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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

PERINATAL ADVISORY COMMITTEE MEETING

October 12, 2006

12:30 p.m. – 3:00 p. m.

Michael Bilandic Center
N-502 Conference Room
5th Floor
160 North La Salle Street
Chicago, Illinois

Howard Strassner, MD, Chair

ATTENDEES: Howard Strassner, Dennis Crouse, Harold Bigger, Cliff Corbet, Janet Hoffman, Cathy Gray, Karole Lakota, Nancy Marshall, John Paton, David Fox, George Maroney, Clifford Corbett, Robyn Gabel, Kevin Rose, Gail Wilson, J. Roger Powell, Richard Besinger, Nancy Eschbach

IDPH Staff: Maureen McBride, Francine Pearce-Falls

EXCUSED: Barbara Prochnicki, Jose Gonzalez, Patricia Brady, John Barton, Phyllis Lawlor- Klean

ABSENT:

GUESTS: Barb Haller, Trish O' Malley, Lenny Gibeault, Carol Hoeman, Elaine Shafer, Pat Prentice, Dave Titone, Carol Rosenbusch

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

The meeting was called to order at 2:08 pm. There is a quorum present.

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

Members and guests introduced themselves.

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

Minutes from the June 8, 2006 meeting were reviewed. A motion was made to accept the minutes . Cathy Gray so moved and Clifford Corbett seconded the motion. The minutes were approved.

The remainder of the meeting will address functions assigned to Committees understanding that significant tasks are currently being addressed by subcommittees.

4. Report of the Illinois Statewide Quality Council — Harold Bigger

A. MMRC

Dr. Bigger' report began with a discussion of the activities of the Maternal Mortality Review Committee. Dr. Cynthia Wong, an anesthesiologist from Northwestern joined the Committee, expanding the expertise and has already contributed to better understanding of case analysis. A Sub Committee is preparing a curriculum and supporting elements for the Statewide hemorrhage education proposal. Analysis of data surrounding the issue included current hemorrhage education programs from the State of New York Dr. Sara Kilpatrick will contact the principals involved with the project and explore the possibility of partnering as the project moves forward.

Minor changes to the Maternal Mortality Review Form have been proposed. The revisions will address status of delivery at the time of death and address issues of body habitus.

B. The Statewide Quality Council entertained two Perinatal Center Reports

Rockford Perinatal Center presented their initiatives including the following:

1. Increasing the use of drug screening in cases of IUFD

2. Team Performance Improvement--a lack of which is a major reason for hospital death and injury. Rockford is focusing on communication during the transfer processes. They are instituting SBAR. Nurses are using short data information forms. Nursing and physician compliance is being measured. Challenges involve timing and dissemination of information without repetition but with “repeat backs” that ensure understanding

3. Delivery simulations are being conducted to improve process and outcomes of emergency c-sections. De-briefing tools are available to assess how to learn from these programs.

Stroger Perinatal Center presented the following initiatives from their Regional Quality Council:

1. A Network-wide comparison and update policies/templates/guidelines

2. An EBC survey to determine accuracy of information presented in the birth certificates to the Center for Health statistics. Self-assessment of overall completion by worker Rating was a 4 on a 1-5 scale

3. Availability of prenatal records at delivery.

4. Group B Strep prophylaxis QA and I-- Questionnaire distributed. There is variability in GBBS screening among institutions within a network. They also looked at antibiotics given for chorioamnionitis. Information is being used to decipher best practices and provide a standard of practice.

C. Mark Flotow, Chief, Illinois Center for Health Statistics, described the current processes for the Birth Certificate processing.

He described the process and efforts Vital Records is making efforts to catch up with the backlog to produced meaningful statistics given a dated database. He described the “Real ID and Intelligence Reform Act” and birth certificates as legal documents and potential relationships with the Department of Homeland Security .

A draft process will be proposed to improve the EBC collection of data and the quality of data. Dr. Strassner requested the draft by December

5. Report of the Rules Sub-Committee — Jose Gonzalez

The Sub Committee has been working on rules for three years. Some standards of care have changed since the original recommendations were made. The IDPH Legal department has said recommendations must be able to survive a legal test.

There has been concern about a disconnect between those items that need to be required and those that can drop off. Geographic resource differences throughout the State must be considered particularly in mandating conditions for consultation.

There are divergent opinions about the need to for specific condition consultations. Dr. Strassner indicated that a final draft needs to be ready by the December meeting.

Issues include (1) What constitutes a perinatalologist (affiliated with a Center or not) , (2) Rules and Regulations do not address inpatient or outpatient requirements. (3) the absence of MFM society regulations regarding consultations.

The Committee complimented Dr. Gonzalez in bringing the Neonatal standards up to current practice.

Illinois Society for Respiratory Care will be asked to address those requirements and to define elements with the understanding that modalities will change and clauses need to be included that don't require a complete revision of the rules when they do.

Dr. Strassner asked that the Facilities Designation Sub-Committee try to come up with something in writing and have it by December.

Dr. Paton suggested that the focus be on concepts and support the recommendations of the ACOG/AAP Guidelines. Dr. Strassner asked how we would accomplish this with current data limitations,

Dr. Paton indicated we need to rely on the business of feedback using M+M's - outcomes, triggers, and review. A process must be developed to operationalize this.

Currently there is no system for monitoring "out of institution care".

8 Report of the By-Laws Task Force — Gail Wilson

All committees have developed their by-laws and they have been sent on to Gail. A compilation will be sent to the membership.

9. Report of the Quality Improvement Subcommittee — Barb Prochnicki (excused)

Maureen McBride presented the report:

A. Statewide Birth Certificate Data Quality Improvement project is being developed. The Birth Certificate must be viewed as a medical record, not a social record. If accuracy was improved the Birth Certificate data could significantly reduce paperwork for hospitals and IDPH. All hospitals have been asked to generate a report for six months. It is anticipated that it will take 12-18 months to complete the project.

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

The Consortium met this Tuesday at La Rabida Hospital where they received a tour and description of available services. Members and POEI are in the process of developing a consistent set of ICD-9 codes to be used for the Perinatal Review Form and MMR. Thanks to Carol Hoeman and Carol Rosenbush the new coding system will be up and running for January 1, 2007.

11. Report of the Facilities Designation Subcommittee — Cathy Gray

The Sub Committee has now reviewed all appropriate standards and resource needs for Level III's .

Standards and resource needs for Level II+ facilities have been reviewed and revised.

All appropriate Level II+ facilities have been reviewed for redesignation. In some instances the sub-committee issued directives for communications issues to be improved in six months.

Insurance issues and barriers to return transport exist and cause problems with availability of NICU bed for incoming transports at Level III hospitals. Level III's are being asked to document insurance refusals for return transports. Some Level III institutions have absorbed the cost of transport to free up beds.

Resource losses have affected some Level III's. There are no "grace periods" allowed in the Rules for the mandatory resources. This has had implications to how affected institutions function. In one case when an MFM left a Level III, the facility reduced to a Level II+,

A recommendation was made that facilities that experience resource changes report it to their Perinatal Center and depending on the impact, have 30 days or 60 days to correct. Major problems will lead to a designation being denied. Minor problems may be responded to by some type of affiliation with a facility with the proper resources. This will be one of the recommendations and will go out with the publication of the new review standards.

The new standards for review allows for the ability to give direction and evaluation of the compliance of a facility

Significant concerns for Level III facilities involve the number of MFM's available and the availability of Pediatric surgery. Two of three pending applications for Level III have been put on hold as they don't have the resources. The Sub Committee needs to formally go through the process and ask hospitals if they still intend to go forward.

10. New Business — Howard Strassner

A. Dr. Strassner clarified the issues discussed today. The issues of Hemorrhage Education, Rules, By-Laws, Birth Certificate data and Level specific resources are critical and he urged the involvement of IDPH Senior Administration. As IDPH recommendations are implemented, administrative oversight and leadership actively involved will facilitate achieving quality and addressing issues. He thanked Ms. McBride and all the Sub-Committee chairs for their attention to tasks and the volume of work produced

B. ALL KIDS – Discussion was held regarding concerns of providers about signing up for the program. The Provider needs to be aware that anyone not currently on KIDCARE was automatically included on July 1, 2006

Dr. Crouse indicated that the Illinois chapter of AAP was addressing concerns from a well-child standpoint and also evaluating term of reimbursement.

Perinatal Care allow NICU for 90 days, then requires that a primary care MD be appointed who in turn must refer back to NEO if further care is needed. The question was raised about sub specialty referrals for these infants. This will be referred for an answer

Depending where a physician practices in the State, some Neonatologists are not paid for attendance at deliveries, this is still unclear. There still is the problem with who will pay for discharge care. Medicaid is not paying for discharge evaluations.

Further discussion was held regarding Medicaid reimbursement and the ability to reject claims.

C. A suggestion was made regarding Sub-Committee reports. The request involved distribution of reports prior to the PAC to allow an adequate amount of time for discussion and decisions. Teleconferencing is not able to be facilitated at present.

11. Adjournment:

A motion to adjourn was made by Richard Bessinger, seconded by Harold Bigger. Meeting adjourned at 3:14 PM