



Pat Quinn, Governor
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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

PERINATAL ADVISORY COMMITTEE MEETING

October 6, 2011

12:30 p.m. – 3:00 p. m.

Michael A. Bilandic Building

160 North LaSalle

Chicago, IL

5th Floor Room N505

Howard Strassner, MD, Chairman

Minutes

Chaired: Howard T. Strassner, MD

Attendees: J. Roger Powell, Nancy Marshall, Barb Prochnicki, Dennis Crouse, Janet Hoffman, Cathy Gray, Harold Bigger, Lenny Gibeault, Edward Hirsch, Phyllis Lawlor-Klean, Janet Albers, David Schreiner, Robin Jones, Bruce Merrell, Susan Knight, Denis Crouse, David Crane

Absent: William Grobman, Jose L. Gonzalez, Janine Lewis, Bree Andrews, Omar LaBlanc (all excused); Richard Besinger, Kevin Rose

Guests: Barb Haller, Carol Rosenbush, Ray Spooner, Myra Sabini, Pat Prentice, Cora Reidl, Elaine Shafer, Maripat Zeschke, Robyn Gude, Anthony Bell, Robert Covert,

IDPH: Charlene Wells, RN, BSN, Thomas Schafer

1. Call to Order & Welcome.....Howard Strassner, MD

The meeting was called to order by Dr. Strassner. He welcomed the members and indicated that in the future meetings will convene at 1:00 pm instead of 12:30 as previously approved by PAC.

2. Self Introduction of Members.....Howard Strassner, MD

Members and Guests introduced themselves.

3. Review and Approval of MinutesCharlene Wells, RN

The minutes of the previous meeting June 2011 meeting were reviewed. Corrections to the minutes were introduced. For item #6 – Barb Haller did not make the statement about the Task force using the new edition of the ACOG/ AAP book. Janet Albers name was misspelled. A motion was made and seconded to approve the minutes as corrected. The motion was approved.

4. Old Business.....Howard Strassner, MD

- **Prematurity Task Force Update:** Susan Knight mentioned that one conference call and one face-to-face meeting were held.

5. IDPH Update.....Charlene Wells, RN

Tom Schafer discussed that there is no impediment to the number of level III facilities.

6. Committee Reports

Statewide Quality Improvement Committee.....Harold Bigger, MD Loyola Perinatal Center – RQC Report

Dr. Bigger gave information regarding the Loyola Perinatal Center reports. The RQC is focusing on the care for the late preterm infant. There was much variability in current standards and the RQC has a goal for Network wide standards. He thanked Loyola for a good report.

Northwestern Perinatal Center – RQC Report

The RQC is looking at Educational Standards updates. There is greater use of simulation and greater involvement of Network Hospitals to meet current needs and to provide tailored education to meet participant's needs. Shortened classes meet personnel, facility and fiscal needs. Barb Prochnicki mentioned the train-the trainer - High Fidelity and Low Fidelity changes were admirable and that there is a need to focus on simulations for all Networks.

SQC Response to the Illinois Blueprint for Breastfeeding Workgroup Report

Karen Callahan and the workgroup had many meetings and she presented a comprehensive report with suggestions for implementation.

Illinois Breastfeeding Blueprint: antenatal and postnatal objectives

Statewide Minimum standards –

- Skin to skin
- Rooming in
- Breastfeeding 6 hours after birth
- Exclusive breastfeeding – no supplement
- Breast pumping within 6 hours

RQC Program

- Champion
- N-Pink survey
- Educate using tool kit
- Report monthly
- Quarterly Report

Perinatal Center Responsibilities

- Resources to hospital champions
- Implement the Statewide Plan
- Provide Train the Trainer

The Workgroup wished to solicit PAC's support for RQC's plan as a goal. Without funding and currently doing 39 week and third trimester this may not be practical as a requirement for all Networks.

Dr. Bigger made the following motion:

MOTION #1: That hospitals strive for statewide standards of breastfeeding care.

Motion seconded by Barb Prochnicki, the motion passed unanimously.

Many hospitals are already doing many of these initiatives. Dr. Strassner asked about reporting, pre and post, data collection burdens. The cost for education and time for educators as well as hospital time was discussed.

CQI needs to focus on making progress toward exclusive breastfeeding. Changes are planned for the Birth Certificate and the data collection could support the national data.

Discussion was held regarding Joint Commission – Breastfeeding is an optional indicator. Barb Prochnicki discussed barriers to the hospitals in collecting this data. More and more requests are a burden especially for hospitals who do not have support staff such as educators, clinical specialists etc.

The IDPH birth record will ask the exclusive breastfeeding question beginning January 1, 2012.

Maternal Mortality Review Sub -Committee.....Robin Jones, MD

The Obstetric Hemorrhage Education Project workgroup stated the competency must contain questions from previous benchmark assessments to show statistical validity on educational outcomes in order to publish. It will also allow sharing of lessons learned and quality outcomes. Data collection and statistical analysis takes resources. On behalf of the MMRC committee the group wished the PAC to know it will take 100 hours for a research assistant at approximately \$15, 000 to analyze the data.

Articles have been written but have not been accepted yet. More statistical work on pre and post test data and outcomes of the MMRC cases need to be completed but there are no funds for these activities. Basic case assessment analysis has been done on 47 cases but there are 50 more cases requiring analysis. Case analysis allows the data to show if the State review was same or different than the Perinatal Center Review and if the recommendations differed.

All data is de-identified but hospitals will receive reports on their own cases. Dr. Strassner asked if there were any funds to carry this forward from IDPH. Tom Schafer reported there is none at present.

Dr. Robin Jones made the following motion:

MOTION#2: The MMRC requests that the PAC via a letter to the director for support of the data collection including the use of a research assistant for 100 hours and a cost of \$15,000.

Susan Knight seconded the motion; the motion passed unanimously.

Most of the mortality case reviews have been directly related to pregnancy. There are cases including accidents, homicides, suicides that need review. In June 2012, the MMRC will invite ex-officio members to allow the MMRC to review these cases.

Complete records are required and some entities are not compliant with the law. IDPH will be involved in obtaining the complete records when necessary. Often the incomplete record impedes the resolution of the case. Frequently, key pieces of the chart are missing. Site Visits could address this issue. A letter listing the lack of compliance may be sent to facilities.

Subcommittee on Facilities Designation Report.....Cathy Gray, RN, MBA

Cathy Gray - Good Samaritan Hospital in Mount Vernon has moved from a Level 1 to a Level 2 for eighteen months and is making good progress.

Discussion of Assisted Ventilation –Cathy Gray discussed the need for a motion to appoint task force to look at the current definition and the committee and have comments back for the December meeting.

MOTION #3: To appoint a task force to look at the Definition of Assisted Ventilation

Cathy Gray made the motion. Dr. Bigger seconded, the motion was approved unanimously.

Cathy Gray discussed the composition of the committee on the definition of assisted ventilation:

Dennis Crouse, Nancy Marshall, Cathy Gray, DuPage Neonatology, Jose Gonzalez, David Crane, Phyllis Lawlor-Klean, Urmil Chaudhry, Udo Asyone were proposed as members.

MOTION #4: The PAC approves the membership proposed above.

Cathy Gray made the motion, Leonard Gibeault seconded the motion, and the motion was approved unanimously.

MOTION #5 : That IDPH develop a letter to clarify the current definition of assisted ventilation prior to November 1, 2011.

Cathy Gray made the motion. The motion was discussed. The exceptions given in June 2011 will expire in November 2011 and the motion is to avoid having to renew exceptions. The difference between head box and head hood and nasal prongs and nasal canula was discussed and is one issue that requires clarification.

The result of the committee on the definition of assisted ventilation will be to create recommendations regarding the definition of assisted ventilation for PAC. PAC will then send its recommendations to IDPH.

IDPH wants a legitimate definition that is authenticated.

The motion was approved unanimously.

Discussion was held regarding the possibility of a teleconference.

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

August – Meeting was held in Springfield. The administrators met with various program heads including, Metabolic Screening, PRAMS and Hearing Screening to discuss better ways to implement programs.

October – Meeting in Chicago included a presentation by Perinatal Outreach Educators of Illinois regarding a program to standardize interpretation of fetal heart rate monitoring. Lisa Miller and Dr. David Miller created a program in New York. POEI was asked to obtain cost information and look at other options.

OBHEP competency – A letter from the Director needs to go out to hospitals. Maternal Mortality communications –some cases where death occurs outside hospitals do not have basic information and it is unsure whether the patient was pregnant. Perinatal Centers must look at resources when addressing these cases. Nancy Martin will be contacted regarding this.

Site Visit discussions: some Perinatal Centers want to eliminate printed books for site visits and instead work with electronic files on computers, and possibly condense some requirements for the book. The Grantees are looking toward 2012 calendar. This item is still under discussion. Suggestions were made to refine the tables if presented electronic so that data could be organized as preferred by individual reviewers. Some upcoming Centers will be trying options other than books.

The Administrators discussed the role of the Health Facilities Planning Board regarding hospital designation.

7. New Business.....Howard Strassner, MD

Dennis Crouse indicated that November is prematurity month. The Illinois Section of the American Academy of Pediatrics, Committee on Fetus and Newborn has put together a program for NICU graduates. The program will have trials in practices and then go out to the state.

Shirley Scott – Minnesota has just passed legislation that they will no longer pay for elective inductions under Medicaid.

Susan Knight – the March of Dimes “Worth the Wait” publications and posters are available and there are statewide targets with literature.

There is increased discussion of third trimester of HIV testing based on the CDC recommendation. Medicaid does not pay for third trimester screening.

8. AdjournmentHoward Strassner, MD

Roger Powell moved adjournment, Dr. Crouse seconded. None opposed. The meeting adjourned at 2:30 pm.

Next Meeting: December 8, 2011 at 1:00 p.m.