



Rod R. Blagojevich, Governor  
Eric E. Whitaker, M.D., M.P.H., Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

**April 12, 2007**

**PERINATAL ADVISORY COMMITTEE**

**12:30 p.m. – 3:00 p. m.**

**James R. Thompson Center  
025 Conference Room  
2<sup>nd</sup> Floor  
100 West Randolph  
Chicago, Illinois**

**Howard Strassner, MD, Chair**

**Minutes**

- 1. Call to Order & Welcome .....Howard Strassner**
- 2. Self Introduction of Members.....Howard Strassner**

**Attendees:** J. Roger Powell, Nancy Marshall, John Paton, Kevin Rose, Richard Besinger, Maureen McBride, Barb Prochnicki, Francine Pearce-Falls, Jose L. Gonzalez, Dennis Crouse, Robyn Gabel, Janet Hoffman, David Fox, Nancy Eschbach, Karole Lakota, Gail Wilson, Phyllis Lawlor-Klean, Cathy Gray, Harold Bigger

**Excused:** Clifford Corbett, George Maroney, John Barton, Patricia Brady

**Guests:** Mike Leonardi, Barb Haller, Angela Rodriguez, Carol Rosenbush, Cindy Hartwig, Cora Reidl, Louise Simonson, Cindy Mc Dermith, Elaine Shafer, Elizabeth Paton – IDPH attorney, Lenny Gibeault, Trish O'Malley, Pat Prentice

- 3. Review and Approval of Minutes from Last Meeting .....Maureen McBride**  
The Minutes from the December 6, 2007 were presented and reviewed. Roger Powell moved approval of the minutes, Cathy Gray seconded the motion. The minutes were approved as written.
- 4. Open Meetings Act .....IDPH Elizabeth Paton**  
The Open Meetings Act specifies changes in the way the State of Illinois meetings are conducted. IDPH felt it was appropriate for the PAC to hear the Requirements from the IDPH legal department.

The Perinatal Advisory Committee will be addressed today by Elizabeth Paton, JD from the IDPH legal staff regarding the Open Meetings Act requirements and scenarios to be used when scheduling, convening and proceeding with Committees activity.

Elizabeth Paton stated that as of January 1, 2007 – Public Act 94-1058 determines how business should be conducted, and specifies that the public should know how public business is being conducted.

All State of Illinois meetings are to be open to the public unless excepted (currently there are 24 exceptions).

Meetings are construed to be taking place whenever there is a gathering of a majority of a public body or quorum. This means that public business cannot be discussed at a gathering before or after a meeting if the above conditions exist. This includes informal discussions, lunches, breaks at meetings, sidebars, conference calls and e-mails.

Public business is broadly construed – anything related to Perinatal business could be considered Public business. Exceptions are narrowly construed and procedures must be followed in order to close meetings that have items the PAC would request to remain confidential.

A quorum is considered a majority plus one for the purpose of discussion of public business. The Perinatal Advisory Committee has 22 members plus 6 ex-officio members. A quorum under this definition should be 15 but the by-laws specify a quorum is 10. At this time if 6 or more members are discussing PAC business, the open meetings act is in place. As a general rule a quorum must be physically present to proceed with a meeting. Under the current PAC by-laws 6 members could decide what a body of 28 is set up to do. If the by-laws change to a majority plus one then 15 would be required to arrive at a decision.

New minutes requirements are in place that require written minutes to reflect if persons were physically present or not. Closed meetings must be audio or videotaped. Minutes are subject to Freedom of Information Act and are therefore discoverable.

The Hospital Licensing Board is a binding committee under IDPH, all other Committees are non-binding. At this time the PAC by-laws do not allow for videoconferencing or teleconferencing. Any method other than direct presence must be approved in the PAC by-laws.

Meetings must have sufficient notice. Notice must include the Date-Time-Place for all types of meetings and must be posted in Springfield and Chicago and on the IDPH Website. The Agenda must be posted 48 hours in advance for quarterly meetings, this includes Sub-Committee meetings.

According to current PAC By-Laws, Sub-Committees must have a minimum of three members and must be open meetings. If non-members are on Sub-Committees it must be clearly stated that this is supported in the by-laws. If the Sub-Committee is a large body, meeting notices should be posted. Only PAC members may serve on PAC subcommittees if the by-laws are not changed.

Closed meetings must have a 24 exception. Specific authorization must be publicly disclosed and voted upon.

No final action may be taken in closed session and discussion summarized for the open meeting.

Votes may not occur in closed session (tape recorder or video-camera); actions must be open to the public.

Examples of reasons to close meetings include employee disciplinary decisions, collective bargaining matters, and litigation discussion/settlement proposals.

A Committee cannot adjourn the meeting during a closed session. The closed session should be held at the beginning or end of the meeting.

The agenda must reflect which items will be discussed in closed session and must be posted 48 hours in advance. A Committee should not delete items on the agenda,

A question was asked of Ms. Paton as to what exceptions might apply to this Committee. Hospital designation, items of performance or deficiencies might apply. Items pertaining to Perinatal Rules, education etc must be discussed in open session.

Sub-Committees should meet well in advance of the scheduled meeting to allow the agenda to be accurate and posted for 48 hours.

Dr. Strassner asked if a Committee were reviewing Quality Assurance Data of a hospital would that require closed session how the discussion would proceed. Ms. Paton indicated that the need for a closed session must be discussed in advance. Closed sessions should have audio or videotape,

A Committee will review closed session minutes semi-annually and the Committee must determine whether it can be released or take a vote that the minutes need to remain closed.

A Committee must designate a meeting to review closed session minutes at a specific session. Ms. Paton suggested that paper minutes are kept. Failure to follow the Open Meetings Act is considered a Class "C" misdemeanor and involves various punishments including prison term.

Ms. Paton advised revision of by-laws to describe the activities of the PAC as well as the quorum requirement. There is a concern about the amount of activity assigned to Sub-Committees. There can be a problem when Sub-Committees are doing the majority of Committee business.

PAC – Sub-Committees

SQC – Will still need to hold an open meeting- closed sessions need to be recorded verbatim. Whether it needs to be closed will be decided by the body convened. Even though the Sub-Committee only advises, it will be covered by the Open Meetings Act.

Material covered by the Medical Studies Act may meet the standard for an exemption.

Instead of sending material back and forth between members it will be necessary to go through the liaison. When the liaison sends information out, comments should not flow back in until meeting is convened. Information is posted at JRTC and Agency Office. The Department is responsible for appropriately posting agendas and distributing minutes.

Maureen was contacted by IHA and AAP regarding a request for meeting notices. Groups expressing special interest must receive individual notice.

There need to be three members of the By-Laws Committee and the PAC must get two more members to meet the requirement. Dr. Strassner asked for volunteers. Robyn Gabel and Pedro Gonzalez volunteered.

The list of Sub-Committees and members should be distributed to the members.

Maureen will review all Sub-Committees and make sure that all have three members.

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

**Maternal Mortality Review Committee**

- Nearing finalization on MMR Data Dictionary
- Maternal Hemorrhage Education Project – A Timetable was revised to allow for a completion date of June 2008 due to the number of hospitals and resources available
- Case reviews for the MMRC will include morbidities

**Regional Quality Council – Peoria**

- Peoria reported on efforts to improve communication
- Developing Flash cards for emergency preparedness-
- "Transport Travails" - a system has been put in place to recognize hospitals for good pre-transport stabilization. A communication called "ATTA BABY" provides positive rewards
- "Tattletails" – ensures weekly follow-up reports on reports NICU infants

Dr. Bigger asked how he would he present to the PAC if the SQC went into closed session. He will need open session minutes that will reflect that the SQC went into closed session and request anything he wants to discuss that was in closed session. Minutes will have to recognize the closed session items.

Dr. Bigger will update the PAC on the items discussed yesterday pertaining to mortality rates – It may get to the point that this body needs to be in closed session. The PAC may need a closed session to discuss the morbidity and mortality results that reflect linkages to staffing components.

**6. Report of the Quality Improvement Subcommittee .....Barb Prochnicki**

At the April 10, 2007 meeting the administrative centers were presented the Goals and Objectives for FY'08 for the Perinatal Program. Budgets were distributed and instructions as to required elements for preparation given. Budgets are due to the Perinatal Program Office on May 25, 2007.

The members are in support of the MMRC Maternal Hemorrhage Project but specified that, once initiated; the administrative Centers will require one year to complete education in all hospitals.

The Schedule of Perinatal Center Redesignations was distributed with a request to schedule hospitals requiring Site Visits.

The Subcommittee will be attempting to standardize a Regional Survey to be used by all Level III Hospitals with Network Hospitals.

Additional discussion was held about the makeup of the Subcommittee. The structure may need to change to accommodate the work requirements and meet the requirements of the Open Meeting Act.

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

The Facilities Designation Subcommittee has been involved with the revision of the Perinatal Rules and has held various meeting to obtain input on proposed changes.

The Facilities Designation Subcommittee met before this meeting with a representative of Stroger Perinatal Center regarding the closure of obstetric services at Provident Hospital.

There will be a Site Visit at Provident Hospital on May 1, 2007. Items of concerns include how information will be shared with current services and how required services for a non-birthing hospital will be provided. A CON to address the closure of obstetric services at Provident Hospital is in process.

Cathy Gray, Chair of the Facility Designation Subcommittee moved that pending completion of a successful Site Visit and following appropriate processes that Provident Hospital change from a Level II to a Non – Birthing hospital. The motion was seconded by David Fox. The motion carried.

The first new obstetric service in 25 years in a Chicago area hospital will be at Adventist Hospital in Bolingbrook. A Site Visit will take place in August or September. Adventist Bolingbrook Hospital will come before the Facilities Designation Subcommittee in October. The hospital is requesting a Level II status.

Cathy Gray made a motion to approve the change of Network Ingalls Memorial Hospital. Ingalls Memorial Hospital requests a move from Northwestern Perinatal Network to the University of Chicago Perinatal Network. – J Roger Powell seconded the motion. The motion carried. Ingalls Hospital will retain Level II with extended capabilities status.

Weiss Memorial Hospital will be closing obstetric services and is adhering to required protocols, including notifying the IDPH Perinatal Program, the CON Board and preparing for a Site Visit on April 30, 2007.

## **8. Discussion on changes to Regionalized Perinatal Healthcare Code .....Howard Strassner**

An Open Forum for Maternal Fetal Medicine physicians was held on February 27, 2007 to review proposed Perinatal Rules revisions that addressed conditions for Perinatal Consultations

IDPH specified that “required” would be the only way consultations would be identified (not “recommended”).

Four recommendations came out of the meeting:

The group requested that the following items comprise the conditions for Maternal-Fetal Medicine consultation:

- 1. Risk of preterm birth < 32 weeks**
- 2. Maternal Medical Disease affecting the fetus or posing a risk to the mother**
- 3. Identified congenital disease/malformations**
- 4. Genetic disorders that can be associated with adverse outcomes for the mother or fetus**

Further discussion involved circulation of documents from the Society of Maternal-Fetal Medicine and the ACOG/AAP with lists of conditions for consultation and scope of practice.

It is not clear what the Subcommittee will recommend; the format has not been decided but it will be clear that consultations will be “required”.

The PAC has collaborated with the Illinois Hospital Association and IHA has posted proposed Perinatal Rules changes on its website.

There are now over 50 comments on the three versions

Topics that have received a lot of multiple comments are:

- Ventilation involving CPAP or high flow cannula with the intent of delivering CPAP. It was proposed that there will be a trained person in house to care for the infant during the entire time of this treatment.
- Recommendation that there is a two year competency for fetal monitoring and NRP
- Proposed 24 hour in-house neonatology for Level III nurseries. The Proposed Rules state that to provide NICU care in a Level III hospital requires a board certified Neonatologist – (or board certified within 5 years of completing their fellowship). This does not include fellows.
- In Level II with extended capabilities it is proposed that a Pediatrician or Advanced practice RN privileged in ventilation must be backed up by a board certified neonatologist
- Lead person with accreditation and completion of the neonatal course. Does not have to be the Director
- It has been proposed that all personnel present in the delivery room need NRP training. This proposal was suggested to be changed to all personnel present in the delivery room need to have NRP or a rapid response team needs to be in place 24/7. It would be up to the institution to assure that there is an adequate number of trained staff. It is the responsibility of the institution to assure this and do QA on the process. This process would be reviewed at Site Visit.
- The Proposed Rules will not use the AAP recommendations for level of care as they do not include a maternal portion to reflect the needs of High Risk mothers.
- There were question about how competency for fetal monitoring for physicians will be addressed as there are not affordable standard programs. There is a concern about this requirement being in the Rules without a plan for standard competency

Additional discussed regarding consultation was held. The Perinatal Rules focus on the inpatient setting with hospital levels and standards while most consultation issues reflect outpatient. Ms. Gray agreed, and she replied that the lists of conditions for consultations and transfer often point to outpatient evaluations.

Dr. Besinger discussed the issues about implementing mandatory fetal monitor competencies for physicians. He suggested it might be up to the individual Network to decide. Further discussion involved the possibility of a standard tool being made available to all facilities.

Dr. Strassner discussed the role of the hospital and the early identification of risk factors for consultation. Possibly the responsibility for meeting the consultation requirements should rest with the individual physicians.

Consultation by phone was discussed.

There may be a need to schedule another meeting to finalize recommendations by May. The process will be as follows:

- (1) Proposed Rules are presented to PAC,
- (2) Approved Proposed Rules go to IDPH Legal Department,
- (3) IDPH Legal Department implements the Rules Change Process,
- (4) Proposed Rules go to JCAHR,
- (5) There is a 45 days public comment period,
- (6) There is a re-write if indicated,
- (7) There is a 60 day comment period
- (8) The process is then closed and final Rules are developed and promulgated through JCAHR.

The IHA asked Dr. Strassner about an open meeting to discuss the proposed Perinatal Rules. IHA would sponsor the meeting. IHA made a formal request to PAC that the proposed meeting be held.

Ms. Paton said she will take the recommendation to Mr. Schaffer.

The reason for the meeting is to allow for a free discussion before the Rules are published in the Illinois Register. Publication in the Register could be months after PAC approves the Rules. The meeting could occur during the time IDPH has the Rules prior to public comment.

David Fox moved that a meeting be held to discuss the proposed Rules to be sponsored by IHA as requested by Barbara Haller. Kevin Rose seconded the motion. The motion carried.

**9. New Business .....Howard Strassner**

IHA has discussed Senate Bill 1064 – Free Standing Birthing Centers. – The sponsor of the bill has approached IHA and has asked that IHA work with the sponsor on amending the bill. Ms. Haller requested that the PAC contact their legislators and voice their opinions on the bill

**10. Adjournment .....Howard Strassner**

Dr. Strassner asked for a motion that the meeting be adjourned, Dr. Bigger made a motion for adjournment, Barb Prochnicki seconded the motion. The meeting was adjourned at 3:00pm