

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

**June 9, 2005**

**12:30 p.m. – 3:00 p. m.**

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

**MINUTES**

**Chaired:** Howard T. Strassner

**Attendees:** Cathy Gray, Barbara Prochnicki, Harold Bigger, Gail Wilson, J. Roger Powell, Nancy Marshall, John Paton, Claude-Alix Jacob, Jose Gonzalez, Phyllis Lawlor Klean, Patricia Brady, Karole Lakota

**Excused:** John Barton,

**Absent:** Thomas Myers, Thomas Gross, Sharon Bolch

**IDPH Staff Present:** Claude-Alix Jacob, Maureen McBride, Susan Marantz, Marilyn Thomas

**Guests:** Barbara E. Haller, Lenny Gibeault, Elaine Hartmann, Louise Simonson, Trish O'Malley, Debbie Schy, Pat Prentice, Dennis T. Crouse

**1. Call to Order & Welcome.....Howard Strassner**

Dr. Strassner called the meeting to order at 12:38 pm. He welcomed the guests and indicated that additional IDPH staff would be attending this meeting and thanked them for their participation.

**2. Self Introduction of Members.....Howard Strassner**

Members and guests introduced themselves. Claude Alix-Jacob and Marilyn Thomas from IDPH introduced themselves and explained their titles and role in the Department.

**3. Review and Approval of Minutes from Last Meeting .....Maureen McBride**

Maureen McBride indicated that additional data from committee reports will be added to the April 7, 2005 minutes. John Paton motioned approval and Harold Bigger seconded. The minutes were approved.

**4. IDPH Legal Update .....Marilyn Thomas**

Dr. Strassner recognized Claude-Alix Jacob who explained the position of Deputy Director of the Office of Health Promotion. He stated that his position includes directing the programs of Perinatal, Health Promotion/Chronic Disease, Oral Health, Health Assessment and Screening and Injury Prevention.

Marilyn Thomas was introduced as head legal counsel for IDPH. In her role she deals with challenges posed as the Perinatal Program was transferred to IDPH from DHS and must meet the IDPH rule making process requirements.

A presentation was given highlighting the elements of the IDPH Rulemaking process. Differences between Internal Rulemaking Process and External Rulemaking Process were explained including which types of rules go to Director for approval through Claude-Alix Jacob

Descriptions of the Persons and Programs were given including:

- Legal Services, Program Staff
- Secretary of States Office
- JCAR
- Public

Background Information for Process was given including:

- Illinois Administrative Procedure Act (5ILCS 100)  
Article 5
- Administrative Rules  
Secretary of State (1 ILL Admin Code 100)  
Joint Committee..... See handout

The presentation described the types of rules, JWAN -Visa Waiver rules indicated Federal Law required that action needed to be taken immediately. Also, if there is a public health threat, emergency rules can be enacted when regular rulemaking processes would not be possible. However, JCAR can refuse.

A proposed rule will follow the emergency rule.

**INTERNAL RULES**

The process from Pre-emptory to Proposed Internal Rulemaking was explained. A Proposed Rule is sent to the Rules subcommittee then to the Division Chief and Deputy Director who encourage input from outside collaborators

The Board of Health must sign off prior to going to the secretary of state. IDPH reports to the State Board of Health.

Secretary of State - must document all conversations with other parties regarding proposed rules. The Advisory Committee may have some responsibility in assuring that there is an open process. Members may talk with associations and lobbyists.

**EXTERNAL RULES**

Rules are proposed and published in the Illinois Register. Susan Meister receives comments.

If there is a request from public hearing – every comment must be responded to. Comments may result in a change in the rule. May come to the advisory body

A Second Notice is published – there is one year to complete the process after the Second Notice Period is announced. This involves materials being presented to JCAR. The rule goes through entire process listed above for internal rules and is then approved by Director. The rule then goes to JCAR review. Members of the public may attend the meeting and may speak with individual members

If approved a Certificate of No Objection is filed. JCAR prepares final materials and files with Secretary of State. The rule becomes effective at this time

Dr. Gonzalez asked about consequences for not following the rules. There are provisions to remove licensing and/or designation.

Dr. Strassner – asked about the enforceability of the Perinatal Rules as they exist. There are processes that could be invoked.

Amending the rules required the same processes as proposing rules.

A discussion of the “HIV” law and the issues regarding enforcement without written rules discussed. This law didn’t take into effect other laws that were in effect, specifically the Aids Confidentially Act. A law can be enacted and it is left up to the Agency to define the rules.

Problems with the Perinatal Rules and Hospital Licensing Act being in conflict were addressed.

Additional topics included the concerns around the use of Death Certificates, how to deal with termination of pregnancies for medical reasons, the proper use of Fetal Death Certificate, coding “for burial only” etc.

It was stated that the Consortium could discuss the issues and present a document that defines these entities for consideration. In general, the AAP/ACOG Guidelines are referenced but may not describe the items listed above in a way that answers hospital, practitioner and legal concerns.

Rules are not allowed to be in with CDC, FDA, and the guidelines for established Professional Groups in most circumstances.

These rules have a significant impact on the facilities that operate under it.

**5. Report of the Illinois Statewide Quality Council .....Harold Bigger**

Dr. Bigger reported that MMRC committee presented some concerns based on review of actual cases

1. Autopsy rate – The Committee suggested that maternal deaths be included in mandatory autopsy group. There is significant variability in the number of autopsies and in the process of

MD's requesting autopsies well as variations in the depth of the reports received. A number of cases had "unknown" causes of death or "undetermined" dispositions. A thorough autopsy may have assisted in a clear evaluation of the case

2. The MMRC recommended to SQC that since many cases involve postpartum and interpartum hemorrhages and hypertension that a request for general education of practitioners be referred to the Quality Improvement Subcommittee for discussion and proposed action.
3. Kevin Madsen, M.D. expressed an interest in MMRC Dr. Bigger made a motion and Barb Prochnicki seconded. Dr. Madsen will be asked to join the Committee.
4. The Committee is lacking people outside the Chicago area and will try to recruit from this area
5. Follow-up on case reviews continues to be a concern. A motion was proposed that correspondence describing cases be moved through IDPH channels. Dr. Strassner so moved and Dr. Gonzalez seconded.
6. The University of Illinois has an excellent model for Network review of Maternal Death cases that could possibly be adopted as a vehicle to share case information

Dr. Bigger indicated that the Quality and Education Committee and Network Regional Quality Councils also report to the SQC.

He gave an update on data projects and data sharing requests as well as some RQC projects.

**6. Report of the Rules Sub-Committee.....Jose Gonzalez, M.D.**

Dr. Gonzalez indicated that the process involved the premise of making rules less ambiguous and more in specific in legal terms. Nancy Marshall, Dr. Bray, Nancy Arnold, and Dr. Hirsh have participated. The proposed rules need MFM and OB review. A draft was sent out and changes proposed. Since the meeting on December 9 no comment for additional changes has been received.

Dr. Gonzalez asked for clarification on future steps. The American Academy of Pediatrics has a new presentation of Levels of Care for Neonatal Services. The question was raised as to whether the proposed rules should be more consistent with Academy standards. Barb Prochnicki asked if ACOG is working on a comparable document.

The last revisions have not been distributed. Barb Prochnicki clarified – do we want to go through with the current changes. The proposed changes will go to Maureen and a final draft circulated.

Maureen McBride distributes comments to the PAC, introduces proposed changes and put the document out again.

Susan Marantz will circulate the document in a much broader memberships. Explained the first round of comments has been completed.

Dr. Strassner indicated additional comment periods may be necessary if the AAP guidelines were included

The definition of "consultant" and "consultation" was discussed. Dr. Bigger indicated he was unhappy about consult for consensus and feels we would have a possible problem explaining the current verbiage to JCAR.

Dr. Strassner asked about the question of ambiguity. Cathy Gray suggested referring to Letter of Agreement to define. The Committee agreed.

Neonatologist or Perinatologist should be defined as “THE” instead of “A” to reduce ambiguity in the Rules.

Dr. Strassner indicated that there is an issue of insurance that sometimes demands that a patient goes outside the Network for treatment but the Network need to be assured that the same level of care is present as stipulated in the Letter of Agreement.

**7. Report of the Data Sub Committee.....John Paton, M.D.**

The report regarding data for this meeting focused on Perinatal Mortality. Dr. Paton stressed the importance of proper Death Certificate completion to Perinatal modified Dolfus (see e-mail) classification and taking this as a starting point for accurate PMR reporting that will be valuable for comparison with other data both in Illinois and other states.

**Standard Reporting**

Trigger in new website based system – majority of information will be the datasets to created the web-based set

The types of reports that need to be generated from the web based sets.

Timeliness of data dissemination is being addressed. Vital Records are sometimes seen as a social document rather than a medical document. Hospitals do not often have medical personnel involved in the process of birth certificate completion. It may require the involvement of Legislature to move Vital Records to a more medical document to improve timeliness of cascade of reports

Mr. Jacob asked about relationship with Vital Records. Dr. Bigger complimented the staff of Vital Records for their efforts and assistance with processes. Certain data needs to be more complete. Vital Records is looking at Q/A processes. Data can not be released as “preliminary” – Illinois data going to CDC before we can get it from Vital Statistics. Staff 2002-2003-2004 is sitting on 98% of data but does not have the authority to release it,

Dr. Strassner indicated that a letter needs to come to IDPH regarding these concerns. Dr. Paton moved a letter be written and Dr. Bigger seconded.

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

The By-Laws Task Force requested clarification from legal services about the type and sources of information that is protected under the Medical Studies Act. Mr. Jacob asked that the questions be referred to him. The scope of bylaws was discussed. All subcommittees need bylaws as well.

At the last meeting discussion occurred about how we need to incorporate Medical Studies Act into the PAC bylaws and how it relates to PAC and PAC committees.

Ms. Wilson will draft a document with these concerns and also request clarification about executive sessions and protection under Medical Studies. Act

**9. Report of the Quality Improvement Committee.....Barb Prochnicki**

Ms. Prochnicki indicated that at the April meeting the MMR form was revised. A collaborative Q/I project, involving sharing of data between Chicagoland area Networks with overlapping zip codes is in process.

The Committee agreed to share VLBW data through the Center for Health Statistics.

Statewide education for MMR concerns regarding maternal hemorrhage and hypertension were presented.

The VLBW form will probably be revised to reflect new ways of delivering oxygen after review of the need for different data elements.

**10. Report of the Consortium of Perinatal Network Administrators.....Barb Prochnicki**

All Level III Perinatal Facilities (23) will be redesignated 23 by September.

All Networks have implemented HIV rapid testing and all but one hospital will be “live” by June 15. Challenges remain as there are a larger percentage of patient declining testing than expected. Some state they had the test done at MD’s office and don’t want to incur additional pain or expense. PRTII staff wants to do a survey want all hospitals in the State of Illinois for one month to those who decline. PRTII has a contractual arrangement Office of Health Protection with Pediatric AIDS Foundation. Members are a great resource group but are not always popular with individual hospitals. Concerns have been voiced that PRTII was asking more for resources to do research and not surveillance. Hospitals are concerned about the number of clinical hours being used for non-patient care activities. Reporting forms have been a source of contention. A revised form will be presented to the Quality and Education Committee.

Ms. Prochnicki described the Consortium as open meeting with the Quality Improvement Committee as the protected meeting for the Network Administrators and Program Director.

The Committee is working on a coordinated bed locator system. The options will be discussed with Mr. Jacobs on June 20, 2005.

**11. Report of the Facilities Designation Subcommittee.....Cathy Gray**

The Subcommittee is in the process of creating by-laws and has some internal issues (attendance

policy). The subcommittee feels they need to expand membership to other disciplines to provide the best oversight of level of care and an understanding of the interactions between required specialties.

Re-reviews of Level II facilities with Extended Capabilities are about 2/3 done.

The current Rules specify that a facility either gets approved/re-approved or loses their designation. A probationary period is not provided at this time. Several issues have come up regarding items included in the designation process. Currently a facility may need a period of time to work on such items and then be certified. The Subcommittee will need to work with legal to achieve these goals.

Mr. Jacob realizes the lack of opportunity for provisional designation is a problem. A legal services team member will be attending the PAC meetings. Mr. Jacob asked for information to be given beforehand to allow for review.

**12. New Business.....Howard Strassner**

Membership of the Committee: There are two members have not attended the meetings repeatedly and who are not excused absences. It was suggested that the PAC thank them for their interest indicate will be replaced.

A Letter of Request from AAP Committee on the Fetus and Newborn was shared. The PAC now has a vacancy for Neonatology and will extend an invitation to this Committee to nominate a member to become a member of the PAC.

Parent Bureau of Primary Health Care Selected Federal Care Collaborative is sponsoring a project in Austin – “Closing the Gap”. The Core Team is in Washington, West Suburban Hospital will lead the project locally.

Dr. Paton – asked about the issue of interconceptual care and how it might be addressed by the PAC.

Mr. Jacob thanked the Committee for the invitation to attend.

August 11 will be the next meeting of the Designation Subcommittee.

**13. Adjournment.....Howard Strassner**

Dr. Strassner called for a motion to adjourn the meeting at 3:25 pm. Cathy Gray moved and Dr. Bigger seconded.