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

April 13, 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**

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, Cathy Gray, Janet Hoffman, Nancy Marshall, Gail Wilson, Barb Prochnicki, John Paton, M.D. John Barton, M.D. Phyllis Lawlor- Klean, Don Taylor

Excused: Clifford Corbett, John Barton, MD, Kevin Rose, Robyn Gabel

IDPH Staff Members: Claude Alix Jacob, Maureen McBride, Francine Pearce Falls, M.D., Elizabeth Paton

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

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

Claude Alix-Jacob introduced Elizabeth Hayden an attorney with the legal department at IDPH. Ms. Hayden will be attending PAC meetings and will be available to research the PAC's legal questions as they regard IDPH activities.

3. Review & Approval of Minutes from Last Meeting.....Maureen McBride

Item 11 C should reflect "Swedish American Hospital attained Level **II** with extended capabilities. John Paton motioned approval of the minutes with the change and Cathy Gray seconded. The minutes were approved.

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

A. The Maternal Mortality Review Committee has a PowerPoint presentation prepared and ready to address hemorrhage, one of the two the most common causes of maternal death. The MMRC plans to provide every hospital in the State with the education project using the Perinatal Centers as a distribution and record keeping point. A sub-Committee will be established to develop standards of practice, medical and nursing competencies and CME credit. The MMRC would like to make the offering web-based to have a central location for competency and updates. It was suggested that the local ACOG chapter be involved in the process.

B. The Springfield Perinatal Center presented a Regional Quality Council report on the Methamphetamine crisis and discussed the results of hospital audits on current screening practices and actions of rural hospitals. There is a great degree of variability between hospitals. Some hospitals have criteria for drug screening that includes and clear criteria for patients to be screened. Local hospitals have obtained community reports and an education program is in place to teach about the dangers of the drug and the dangers of being in the vicinity where the drug is being produced. Children increasingly have been removed from homes by DCFS and their possessions disposed of due to contamination from “meth labs”. The RQC will continue to work on this project, establishing a standard of practice and a reporting vehicle,

C. The Rush/AIMMC Co-Perinatal Center presented a Regional Quality Council Report on a new Network Morbidity Report with five maternal and four neonatal criteria to trigger additional review. Annualizing the first two months results and addition 500 cases would have to be reviewed in the network. To make the process manageable, fetal deaths <500 grams and neonatal deaths < 500 grams and < 24 hours of age may have a preliminary review but not full abstracts. Shoulder dystocia with sequelae, ICU admissions, readmissions and infants over 1500 grams ventilated without known congenital anomalies are some of the criteria.

The Committee discussed the current environment and the success of shoulder dystocia drills on the readiness of department.

D. IDPH is coordinating the various offices where data resides and hopes attempts to coordinate data by the development of a system when funds become available. The Perinatal Center Administrators have been pursuing a possible addition to the budget to fund this project

5. Report of the Rules Subcommittee.....Jose Gonzalez

Dr. Gonzalez presented the document of the Administrative Code. The subcommittee is working on draft all changes have been processed. The draft will be e-mailed after input from committee members. Latest draft was sent a few months back. Changes were done before the December 8 meeting. Members stated will receive the proposed rules via e-mail with the changes from the December meeting. Some members questioned the format of the draft and asked for the “stricken” portions to be removed. Ms. Mc Bride explained that the document proposed changes to the rules must be submitted showing clearly proposed deletions and additions must be presented to all areas of IDPH in the format described.

Respiratory care modalities and the type of personnel that should be present in the hospital were discussed. The use of high flow canula, basically providing CPAP to the airway was discussed in terms of the personnel needing to be present in the nursery. While the treatment may seem simpler, the implications for the infant are considerable.

Dr. Crouse stated that size of the nasal prongs may allow for significant delivery of CPAP increasing the possibility pneumothorax. He also addressed the respiratory stabilization needs for Level I hospitals as the Code is being revised.

Dr. Gonzalez stated that the definition and criteria for use of various new modalities to deliver respiratory treatments must be defined by weight and other factors.

Dr. Bigger stated the definition could be made specific, delineating the use of nasal canulas for the intent of delivering supplemental oxygen only versus the use of nasal canulas for the purpose of providing pressure therapy. Dr. Crouse suggested that the flowrate may be used.

Nancy Marshall discussed the high rate heated nasal canula and basic flow. The ability to better assess respiratory therapy and a wider variety of therapies offers opportunities and challenges. Focus needs to be placed on the emergent need for intubation in facilities that are using non-ventilator and non-CPAP therapies. Nancy stated some sometimes nasal canula is used to allow the infant’s nose rest from the prongs. She did not find current research or guidelines on prong vs. canula usage.

Dr. Paton suggested defining low risk respiratory care rather than defining the range of modalities that is constantly changing. Dr. Gonzalez will continue to define this part of the rules.

Dr. Gonzalez indicated that he needs assistance with maternal-fetal medicine issues. Dr. Besinger is going to facilitate working with maternal-fetal colleagues to address conditions for consultation is a concern.

Dr. Gonzalez proposed a co-chair position for maternal-fetal medicine input. Cathy Gray seconded the motion and the motion carried.

Dr. Strassner asked if the Advisory Board felt the current language (other than the need to expand the respiratory care section) is sufficient. Dr. Crouse indicated that the use of telecommunication for expanding education opportunities might be added.

6. Report of the Data Subcommittee.....John Paton

No report at this time.

7. Report of the By-Laws Task Force.....Gail Wilson

Ms. Wilson stated that the bylaws review needs of assistance from each of the subcommittees.

Items include: purpose and scope, membership, number of meetings, legal issues of confidentiality and minutes and how recommendations for change come to the PAC. She emphasized that the protected nature of Subcommittees needs definition. Responses are needed from Facilities Designation, Quality and Educations, Data, and Rules Subcommittees. Gail is requesting feedback prior to the June meeting.

Members requested a standard form for Subcommittees to reply to the By-Laws task force. Ms. Wilson agreed.

8. Report of the Quality Improvement Subcommittee..... Barb Prochnicki

Courtney Nesbitt from the Quality Project from California presented at the April Meeting. She described the alliances between hospitals in California and presented data results.

Perinatal Center reports regarding certain aspects of the VLBW data, genetic screening and linkages with EBC data have been presented by Ms. McBride.

The Center for Health Statistics has presented EBC data back to Networks when unusual discrepancies present.

A Respiratory Care Providers Survey was sent to Level III and Level II with extended capability hospitals with 41-45 (91%) returned. The survey asked about staffing, responsibilities etc. It was found that the scope of practice has a very large variance. The current ratio of 1:4 mentioned in the rules was not found to be practical in many units; out of 23 Level III's only very small level III's met the current requirements. Nancy Marshall has made suggestions for revisions. Dr. Paton suggested that the emphasis be placed on the amount of care and competencies and credentials of the individuals providing care. Some smaller community Level III's did not report high ventilation usage.

Barb Haller from IHA was helpful in getting returns from hospitals.

9. Report of the Consortium of Perinatal Network Administrators Barb Prochnicki

Ms. Prochnicki described the efforts of the combined Networks for a Legislative proposal to increase IDPH Perinatal funding by \$2.5 million. If approved, \$500,000 would be allotted to IDPH for additional support. Each Center would get \$200,000 (\$100,000 to fund a database system and remainder to be used for quality Improvement and education).

Dr. Crouse secured a letter from the American Academy of Pediatrics – Fetal and Neonatal Committee and Gail Wilson secured a letter from the National March of Dimes in support of the efforts proposal. The Administrators have presented to various committees and have garnered support from individual legislators.

Ms. Prochnicki indicated that the need for consultation and the impact on Level I hospitals was discussed due to a lack of subspecialty physicians available in some areas.

The Annual Perinatal Education Retreat at Starved Rock will be held May 3-5.

The March of Dimes - Descent into Desperation, a program regarding post partum depression and outcomes for patients and families has been purchased for all hospitals in the Rockford and University of Chicago Networks. Ms. Prochnicki thanked the March of Dimes and commented on the local nature of the interviews. Members can contact Gail Wilson for purchase.

Maternal and Child health coalition has a project with Mount Vernon. Carol Hoeman is working with Deborah Saunders and Dr. Deborah Miller on a project designed to be replicated in other areas.

10. Report of the Facilities Designation Subcommittee Cathy Gray

Cathy Gray stated that the Subcommittee completed the goal of re-designated reviews 2001-2004. Three outstanding letters are being developed to address certain need in individual facilities.

One hospital requested going from a Level II to a Level I, decreasing services with oversight from Perinatal Center. One hospital changed Networks and one hospital closed.

Jeffrey Mark from the Certificate of Need Board indicated that currently the CON process parallels what the Subcommittee is doing. The CON board is evaluating issues including the request to expand beds and the 10% rule. The CON board is revising its rules and the outline of the process for changing of designation. The CON may look to Subcommittee on Designation to provide clinical oversight while the CON looks at issues of need and cost.

The Subcommittee is looking at rule changes for the Perinatal Code, sections 640.5 and 640.6 to reflect current processes and materials,

Discussion was held on how to deal with a facility that is out of compliance for a short time. Suggestions was made to add some flexibility by using timetables and lists of resources

George Maroney mentioned the use of Locum Tenens and that the CON Board's current rules little flexibility and welcomed the decision to update rules.

There are no issues from the Subcommittee on Designation for closed session today.

The following questions were posed to Elizabeth Paton:

- A.** Requirements for the Letter of Agreement Signature List;
Currently it is suggested that the CEO both Co-directors sign. Ms Paton stated the department may not stipulate the exact person who must sign the agreement.

Claude Alix-Jacob stated that the Director of IDPH serves as official signatory for all designations and re-designations by the IDPH letter sent to hospitals.

Ms. McBride asked if a letter needs a new signature page if the signatory leaves the institution. Ms Paton indicated that the document remains in effect for the timeframe specified. Contracts do

not need to be resigned. The signature list is the responsibility of the Network and affiliated hospitals.

- B.** The Subcommittee will speak with Ms. Paton about how to address interim issues in the future.

11. New BusinessHoward Strassner

Ethics training packets were distributed. Each PAC member needs to review and sign the required forms and must be signed.

Members' travel and expense requests must have a W-9 attached.

A. Report Distribution

Dr. Strassner suggested that subcommittee chairs create and distribute a short report prior to the meeting on an updates or concern to assist with meeting preparation and to stimulate discussion and planning.

Claude Alix-Jacobs described the current state of funding, IDPH's rules regarding the budget and the state of the Federal MCH monies. He stated that "Closing the Gap" prospective meeting will be taking place the end of the month.

There will be Health Disparity Symposium in Lisle reviewing issues such as Chronic disease, Children's Health, HIV

An update on the All Kids Program was given including a city wide application drive in partnership with Chicago public schools.

Questions were asked about enrolling physicians in the All Kids programs. Dr. Francine Pearce-Falls indicated the question has posed.

Current IDPH issues include requested additions to the Genetic Screening program, and the issues of Post-Partum Depression including a suicide prevention strategic planning committee.

12. AdjournmentHoward Strassner

The chair called for a motion to adjourn. Barb Prochnicki motioned, Nancy Marshall seconded, meeting adjourned at 2:50 p.m.