



Pat Quinn, Governor
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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL
PERINATAL HEALTH SYSTEM OF ILLINOIS**

October 7, 2009

**2:00 P.M.
Michael Bilandic Center
160 North LaSalle Street
Room N502
Chicago, Illinois**

Minutes

Chaired: Harold Bigger, MD

Attendees: Lenny Gibeault, Trish O'Malley, Patricia Prentice, Karen Callahan, Cindy McDermith, Angela Rodriguez, Cathy Gray, Elaine Shafer, Barbara Prochnicki, Louise Simonson, Deborah Rosenberg, Ph.D., Robin L. Jones, MD, Robyn Gude, Svena Julien, MD, Cora Reidl, Richard Besinger, MD

Absent: Kevin Madsen, MD, (excused), Dasha Patel, MD, John Barton, MD, (excused), Gary Loy, MD, Stacie Geller, Ph.D., (excused), Pam Wolfe (excused),

Guests: Anita Berry, Myrtis Sullivan, MD, Debbie Saunders, Mary Driscoll

IDPH STAFF: Charlene Wells,

I. Review and Approval of Minutes – June 10, 2009
The minutes were approved as written.

II. MMRC Committee Report **Robin L. Jones, MD**
The pre and post test scores (six months after completion of the education) will be compared as part of the **analysis of OBHEP.**

Dr. Jones indicated that the all birthing hospitals will submit 3 or more units and ICU admissions to their Perinatal Center for analysis.

A repeat Hospital Resource Assessment Form with a letter from the IDPH Director to hospitals is being requested for February 2010.

Dr. Bigger discussed the **MMRC functioning as a subcommittee of the PAC**. Dr. Bigger stated that currently the information that gets to PAC is diluted.

Suggested that the subcommittee having a direct report to PAC will be a better route.

The Chairperson of any standing committee must be a PAC member

Amanda Bennett gave a presentation regarding the MMRC as a Surveillance Unit

Autopsy in Maternal Death: Very often maternal deaths do not have autopsies and those that do are often incomplete. A workgroup has convened and come up with a checklist for maternal death autopsies. The MMRC would like to send out a cover letter to Charlene asking that coroners and medical examiners be given the letter and checklist as information sharing.

Dr. Rosenberg stated that the OBHEP and Maternal Mortality – data sharing is a major concern. Evaluation of OBHEP and improvement in the Maternal Mortality Surveillance is crucial in maintaining momentum for change in this process.

Dr. Bigger stated this has been brought up to the PAC. PAC wants an opinion regarding the MMRC's request.

MOTION: Dr. Jones moved that the MMRC become a standing subcommittee of the PAC. Dr. Rosenberg seconded the motion. Barb asked if the MMRC could be stand alone like the Child Death Review Committee. This is unlikely as the CDRC was formed by statute.

Cathy Gray suggested that the subcommittee piece would go forward and still look at making it independent/

The Motion was called and was approved unanimously.

III Perinatal Depression -

Myrtis Sullivan, MD

Dr. Sullivan read the major component of the Peripartum Depression Act

Hospitals have been asking about the requirements and the consequences for not complying. IDPH has consulted attorneys and is in process of creating standards.

Dr. Sullivan has worked with Charlene to determine what hospitals are currently doing.

She met with IDPH, HHS, and the Department of Professional Regulation. The standards will be put into the Administrative Code, Maternal-Child Code. She has to prepare a report for the legislature.

Debbie Saunders reported that there was a mandate in 2004 to look into outcomes one of which was depression in women in childbearing age.

The analysis looked at the population. Many women have had 2 or higher births. A Peer Review on October 30, 2009 was held with members very interested in Primary Care Provider Network.

Partners are available to help with consultation, training and direct help lines for patients.

Northshore – Jo Kim – described the hotline in service since December 2003, 24/7 free and confidential. In 2005 they entered into partnership with IDPH to make it a resource for all women. To date there have been 2438 callers. Over 75% have accepted help, 131 were sent to ER. Occasionally out of state calls are received. The calls have a 33% uninsured or public aid status.

There are currently 135 mental health centers – partnering with DCFS be allow mutually beneficial arrangements. Partnership with UIC – downstate – for training etc. is in process.

Most are women refer themselves. The UIC has a provider consult line giving dosing strategies and free analysis.

Anita Barry from Advocate trains providers in developmental screening, autism, DV, obesity prevention. Her goal is to reach 80% - train as a team. She works with Pediatricians and Primary Care Providers.

She has assisted Pediatricians with suggestions on what to do with an elevated screen. Additional questions are provided to r/o suicidal tendencies.

Mothers usually bring baby to MD/Clinic six times in the first year. SAY IT OUTLOUD CAMPAIGN is gaining force. She want doctors to know about referral sources.

Training for therapists available. Family Practice PHQ-9 tools for Family Practice are being used.

Pediatricians use a referral model. Once they have a mom that screens high. EDOPC.org is a site that addresses this issue.

Train-the-trainer sessions are being held with protocols for referrals to make plans for patient. Provider feedback is sought to see what data will help in quality improvement feedback.

Doc Assist is available where MD's can get information on drugs and side effects.

Continuing education- ADHD, Depression, Reimbursement under the infant's number is available.

Dr. Miller had a HRSA Grant to start the program.

MICHAEL REESE HEALTH TRUST – focus of advocacy to cover screening

Dr. Bigger noted there were a large number of pregnant pts committing suicide. Pregnant women need to be screened every trimester. Physicians will be reimbursed. The group has talked to AAP and ACOG, and had teleconferences for family practice.

Rules all agencies involved. Peds screen 2-4-6/2-4-9

When Pediatrician hears “I am at my wits end” it is suggested that the mother be referred to a support group. Support groups meet weekly.

Cora asked where results go – HFS recommends that MOM's survey is shredded- do not put in chart.

IV Central Line Infections

Harold Bigger, MD

This issue had been termed a vital issue by NHSI and level III's received notification that data would be collected prior to June 1, 2009. Physicians were informed later and in most cases hospital ID departments were already collecting data.

A brief description of the program was given by Dr. Bigger. The NHSI Document was sent to Level III Hospital CEO's.

Mary Driscoll- Division Chief gave an overview of the requirements.

Adult lines were the first to be included in surveillance. Currently there are three surveyors for Illinois.

Comments from the membership included recommending a moratorium until all involved parties are informed.

Magnet requires this practice and most Level III's have been doing surveillance for years.

NICU – bloodstream infection surveillance. Required by law – CDC National Health Safety Network. The samples include interpretations of two blood cultures from a peripheral IV's

Criteria include:

< 1 – at least fever or hyperthermia or apnea or bradycardia

Not related to another site, common skin containment.

Clinical Sepsis – two blood cultures second blood cultures within that time period.

Definition should not change your decision to treat a baby-

April of 2010. Line utilization rates will be required.

Cathy Gray asks how this will be translated to the Level II E's. They will be included in this mix. CEO got the message as part of the 2009 National Patient Safety Goals

Cesarean Sections will be monitored in 2010. Mary gave the members her e-mail mary.driscoll@illinois.gov.

V. IDPH UPDATES

Charlene Wells

Grants have been distributed. Perinatal Centers are submitting bills on a monthly basis

Erythromycin eye ointment statement AAP statement with alternatives Bauch and Lomb have been distributed but hospitals are still calling.

Administrative Rule – Charlene worked on revisions and resubmitted to Susan Meister. She wants to have process completed by December. The public can submit revisions during the public comment period.

Dr. Crouse’s study was mentioned. The Perinatal Centers need to get started on this.

VI. NEW Business

PMR Data Task Force of three Cindy McDermith, Elaine Shafer and Harold Bigger was created.

PMR data base exporting issues have been addressed by right clicking instead of left clicking.

PMR’s often did not pick up undetermined criteria. Multiple factors did not translate over.

Camelot will export to an excel spreadsheet –

Other new business

VII. Adjournment: Dr. Bigger asked for a motion to adjourn, Cathy Gray made the motion, Elaine Shafer seconded, all approved, meeting adjourned at 3:22 pm.