



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

OCTOBER 5, 2011

**2:00 P.M. – 4:00 P.M.
Michael Bilandic Center
160 North LaSalle Street
5th Floor Room N505
Chicago, Illinois
Harold Bigger, MD Chairman**

Minutes

Chair: Harold Bigger

Present: Pat Bovis, Cathy Gray, Cora Reidl, Elaine Shafer, Robyn Gude, Barb Prochnicki, Karen Callahan, Robin Jones, Ann Borders, Pam Wolfe, Lenny Gibeault, Maripat Zeschke, Deb Rosenberg, Angela Rodriguez, Pat Prentice

Absent: Trish O'Malley (excused), Cindy Mitchell (excused), Stephen Locher, Richard Besinger

Guests: Dawn Reimann, Rachel Abrahamson, Sadie Wych, Myra Sabini, Carole Rosenbusch, Catherine Willows

IDPH Staff: Charlene Wells

1. Review and Approval of Minutes- June 8, 2011

Requested changes to AAP terminology on page 2, need to finish sentence on page 4. Dr. Borders name was misspelled. Barb Prochnicki motioned approval of the minutes with changes, Lenny Gibeault seconded. The minutes were approved with changes.

2. Regional Quality Council Reports

Loyola Perinatal Center – Pat Bovis

Loyola's Regional Quality Council has a project to **Reduce the Number of Late Preterm Infants and Late Preterm Care**. The Progress Report of July 2011 was presented indicating the results of a third audit

Metric Data indicated the following:

Compliance with standards to eliminate elective deliveries < 39 weeks

Care of the late preterm audits indicated

Appropriate Vital Signs

A 62% breast feeding rate

Weight loss < 3% /day

Skin-to-skin immediately after birth

Admitting at the mother's bedside – Some facilities have been doing this for 2years

The project has changed all newborn issues algorithms

No assembly line admissions – nursing protocol and skin to skin care has improved outcomes.

Pumping has been initiated during the first 12 hours for infants unable to latch. 60% of late preterm are still admitted to SCN.

Future efforts will include additional standard development and monitoring

Northwestern - Myra Sabini and Carole Rosenbusch

The Regional Quality Council is focusing on **Improving the Educational Process for Network**

Data from 2002-2010 indicated that offerings for High risk OB were 821 and NICU were 421

Most offerings were lecture only, enrollment down. In May 2010 a needs assessment for each hospital was done. Dr. Diane Ehrlich from Northeastern discussed the learning needs of adults.

Future course are planned to be only 4 hours long to meet staff and hospital needs in the current fiscal climate.

There will be a Neonatal Simulation Day and OB Simulation Day. Courses will include Videotaping and De-Briefing.

Increased discussion and interaction of participants and smaller groups has been effective.

The goal is to provide High Fidelity vs. Low Fidelity courses.

Evanston has eight simulation rooms where course work can be done focusing on a train the trainer modules to reduce the need for staff to leave their facilities

Future plans include the need to pull in the MD component.

Dr. Bigger asked if education was competency focused. Depending on the scenarios some coursework fulfills competency requirements.

POEI has identified the need to share offerings among Networks – educators with Level III experience are more broadly available.

Current modules include:

NEO - TEF and Respiratory Care – Developmental – Low risk NRP

OB - Diabetes and OB emergencies – Shoulder Dystocia , uterine rupture, hemorrhage, AFE, high epidural

CEU's given 4 contact hours for nurses – highly recommended.

3. Breastfeeding Workgroup

Karen Callahan

Members of the Workgroup include:

Karen Callahan

Catherine Willows – Illinois AAP

Rachel Abramson

Ann Borders

Janine Lewis

Deb Rosenberg

Janet Tolley

Charlotte Johnson

Dawn Reimann

nPINC score – national measurement tool Illinois ranks 31/50.

Current Strengths include: Provision of Breastfeeding advice and counseling and availability of prenatal breastfeeding information.

Weaknesses:

- Use of Formula
- Formula Marketing
- Lack of Skin to Skin care
- Weak hospital breastfeeding policies

AAP representative sees improvement as an ethical responsibility of healthcare providers
Illinois Physicians' Statement on Breastfeeding – Policy Statement Workshop was held to discuss continuity of care. Made recommendations for care across the continuum.

Illinois Hospital Report Card – exclusive breastfeeding rates will allow consumers to make decisions based on breastfeeding rates

Health Reform – includes breastfeeding, requires employer to provide workplace lactation support.

Improvements are part of the Patient Protection and Affordable Care Act.

Baby Friendly Steps fall within the Accountable Care Organization model indicates breastfeeding decreases healthcare costs. ACO includes: AAP/ACOG/AAFP/ACNM/ABM.

Recommendations:

EBBHI – Evidence Based Breastfeeding Hospital Initiative

GOALS

- To make institutional changes in maternity care practices to support initiation and continuation of breastfeeding
- To support mothers' choice to breastfeed and enable mothers to breastfeed successfully by increasing environments, systems policies and practices that support breastfeeding and by decreasing barriers

PLAN

- Establish statewide evidence based minimum standards for breastfeeding practice in hospitals
- Create a toolkit for provider and staff education
- Utilize the Illinois Breastfeeding Blueprint website to post the toolkit
- Establish quality monitoring parameters

Statewide Minimum Standards for Breastfeeding Care

- Provide Skin to Skin Contact for at least 30 minutes to all patients without complications regardless of feeding method within 2 hours of delivery
- Initiate breastfeeding within 60 minutes for all uncomplicated vaginal and cesarean births
- Promote 24 hour rooming in to keep mothers and babies together unless medically indicated
- Facilitate breastfeeding on demand
- Educate and promote patients and families on the benefits of exclusive breastfeeding
- Support exclusive breastfeeding by avoiding the use of routine supplementation of breastfeeding infants through the use of formula, glucose, or water unless medically indicated.
- For mothers who are separated from their babies educate and initiate breast pumping as soon as possible post delivery or within 6 hrs

Hospital Responsibilities

- Identify a nurse and physician as breastfeeding champion.
- Create a multidisciplinary breastfeeding committee
- Complete the Baby Friendly USA self assessment
- Create a breastfeeding policy which includes 12 elements as assessed in the mPINC survey
- Educate all staff caring for mothers and newborns utilizing the Evidence Based Breastfeeding Hospital Initiative Toolkit
- Report quality indicators monthly to the perinatal center
- Provide a quarterly status report on progress to the perinatal center

Perinatal Center Responsibilities

- Provide resources to hospital champions
- Disseminate train the trainer information at RQC network meetings
- Submit a quarterly network progress report to IDPH
- Implement the statewide plan to monitor progress within the network through the RQC

The workgroup also recommended a calendar of implementation, potential funding sources. All elements would follow the ten baby friendly steps and recommendations from the Illinois Blueprint for Breastfeeding.

Members discussed the program presented and the following motion was made
Pat Prentice moved Cathy Gray seconded

Motion #1 That the Chair of SQC report to the PAC the preliminary results of the Breastfeeding Taskforce including concept, recommendations for implementation and training and reporting strategies.

That no implementation will be required by Perinatal Centers without commensurate funding.

Motion approved Ayes 12 Nay 1

Dr. Bigger thanked Loyola, Northwestern and the Breastfeeding Taskforce for excellent presentations

The meeting adjourned at 4:03 pm