

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

**June 7, 2007**

**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**

Present: Howard T. Strassner, J. Roger Powell, Nancy Marshall, Kevin Rose, Barb Prochnicki, Jose Gonzalez, Dennis Crouse, Robyn Gabel, Janet Hoffman, David Fox, Phyllis Lawlor-Klean, Cathy Gray, Harold Bigger, George Mahoney, Patricia Brady, Maureen McBride, Francine Pearce-Falls

Absent: Clifford Corbet, excused, John Barton, excused John Paton excused, Nancy Eschbach, Karole Lakota excused, Gail Wilson excused, Richard Besinger

Guests: Mike Leonardi, Barb Haller, Angela Rodriguez, Carol Rosenbush, Cora Reidl, Cindy Mc Dermith, Nancy Arnold, Elaine Shafer, Pat Prentice, Lenny Gibeault, Trish O'Malley

- 3. Review and Approval of Minutes from Last Meeting.....Maureen McBride**  
Minutes are changing to list those Present and Absent and excused. Cathy Gray moved approval of the April 2007 minutes, Harold Bigger seconded. The minutes were approved.

- 4. MMRC .....IDPH**  
A letter from Dr. Whitaker supporting the hemorrhage project was sent May 1, 2007. By Tuesday June 4, 2007 90% of hospitals had responded with their Hospital Assessments. This is an excellent response. The working group is putting together the education piece. Timeline is for completion 18-24 months. There will be a didactic portion and simulations. Testing will be part of the process. A "train-the trainer" approach to teaching will be used. The Department is very supportive of this project. Dr. Strassner indicated PAC support for the project.

**5. By-Laws .....Gail Wilson**

Draft by-laws were in the meeting packet, Dr. Strassner asked if the draft met all criteria for the Open Meetings Act.

Changes in 4.1 states that a quorum is a majority of the appointed and ex-officio members.

Dr. Gonzalez asked why the quorum rules include ex-officio members. It was explained that if there were resignations, the PAC could still conduct business. Sub-Committees indicated that they should include more than three and not just PAC members. Question put to the group. Dr. Strassner agreed that the by-laws could be construed to be ambiguous.

Barb Prochnicki made a motion that the by-laws be changed to allow for non-members, Dr. Gonzalez seconded, the motion carried unanimously.

Dr. Bigger moves that 5.1 "task force" be deleted, Cathy Gray seconded. Dr. Bigger stated that a task force would be subject to the Open Meetings Act. A task force does not have to be appointed by a Committee.

Dr. Bigger moved to remove second sentence all together and task force in the first sentence. Barb Prochnicki seconded and the motion was carried unanimously.

Dr. Strassner asked for a motion to approve the revised by-laws with changes.

**Barb Prochnicki moved and Phyllis Lawlor-Klean seconded, the motion carried unanimously.**

**6. Statewide Quality Council .....Harold Bigger**

Obstetric Hemorrhage Education project - Dr. Andrea Kemp presented the outcome of the preparation to date. The MMRC is now reviewing hemorrhage morbidities. The PAC may be asked to approve a change of purpose of the MMRC to include review of morbidities.

Regional Quality Council Reports: The Rush University Perinatal Center presentation was given by chair, Karen Callahan. There were over 700 morbidities reported in the network based on the five maternal and four neonatal criteria- it was anticipated there would be 500.

Even with the new structure of M+M's, it will be impossible to formally review all cases. The Perinatal Center will trend data for determination of educational needs and possible network interventions.

Dr. Hal Bigger made a presentation updating the Committee on the revised US Birth Certificate. Changes will make defining data much more accurate. Significantly added data elements include Medical Record numbers and mother's current legal name. Race/Ethnicity continues to be confusing. Data for alcohol use had been badly collected, so it was dropped but there is a very detailed section for tobacco use. The section on neonatal conditions and anomalies was revised. Changes include revising the reported APGAR score to 5 minutes <6 and 10 minutes. Assisted Ventilation is defined in the new form.

Problems with the form include sections and definitions as follows: prolonged ruptured membranes and premature ruptured membranes; chorioamnionitis connection with temperature; date of first and last prenatal visit.

**7. Quality and Education Data Subcommittees.....Barb Prochnicki**

PRITTI HIV results are being created every quarter by Perinatal Center and Network hospital.

The MCH Coalition will be hosting the Infant Mortality Summit on October 25-26<sup>th</sup>.

**8. Facilities Designation Subcommittee .....Cathy Gray**

The Subcommittee has reviewed the Health Facilities Planning Board rules regarding acquisition of a Certificate of Need for Level III neonatal intensive care beds. Currently the exemption process requires a recommendation from the PAC and PAC can only make recommendations to the Department. At this time a complete CON application must be completed if a hospital is wanting to become a Level III.

The rest of the meeting was taken up in looking at the final draft of the rules to be presented to IDPH

Cathy Gray thanked Barb Haller for providing a forum in discussion, giving input from individual institutions and coordinating responses.

**9. Regionalized Perinatal Health Care Rules revision .....Howard Strassner**

Dr. Strassner indicated he received a letter from Tom Schafer describing a timeline regarding the rules. Today will be the final input from the PAC. The proposed rules will then go to the IDPH rules coordinator and sometime after September the State Board of Health will review them.

The PAC reviewed the proposed Rules.

Definition of Assisted ventilation – Dr. Strassner stated that definition for assisted ventilation is based on the CDC definition.

The definition of an Administrative Perinatal Center was refined. Dr. Strassner – asked for correction to Network to delete “any combination” to specify an Administrative Center and Level III hospital.

Definitions for all five levels of care are now standard definitions that have been accepted nationwide.

“As specified in the Letter of Agreement “ will require that each letter of agreement be written specifically and reviewed regularly.

Language “outlined in the hospitals policies and procedures” will put the onus on the hospitals to ensure that staff are very aware of the perinatal code and letter of agreement.

Clarified “capabilities of persons who will be providing Neonatal Resuscitation who is available in the hospital for this.

Any loss of essential resources within a hospital must be reported to the Department. There need to be ongoing discussion with the Department and a time limit.

### **LEVEL III**

A Level III that elects not to provide all the advanced services must have policies that provide for transport to a institution that provides those services.

Requirement to have 24 Hour in house Neonatologist coverage –Dr. Gonzalez indicated that this is the highest level of care for the most significantly ill infants. He asked PAC members to look at the study in the New England Journal of Medicine, May 18 2007 article. It was a large study of 50,000 infants in California. Institutions that had large neonatal intensive care units (50 beds or more) had much better outcomes. George Maroney expressed concern that there was intent to reduce the number of level III 's and II + currently designated in Illinois. George Mahoney stated “don’t consider the implications on institutions – must think of the unintended consequences.”

Consultation for Maternal Fetal Medicine – Decision was made to use the AAP/ACOG approved recommendations for consultation – Early Pregnancy Risk for consultation. This covers mid-wife to obstetrician and obstetrician to maternal fetal medicine.

Recommended consultations will be cited in each hospital’s letter of agreement. There is no complimentary neonatology or pediatric recognized list of consultations. This was the best recommendation with much input from across the State.

Dr. Roger Powell pointed out that Illinois mortality is one of the worst in the Nation and PAC must be a leader.

Dr. Strassner again asked for comments.

Dr. Strassner requested a motion to move the Rules forward.

**Dr. Gonzalez moved the Rules move forward, Barb Prochnicki seconded the motion.**

**Vote : 11 AYES – Howard Strassner; J. Roger Powell; Nancy Marshall; Barb Prochnicki; Jose Gonzalez; Dennis Crouse; Robyn Gabel; Janet Hoffman; Phyllis Lawlor-Klean; Cathy Gray; Harold Bigger and Patricia Brady.**

**3 NAYS – Kevin Rose; David Fox and George Maroney**

**0 Abstentions**

**Motion passed.**

David Fox wants to acknowledge George Maroney and Kevin Rose.

Kevin Rose asked if members could participate in further comment periods. Dr. Strassner said there would be a public comment period and outlined the next steps that would occur .

Progress report on status of the rules will be on the PAC agenda.

Nancy Marshal asked if there are multiple comments will the revisions come back to PAC. Will not come back to PAC after comments.

Dr. Gonzalez stated if there were any avenues PAC could explore help for Southern Illinois.  
Dr. Crouse indicated that current funding is limiting access to care. Maybe the issue can be approached that way. Federal Qualified Health Clinics provide access to care but no reimbursement for hospitals. Summit this Fall.

**10. New Business.....Howard Strassner**  
2008 meeting schedules were discussed. In compliance with the Open Meetings Act all PAC and sub-committee meetings will be posted on the IDPH web calendar, and the meetings will be open.

Motion for adjournment asked for by Dr. Strassner.

**Moved by David Fox, seconded by Nancy Marshall. ....Motion carried unanimously.**

Meeting adjourned at 2:59 PM