



Rod R. Blagojevich, Governor
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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

PERINATAL ADVSORY COMMITTEE MEETING

June 11, 2009

12:30 p.m. – 3:00 p. m.

**Michael Bilandic Center
N-505 Conference Room
5th Floor
160 North La Salle Street
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, Elaine Shafer, Pat Prentice, Lenny Gibeault, Robyn Gude, Cindy McDermith, Dave Schneider

IDPH: Charlene Wells, RN, BSN

- 1. Call to Order & WelcomeHoward Strassner**
Dr. Strassner called the meeting to order and welcomed the members and guests.

- 2. Self Introduction of Members.....Howard Strassner**
Dr. Strassner asked that members and guests introduce themselves.
During the introductions Dr. Powell informed the committee that Dr. Strassner was elected as Vice-President of The Central Association of Obstetricians and Gynecologists (CAOG) and congratulated him on the prestigious appointment.

Dave Schneider, COO of Katherine Shaw Bethea Hospital was present and introduced as proposed future member of the PAC. He works with Rockford Memorial Perinatal Center and he was proposed for membership by the Illinois Hospital Association. Mr. Schneider was welcomed by the membership.

3. Review and Approval of Minutes from Last

Meeting.....Charlene Wells
Cathy Gray moved approval of the Minutes of the April 9, 2009 meeting. Nancy Marshall seconded the motion. The minutes were approved as written

4. Old BusinessHoward Strassner, MD

Committee Reports

Dr. Strassner report that a meeting was held with Dr. Damon Arnold, Dr. Howard Strassner, Dr. Harold Bigger, Deborah Rosenberg Ph. D, and Dr. Paul Brandt-Rauf.

Topics included requests for data sharing, improved quality improvement processes, progress of the Obstetric Hemorrhage Education Project, Maternal Morbidity Review Committee case analysis communications, and the current status of the Proposed Perinatal Code. To support the request for improve use of data; OBHEP was used as an example of the outcome of analysis. The discussion brought forth all data needs and requests for data sharing. Dr. Arnold was receptive to the requests and concerns presented and he will follow-up on them

Dr. Bigger headed the discussion and gave a report on the following outcomes of the discussion:
MMRC – Case analysis – there is a process to return data to the Perinatal Center. Once the recommendations are presented to the hospital(s) of origin, if recommendations are accepted, an action plan is reported to IDPH. If not there are other options for providing further review

It has been stated that there is an inherent bias when Perinatal Centers review their own cases. A suggestion for combined Morbidity and Mortality reviews at another site, or have representatives from another Perinatal Center present at the review. Dr. Arnold wants to form a group to include an IDPH attorney to come up with a way to make these reviews possible. We anticipate a report on these issues.

Data sharing, use and integration. IDPH has a desire for this to happen to provide best practices and improve outcomes. Perinatal Mortality Review data is on paper back to 1987. It now resides on a database but it is impossible for the Statewide Quality Council, the Maternal Mortality Review Committee and other IDPH entities to review the data, analyze and make recommendations.

A PMR – small task force has been formed to address this issue. Data use is limited by statute. Dr. Bigger found the mechanism for dealing with data sharing and discussed the request from University of Illinois and University of Chicago Data sharing process.

Dr. Crouse’s project was addressed. He will soon be receiving a request for information. Dr. Bigger mentioned how data can be used depends if the project seeking the data is voluntary or mandatory. Dr. Crouse mentioned that data use statues contain conflicting information.

DVD Distribution: Dr. Bigger mentioned a request from Dr. Arnold regarding a DVD to be used with a card of congratulations from the Governor to be sent to the mother after the birth of an infant. The DVD contains important information about infant and maternal health.

Prior Motions: Dr. Strassner felt that all the motions that were made in the past two meetings had been address with Dr. Arnold. He discussed the potential for joint Level III meetings.

Regionalized Perinatal Code: Dr. Strassner asked Dr. Arnold about the status of the proposed Regionalized Perinatal Code. Barb Haller indicated that the Hospital Licensing Code section 250 revisions have been accepted.

Reappointments to PAC: Dr. Strassner indicated that he discussed appointments and reappointments to the Perinatal Advisory Committee

A calendar of major society meetings was requested by Dr. Arnold to incorporate into the "Governor's Card"

Statewide Quality Improvement Committee.....Harold Bigger, MD

Northwestern Perinatal Center:

A presentation was provided by Northwest Community Hospital – Cindy Hartwig, RN Director of Maternal-Child Services

The creation and implementation of a Massive Transfusion Protocol was highlighted

The implementation was accomplished by a literature search, creation of a Rapid Response Team, Daily huddles in OB, and implementation of a blood utilization team.

The protocol was based on a Stanford model that included:

- Allowed one click ordering for Massive Transfusion Call
- Simulation training including MD, LAB, Labor and Delivery Staff
- Test of change in place
- First call provides 4 units PRBC, 3 units FFP, ABGT, CBC, DIC labs and does not end until the emergency is over.

Issues of data PRAMS, etc, to connect

MMRC Status

MMRC is still a subcommittee of the Statewide Quality Council. Discussion was held regarding whether the MMRC Committee could report directly to PAC. The possibility of modeling the committee on a similar framework to the Child Death Committee was discussed.

Currently all MMRC projects go through the Statewide Quality Council. The MMRC's main charge is to review Maternal Mortality cases in the State.

Dr. Strassner mentioned that the By-Laws Subcommittee Chair for the Perinatal Advisory Committee has moved out of State. Dr. Strassner recommended that the MMRC status be addressed in the following manner:

1. Review By-Laws for structure
2. Statewide Quality Council decide if it would recommend that the Maternal Mortality Review sub-Committee become a separate Committee
3. Advise if the Perinatal Advisory Committee By-Laws need to be revised if the decision is made to change the MMRC status.

Dr. Strassner asked that the By-Laws be shared with all the members to review and bring issues to the next meeting with suggestions and or questions to Charlene.

Maternal Mortality Review Committee.....Harold Bigger, MD

Obstetric Hemorrhage Education Program Feedback: The feedback has been positive with few exceptions. Some practitioners have had concerns about drills needing to be attended in each hospital where the practitioner holds privileges. The MMRC discussed the concern but retained the recommendation that a practitioner must complete a drill at each hospital where they render Obstetric care.

Discussion was held regarding recertification, how to address new staff member members and future plans. A task force will bring recommendations to the October 7, 2009 meeting

Designation Subcommittee Report.....Cathy Gray, RN

Cathy Gray reported that Valley West Hospital's request to increase designation from a Level I to a Level II facility was approved by the Designation Committee. A Site Visit was held, additional resources and commitment were well evident.

Cathy Gray made the following motion:

MOTION #1: The Perinatal Advisory Committee recommends to the Director that Valley West Hospital be designated as a Level II Perinatal Facility.

David Fox seconded the motion. There were 9 ayes and 2 abstentions. The motion passed.

Cathy Gray reported that the Administrators' suggested revisions to Hospital Licensing Act section 250 were approved by the Designation Sub-Committee. After a lengthy conversation with IDPH, the recommendations were approved. The changes will be presented to the Licensing Board in August and will continue with the approval process.

Dr. Strassner asked if the proposed recommendations come back to the PAC. It was felt that the process that allows for public comment.

The recommendations addressed what used to be "special projects" to be normalized. It will allow individual hospitals to set their own standards for visiting,

Upcoming requests for facilities designation changes include:

Level II E to Level III Mercy Chicago, Northwest Community (CON approval), and St Alexius
Level II to Level II E Woodstock
Level I to Level II St. Mary's Good Samaritan Hospital, Mount Vernon

There has been much Site Visit Work, completing reviews of all Level II hospital and hospitals with requests for changes.

Grantee Committee Report.....Barb Prochnicki, RN

A meeting was held yesterday addressing the formation of rules to implement the statute regarding Peripartum Depression. Dr. Myrtis Sullivan and others provided a presentation on the hotline and consultation line.

Networks submitted guidelines and policies from hospitals to IDPH to assess the current status of implementation. The Maternal Child Health Advisory Committee will develop a template on what they extracted from best practices and develop the rules.

Dr. Crouse reported that a resident did a project on Peripartum depression and the community resources are lacking. When the percentage of patients screened increases, the number of positives goes up and yet the number of practitioners available has not markedly increased.

Dr. Laura Miller, described to the Grantees the availability of group training sessions for staff and mental health providers. Individual resources are available. She was clear that there are areas that have no resources. Pediatricians cannot treat the mother who score positive and want to have adequate resources for referral. Dr. Miller felt there were many false positives. There is a consultative phone line that will get back to caller within 24 hours.

There is a wide range of interpretation of the statute at present. Hospitals have a range of involvement from simply meeting requirement for disseminating patient information to individual screenings being done on every patient. Dr. Strassner asked if there would be follow-up to this meeting. The Grantees will report progress on this item.

The Grantee Subcommittee on By-laws has completed a revision, the Subcommittee on orientation is progressing, and the Subcommittee on data and re-designation process will take up most of the time at the next meeting.

IDPH Update.....Charlene Wells, RN

Charlene thanked all who returned the Ethics Statements. Everyone has completed the required certificates. The 2008 certificates are lost. Nancy Marshall asked if 2008 could be returned rather than deficiencies noted.

Members will receive a memo that states that members who are non-compliant. Dr. Bigger asked that the PAC send a letter registering concern that members were not truly non-compliant.

Dr. Gonzalez agreed that this is a disappointment that the members and repudiation that they have not been non-compliant. The Committee regrets that IDPH lost the statements and is requiring members to repeat the process.

Charlene reported that the proposed Rules have been returned to Charlene for further action.

There is no State of Illinois Budget for Perinatal Services at this time.

Charlene has been working on a link from IDPH websites to individual Perinatal Center websites.

5. New Business.....Howard Strassner, MD

Dr. Crouse stated that Mike Malloy from Galveston looked at 10 million births, mortality in hospitals by types of obstetric providers and found that neonatal mortality was similar. If births are done in the home, the lay midwife had a three-fold increase in neonatal mortality over OB's, Family Practice Practitioners or Clinical Nurse Midwives delivering in the Home. The bill to allow lay midwives did not come out of Committee.

The next meeting of the Perinatal Advisory Committee will be October 8, 2009 in the same location.

6. Adjournment.....Howard Strassner, MD

Dr. Gonzalez moved adjournment and Dr. Powell seconded. The motion passes with none opposed.