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

**December 6, 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**

**Attendees:** Howard T. Strassner, J. Roger Powell, Nancy Marshall, Kevin Rose, Richard Besinger, Maureen McBride, Barb Prochnicki, Jose L. Gonzalez, Dennis Crouse, Janet Hoffman, David Fox, Phyllis Lawlor-Klean, Cathy Gray, Harold Bigger, George Mahoney, Patricia Brady, John Paton, Nancy Eschbach, Karole Lakota, Kevin Rose

**Absent:** Gail Wilson excused, Jose Gonzalez excused, Clifford Corbett

**Guests:** Mike Leonardi, Barb Haller, Louise Simonson, Carol Rosenbush, Cora Reidl, Elaine Shafer, Pat Prentice, Lenny Gibeault, Trish O'Malley, Louise Simonson,

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

Howard Strassner called the meeting to order at 12:30 p.m. He welcomed guests and reviewed the agenda.

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

The members and guests introduced themselves. Dr. Strassner asked for New Business.

- A. Elaine Shafer indicated there has been a concern regarding EMS taking pregnant women to the Non Maternity Hospitals and optimal outcomes.
- B. There is a concern that neonatal patients are not able to be return transported due to insurances being unwilling to pay for the ambulance transfer even though hospitalization costs will be far less in the receiving hospital.

- C. The Alternative Healthcare Delivery Act will be addressed under New Business
- D. Liability reform in the State was mentioned as an area of concern.

**3. Minutes approval.....Group**

Dr. Strassner asked if there were any amendments to the minutes. Hearing none he asked for a motion for approval. Harold Bigger moved approval of the minutes, Cathy Gray seconded, minutes approved.

**4. Hemorrhage Work Group Report .....Louise Simonson**

Louise Simonson presented an update of the Obstetric Hemorrhage Education Project:

The presentation is in Powerpoint format, and actual cases have been utilized to illustrate problems with patient management but altered to assure there are no identifiers. Educational points and questions focusing on risk factors were developed.

The OHE will involve the following process for every participant in every birthing hospital in Illinois:

- Pretest
- Education
- Post Test/Drill

The OHE will use a “Train the Trainer” approach and assure that every Obstetric practitioner, nurse; anesthesiologist and select members of the health care team who provide direct care to obstetric patients will be included in the educational program. The goal of the OHE is the establishment of a rapid response team to address obstetric hemorrhage in every birthing hospital in Illinois.

The Perinatal Centers will oversee the process and are accountable for implementation and evaluation of the project.

Funding for the project was discussed. Hospitals will need to provide material, time and space for the education of their staff. The methods of administering and grading tests and providing feedback were discussed.

The OHE will not result in the same approach in each hospital. Implementation of a rapid response team will depend on resource, geography, and level of care. Each hospital will work with their Perinatal Center to make sure that the processes to reduce Obstetric Hemorrhage are addressed.

Dr. Strassner complimented Ms. Simonson and her work group and requested continued reports regarding the “role out “of the project over the next year.

**5. Guidelines for Perinatal Care – Comparison between Fifth & Sixth Edition..... Harold Bigger**

The American College of Obstetrics and Gynecology/ American Academy of Pediatrics Guidelines for Perinatal Care has been revised and the 6<sup>th</sup> edition is available. Dr. Bigger did an in-depth comparison of the fifth and sixth editions. Handouts provided to the membership outlined the changes.

New foci include the need for additional public education on Reproductive Health, addressing language barriers in health care practice, and standards for family centered healthcare.

Regionalization was supported and ambulatory care sections emphasized referrals to appropriate levels of care – encouraging the expansion of Level III facilities and increased education for Level I and Level II facilities.

The classification of NICU was expanded and Family Centered Care concepts were stressed for the NICU environment.

The data collection section was re-written and stressed the importance of Maternal Mortality reviews and State level Quality Improvement projects.

The medical provider section focused on appropriate credentialing and privilege granting and supported the National Practitioner Database. A test for clinical competence every two years was discussed.

Facilities with higher newborn services must assure that the obstetric services provided match the Newborn level of care. The levels of care in the 6<sup>th</sup> edition are for nurseries only and do not offer maternal components.

The Nursing section stressed the role of the Clinical Nurse Specialist and Neonatal Nurse Practitioner as well as Physician Assistants. Inservicing and continuing education with assessment of competency was focused.

The environment of NICU and Nurseries should include acoustics < 90 decibels with background noise < 60 decibels. Attention to lower levels of illumination and focus of allowing fathers to participate in care.

A chapter was devoted to the Interhospital Care of the Perinatal patient. The EMTLA and HIPA rules were discussed and the importance of having legal counsel as part of the process of setting standards was stressed. Collaboration between hospitals was felt essential for success.

#### **6. Facilities Designation Committee Report ..... Cathy Gray**

Mercy Hospital in Chicago, Northwest Community Hospital in Arlington Heights and St. Alexis Hospital in Hoffman Estates are pursuing Level III designation.

Centegra Hospital in McHenry has notified IDPH that it wants to pursue Level II+ designation.

Adventist Hospital in Bolingbrook has completed all requirements and is awaiting letter of designation as a level II facility.

#### **7. 2008 Meetings .....Maureen McBride**

April 17<sup>th</sup>; June 5<sup>th</sup>; October 16<sup>th</sup>; and December 11<sup>th</sup> are 2008 PAC meetings. They will all be held in this building.

#### **8. New Business.....**

A. **..Alternative Healthcare Delivery Act** – The act has been enrolled into law and will need to have a Perinatal Center focus. Rules for implementation are currently being developed by the department.

B. **..EMS System and Transport of Pregnant Patients and Payment for Return Transports** – There are compelling reasons why pregnant patients with trauma need to be brought to a hospital with delivery services. Dr. Crouse stated without an ambulance on standby a re-transfer to a hospital with delivery services may take significantly longer than 30 minutes. Dr. Gonzalez asked if the PAC could send a letter to initiate communication between EMS and the PAC as both are part of IDPH. A letter of concern could be written to Dr. Arnold addressing this issue.

The membership discussed concerns that neonatal patients are not able to be return transported due to insurances being unwilling to pay for the ambulance transfer even though hospitalization costs will be far less in the receiving hospital. This item could also be addressed in a letter to Dr. Arnold.

Meeting Adjourned 2:45 PM