



Pat Quinn, Governor  
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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PERINATAL HEALTH SYSTEM OF ILLINOIS  
MATERNAL MORTALITY REVIEW COMMITTEE**

**April 6, 2011**

**10:30 A.M.**

**Michael Bilandic Center  
160 North LaSalle Street  
Room N505  
Chicago, Illinois**

**MINUTES**

**Chair: Robin L. Jones MD**

**Attendees: Harold Bigger, Shirley Scott, Stacie Geller, Jerome Loew, Trish O'Malley, Patricia Prentice, Kevin Madsen, John Gianopolous, Charlene Wells, Deborah Boyle, J. Roger Powell, Cynthia Wong, Barb Prochnicki**

**IDPH Staff: Charlene Wells,**

**Excused: Mark Flotow, Pat Schneider**

**Guests: Kim Czaruk, Pavni Mehrotra, Megan Twohey**

- I. Review and Approval of Minutes-** The minutes of the December 8, 2010 were presented. Dr. Powell motioned approval and Barb Prochnicki seconded the motion. There were 12 ayes and 2 abstentions. The minutes were approved with the following revision;  
III. Dr. Gary Loy was the physician who presented at the Amnesty International event at Marquette Park in December, 2010. This change will be entered into the minutes of December 8, 2010.

**Introductions:** Shirley Scott, RN, MS was introduced as a new member of the MMRC. Shirley was a leader in the Obstetric Hemorrhage

Education Program and has been involved with all aspects of the creation implementation and evaluation of the project. Shirley is currently the Interim Perinatal Administrator for the University of Illinois Perinatal Network. She is supervising the collection and distribution of data from the Hospital Assessments and Network final reports.

Shirley Scott introduced Kim Czaruk, a graduate student from Aurora University.

J Roger Powell introduced Pavni Mehrota, a Medical Student from the University of Illinois, Southern Campus.

Megan Twohey, a reporter from the Chicago Tribune, joined the meeting. She indicated she was doing a Human Rights Organization report. She found this meeting and asked questions regarding the scope and purpose. Ms. Twohey was given references to the Illinois Administrative Code and explanations of the work of the MMRC

## **II. Data Report from OBHEP –**

A comparison of questions from the Benchmark Assessment pre and post OBHEP implementation was done with data from Rush University Medical Center and the University of Illinois Medical Center.

Data was reviewed and analyzed based on the frequency of missed questions. The Benchmark assessment was composed of 25 questions.

One question regarding estimation of blood loss was missed by over 50% of the participants in both testing sessions. The Competency Workgroup is reviewing this data to assure that the concepts missed most frequently are presented for continuing education on an every two year basis.

A in-depth comparison is being completed at the University of Illinois incorporating scores from all participants. There are some concerns when Pre and Post Hospital Assessment don't align. There are also issues with duplicates, when someone took the pretest at one place and the posttest at another.

In addition, a few hospitals would not provide the names so there was no way to match for duplicates. Most Networks have completed turning in their data.

Reports will be run by discipline. Thus far the largest gain in knowledge has been for midwifery and the smallest for Maternal-Fetal Medicine physicians.

Data rules will be established and not every hospital will be 100% in compliance.

Pre and Post Knowledge and Pre and Post Assessments will be presented in report form.

Shirley said she should have data on assessments and pre and individual reports to each hospital.

One goal is to publish the data from assessments and assessment analysis. Dr. Kevin Madsen offered to take the lead on doing the manuscript.

An article is being prepared for publication by Sarah Kilpatrick is preparing a publication. The article is largely a descriptive paper, Dr. Gianopoluos said that ACOG is very interested in this subject and that the Green Journal may be interested. Dr. Robemen current president has maternal death as one of the presidential initiative. He has stated he wants to get paradigms out to the populace.

ACOG has a committee working on this issue Shirley Scott suggested public health journals as possible sources for publication. Members were asked to submit any other suggestions via e-mail to Pat Prentice or Stacie Geller.

An IRB is being done at Northwestern to approve an OB hemorrhage study. The study is designed to review all cases of women who have been admitted to ICU or who have received 3 or more units to determine if OBHEP efforts can we reduce the number of severe or near miss morbidity from maternal hemorrhage. The study will look at defined criteria are available and determine if patient factors, provider factors, and system failures exist. Dispositions including Preventability will be assigned to cases.

### **III. Competency for OBHEP - Draft**

The Director's letter to CEO's in July 2010 specified a competency to be developed to update skills. Dr. Jones will give a report to the PAC.

A competency for assessing OBHEP knowledge on a every two year bases will consist of ten to fifteen questions not to take more than 30 minutes. It will target areas where the basic knowledge and gain in knowledge continues to be a problem. Stacie Geller confirmed that blood loss assessment is a problem all over the world. Dr. Gianopolus stated graphic images are important for reinforcement and weighing should be the ultimate goal whenever possible.

By the June meeting the Workgroup will have a competency draft to present to the MMRC.

Dr. Gianopolous emphasized the importance of developing a massive transfusion protocol (MTP). He stated two cases where the availability of a MTP made the difference in a successful outcome.

Dr. Jones asked for suggestion for rolling out the need for MFP's to the State. Dr. Gianopolous indicated that trauma center and cardiac surgery services have been successful in this area

Stacie Geller asked if supply of blood is adequate in Illinois for the implementation of MTP's. Charlene said Site Visits ask for the presence of Transfusion Protocols and encourage hospitals to share their protocols.

Barb Prochnicki mentioned that Cindy Hartwig from Northwest Community presented their MFP at the SQC over a year ago. Cindy has shared the protocol with many hospitals.

Dr. Loew indicated that hospitals with solid organ transplants have protocols. In many cases existing protocols can be used with few changes. Dr. Jones mentioned that some hospitals may have a massive transfusions but OB is not included. The MMRC should try to get hospitals to incorporate wherever possible.

Charlene mentioned non-birthing hospitals and the need for emergency OB blood transfusion policies.

Next steps may include a query of current practice with a recommendation that all hospitals have models and data and consider initiating a massive transfusion protocols.

The MMRC should include current supportive literature and should consider adopting the American College of Trauma Surgeons recommendations.

#### **IV. Amnesty International Update:**

Amnesty international contacted Charlene Wells for information on maternal death in Illinois. A commentary was prepared and sent to the organization and they indicated that the efforts of the State of Illinois would be recognized

**V. MMRC Case Reviews and Recommendations**

**VI. Discussion of MMRC composition and objectives**

Dr. Kilpatrick' relocation left an MFM vacancy. Requests to fill the vacancy were made in announcements at MMRC and PAC. Four MFM's responded and were sent a letter explaining the responsibilities of MMRC membership. Three MFM's are still interested.

Charlene Wells indicated that now that MMRC is a Subcommittee of the PAC, a definition of membership is appropriate. She indicated that the MMRC needs to be a well rounded Committee and ask that all areas in Illinois are included in membership.

Dr. Bigger explained the role of ex-officio members and the requirements of the State of Illinois Open Meeting Act.

Discussion was held with the suggestion that the Chicago Department of Public Health needed to have a membership position and that ex officio members are allowed.

Regular members would include: 19

A representative from the Office of Health Promotion

A representative from the Center for Health Statistics

A representative from the Chicago Department of Public Health

Four Maternal-Fetal Medicine Specialists

Two Obstetricians

One Anesthesiologist

One Pathologist

One Neonatologist

One Certified Nurse Midwife

One Intensivist

Four Perinatal Administrators

One Maternal Child Academic from a school of public health versed in principles of epidemiology and/or public policy

Ex-officio members could include the following as needed for case review

Medical record coder

Pediatrician

Toxicologist

Internist

Family Practitioner

Representative from law enforcement

Support staff

Hospital administrator

Additional MFM or obstetric physicians as determined

Discussion resulted in the following motion made by Kevin Madsen and seconded by Deborah Boyle.

**Motion#1: That the Maternal Mortality Review Committee maintain regular membership of 4 MFM's and add 2 ex officio MFM's.**

The motion was approved unanimously

A second motion was made by Harold Bigger and seconded by Stacie Geller

**Motion#2 : That the purpose and composition Maternal Mortality Review Committee be presented to the Perinatal Advisory Committee meeting as an amendment to the revision of the by-laws.**

The motion was approved unanimously.

### **Closed Meeting**

Harold Bigger moved that the MMRC close the meeting at 12:10 pm. Roger Powell seconded the motion. Unanimously approved, the meeting closed at 1210.

Based on the Open Meetings Act Harold Bigger pointed out that only those on the committee or have direct involvement in the meeting. Guest were asked to leave the meeting.

Shirley Scott motioned to open the meeting at 1:04 pm, Roger Powell seconded. Unanimously approved, the meeting was opened at 1:04 pm.

OPEN MEETING 1:04 pm. The meeting was adjourned at this time.