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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

PERINATAL ADVSORY COMMITTEE MEETING

**April 8, 2010
12:30 p.m. – 3:00 p. m.**

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

Howard Strassner, MD, Chair

MINUTES

Attendees: Howard T. Strassner, J. Roger Powell, Nancy Marshall, Kevin Rose, Barb Prochnicki, Jose L. Gonzalez, , Janet Hoffman, Phyllis Lawlor-Klean, Cathy Gray, Harold Bigger, Nancy Eschbach, Rebecca Holbrock, Richard Besinger, David Fox, Bruce Merrell, Sandra Thomas

Absent: John Barton (excused), Richard Besinger (excused), Dennis Crouse (excused), Karole Lakota (excused), David Schreiner (excused), Kevin Rose, Lisa Dye, Robyn Gabel (excused)

Guests: Barb Haller, Ray Spooner, Tom Demmer, Paula Malone, MD, Carol Rosenbusch, Cora Reidl,

IDPH: Charlene Wells, RN, BSN

1. **Call to Order & Welcome****Howard Strassner**
Dr. Strassner called the meeting to order and welcomed the members and guests.
2. **Self Introduction of Members**.....**Howard Strassner**
Members introduced themselves. New members Edward Hirsch, Dr. Sandra Thomas and Dr. Bree Andrews were introduced.
3. **Review and Approval of Minutes from Last Meeting**.....**Charlene Wells**
Cathy Gray moved approval of the Minutes of the October 8, 2009 meeting. Denis Crouse seconded the motion. The minutes were approved with the change of Lincoln to Lincoln Award for St. Mary’s Good Samaritan Hospital in Mount Vernon, Illinois.

4. By-Laws RevisionCharlene Wells, RN
Approval of the By-Laws of 2000 has not been finalized. Until this process is complete the new proposed By-Laws cannot be introduced. Data for the changes is available and will be circulated when possible. Dr. Strassner discussed the process of the By- Laws and it is hoped that the process can proceed in June 2010.

5. Old Business.....Howard Strassner, MD
The Hospital Assessment Form requested to be sent to all birthing hospital CEO's has been finalized. A draft letter has been composed. Dr. Strassner will send a letter to Dr. Arnold request the process for re- assessing hospitals regarding readiness to respond to Obstetric Hemorrhage post OBHEP implementation will be sent.

There being no other old business, the meeting moved to Committee Reports

6. Committee Reports

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

- Dr. Bigger described the request to define differences in statistics between the March of Dimes and the State of Illinois. Mark Flotow gave a very complete presentation describing the various methods and suggestions for use
- The **Data Sharing Process** between the University of Illinois and the University of Chicago is in process. Resolution of the issue of Maternal Death reviews at Level III will require an amendment to the Rules under the M+M section.
- **Late Preterm Study** – PQCI is taking the first steps on seeing if the Late Preterm studies can be implemented. Ohio listed non-medically indicated preterm deliveries, and the baseline data turned into an implementation. Likening the practice to the Hawthorne effect – Ohio created its own structure. The number of non-medically indicated deliveries dropped 30%. Soft indicators were also reviewed. Ohio plans to re-visit the data in 6-10 months. Loyola saw a similar drop once a monitor was put in place.

Denis Crouse discussed a bill to allow information to be given under certain provisions with IRB provision **HB 5076** Harold Ducker supported the bill and Elizabeth Coulson, and Sara Feigenholtz are sponsoring The bill would allow IDPH to allow DHS and other agencies to use data more directly. It has passed the state and has been sent to the Senate. Dr. Crouse will Call Senator Feigenholtz and see if an amendment can be made to allow for quality improvement data. This committee should direct communication to Dr. Arnold . It may be more efficient for individuals to comment on the bill to their legislators.

Charlene Wells will obtain a copy of the bill and distribute to all members. Ms. Wells indicated that Site Visit reviews already include a request for information regarding late preterm deliveries.

Maternal Mortality Review Committee.....Barb Prochnicki

Barb Prochnicki requested Dr. Robin L. Jones to assist with the report. Dr. Jones reported on the future plans for the OB hemorrhage project. The MMRC agreed on five steps to be taken to move the project forward. They are:

1. New obstetric staff members must complete all components of the OBHEP program.
2. All hemorrhage cases (3 or more units of blood products received or ICU admissions) become part of the hospital Quality Improvement Process
3. Site visits will require that all cases of three or more blood products received/ICU admissions for the past three years be reported in the Site Visit Manual. Site visit reviewers will request Quality Improvement data related to Maternal Hemorrhage.
4. Hospital Obstetric Education plans must show collaboration with the quality improvement process incorporating the OBHEP standards.
5. The workgroup will develop a 10-15 minute competency to be presented to the MMRC contingent on analysis of the pre and post benchmark assessments.

The definition of ICU admission was discussed. Depending on the level of care not all ICU admissions are equal. There was a suggestion that smaller regional hospitals use only the 3 or more units of blood products transfused as a standard.

There was discussion if there was a current problem with over utilizing blood products as a result of this project. Dr. Besinger discussed the issue of over utilization. It was discussed that tracking the indication for transfusion was important. Mention was made that in institutions where there is OB partnering with the trauma surgeons, there is a new appreciation for volume replacement

Dr. Strassner suggested that the 3 unit threshold and tracking indications should be done. Barb Prochnicki indicated that Perinatal Reports require listing 3 or more units and ICU admissions. Dr. Strassner asked if this is being reported for reasons for morbidity other than hemorrhage, the process should continue. The Committee agreed to continue 3 units and ICU admissions as a standard with reviews defining extent of morbidity.

The MMRC is requesting that PAC approve the five requirements.

The five factors will be implemented by continuing the train-the trainer method. Hospital Champions will continue unless the role is delegated to someone else. Hospitals will need to continue training. The skills lab has been filmed and can be placed on line if hospital resources require this. The Perinatal Center will continue to provide classes with Network hospital participants. Charlene indicated that the workgroup approved video teaching. Some hospitals have linked the process to credentialing.

Competencies will be developed after the pre and post test scores are reviewed. A suggestion was made to link OBHEP to credentialing and make it required every two years.

Dr. Strassner asked about a letter from the Director, there was a suggestion for modification of the letter to include the 5 continuation items.

Motion #1 That PAC endorse the five items presented by the MMRC for continuing the Obstetric Hemorrhage Education Project.

Dr Powell moved, Dr. Bigger seconded, and the motion was approved unanimously.

Motions #2 PAC Deaths that occur in Level III hospitals be reviewed in outside hospitals. Perinatal Deaths that occur with contact at more that one hospital be reviewed

Dr. Hirsch moved, Barb Prochnicki seconded, and the motion was approved unanimously

The MMRC Pathologist and an MFM formed a workgroup to address concerns about maternal death autopsies.

Motion #3 PAC will endorse the letter and checklist go through IDPH to Coroners, Medical Directors

Dr. Powell endorsed the motion, Cathy Gray seconded. The motion was approved unanimously

Discussion included a request to add Hospital Directors of Pathology at hospitals to the recipients. Dr. Malone asked that the extent of invasion if an acreta or percreta is found be included on the checklist.

Dr. Sandra Thomas discussed that this document also be used to build advocacy and support within the pathology and coroners community.

The changes above were approved and will be added to the motion.

Designation Subcommittee Report.....Cathy Gray

Cathy described the Rules process used by IDPH. Comments will be responded to by the Perinatal Program and sent to IDPH legal. Legal will review the comments and responses and there will be a second public comment period.

17 comments were received. The Designation Subcommittee reviewed the comments.

Themes include:

- A. Assisted Ventilation – the Proposed Rule uses the CDC definition, There are a variety of structures if different states
- B. In-House Neonatology – for cost reasons asked for different staff mix, resource availability Missouri In-house linked to payment
- C. Fetal Monitoring: clarification required nursing had to show competencies every two years but no MD competencies – needed information for content and frequency
- D. Appendices should be repealed AAP/ACOG appendix H should have been repealed.
- E. There are issue that exceptions would be removed. Discussion on putting more emphasis about the Letter of Agreement and including oversight with PAC and Site Visit – outcomes would have to be comparable

- F. No definition in the Rule about the loss of resources. Essential Resources – what does it mean resources cited are those in 640. Hospitals must notify IDPH in 30 days and have a plan for replacement and must aggressively progress toward that plan; a deadline was not established.
- G. Several recommendations were made to adopt the AAP standards for hospitals. Concern exists as maternal standards are not incorporated into the levels. The entire Rules would have to be re-written.

There is still have some work to do on the responses to the comments.

Charlene Wells asked neontologists to review the requirements for neonatal care at Level II with exception hospitals. Consensus included: Neonatologists were needed at a Level III facility. At Level II with exceptions a Neonatology Director with Hospitalist or APN's as staff as long as they have a neonatology background was acceptable.

Further steps for the Rule include:

- Comments must be responded to by IDPH
- The Comments and responses are presented to IDPH attorneys
- A 45 day comment period follows
- Final Rules returns to IDPH attorneys
- The Rule is sent to JCHAR
- If approved by JCHAR it becomes a law

Compromises have been made already, some items may become non-negotiable. Charlene Wells brought the concern about Neonatology fellows up for discussion. Different views were expressed.

Grantee Committee Report.....Barb Prochnicki

Barb Prochnicki announced the results of the election of new officers; they are-
Lenny Gibeault – Chair – Stroger Perinatal Center
Robyn Gude -- Vice chair - St. Louis Perinatal Center
Trish O'Malley – Secretary - Loyola Perinatal Center

IDPH REPORT.....Charlene Wells

Charlene Wells indicated that the Perinatal Program remains in the IDPH budget. It is hoped that the program will remain intact. There will probably be a short time frame for budget preparation.

Ms. Wells asked the Committee to address a person who after being appointed to the Perinatal Advisory Committee has not responded to requests for participation or given excuses for absence from meetings

Motion #4 That the non-responding member be removed from the Committee.

Dr. Crouse made the motion, Dr. Hirsh seconded, and the motion was approved unanimously. A number of bills have been introduced that affect the health and care of mothers and infants in Illinois

Senator Altoff 's SB 3272 discusses a request for information on prematurity on the IDPH website and a committee to review prematurity and causes. IDPH created a position paper that indicates support as long as there is no cost. It is felt that adequate personnel and resources exist to accomplish the intent of SB 3272.

Other bills currently under consideration include:

Senator Delgado SB 3667 – Toxoplasmosis bill

Dr. Crouse indicated that the AAP/ State of Illinois Committee on Fetus and Newborn – did not support toxoplasmosis

ACOG – Illinois Section – did not support and viewed the bill as laborious and intensive.

Discussion held regarding the content of toxoplasmosis. There will be open testimony next Tuesday, April 13 in Springfield Room 212 at 10:00 am. Written testimony can be submitted.

Williams Burns – HJ0111 Requests a committee similar to Senator Altoff's bill. The Joint Resolution has been stopped as it is redundant.

Representative Poe: HB 4896 - Disallows sweeps of funds to improve Newborn Metabolic Screening – Do have a Metabolic board - Current governor swept \$500,000 Past Governor swept \$1,000,000. Cathy Gray asked for support of this bill. All metabolic tests have interventions and treatments. Changes that the Network Administrators have been involved in have reduced specimen turn around time from 5 to 3 days.

Other programs have been set back by sweeps. Funds that are self sufficient have been penalized. March of Dimes and parents have support for HB 4896.

It was suggest that Legislative Updates be put on the PAC and agenda and possibly to add representation of legislators to the PAC.

Administrators have had very positive experiences with supportive legislators, want to increase the contact and allow for legislators come to PAC. Purpose of website may be valid but links may be more appropriate. Ms. Wells suggested inviting legislators with maternal and neonatal interests to the PAC. Cathy Gray suggested that legislative updates be a regular feature of PAC. Suggested that Grantee add to monthly report include this feature.

PQCIDr. Bigger

Dr. Bigger discussed the progress on the By-laws. He indicated that he will no longer be the liaison to PQCI

Dr. Crouse stated that Dr. Aki Noguchi, chair of PQCI is working on the contract with the Perinatal Centers An agreement with PQCI and VON to work on and share data must be finalized. Centers have set money aside to support this goal but is unlikely that this process will be completed by June.

Multiple people working on the reduction in the late preterm births: the MOD big 5 etc.

MOD has Centers that have agreed to do this program on their own. The Joint Commission core measure has also been implemented in some Centers.

There is a issue with data sharing. Currently many hospitals have instituted the IHI bundles, or are using the California tool kit, A survey will be done to benchmark this process.

PQCI needs to have a consensus on content in order for all hospitals to collect the same data to be used as a Statewide Quality Project. This should be a win for Illinois

Prematurity Summit in October indicated that with all the support from organizations such as The Joint Commission, CDC, etc. it is expected that there will be up to 20% reduction of NICU admissions, and significant health cost savings. Hospital standard and consequences will be necessary to achieve the goal.

Dr. Crouse agreed to take the position of liaison from PQCI

NEW BUSINESS.....Dr. Malone

Expansion of Level III Perinatal Facilities

Dr. Paula Malone discussed the ten centers and the effect of addition Level III facilities on the academic Centers. She voiced concern regarding the number of perinatologists who are on staff but are only performing consultations and at Level II with extended capability hospitals. Ecomonically, hospitals want to demonstrate there capability geographically.

Ten Perinatal Centers have put significant investment into making the Perinatal Program function in the State of Illinois. Dr. Malone voiced concern about the future of the ten Perinatal Center if the number of Level III's continues to grow. She asked about skill sets being current when small units with generally low acuity exist. She was also concerned about Neonatology follow-up in such settings.

Other members of the Committee responded to her concerns giving example of other states. The effect on teaching programs at the academic Centers was discussed and the impact if there is no longer an adequate group of patients to train future staff.

New level III's are in areas with favorable payor mix population. This shifts poorer and sicker patients to the University Centers. The case load becomes much more costly per dollar of reimbursement. Discussion was held regarding the fact that change of status must include review of outcome data and functioning.

Dr. Malone remarked that hospitals made attractive environments to Maternal- Fetal Medicine physicians who did not have the same level of accountability as those in the University Centers.

The CON process was created to review if clinical resources were needed. Three years ago there was a problem with the CON and IDPH rules not being complimentary. Currently, the CON group is restructuring. PAC tried to match the rules so that they are complimentary.

Six to eight months ago two facilities in fairly close proximity have both received CON approval for Level III pursuit.

This topic will require more discussion. Dr. Strassner thanked Dr. Malone for her presentation and views. He suggested that this discussion be continued in the Facilities Designation Committee as the discussion relates to the total structure of the Perinatal Program.

Dr. Malone's concern is for the sustainability of the Perinatal Centers of Illinois is recognized. She asked how, if the current trend continues, the Centers will they maintain viability and provide future advances for the care of mothers and infants in Illinois.

7. Adjournment.....Howard Strassner, MD

Dr. Strassner called for a motion to adjourn. Dr. Crouse moved Phyllis Lawlor-Klean seconded the motion. The meeting was adjourned at 3:15 pm