1. **Call to Order & Welcome**  
   Dr. Strassner welcomed members and guests at 12:30 p.m.

2. **Self Introduction of Members**  
   Dr. Strassner and members introduced themselves. Dr. Strassner recognized David Fox, CEO of Advocate Good Samaritan Hospital on the receipt of the Baldridge Award and Gold Level of Lincoln Foundation for Performance Excellence. The members wish Mr. Fox congratulations on this achievement.
3. **Review and Approval of Minutes from Last Meeting**

Charlene Wells

The minutes of the October 7, 2010 meeting were presented. Cathy Gray moved approval and Barb Prochnicki seconded. Minutes were approved as written.

4. **Old Business**

Howard Strassner, MD

By-Laws

Harold Bigger, MD

Dr. Bigger explained that the information circulated included the by-laws originally submitted in 2007 plus two subsequent revision discussions. The purpose of this discussion today is to make a final determination on the elements of the By-Laws and come to a motion to send the By-Laws forward to IDPH. All of the previous issues were reviewed and Dr. Bigger agreed to prepare a draft document for the April 2011 meeting.

**TERM LIMITS:** Dr. Bigger asked the membership about term limits. A consensus was to have a four year term of office. Chair would be voted in for two years, and eligible for a reappointment for two years.

The following items were proposed for the By-Laws regarding Meetings:

- Terms will be for four (4) years
- Officers shall include a Chairman and a Vice-Chairman
- Officers terms will be four (4) years coinciding with the appointment cycle
- The PAC shall have four regular meetings a year held in accordance with the Open Meetings Act
- Cancellations, rescheduled, or a special meeting may be called by the Director of Public Health or the Director’s designee or at the request of five (5) or more members.
- The Department shall not cancel two consecutive meetings in a year.
- A Quorum shall consist of a majority of the membership of PAC or its subcommittees (excluding ex-officio members) and is necessary to conduct the business of the PAC and its subcommittees.
- Any action, recommendation or decision of the PAC or its subcommittees shall be by motion passed by majority vote
- An IDPH representative will be present at all PAC meeting and subcommittee meetings
- Minutes of PAC and Subcommittee meetings will be approved by Chairman and department
- Meetings may be conducted in person or by video or audio conference or telephone call in accordance with the Open Meetings Act

The following items refer to Subcommittees:

- The PAC may form subcommittees upon a majority vote
- Sub-Committees may include non-PAC members but shall have at least three (3) PAC members including the chairman. The Chairman shall be a PAC member
- Current defined subcommittees are the Statewide Quality Council, Hospital Designation Subcommittee and Maternal Mortality Review Committee
A draft document will be circulated to the members for consideration. A 2/3 vote of members present is required to adopt amendments to these By-Laws.

Standing Committee-

5. IDPH UPDATE ................................................................................................................................. Tom Schafer
Charlene Wells

Tom Schafer –The Rule process has been in process for many years. The Proposed Perinatal Rule was supposed to be heard November 16 but a number of items were raised with JCAR. IDPH was asked to put the vote off until December 14, 2010

Persons who expressed concerns about the Rule Dr. Strassner, Dr. Crouse, Pat prentice, Barb Haller,

A number of items are still on the table with the Perinatal Rule, however many items are on the agenda for JCAR. Key issues include

- IHA – Howard Peters to put off implementation for 6 months in house if 24/7 in house neonatology is approved. Need additional discussion regarding neonatologist or APN in Level II’s for assisted ventilation.
- JCAR – held a special meeting on November 29 to allow for more dialogue between interested partied and IDPH

- Neonatologist 24/7 coverage was extensively discussed as to who can provide that coverage – board cert or board eligible

- One group said “let the fellows come in” met with the dean of the University of Chicago – who was not comfortable with a first or second year fellow but a third year fellow would be able to be in house as long as a neonatologist would be available within 30 minutes.

Next steps with JCAR may include any of those listed below:

1. Approval of the proposed Perinatal Rule
2. JCAR makes a recommendation back to the Department for revisions and asks for return
3. JCAR Objects politically
4. JCAR Objects to filing at any time.

The meeting on December 14 will be held at the Thompson Center. It is a Public Meeting. Dr. Arnold, Tom Schafer and Charlene Wells will attend.
Extensive discussion of the 24 hour –in house neonatology component of the Proposed Rule for Level III Perinatal facilities was held.

The following Motion was Proposed by Dr. Besinger and seconded by Bree Andrews

**MOTION #1: A Board Certified or active board candidate neonatologist or a fellow in the last year of fellowship be in house 24/7 in the NICU /Level III Perinatal Facility. A Board Certified or active board candidate neonatologist will be available within 30 minutes if a fellow as described above is in house.**

Further discussion followed.

Dr. Bigger proposed this amendment:

**AMMENDMENT TO THE MOTION: A PAC still strongly urges board certified or active board candidate be in house 24/7. In the spirit of compromise the PAC will allow A Board Certified or active board candidate neonatologist or a fellow in the last year of fellowship be in house 24/7 in the NICU /Level III Perinatal Facility. A Board Certified or active board candidate neonatologist will be available within 30 minutes if a fellow as described above is in house.**

The motion as amended was proposed. Cathy Gray abstained. All other AYES the motion as amended carried

A second motion regarding the Proposed Perinatal Rule was made

**Motion #2 Allow Perinatal Facilities six months to implement the two provisions that IHA requested in the letter to Dr. Arnold.**

1. Neonatologist in House
2. Pediatricians and advanced practice nurses to care for infants at Level II with Exceptions

The motion passed unanimously.

Dr. Strassner asked about the task force mentioned in SB 3273 and HJR 111. Tom Schafer indicated that the Director would consider the suggested membership and make the final decision regarding the process of responding to the legislation

6. Committee Reports

**Statewide Quality Council** ……………………………………………………………………………..Harold Bigger, MD

Illinois Breastfeeding Blueprint was presented by Rachel Abramson. This initiative will become a new quality indicator.
Definitional item were addressed in relationship to requirements for documentation for Site Visits and Quality Audits, Specific emphasis was given to “decision to incision”, retinopathy of prematurity, intraventricular hemorrhage, meconium aspiration, and respiratory distress syndrome.

**Maternal Mortality Review Committee**…………………………………………………………...Robin L. Jones MD – The MMRC is tasked with coming up with competencies to assure that the OBHEP program does not lose momentum and to provide for reassessing clinical skills. A workgroup is being created to present a draft competency in April.

The MMRC has lost several members of the Subcommittee. There are two MFM open positions, members were asked to speak to MFM’s who might be interested.

**Facilities Designation**……………………………………………………………………………………Cathy Gray RN

The subcommittee met and reviewed Northwest Community’s request for Level III designation. The Subcommittee felt this presentation substantially met all requirements for Level II designation.

Cathy Gray made the following motion:

**MOTION #3 that NORTHWEST COMMUNITY HOSPITAL be recommended for Level III Perinatal Facility designation under the Northwestern Perinatal Network**

Motion called unanimous approval.

Valley West Hospital had an 18 month review – and will move into the regular Site Visit rotation

**Grantee Committee Report**.................................................................Lenny Gibeault, MSW

A legislative update included discussion of the Maternal Death issues and Amnesty International; Dr. Crouse met with IMCHC regarding preterm births. IMCHC would like to bring the issue to legislators. The previous discussion regarding a prematurity Task Force was explained Site visit and Appendix “A” were reviewed Grants are in; additional information is required on one Discussion of how to record elective terminations was held UIC is preparing the data summary from the OBHEP Dr. Farouk Sadiq is now Neonatal Medicine Director at Cardinal Glennon

**7. New Business** …………………………………………………………………………………Dr. Strassner

Dr. Strassner thank the members for the work on active programs including OBHEP, Late Preterm and Breastfeeding initiatives
The University of Illinois and University of Chicago shared data project is waiting for analysis to be completed. There should be a data for completion in January. Mortality data will be shared with the State. It is felt that common patients from zip code clusters will have similar avoidable factors – both patient and provider factors.

The next PAC Meeting will be APRIL 7, 2010 at the Michael Bilandic Building 160 North LaSalle, Room N-505.

8. Motion to Adjourn: Barb Prochnicki moved for adjournment, Lenny Gibeault seconded. Meeting adjourned at 2:45pm.