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

April 9, 2009

12:30 p.m. – 3:00 p. m.

**James R Thompson Center
031 Conference Room
9th Floor
100 West Randolph
Chicago, Illinois**

Howard Strassner, MD, Chair

MINUTES

Attendees: Howard T. Strassner, J. Roger Powell, Nancy Marshall, Kevin Rose, Richard Besinger, Barb Prochnicki, Jose L. Gonzalez, Dennis Crouse, Janet Hoffman, Phyllis Lawlor-Klean, Cathy Gray, Harold Bigger, John Paton , Nancy Eschbach, Karole Lakota, Kevin Rose. Rebecca Holbrock, Richard Besinger,

Absent: David Fox (excused), John Barton (excused)

Guests: Barb Haller, Louise Simonson, Carol Rosenbush, Cora Reidl, Elaine Shafer, Pat Prentice, Lenny Gibeault, Louise Simonson, Robyn Gude,

IDPH: Charlene Wells, RN, BS

1. Call to Order & WelcomeHoward Strassner

Howard Strassner called the meeting to order at 12:46 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. Clifford Corbet has retired and resigned from the Committee

B. David Fox's father passed away, the Committee offered condolences

3. Minutes approval.....Charlene Wells

The minutes of the December 11, 2008 were presented. Barb Prochnicki's name will be added to the list of attendees. A motion to approve the minutes with this change was made by Cathy Gray and seconded by Nancy Marshall. The minutes were approved

4. Perinatal Rules ProgressCharlene Wells

There has been action regarding an objection to the Proposed Rules regarding "in-house" neonatology that has been rescinded. The party with the objection requested a change to specify that fellows not be included in the "in-house" stipulation for neonatology. Dr. Strassner asked how long the process of approval will take. Ms. Wells indicated that IDPH Legal counsel has released the Proposed Rules to allow for presentation at the next State of Illinois Board of Health meeting. Dr. Strassner expressed his thanks that the Proposed Rules were going forward and asked that the Committee be apprised on the progress.

5. Statewide Quality Council..... Harold Bigger

A. Rush/AIMMC Co-Perinatal Center Annual Report. Palos Community Hospital presented a report on the completion of Obstetric Hemorrhage Education Program at Palos. Karen Callahan, RN, MS and John McInerney MD described the entire process, including the implementation of the Rapid Response Team in Obstetrics. Dr. Bigger wished to thank the participants. Discussion in the SQC among the various Perinatal Centers indicated widespread support for the project across the State of Illinois.

Very little resistance has been encountered. Present at the SQC meeting was a representative from the Illinois State Medical Society, invited to hear the program to respond to some objection from one group of anesthesiologists. The representative was favorably impressed

The concept of establishment of a Rapid Response Team is a major focus toward improving patient outcomes.

Issues of copyright of the program are of concern. The subject has been discussed with IDPH and copyright would need to be accomplished on a private basis. Other states and countries including India are interested in the project.

Dr. Strassner discussed that ACOG gives an award for a State project and he suggested the OBHEP project be presented to the District for consideration for national recognition. Cathy Gray indicated that AWHON is also considering recognition.

Dr. Strassner indicated that he had reports that major changes in clinical care have occurred as a result of this project

B. National Children's Study: Ann Bolger, MD and presented the content of this initiative which involves a five year study through NIH. The study will follow newborn infants and track multiple demographic and health markers. Participants who are enrolled at birth will be followed for life. There will be involvement of birthing hospitals in assisting with notification and process for selected patients. Cook and Will County will be areas of focus as patients are selected.

Each hospital with birthing services will need an IRB. Hospitals will decide who is going to collect the data internally. Each hospital will need a designated staff member to be in charge of the project. The study wants assistance from the Regionalized Perinatal Program in identifying the point persons in Networks and hospitals.

The specifics of the programs were presented to the SQC and the concept of training at all State of Illinois Hospitals involved in the project was discussed.

There will be regional coordinators in the study available as resource to hospitals. The first data collection in Cook County will probably be in eighteen months

C. Shared Morbidity and Mortality Reviews: The University of Chicago and the University of Illinois are requesting support for the concept of shared Morbidity and Mortality Reviews to look at outcomes in their shared geographic area. There is currently very limited access to data but since Perinatal Mortality Reports are being placed in an IDPH database, the possibility exists that data could be shared to develop trends, evaluate common causes of morbidity and mortality and make recommendations for improvements in public health approaches based on shared data. When a larger percentage of the geographic areas are studied, assumptions will be more accurate.

Cathy Gray reported that all legal aspects of sharing have been addressed. Louise Simonson indicated that the data will be aggregate, the factors, care, outcomes and diagnoses collected will be able to provide important data on the state of public health.

The sharing would include Chicago and West Suburban and some Northern Suburban areas. The University Of Illinois School Of Public Health will be massaging the data. The data to be reviewed will include ten years collected concurrently and reviewed retrospectively

Cathy Gray made the following motion:

MOTION #1: MOTION #1: The Perinatal Advisory Committee supports the University of Chicago/University of Illinois demonstration project of shared morbidity and mortality reviews.

Denis Crouse seconded the motion. Motion #1 was approved unanimously by the membership.

Cathy Gray mentioned that Charlene Wells and Tom Schafer were apprised of the project and in support.

Dr. Bigger has mentioned the concern of the Perinatal Centers, Maternal Mortality Review Committee and Statewide Quality Council regarding the collecting of data without reports being generated to support the efforts and to provide trends in Public Health outcomes that can lead to improved practices and quality monitoring.

Dr. Bigger made the following motion:

Motion #2: The Perinatal Advisory Committee recommends to the Director of the Department of Public Health that data be shared with the PAC for purposes of analyzing and improving Public Health. The request includes data collected through the Maternal Mortality Review, Perinatal Mortality Review, Very Low Birth Weight and Birth and Death Certificate information.

Dr. Paton seconded the motion. Motion#2 was approved unanimously by the membership.

Dr. Strassner mentioned that the data from the MMRC case review has not been reported back to the facilities to institute methods of improving public health. Dr. Besinger cautioned that the data has to be protected. The issue of closed meetings was discussed. The level of confidentiality must be maintained.

Case reviews and recommendations clearly indicate that hospitals and Perinatal Centers need to be given the data as there are indicators that clearly demonstrate that certain items need to be addressed and changes implemented.

Dr. Paton mention concerns about disclosure must be addressed and added that if data was not shared will appropriate entities that indicated the need for change and adverse outcomes continued that could have been avoided there may be a greater problem.

Dr. Strassner indicated that there is currently data that could impact public health available and is not being shared. Dr. Besinger again voiced concern for disclosure should the data be used for other purposes.

Cathy Gray mentioned that the data would be used for Quality Improvement purposes under the guidelines of the Medical Studies Act.

Dr. Strassner stated that there data that is kept in secret is useless and that many people are spending time and energy that should be used in other areas if their work is not being used for any public health purpose.

Dr. Paton stated that benchmarking should be used to show the major concerns with public health and develop public health programs similar to the OBHEP that are designed to improve practice and outcomes.

MMRC reviews are being done but the content and recommendation are not getting back to the hospital and providers. The MMRC is concerned about bias in Level III reviews, intra-network reviews.

On thought is to turn the MMRC into something similar to the Child Death Review Committee with similar rules of getting the information, doing the review and get the information back to the institutions involved.

Another approach would be to use the present system, maintain integrity and get the information back to hospitals.

Dr. Paton made the following motion:

MOTION #3: The Perinatal Advisory Committee recommends that IDPH develop mechanisms to get MMRC results from Maternal Death Reviews back to the hospitals and Perinatal Centers involved in the care.

A discussion was held regarding the MMRC data. Dr. Strassner asked if the hospitals involved could participate in the meeting. The letter addressing this concern may need to come directly from IDPH.

Dr. Besinger seconded the motion. Motion #3 was approved unanimously by the membership.

Discussion continued and previous motions concerning this topic passed by the membership on October 15, 2009 were read from the approved minutes.

They are as follows:

Approved Motions from the Perinatal Advisory Committee of October 15, 2008

Motion # 1 - Pregnancy related deaths occurring at a Level III facility will require the review of a Level III hospital outside the Perinatal Network.

Motion #2 The Perinatal Advisory Committee recommends that the Illinois Department of Public Health investigate the request from the Maternal Mortality Review Committee that all pregnancy related deaths occurring at a Level III facilities have an initial review at a Level III facility outside the Perinatal Network of origin.

There was a recommendation that initial Motion #3 be voted down. Motion #3 was voted down with all approving except one abstention.

To clarify the matters at hand and to address motions from previous meeting the following two motions are made for this meeting:

MOTION #3: The Perinatal Advisory Committee recommends that the Illinois Department of Public Health develop mechanisms to get Maternal Mortality Review Committee results of Maternal Death Reviews data back to the hospitals and Perinatal Center involved in the case.

MOTION #4: The Perinatal Advisory Committee recommends that the previous motions made in October 15, 2009 be addressed with the Illinois Department of Public Health and that a mechanism be developed to address the requests and implement.

Motions #3 and #4 were approved unanimously by the membership.

Cathy Gray discussed the fact that joint M+M's have been done in some cases and that they have been very successful. Dr. Besinger recommended that all maternal death data should be reviewed.

6. Facilities Designation Committee Report Cathy Gray

Cathy Gray reported that the Committee has reviewed Section 250.18000 of the Hospital Licensing Act and sent the section to the Grantee meeting for review.

The Committee had a phone meeting with the Certificate of Need Board. Karen Singer, the CON and the Illinois Hospital Association are working on this project.

The Administrators have reviewed and made recommendations for changes. The data has been submitted to Bill Bell.

Projects for the year 2009 include review of readmissions for neonates in the first month of life. IDPH will be given baseline data and will cooperate with the American Academy of Pediatrics, Illinois Section – Committee on Fetus and Newborn.

Data Sharing as described above was also discussed.

Current activities in Illinois include requests for hospital reductions in designation and hospitals asking to increase from Level I to Level II. No census criteria are currently included in the Rules. The Committee discussed the Rules approach that a hospital should meet all the resource requirements as commitment to the desire to move forward.

Review and comparisons of Letters of Agreement will be done to bring them in concert with the Rules and assure that LOA's are public health, not business documents.

7. Grantee Committee Report.....Barb Prochnicki

Barb discussed four task forces formed by the Perinatal Administrators to address current needs.

They are as follows:

Orientation Task Force
Mission and By-Laws Task Force
Data Task Force
Redesignation Task Force

Hearing Screen issues were presented by Don Jones and methods to improve testing percentages were discussed.

The Consortium of Perinatal Grantees is not an official PAC sub-committee. Members discussed the need for regular reports from this committee.

Janet Hoffman made the following motion:

MOTION #5: That the Grantee Committee present a report at each meeting

Discussion was held resulting in a suggestion that the Grantees report under New Business. The Motion was withdrawn, The Grantees will report under New Business when necessary.

8. New Business.....
None noted

9. Motion to adjourn.....

Cathy Gray motioned adjournment and Barb Prochnicki seconded. The meeting was adjourned at 2:45 PM.