keep it clean.” Mayo Clinic Jay L. Hoecker, M.D.

#### Mom’s recommendation

Crane Humidifier, Cool Mist, Ultrasonic – 4 star reviews and our pediatrician recommended the brand to us. It comes in fun animal shapes; we chose the frog for our son’s room. The humidifier is extremely easy to work and very sturdy. It is very quiet you won’t even know it’s on, other than seeing the mist. It can run up to 24 hours at a time, and there are no filters to worry about. You just clean out your unit after use. There is an auto shut off and the water storage holds up to 2.1 gallons. It is spill proof and very easy to attach back to the base.

# Pediatric Report

by Shannon Lewis, RN, Project/Program Director, ANGELS



**Peds PLACE** is transitioning to a dial-in procedure. Previously, the interactive video units automatically connected to Peds PLACE. As we have grown, we must change to a more user driven sign-on process. Beginning on **October 11th**, you simply can dial **070231** from your interactive remote to connect! If you have any problems connecting, you can always call **501-686-8666** for assistance.

For non-Arkansas participants, you will be given an easy access number in your weekly e-mail announcements. We look forward to your continued participation.

## **Peds PLACE aims to:**

- **Support** private practice doctors in Arkansas;
- **Build** relationships between physicians and the subspecialists at UAMS;
- **Learn** from the experience of the doctors in private practice;
- **Disseminate** translational research to those in practice; and
- **Improve** the health of Arkansas's children

Through an open-forum discussion, the teleconferences foster discussion, with knowledge flowing in both directions between the worldwide audience and the discussant. Past primary discussants/expert physicians have hailed from Puerto Rico, Venezuela, and Israel and have practiced at Harvard, Duke, Baylor, Northwestern, and Seattle Children's Hospital, just to name a few.

A doctor in his office, in the smallest town in Arkansas, can receive high-quality continuing education from pediatric authorities, have a discussion with these experts, listen to other private practice physicians' concerns and questions, and receive free CME. This same equipment will allow him to access other UAMS tele-education programs.

## **Betty Lowe Education Chair awarded to Dr Bryan Burke**



*Bryan Burke*

**Peds PLACE** (Physician Learning and Collaborative Education) is a weekly interactive, educational teleconference linking physicians and other healthcare professionals in Arkansas with experts from Arkansas Children's Hospital, the University of Arkansas for Medical Sciences (UAMS), and around the world. Through new funding, Peds PLACE, and numerous other educational teleconferences, will be available to private physicians in even the most remote areas of Arkansas.

Doctors in practice who participate have, up until now, had to leave their offices to access the equipment and interactive link, often wasting valuable clinical time with traveling to another facility. Now, however, the **Betty Lowe Chair of Pediatric Education** will enable private practice physicians to have the same opportunity brought directly into his or her office, where the physician will interact in real-time discussion with other groups or doctors who are linked to the Peds PLACE presentation. The Lowe Chair will cover software licensing fees through June 30, 2015. Such generous funding means a new era for professional education in rural areas.

**Tele-nursery** is now in its 5th year, with 25 sites online. We continue to offer weekly census rounds; neonatal consults as needed, as well as other some other sub-specialties and connectivity for post-partum mothers to their transported neonates.



# Outreach Report

by Michael Manley, RNP, MNsc, Director of Outreach, UAMS Center for Distance Health



2012 is wrapping up to be a great year for ANGELS once again. And I would think 2013 is going to be just a big of a challenge, and success. ANGELS network has continued to serve the women of Arkansas through its clinical and educational endeavors for both patients and providers. We are looking forward to transitioning our El Dorado AHEC Clinic over to Magnolia, while instituting a new partnership with Medical Center of South AR in order to meet their patients' needs.

Our connectedness has never been more important than now with the advent of Healthcare Reform as well as Payment Reform. Arkansas is well positioned to be a leader in both areas because of the ANGELS network. We will continue to reach out and find the needs of our providers and patients in 2013 as well. We will be sending out an assessment in the near future

on order to get your input as to the direction we can lead in this upcoming year. Not only your needs as a provider, but what ultimately will make a difference with the care of your patients.

UAMS is also excited to announce that we have opened new transition beds for our pregnant patients who need to stay in the hospital for an extended period prior to delivery. These rooms will allow us to offer better care for our OB patients and reduce transport denials. Remember, our ANGELS Call Center at 501-526-7425 or 1-866-273-3835 can assist you with any OB issue you may have at UAMS.

## Save the Date

- Join us for a Forum on  
TELEHEALTH  
*"Making the Health Care Connection"*

- **April 5, 2013**  
Statehouse Convention Center  
Little Rock, AR  
Pre-Conference workshops  
begin April 4

- **South Central Telehealth  
Forum 2013**  
For more information,  
visit our website:  
[learntelehealth.org/sctf](http://learntelehealth.org/sctf)

- **Fourth Annual AR SAVES  
Telestroke Conference**  
**May 14-15, 2013**  
Statehouse Convention Center  
*"It takes a Team to Tackle Stroke."*





## Telemedicine Update

Rosalyn Perkins, MNsc, APN, Telemedicine Clinical Services Director



Telemedicine clinic's throughout the state are at steady state. Patients continue to receive care in their local areas.

Our usually warm days are becoming cooler. Yes, fall is here and with it comes a new ANGELS location in Phillips County, Helena, Arkansas. Thanks to the Delta AHEC, access to UAMS Maternal Fetal Medicine (MFM) sub specialists will continue to be available to the community.

The Sparks OBGYN practice, in Fort Smith, Arkansas is also following the Fall trend by increasing MFM access in their community. Increased access to health care utilizing a state wide team approach when needed has proven to provide better pregnancy outcomes for our great state.



*Gordon Low, APN*

Due to the hard work of Gordon Low, APN through a HERSA Oat Grant, the Colposcopy project has recently expanded to four new sites (Boone, Lawrence, Lonoke, and Ouachita County Health Departments) for a total of eight health unit sites. Abnormal pap smears are screened and biopsies taken as necessary for appropriate treatment plans. Expansion of the Colposcopy project is only the first phase which means there is more to come. Stay tuned!

**Congratulations Gordon Low, APN!!**

**For appointments contact:**

ANGELS Call Center

501-526 -7425 or 866-273-3835