Illinois Department of PUBLIC HEALTH

Pat Quinn, Governor
Damon T. Arnold, M.D., M.P.H., Director

122 S. Michigan Ave., Suite 7000 • Chicago, IL 60603-6119 • www.idph.state.il.us

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

PERINATAL ADVSORY COMMITTEE MEETING

June 10, 2010
12:30 p.m. – 3:00 p. m.

James R. Thompson Center
100 West Randolph Street
Room 039-9th Floor
Chicago, Illinois

Howard Strassner, MD, Chair

MINUTES

Attendees: Howard T. Strassner, J. Roger Powell, Barb Prochnicki, Jose L. Gonzalez, Janet Hoffman, Phyllis Lawlor-Klean, Cathy Gray, Harold Bigger, Nancy Eschbach, Rebecca Holbrock, Richard Besinger, David Fox, Bruce Merrell, Edward Hirsch, David Schreiner, Omar La Blanc, Leonard Gibeault, Janet Abers, Janet Hoffman, Bree Andrews

Absent: Richard Besinger (excused), Dennis Crouse (excused), Kevin Rose, Robyn Gabel (excused), Nancy Marshall (excused), Sandra Thomas (excused)

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. A change in the order of business was announced. The Designation Subcommittee Report will follow the Review and Approval of the minutes of the April 8, 2010 meeting. Item #6. Proposed Perinatal Rule Comments will follow the Designation Subcommittee Report.

2. **Self Introduction of Members……..Howard Strassner, MD**
   Members introduced themselves. Guests were acknowledged. Dr. Myrtis Sullivan was introduced as an– ex-officio member from the Department of Human Services.

3. **Recognition of Dr. John Paton……...Howard Strassner, MD**

Dr. John Paton retired from the Perinatal Advisory Committee after many years of exceptional service to the State of Illinois. Dr. Paton constantly displayed the highest degree of professional expertise and made an extraordinary time commitment to serve Mothers and Babies in Illinois. A testimony to this effect written by Dr. Damon T. Arnold was read. A proclamation from IDPH was presented to Dr. Payton. Dr. Payton addressed members and guests after accepting the recognition. He acknowledged the activities and challenges faced over the years for the purpose of improving Perinatal Care. He described his efforts to improve database documentation to allow for judgment of current situations and to make plans for Quality Improvement. Dr. Paton circulated an article from IDPH describing Selected Activities from 1982. He challenged the PAC in the continuation of its efforts. Members and guests thanked him for his dedication and service.

4. Approval of the Minutes from the April 8, 2010

The minutes of the April 8, 2010 meeting were presented. Cathy Gray moved that the minutes be approved as written. Dr. J Roger Powell seconded the motion. The minutes were approved as written.

5. Designation Subcommittee.....……. Cathy Gray, RN

Cathy Gray gave a report on the Designation Subcommittee meeting that occurred this morning. St. Alexis completed a presentation requesting the granting of Level III Perinatal Facility status. The Subcommittee found that all items were in order. Cathy Gray asked for a motion to approve St. Alexis' proposal.

MOTION #1 David Fox made a motion that St. Alexis be granted a one year approval as a Level III Perinatal Facility. Dr. Gonzalez seconded the motion. The motion was presented to the members and carried unanimously.

6. Proposed Perinatal Rule Comments Review…….. Howard Strassner, MD
Charlene Wells, RN

Charlene Wells gave an overview of the Rule process, acknowledging that the public comment period had been completed and that IDPH is in the process of responding to all comments.

The Perinatal Advisory Committee approved the proposed Perinatal Rule prior to forwarding them to the IDPH Perinatal Programs. The discussion of the Proposed Rule today was in response to a request for further discussion of public comments.

Dr. Strassner outlined the process for the meeting and indicated that only PAC members speak on the comments to the Proposed Rule topics.

The major issues discussed included:

- Requests for review of the proposed change that would require 24 hour in-house neonatology coverage for Level III Perinatal Facilities

- Requests for review of the proposed change that would include CPAP as an assisted ventilation condition for in-house coverage regardless of level of designation

- Request to allow for exceptions, particularly in situations where there is significant distance between community hospitals and the Perinatal Center

- Request clarification about the requirement for physician competence in Electronic Fetal Monitoring

- Statements received in comments that the above listed items would be cost prohibitive for some Level III and Level II with extended capability hospitals

- Statements received in comments that state that proposed changes are not proven as needed by evidence based medicine

- Questions raised about why Perinatal Centers are limited to university academic level

- Questions rose about the requirement for notification when a required resource for a level of Perinatal Facility designation is lost. (Example: a pediatric neurologist retires and leaves a Level III Perinatal facility without this required resource for a period of time).

- Request from a Perinatal Center regarding clarification of definitions of CPAP –nasal canula and high humidity

At this time there was an extensive discussion regarding two major issues listed above
1. The definition of assisted ventilation. The CDC definition was reviewed and the definition in the proposed Rule is the same. The definition used is current.
2. The proposal for requiring 24/7 in house Neonatal coverage if assisted ventilation is used.

The discussion included statements indicating that a Level III must be ready at all times to serve the highest risk maternal population, that the public should expect that the highest risk care is available at all times. Level III facilities are in place to address all neonatal problems over a long term stay, not just ventilator management.

A statement that Level III Perinatal Facilities should be considered similar to Level I Trauma Centers in terms of accessibility to care.

Discussion regarding reimbursement factors indicated that Medicaid reimbursement is the same for an Advanced Practice Nurse and Neonatologist as the billing is done under the Neonatologists name, thus not having in-house Neonatologist is no savings for the State of Illinois but a gain for the institution. There was discussion that there is still a problem with requiring more in a period of acute shortage. Desirability of this resource has merit, but hospitals must balance this with the cost of providing such resources.

Howard Strassner indicated that IDPH will need to make the decision on this aspect. The aspect of the proposed rules including neonatal fellows was discussed. This item was added after the Proposed Rules left the Perinatal Advisory Committee. This was supported by the Illinois Section of the American Academy of Pediatrics Committee on Fetus and Newborn. It was mention that MFM physicians and obstetricians have strongly supported the inclusion of 24/7 neonatal care as optimum for high risk obstetric care.

Most of the Perinatal Centers do not have fellows. There are 22 Level III hospitals; 11 already have 24 hour in-house neonatologists and 5 have fellows. Of the four Perinatal Centers that are not in the

Chicago Metropolitan area, 2 have 24 hour in-house neonatology. Six Level III hospitals have either Neontologist or fellows in-house 24 hours per day.

A public comment regarding the lack of support for in-house neonatology based on evidence based medicine was discussed. The comment stated that in the year 2000 Level III's moved out into the community and there was an improvement in morbidity of 20%. This was achieved without in-house Neonatology.

Support for fellows was voiced as being sufficient for 24/7 Neonatology coverage needs. A public comment indicated that such a rule would bias in favor of Perinatal Centers. However, only 5 of the 16 Level III are covered with 24 hour Neonatology use fellows.

The meeting was suspended at 1:30 pm to allow members and guests to move to a larger room. The meeting was reconvened at 1:45 pm.

A comment was made that the increase in the availability of Neonatologists may have had a major impact in the reduction of Perinatal Mortality even the absence of other factors.

The next item addressed was a public comment regarding the definition of administrative Perinatal Center being limited to an academic center. A member explained that IDPH has maintained this definition of University based facility. There were no further comments.

Action to be taken when a Level III has a loss of essential resources was discussed. This requires a definition. Discussion was held that any resource, personnel or service that is required in the Perinatal Rule that becomes unavailable needs to be reported to IDPH. Dr. Strassner asked if anyone of the committee members had further comments on this issue. There was no response.

Dr. Strassner asked for other comments that would affect the initial recommendations made by the PAC.

- The requirement for Fetal Monitoring should be clarified. The Rule needs to indicate that hospitals can define the content and procedure for competency as there is currently no certifying body for physicians on fetal heart rate monitoring

- Illinois Hospital Association – a member requested that the record to show that IHA has expressed concerns about the cost and about the evidence on some level.

- Make sure the record reflect that the Adventist Bolingbrook, other Adventist Hospitals and DuPage Neonatology Associates, LTD, Memorial Hospital of Carbondale, Family Medicine letters were individually reviewed, addressed and open further discussion.

- Additional comments made by individual health care practitioners were also reviewed. Some of these comment addressed a request that the Perinatal Rule include the Level III definition supported by the American Academy of Pediatrics. Charlene Wells indicated that this issue had been reviewed extensively.

- The University of Illinois has requested clarification of some definitions and terms including requiring a definition of the term "full time". Dr. Strassner stated that clarifying definitions would be appropriate. Charlene Wells said that every concern voiced would be addressed.

- A member asked if the PAC felt that any Level II with Extended Capabilities would drop their designation if they were no longer able to keep infants on CPAP. No indication is known that any hospital will drop services as a result of the new Rule.

- Level III status is requested based on resources. Discussion was held regarding the impact of the Proposed Rule. A statement was made that there was no study of the potential impact on public health and the hospitals that have Level III designation.

- The HAN (the State of Illinois daily bed availability data) currently shows that capacity of Level III beds in the Chicago Metropolitan area is very adequate and rarely is Level III hospitals outside the Chicago area at capacity.

- Additional comments were made about allowing exceptions and the membership indicated support. Resources for Level II with exceptions would follow the same standards for reporting loss as Level III's.

- Public comment included the statement that there is a bias toward Level II E that would not require in-house neonatology but allow an APN to manage an infant on a ventilator.

Dr. Strassner asked if there were any other comments from the Committee. David Fox stated he felt that all the major issues had been addressed.

7. OLD BUSINESS

A. Letters from Dr. Arnold –

1. Obstetric Hemorrhage Education Program - Dr. Arnold will be sending a letter to all State of Illinois birthing hospitals describing the continuing requirements for the Obstetric Hemorrhage Education Program. The Letter will have a revised Hospital Assessment Form to be filled out by all birthing hospitals and submitted through the Perinatal Centers to IDPH. Analysis will be done to determine the impact of the program.

2. Coroners and Medical Examiners – A letter will be written and delivered to all Medical Examiners and Coroners to request autopsies in certain cases of maternal death and will include the checklist Developed by the MMRC.

B. Maternal Death Reviews at Level III Hospitals – The Perinatal Program is waiting for final legal decisions on this matter.

8. By Laws Revision Discussion……..Charlene Wells, RN

Charlene Wells indicated that Dr. Bigger's analysis of the current and proposed by-laws will be circulated and a document will be addressed and confirmed at the October Meeting.

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

Dr. Bigger described discussion regarding that need to evaluate current practices regarding non-medically indicated inductions and scheduled Cesarean Sections in Illinois hospitals. The current ACOG guidelines and AAP papers focus on the late preterm infant and potential complications.

A Motion to allow the SQC to obtain information regarding non-medically indicated inductions and scheduled Cesarean Sections in Illinois hospitals was made by Patricia Bovis from Loyola and seconded by Cathy Gray.

David Schreiner asked that the same motion be presented to the PAC

MOTION #2 to allow the Statewide Quality Council to obtain information regarding non-medically indicated inductions and scheduled Cesarean Sections in Illinois hospitals

David Fox moved approval of the motion, Barb Prochnicki seconded. The motion was unanimously approved.

Perinatal Center will ask member hospitals to provide information. A letter will accompany the request.

Senate Bill – 3273 was discussed. The Illinois Hospital Association form 837 describes readmissions Barb Haller will be involved in the process to assist IDPH in defining readmissions.

Other requirements of SB 3273 refer to providing to families information regarding prematurity on line. Dr. Crouse stated that readmission studies should be able assistive in these efforts. The bill requires the State of Illinois to share information with interested groups.

9. Report from the Maternal Mortality Review Committee Report……..Barb Prochnicki

A workgroup to create a competency for the Obstetric Hemorrhage Education Program was appointed. A draft competency will be presented at the next meeting.

The MMRC has received IDPH approval to publish data on the Obstetric Hemorrhage Education Project. A workgroup has been formed to review the hospital resource assessments (pre and post project) and pre and post project benchmark assessment scores.

Obesity continues to be an increasing factor in maternal deaths. The importance of documenting BMI and frequent monitoring by fetal ultrasound in obese patients was discussed. Antepartum and intrapartum care elements will be reviewed and recommendations will be developed. The need for counseling at the first visit to the office and pre-conception counseling for reproductive age groups was an area of focus.

Dr. Strassner supported the significant need to review the impact of obesity on maternal mortality.

10. Grantee Meeting…….Leonard Gibeault, MSW

Since the last PAC meeting there have been two Grantee meetings

Legislative updates – Legislative activity and pending statues have been discussed and addressed by individual Perinatal Centers.

Genetic Screening Update- Consultants from Perk and Elmer gave a program to indicate how hospitals will be able to enter genetic screening testing data directly into the new IDPH system. IDPH will be asking for pilot sites

PQCI and Center Letters of Agreement. The final Letter of Agreement has been published. Each center will contribute $3000.00 to Cardinal Glennon to act as "seed money" for PQCI. The fist project, the Hypothermia project, has been completed by seven out of ten Perinatal Centers have data in. Dr Strassner asked for clarification of the POEI $3000 funding. These funds were budgeted in the current fiscal year and will allow for the initial efforts on the PQCI to be implemented.

The Statewide VON project and the California Tool Kit have been reviewed for possible use in collecting data.

PRAMS- PRAMS has asked the Perinatal Centers to distribute educational materials. The Administrators have asked for a cover letter from IDPH/PRAMS to assist in the process.

MMRC - Recommendations were discussed. The frequency of simulations needs to be addressed.

MMRC case reviews were discussed. Charlene Wells will send out a letter if there is a disagreement between the hospital and the MMRC.

Site Visits templates – Templates are now standardized. The schedule for 2011 Site Visits for Level III and Perinatal Centers is in progress.

Camelot PMR Database- Maintenance was addressed. Computers at Work have been asked for a quote that would include updates. IDPH will review the information with the Perinatal Centers.

Perinatal Depression – Hospitals are not responsible for assuring that pediatricians give the information to patients. Pediatricians are responsible for the process in office settings.

POEI collaboration - Better collaborative efforts with POEI will be a focus of the upcoming year. Perinatal Centers will discuss how to combine Perinatal outreach education programs to better manage resources.

11. IDPH Update…….Charlene Wells, RN

The Perinatal Budget for FY' 2011 is not in place. Discussion continues regarding the need for resources in this difficult budget year.

Perinatal Program Committee Meetings for 2011 were published.

The Ethics statements are due today

Ms. Wells gave special thanks to Barb Haller for her efforts on behalf of the Perinatal Program.

Dr. Sullivan presented a DHS update on HRSA including a risk assessment of Maternal-Child Health Report

The report can be found on the DHS website. There is presently a public comment period.

Cathy Gray reported that FIMR, a grant that reviews non-medical factors for adverse pregnancy outcomes is being funded in two states and Illinois is one of them. The goal is to provide case management from pregnancy to pregnancy to increase time between pregnancies and provide interpregnancy care. The grant is for three years.

12. Motion for Adjournment……Howard T. Strassner, MD

A motion for adjournment was made by Barb Prochnicki and seconded by David Schneider. The motion was approved unanimously. The meeting was adjourned at 2:58 p.m.