

### BETA Healthcare Group Perinatal Safety Collaborative Opt-In Agreement 2018

#### Overview

BETA Healthcare Group (BETA) is pleased to launch a Perinatal Safety Collaborative designed to address current and emerging safety concerns in perinatal departments throughout California. The Perinatal Safety Collaborative participants will be asked to contribute to the development of reliable processes and evidence-based solutions that will offer BETA members and insureds a standard approach to maximize patient safety in this high-risk clinical area. This may include development of a comprehensive fetal monitoring bundle that addresses readiness, recognition, response and reporting/learning for indeterminate and abnormal fetal heart rate tracings; and a maternal early warning system for timely recognition of maternal complications arising during the antepartum, intrapartum or postpartum phase.

The commitment to serve on the Perinatal Safety Collaborative will require your perinatal department leadership to participate in two in-person meetings at BETA hosted locations and monthly webinars between January and December, 2018. BETA will provide reimbursement for travel-related expenses to in-person meetings in accordance with BETA policy.

### **Incentive Structure**

Members are required to opt in and meet specific requirements in the Perinatal Safety Collaborative. With full participation, collaborative members will have the opportunity to qualify for a Tier 2 strategy in the OB Quest for Zero for a contribution renewal credit of up to 2%. Please see the Perinatal Safety Collaborative Member Requirements below and the OB Guideline for details. Of note, organizations must meet 100% compliance in the components of Tier 1, to qualify for credits in Tier 2.

### **BETA Responsibilities**

	<u> </u>
To sup	pport the success of the collaborative, BETA Healthcare Group will:
	Schedule meetings and coordinate venues
	Cover reasonable travel expenses as per BETA's travel policy and, if necessary, lodging for the in-person meetings
	<ul> <li>BETA will cover the above-listed costs for two individuals per participating facility</li> </ul>
	Host monthly conference calls/webinars
	Facilitate collaborative meetings and ensure assignments and target dates are reasonable
	Provide ongoing support and collaboration



# **Perinatal Safety Collaborative Member Requirement (s)**

	Identify two leaders to represent your facility in the Perinatal Collaborative  o Team to include a physician leader and a nurse leader from perinatal services. These individuals do not need to be the department directors but should possess leadership authority in some capacity in the department
	Attend two full day in-person Perinatal Safety Collaborative meetings as outlined in the calendar provided
	Actively engage in monthly teleconference calls scheduled throughout the policy period  o 100% participation is required for all scheduled meetings and calls/webinars by at least one member to represent the perinatal team identified
	Participants in the Perinatal Collaborative must lead or co-lead a work group assigned by the collaborative and must:  Output  Output
•	would like to participate or have any questions, please contact Lisa Matheny, ger, Risk Management and Patient Safety at <a href="mailto:lisa.matheny@betahg.com">lisa.matheny@betahg.com</a> or 818-648.
Next \$	Steps
	Organizations must opt in annually to the Perinatal Safety Collaborative. Opting in indicates your responsibility and commitment to participate in all aspects of the collaborative that are noted above and detailed in the OB Guideline. Please review the full program requirements prior to opting in.  Identify one nurse leader and one physician leader to represent your organization on the Perinatal Safety Collaborative Identify which of your team members will serve as primary contact Execute the Opt-In Agreement and return to Lisa Matheny by November 13, 2017 at <a href="mailto:lisa.matheny@betahg.com">lisa.matheny@betahg.com</a> or fax to (925) 838-6088, Attn: Lisa Matheny



## BETA Healthcare Group Perinatal Safety Collaborative Opt-In Agreement

Facil	ity Name	would li	ke to take advantage of th	ne	
opportunity to opt in to Collaborative	participate in BET/		roup's Perinatal Safety		
Please provide BETA identified for participa	-	•	al team leaders you have prative:		
	Name/Title	Phone Number	Email Address	Primary Contact	
Perinatal Nurse Leader/ Collaborative Participant				Yes No	
Perinatal Physician Leader/ Collaborative Participant				Yes No	
Your signature below Perinatal Safety Colla		nization's intere	est in opting in to BETA's		
Executive Leader (CE	Date				
Perinatal Nurse Collaborative Participant/ Signature Date					
Perinatal Physician Collaborative Participant/ Signature Date					
Director, OB Nursing/	Date				
OB Chief/Medical Dire	ector Signature	Date			

This form must be returned to Lisa Matheny by scan at <a href="lisa.matheny@betahg.com">lisa.matheny@betahg.com</a> or fax at (925) 838-6088 by November 13, 2017.