



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
MATERNAL MORTALITY REVIEW COMMITTEE

December 7, 2011
10:30 A.M.
Michael Bilandic Center
160 North LaSalle Street
Room N505
Chicago, Illinois

MINUTES

Chair: Robin L. Jones

Attendees: John Gianopolous, Barb Prochnicki, Michael Leonardi, Pat Schneider, Cynthia Wong, Pat Prentice, Shirley Scott, Paula Melone, Jerome Loew, Kevin Madsen, J. Roger Powell, Pat Schneider,

Absent: Stacie Geller, Trish O'Malley, Charlene Wells, Deborah Boyle, Harold Bigger (all excused), Judith Hibbard

1. Review and Approval of Minutes- October 5, 2011

The minutes of the October 5, 2011 meeting were reviewed and approved unanimously.

2. Hospital Assessment Data Analysis – Update

The Perinatal Advisory Committee approved the competency and recording tool. The Chair of PAC has written a letter to the Director but the letter has not been sent out as there is currently a vacancy for that position. Pat Prentice will follow-up with Charlene Well and Tom Schafer.

Shirley Scott discussed the need for information from Rush that is still outstanding.

3. Review of Recently Received Cases from IDPH

Robin Jones mentioned the difficulty that IDPH is having in getting complete records from hospitals and providers. The incomplete charts then result in a substandard preparation for MMRC review with an inability to analyze cases according to the expectations of the code

Paula Melone asked if this aspect can be applied to the Site Visits. Jerome Loew mentioned this is a different problem. Most hospitals have instrumented lab systems or some laboratory system that produces a hospital visit complete report.

Kevin Madsen suggested a checklist be sent with the letter from IDPH requesting documentation that indicates all required elements.

Every hospital should have someone who has to take ownership for the Maternal Mortality Review Committee data and reviews it prior to it being sent to Nancy Martin.

John Gianopolous suggested the Site Visit consequences and having the nursing Administrator for Maternal Services responsible for sending complete documentation.

Sometimes required documentation is not there in the first place. A checklist could relate what needs to be charted in the event of an obstetrical emergency.

Cynthia Wong suggested a template. Every institution has a protocol for Sentinel Event. Michael Leonardi suggested that Charlene mentioned that there is an administrative subpoena process that could be put in place for Medicaid patients. The Committee suggested that Robin Jones send a letter to the Perinatal Advisory Committee requesting that the Director send a letter to the hospital that would mandate compliance.

Shirley Scott reminded the committee that the problem often involves private physicians.

John Gianopolous offered to create a document that will put the required elements for obstetrical care emergencies together in a reference and checklist format. Members stressed the importance of anesthesia and arrest records, intubation timed notes.

John Gianopolous mentioned the current Federal initiative that Illinois and Florida are involved in to standardize the elements of prenatal care. CHIPRA is completing this task. The requirement for complete care will be linked to payment for Medicaid patients.

Robin Jones made the following motion, Michael Leonardi seconded

MOTION #1

- 1. A letter from Charlene will be sent out to all birthing hospitals with a copy of the Maternal Mortality Code and a list of required data to be sent to IDPH**
- 2. When a deficient chart is received, a follow-up letter from Mark Flotow will be sent to the provider or hospital (CEO and Director of Maternal Child Nursing) indicating the deficient elements with a requirement for producing the documents within 60 days.**
- 3. If the documents are not produced in 60 days. The Perinatal Advisory Committee will be informed and will request that the Director of IDPH communicate with the provider or hospital.**

The motion was approved unanimously

This motion will be brought forward to the Perinatal Advisory Committee for approval.

4. Plans for 2012

Based on the request from the MMRC for data on cases involving hypertension, pre-eclampsia/eclampsia and cardiac causes of death, Nancy Martin produced 14 cases occurring between 2008-2011. In 9 out of the 14 cases obesity was a significant factor in the death.

The issue of obesity has been discussed before at the MMRC, specifically championed by Deborah Boyle. The member discussed the epidemic status of obesity in pregnancy.

Robin Jones made the following motion, seconded by John Gianopolous.

Motion #2 The MMRC will convene a workgroup to address the problem of maternal obesity.

The motion was approved unanimously

The OBHEP competency being placed on-line by IDPH was recommended by John. Gianopolous as a method of making statewide data available. It was suggested that when the director sends the competency letter out to hospitals that the slide presentation and competency be placed on the IDPH website.

Hospitals must keep data specific for each individual person taking the competency.

This request needs to go to the Perinatal Advisory Committee. IDPH has this capacity in the Department of Professional Regulation.

Roger Powell made the following motion, seconded by John Gianopolous

Motion #3: That IDPH make the OB Hemorrhage Competency and Slide show available on the IDPH website and that individuals take the test on-line once (not test to perfection).

The motion was approved unanimously

This motion will be brought before the Perinatal Advisory Committee.

The need to reinforce debriefing was stressed. Debriefing can be done in a protected meeting. The Joint Commission requirements for sentinel events require debriefing and most hospital maternal deaths are sentinel event.

The minutes from the closed session of October 5 were reviewed and approved. Robin Jones moved approval, Barb Prochnicki seconded, and the closed minutes were approved unanimously.

Roger Powell moved closure of the meeting, Paula Melone seconded, and the meeting was closed at 11:12 am

5. MMRC Case Reviews and Recommendations

A motion to open the meeting was made by Michael Leonardi and seconded by Kevin Madsen; the meeting was opened at 1250.

John Gianopolous made the following motion, Roger Powell seconded

Motion #4 – That all clinically related maternity pregnancy deaths have a complete autopsy and that this request is communicated to the Perinatal Advisory Committee.

This motion will be brought to the Perinatal Advisory Committee.

Shirley Scott asked if postponing chemo for mothers with oncology diagnosis until the infant reaching viability was common. There was discussion about

the question with patient preferences and clinical concerns voiced. The patient, oncologist and obstetrician need to collaborate on the decision.

Michael Leonardi motioned to adjourn at 1256, seconded by John Gianopolous. The meeting adjourned at 1256.