

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL ADVISORY COMMITTEE MEETING**

December 8, 2005

12:30 p.m. – 3:00 p. m.

**James R. Thompson Center
031 Conference Room
100 West Randolph Street
Chicago, Illinois**

Minutes

Chaired: Howard T. Strassner, M.D.

Present: Richard Besinger, M.D., J. Roger Powell, M.D., Jose Gonzalez, M.D. Denis Crouse, M.D. PhD, Harold Bigger, M.D., Karole Lakota, M.D., Patricia Brady, M.D., David Fox, George Maroney, Clifford Corbett, Cathy Gray, Janet Hoffman, Nancy Marshall, Kevin Rose, Gail Wilson, Barb Prochnicki, John Paton, M.D. John Barton, M.D. Phyllis Lawlor- Klean

Excused: Robyn Gabel

IDPH Staff Members: Claude Alix Jacob, Fee F. Habtes, Maureen McBride, Francine Pearce Falls, M.D.

Agenda Items:

- 1. Call to Order and Welcome:** Howard Strassner, M. D. called the meeting to order at 12:38 and gave a brief overview of the Committee for new members and guests.
- 2. Self Introduction of Members:** Members introduced themselves and described their position and employment.
- 3. Review and Approval of Minutes from Last meeting: Maureen McBride**

Maureen McBride presented the minutes. John Paton, M.D. moved approval of the minutes and John Barton, M.D. seconded the motion. The minutes were approved as written.

4. IDPH Report: Maureen McBride.

Maureen Mc Bride gave an update on the Perinatal Program. She indicated that Dr. Francine Pearce- Falls is attending Site Visits in her capacity as Medical Director for the Perinatal Program.

The need for a legal representative was discussed. The Program has requested the appointment of an official legal representative and has made a proposal for funding and staffing. The Program is asking that this request become part of the budget. The request is being presented for consideration this week.

Maureen also gave an overview of efforts to improve Perinatal funding. The ultimate goal would be to obtain \$3M in additional funding with Federal matching dollars to reach \$6M. Governmental representatives from Rush, Loyola, University of Chicago and Northwestern have been supportive of this initiative.

Cathy Gray indicated that Barb Haller IHA is behind the proposal as is the March of Dimes/legislative committee. The American Academy of Pediatric has also offered support.

5. Report of the Rules Subcommittee: Dr. Gonzalez

Dr. Gonzalez thanked Maureen McBride for the draft of the recommended changes to the Rules. Dr. Bessinger discussed the format of the draft to assure that the requested revisions are presented with clarity.

The document will be presented to JCHAR and must include lines through the present rules to determine the requested changes. Comments will be presented in bold type and the document will be sent to the entire PAC to describe the proposal.

Issues for consideration include:

- A.** The staffing ratio proposed for Respiratory therapists – currently the document species 1:4. A survey is being done to address current responsibilities of respiratory therapists providing care in Level II with extended capabilities and Level III hospitals. With a complete understanding of the responsibilities, a determination on this item will be drafted. One dedicated respiratory therapist needs to be available and additional staff required depending on the intensity of the unit

- B.** Mechanical Ventilation is an issue with Level II + Level III hospitals that maintain infants on different modalities for ongoing care. The introduction of high flow canulas and bubble CPAP raise questions as to the types of resources required. The use of nasal canula > 1.5 liters and the use of bubble CPAP needs to be included in the term “assisted ventilation”.
- C.** The suggestion was made that a task force review the role of the Pediatric hospitalists in providing care in the Special Care Nursery. Specifics for training and in-service need to be provided. Competencies and time of competency review may need to be defined.
- D.** State Perinatal Reporting System – the requirements need to be clear, APORS changes need to be incorporated and the instructions provided in an easily understandable format – Section 640.90
- E.** The issue of Level III facilities being mandated to accept transports and any eligible patients is in the current rules. This section need to be focused as there have been significant numbers of Level III hospitals added since the current Rules were written. A discussion of EMTALA statues and their application to this portion was held.

Payor status should not be criteria for access to care under Level III criteria.

Dr. Strassner indicated that a letter from the CEO confirming the process had been required at one time to confirm the above.

Dr. Barton asked if there was any language to address free-standing birthing centers.

- F.** The re-designation process has new guidelines. It was suggested that the document will refer to guidelines that will be available at each Perinatal Center. Dr. Gonzalez asked for verbiage to include in the document.

Dr. Bessinger and Dr. Crouse are on this subcommittee. The membership was encouraged to make comments and to show the document to others.

Dr. Crouse discussed working with the advisory committee reviewing Subpart O . 77 .250. The Illinois Hospital Association has indicated that all hospital rules are being reviewed and that the IHA will address this in their comments.

G. Staffing including which disciplines can work in what level was discussed. There are medical standards but there are no national certification requirements. The process of assuring that intubation competencies, beyond NRP certification, was discussed. Dr. Besinger indicated that credentialing requirements may be the best way to assure competency. The use of hospitalists and reporting mechanisms was discussed. The “ownership” of the patient and the level of hospitals that include hospitalists was discussed. A suggestion was made that the structure needs to be defined in medical staff By-laws and clearly spell out rights and privileges.

Maureen Mc Bride indicated that rights and privileges would need to be defined under the Hospital Licensing Act. She has met with this division of IDPH and suggested that a system of referral to the Perinatal Rules would support the concerns of the PAC.

The Rules will be distributed to the PAC via e-mail. Please return comments to Dr. Gonzalez.

6. Report of the Illinois Statewide Quality Council: Dr. Bigger

The SQC met yesterday two Perinatal Centers, Peoria and the University of Illinois gave Regional Quality Council reports.

PEORIA is using change theories to implement improvement processes in the following areas:

- A.** Utilization of Patient Care Technicians
- B.** Reducing the number of capillary heel sticks using process called “Neat Nicks”
- C.** “Womb to Room” project involving timely and correct assembly of all personnel involved in the delivery process leading to process and documentation
- D.** Improvement and a restructuring of the emergency carts
- E.** “Homeward Bound” a coordinated system for return transport at 30 weeks
- F.** Level III “Hands on” training for network staff in the NICU

The change process includes the use of collaborating learning techniques, a formal Practice Council that reviews **purpose, patients, professionals, processes and practice**. The systematic addressing of areas defined by the Practice Council involves the use of various flow sheets and videotapes, family involvement and step review as processes are implemented.

UNIVERSITY OF ILLINOIS has an established Network Maternal Death Review Committee and is addressing the problem of “near misses”. Death reviews have shown that the most common medical cause is hemorrhage of which 63% of cases were termed potentially avoidable. Their Regional Quality Council is also analyzing VLBW data and has produced eleven tables that look at reasons for VLBW (preterm labor, PROM, abruption and incompetent cervix) as well as short term morbidity for surviving VLBW infants by the Level of hospital of delivery.

A data collection form is being devised to implement the “near miss” cases which will involve tracking certain morbidities, particularly hemorrhage, and will address issues such as location of the morbidity, the hospital level of care and various responses. All ICU admissions and cases of transfusions of three units or more of blood products will be reviewed.

A Third project for the University of Illinois involves a request to combine data from city Perinatal Centers to address the specific outcomes in geographic areas and allow the prediction of geographic “hot spots”. This project will also track the disposition of cases to look at preventability issues.

MMRC

The MMRC has now reviewed 44 cases noting that hemorrhage around parturition accounts for a fair amount of mortality for women.

A plan is underway to re-educate MD's and RN's about the hemorrhage issue. Dr. Sarah Kilpatrick presented a possible education program designed to address the “near miss” maternal hemorrhage and outcomes. She has also found that transfusion in excess of three units is a criterion for review in such cases.

Feedback on 37 Maternal Death cases reviewed by the MMRC was given to the Perinatal Centers at the Quality and Education Meeting this week. If the MMRC requested additional review, the Centers have until June 2006 to provide responses to Maureen McBride who will bring them to the MMRC.

A suggestion was made that there be some RQC presentations at PAC. Some presentation may need to be done in closed session. The Perinatal Administrator would present a Network project. If PAC members wished to attend the SQC it may be arranged.

The membership discussed the work done by the RQC's and the MMRC and asked for continuing reports.

7. Report of the Data Use Subcommittee: Dr. Paton

The Data Subcommittee has been meeting and has divided the stages of data collection processes and the goals for the Subcommittee.

- A. 1996 review – data rich and information poor –the primary work was to translate data into something that is useable
- B. Data use included linking data sets vital records, PMR, MMR metropolitan Chicago, six Perinatal regions. Attempting to define needs for geographic areas and focus on geographic rather than an institutional basis. IDPH will take responsibility for the data
- C. Meeting yesterday defining the parameters of data collection needed and the best ways to achieve the objectives.

Funding of such initiatives was addressed in the IDPH report.

8. Report of the By-Laws Task Force: . Gail Wilson - deferred

9. Report of the Quality Improvement and Education Subcommittee – Barb Prochnicki

The MMRC reports and required actions were distributed to each Perinatal Center.

The Respiratory therapy survey was mailed to the appropriate hospitals ten days ago. The survey was addressed to Respiratory Therapy Directors. It addresses current needs and includes bubble CPAP, CPAP, Vapotherm and Vents. Roles of therapists in individual facilities differ greatly. Each region will get information pertaining to Network hospitals.

10. Report of the Consortium of Perinatal Administrators : Barb Prochnicki

The Legislative Proposal discussed in the IDPH has been support by a number of Perinatal Centers. Feedback is expected with further actions to be discussed

The bed census report was discussed. Maureen McBride indicated that lately all Level III's are open. The central place to call has been a great assistance to the Perinatal Centers.

When units are closed it is almost always NICU units, not obstetric units but closure impacts Obstetric units if maternal patients have to be diverted.

11. Report of the Facilities Designation Subcommittee: Cathy Gray

Everything being presented has been discussed in full by the Subcommittee

- A. Two hospitals want to change Networks, both have been Site Visited by the future Perinatal Centers – both approved to continue on at the current level designated. The hospitals are Provena Saint Joseph, Joliet from Rush University Perinatal Network to Loyola University Perinatal Network and Carl Foundation Hospital to Springfield Perinatal Network from the Peoria Perinatal Network.

Members questioned the reasons for leaving. A letter must specify a focus on outcomes not a business plan. .

- B. Resurrection was re-reviewed as a Level II with extended capabilities
- C. Swedish American attained Level with extended capabilities status
- D. Delnor Hospital was re-reviewed and will report again in 6 months. - Level II with extended neonatal capabilities.

The goal was from 2002-2004 for new designation to be re-reviewed. Complying and getting a general assessment. Once Delnor issue is complete re-reviews will be finished.

There was a motion to accept the report. Dr. Bessinger moved, Dr. Barton seconded. Motion approved.

12. New Business

The role of Francine Pearce-Falls, M.D. as Medical Advisor was discussed. Dr. Pearce-Falls also will address issues of chronic disease, rural health and injury

The financing of Title V and IHFA legislative proposal was discussed with a commitment to have a legal will be a staff attorney assigned , given the nature of the need of this program.

Cathy Gray had given questions regarding the group and will get the feedback routed to the appropriate channels. She mentioned that the next Facilities Subcommittee may need legal counsel (February 9, 2006). She indicated the Subcommittee had a list of questions and requested legal opinions and decide how to approach for rules and Site Visits

The 2006 Calendar has dates Maureen Mc Bride is trying to secure this conference room but needs confirmation from Sharon Morris – will e-mail the information.

Claude Alix Jacob discussed the Asthma partnership that will include intervention and education for Emergency Room staff. The initiative is a community based venue, web based under IHFS.

13. **Adjournment:** Dr. Barton moved adjournment at 3:15 PM, Dr. Gonzalez seconded. Meeting adjourned.