



Pat Quinn, Governor
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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

PERINATAL HEALTH SYSTEM OF ILLINOIS

STATEWIDE QUALITY COUNCIL

April 6, 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

Attendees: Lenny Gibeault, Karen Callahan, Robin L. Jones, Patricia Prentice, Deborah Rosenberg, Cindy McDermith, Angela Rodriguez, Cathy Gray, Elaine Shafer, Ann Borders, Pamela Wolfe, Barbara Prochnicki, Shirley Scott (acting), Cora Reidl, Robyn Gude, Patricia Bovis

IDPH Staff: Charlene Wells

Guests: Rachel Abramson, Kim Czarek

1. Review and Approval of Minutes- December 8, 2010: The minutes were presented, hearing no objections, Angela Rodriguez motioned approval, Barb Prochnicki seconded the motion. The minutes were approved as written.

2. RQC report calendar: Dr. Bigger wants to apply the new rules and request Perinatal Center RQC reports to the SQC. He asked if

Perinatal Center report should be on an Annual Basis or every Two year cycle. Cathy Gray suggested an every two year report. Members agreed. In keeping with Title 77 Chapter I, Subchapter 640, Section 640.44 Administrative Perinatal Centers are responsible for implementation and administration of Regional Quality Councils (RQC). An annual report must be prepared for the Center's RQC and sent to the department. Updates are sent Quarterly to the Department. Pam Wolfe suggested additional Statewide projects to focus on common interests.

The membership agreed on the following calendar for Perinatal Center Regional Quality Reports:

June 2011 - University of Chicago

October 2011 - Northwestern and Loyola

December 2011- Rockford and St. Louis

April 2012 - University of Illinois and Stroger

June 2012 - Rush

October 2012 - Peoria and Springfield

3. Breast Feeding Initiative:

The Statewide Quality Council need to focus on a Statewide Quality Project according to Title 77 Chapter I, Subchapter I , Part 640, Section 640.20 that species that the Statewide Quality Council is responsible for monitoring the quality of care and implementing recommendations for improving the quality of care.

Dr. Bigger also commented on need to measure useful, clinically relevant items that show individual and systemic variation, can be used with quality improvement programs and help with facility designation by showing Substantive Failure and Substantive Success. He also describe the need for the ability to analyze Type I (p) and Type II (beta) errors.

Regression analysis, residual analysis and various other methods were described. Increased data collection requirements in the Perinatal Rule could facilitate these projects.

Dr. Bigger introduced Rachel Abramson who is working with the Blueprint for Change Breastfeeding Initiative. She indicated there will be a kickoff meeting on April 25 in Chicago and April 27 in Springfield. She circulated a handout from Blueprint for Change, a document that has final data regarding the project. The next step will be on a new website. Beginning in May the Blueprint will begin to weave the efforts already going on into a broad strategy campaign.

The Blueprint is a social/ecological model. Implementation involves hospital, clinics and health areas of practice as well as the general community.

Cora Reidl stated the aim is for baby friendly hospitals. There is also a focus on CPPW projects to reduce obesity.

Different Health Departments have taken various initiatives as goals:
City of Chicago – full baby friendly and some steps
Cook County – some steps, being strategic about which steps
MCHC is looking for 4 out of the ten steps

The National Public Radio session was mentioned and focused on early and exclusive breastfeeding with spokespersons from three Chicago hospitals

The Joint Commission is monitoring how many infants have been exclusively breastfed by discharge.

Dr. Ann Borders stated that the SQC could help move the hospital forward in setting goals. Trying to get healthcare personnel comfortable with a new norm will take education. ICAP is willing to go into hospitals to provide education. The State Quality Council could be a unifying body providing champions and communicating across hospitals in Illinois

Dr. Borders indicated that cultural new norm will be required. Changing cultures outside the hospital will not happen easily. There is a major effort underway to gain the support of community leaders.

Elaine Shafer asked if we knew what percentage of women who can't breastfeed and are balancing measures in place to assure safety. She asked how appropriate education will be assured.

Dr. Jones echoed the cultural change that will be needed to assure rapid breastfeeding after Cesarean Deliveries. A quality Initiative, involving attending physician, residents and antepartum care nurses will be needed to assure success.

Deb Rosenberg stated she is coming to SQC about hospital practice but the project has recommendations at every level and parallel initiatives at every level. Hospital roles, community health centers, WIC and other providers need to be included to look on a broader scale. There are financial issues regarding Medicaid beyond those targeting the hospitals.

Charlene indicated that the cultural community and faith based organizations can have a significant impact on changing the mind or the public.

Healthcare providers need to get prenatal providers to champion breastfeeding. Hospitals need cultural based education to move forward.

Nurses must be on board, these systems are not in place at many hospital. The Surgeon General is the big public health push regarding Breastfeeding being the most cost effective method of infant nutrition and its ability to reduce obesity, SIDS along with other benefits.

Dr. Bigger discussed his experience with initiation in NICU at 99% Nurse educations – less reliance on lactation specialists. Trouble with about two weeks before babies going home AA goes down Hispanic OK, white high.

Barb Prochnicki asked what is going on outside of Chicago and Suburbs Rachel Abramson indicated that WIC sites with peer counselors and other efforts are in place outside Chicago and the suburbs. Those counties that have regional breastfeeding councils are making great strides. There is interest in government programs. Federally there will be more focus on breastfeeding . CDC HRSA Minority Health – invest in the support and take away the barriers. The Kellogg foundation looking at huge breastfeeding initiatives across the country.

Discussion regarding the focus of the SQC was held. Currently there are initiatives regarding elective inductions and scheduled Cesareans and later preterm births.

Since breastmilk is both a maternal and neonatal issue, it is appropriate for a Statewide initiative. A beginning may be to ask each hospital where they are in the steps.

Robyn Gude asked if an IDPH and DHS could partner on the hospital initiative. Other discussion was held regarding support from the Director and legislators as well as community leaders.

Cathy Gray made the following motion, Robyn Gude seconded:

MOTION #1: That the SQC Chair will bring to the Perinatal Advisory Committee the concept that a Statewide initiative in support of breastfeeding be started in cooperation with existing organizations in the State.

The motion was unanimously approved.

4. Quality Indicators for Illinois Hospitals:

The issue of “Substantial Compliance” and “Substantial Failure” was discussed

Substantial Compliance – is present in other IDPH CODES

Substantial Failure – means failures to meet requirements other than unimportant omissions or defects.

“Substantially the same” refers to groups of institutions for the size of the nursery and nature of care. Confidence level trends and abnormalities need to be used when reading statistics and adjusting for size.

Currently the Perinatal Centers collect a tremendous amount of data
640.9 State reporting system will hopefully allow IDPH data to be published. Quality Improvement on Perinatal and Neonatal Medicine – Stresses the need to be able to compare one institution with another. The Illinois Report Card is looking at some indicators

The Subcommittee on Facilities Designation will be discussing the implementation of exceptions.

Reports for Birth Certificate are still not available. A suggestion was made to invite Claudia Fabian to the SQC.

5. IDPH Report

Charlene Wells

Charlene Wells discussed the Illinois Hospital Association Webinar, held on February 23, 201. A major concern was the definition of assistive ventilation. The Perinatal Rule as it stands right now includes head hoods. The issue of exceptions was also of major concern.

Charlene updated the membership on The Open Meetings Act 2010 that allows non members to speak if they choose. All Committees need to assign an Open Meetings Act Designee and a Freedom of Information Officer. Failure to follow the Open Meetings Act is a Class "C" Misdemeanor with a fine up to \$1000 or/and 30 days in jail.

Conference calls for meetings are only available if there is an illness.

6. Adjournment

Pat Prentice moved adjournment, Pamela Wolfe seconded. The meeting was adjourned at 3:45 pm