



Pat Quinn, Governor  
Damon T. Arnold, M.D., M.P.H., Director

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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PERINATAL ADVISORY COMMITTEE MEETING**

**April 7, 2011  
12:30 p.m. – 3:00 p. m.  
Michael A. Bilandic Building  
160 North LaSalle  
Chicago, IL  
5<sup>th</sup> Floor Room N505  
Howard Strassner, MD, Chairman**

**MINUTES**

**Chaired:** Howard T. Strassner, MD

**Attendees:** J. Roger Powell, William Grobman, Nancy Marshall, Barb Prochnicki, Dennis Crouse, Janet Hoffman, Cathy Gray, Harold Bigger, Lenny Gibeault, Omar LaBlanc, Edward Hirsch, Phyllis Lawlor-Klean, Jose L. Gonzalez, Janet Albers, David Schreiner, Robin Jones

**Absent:** Richard Besinger, Kevin Rose, Sandra Thomas, Bree Andrews, Bruce Merrell (all excused),

**Guests:** Barb Haller, Carol Rosenbush, Ray Spooner, Myra Sabini, Pat Prentice, Cindy McDermith, Cora Reidl, Elaine Shafer, Susan McKnight, Mike Goebol

**IDPH:** Charlene Wells, RN, BSN, Thomas Schafer

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

Dr. Strassner opened the meeting and addressed members and guests.

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

Members and guests introduced themselves.

**3. Review and Approval of Minutes from Last Meeting.....Charlene Wells, RN**

Dr. Crouse moved approval of the minutes, Barb Prochnicki seconded. The minutes were approved with one change – Phyllis Lawlor-Klean was excused from the meeting. Correction made.

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

Dr. Bigger presented the current PAC By-Laws with suggestions for revisions.

The items for change included

- Expand Article VII “G” to indicated Standing Committees with #1 Statewide Quality Council; #2 the Subcommittee on Facilities Designation; #3 the Maternal Mortality Review Committee.
- Removing “I” from Article III.” The presiding officer shall be responsible for conducting the meeting in accordance with the Bylaws and may recognize nonmember attendees who wish to comment during the meeting. Such members may also be recognized by a passing vote of a majority of the PAC members present. The duration of public comments shall be at the Chairman's discretion.”
- A description of the Maternal Mortality Review Committee (MMRC) was discussed Dr. Robin Jones presented the purpose and membership of the subcommittee. Extensive discussion was held regarding the membership of the MMRC and the use of ex officio members. The following purpose, frequency and membership were proposed:

#### **Article VII G. 3**

##### **3. Maternal Mortality Review Subcommittee.**

##### **The Purpose of the Maternal Mortality Review Committee is:**

1. To review selected maternal deaths referred by the Department
2. To provide the Department with the outcomes of the reviews and make recommendations for Improvement.
3. To review aggregate statistical reports regarding maternal deaths to determine:
  - Possible trends of clusters of events
  - Produce uniformity of the case review process throughout the State
4. To give an aggregate report to the Perinatal Advisory Committee. The PAC may choose to review any case.

##### **Frequency of Meetings: Quarterly – Reports Quarterly to the PAC**

##### **Members sign a Confidentiality Statement**

##### **Composition of the Maternal Mortality Review Committee includes:**

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

## **TOTAL MEMBERSHIP 19**

**Ex-Officio members** may be called as needed from time to time but are not voting members of the Maternal Mortality Review Committee, nor does their presence constitute a quorum.

### **Ex- Officio members may include:**

Medical record coder  
Pediatrician  
Toxicologist  
Internist  
Family Practitioner  
Representative from law enforcement  
Support staff  
Hospital administrator  
Public health nurses – rural or urban

- Cathy Gray described the purpose, frequency and composition of the Subcommittee on Facilities Designation. The following content was proposed:

## **Article VII G**

### **2. Subcommittee on Facility Designation**

#### **Purpose and Scope of the Subcommittee:**

To provide guidance to the PAC committee on the compliance of institutions that provides perinatal services to women and children within the Regionalized Perinatal Rules and Regulations (640) by:

- Developing processes, which clearly outlines steps to be taken for application presentation and expectations for both the applying institution and the committee
- Identifying areas for evaluation; defining time periods, items to be reported and scope of process
- Implementing tools for the data collection for evaluation
- Maintaining a schedule for follow-up reviews
- Developing recommendations for PAC concerning compliance with regulations for changes in levels/networks
- Identifying/notifying the PAC committee of issues that impact hospital compliance with Regionalized Perinatal Rules and Regulations
- Promoting intra-departmental collaboration for continual quality improvement of perinatal health
- Participate in site visits for designation and re-designation

**Membership:** (in addition to the chair and the 3 required members of PAC)

This is not intended to be a representative body will attempt to have broad based statewide membership, taking into account geography, including but not limited to:

Obstetrics/Maternal Fetal Medicine

Hospital Administration

Pediatric/Neonatology

Medical/Legal

Family Medicine

Community Level III

Grantee Committee

Chicago Dept. of Public Health

Midwifery

Nursing Administration

**Frequency of Meetings:** Every other month

**Confidentially of Deliberations:** Members sign a confidentiality statement.

**Recommendation to PAC:** Report activities quarterly or more frequently, as needed, to the PAC.

**Motion #1: That Article VII of the Perinatal Advisory Committee By-Laws indicate in “G” Standing Committees – the Statewide Quality Council, the Subcommittee on Facilities Designation and the Maternal Mortality Review Committee.**

Further discussion was held regarding Article VII “G”.

**ARTICLE VII – “D” Include** language that allows the Chair in consultation with the Illinois Department of Public Health to appoint members to sub-committees who are not members of the PAC. Unless the PAC directs otherwise; such appointments are acceptable

Discussion was held to combine the previous motion with the discussion of the deletion of Article III “I” and the additional language to Article VII –“D”

**MOTION#2: To accept the Proposed By-Laws with the changes suggested at this meeting, including those in motion #1.**

**Dr. Hirsch moved- Dr. Bigger seconded. The motion was unanimously approved.**

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

The Illinois Hospital Association hosted a Webinar on February 23, 2011

Topics related to the Regionalized Perinatal Code were discussed, examples include

- The definition of assisted ventilation - use of head hood and nasal cannula
- Questions were asked many ways about the content of the Perinatal Rule. The way the Code is printed is the way it stands.
- All provisions except the Level III resource checklist regarding the 24 hour- in-house Neonatology were approved by JCAR.

- Some inconsistencies exist in the Appendices. The Perinatal Administrators have been charged with finding any inconsistency. The content of the Rule supersedes any error found in the appendices.
- For those who wish to utilize the exceptions there must be a Letter of Agreement submitted to the Department. If there is disagreement between the Perinatal Facility and the Perinatal Center, the Subcommittee on Designation will hear the argument and make recommendations to the Perinatal Advisory Committee.
- The definition of assisted ventilation was discussed with the lawyers at IDPH who adopted the definition of Dr. Jay Goldsmith. Cathy Gray indicated that the original definition included any use of *active* ventilation- CPAP, high flow nasal cannula or end positive pressure.
- In the Rules there is the ability for a hospital that allows for a process to be used with the Perinatal Center that requires documentation and follow-through. Each Center will have to set up a plan for understanding the current definition.
- The Perinatal Centers may need assistance from IDPH legal division in implementing this definition

## 6. Committee Reports

### **Statewide Quality Improvement Committee.....Harold Bigger, MD**

Dr. Bigger – completed a calendar for Perinatal Centers to report to the SQC every other year. Based on the Rules stating the RQC report needs to be sent on a yearly basis.

Dr. Bigger indicated the need for approval from PAC to pursue approval for an initiative to improve the percentage of infant who exclusively breastfeed in hospitals and for the first six months of life.

### **MOTION#3: Requesting the support of the PAC to Pursue a Statewide initiative to improve the percentage of breastfeeding in Illinois.**

**The motion was made by Dr. Bigger seconded by Dr. Gonzalez. The motion was approved unanimously.**

Discussion regarding the Blueprint for Progress Breastfeeding Project was held. Dr. Bigger discussed the availability of funding for breastfeeding – programs and ability to collaborate.

Dr. Bigger mentioned the **Elective Inductions/Scheduled Cesarean and the Late Preterm Infant** is actively being pursued as a Quality Improvement Project in many Perinatal Networks.

Dr. Crouse asked if the PAC needed to rescind the earlier project involving collecting data on late preterm infant readmissions. The project was not rescinded

but additional information about proposed processes to obtain data needs to be discussed.

The PAC felt that additional understanding and work needed to be done around the Blueprint for Progress before asking for a letter from the Director.

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

Dr. Jones indicated that progress was being made regarding the analysis of the – Pre- and Post Assessment State Data as well as the comparison of the 2007 and 2010 Hospital Assessments.

The University of Illinois and Rush have produced data regarding the most frequently missed questions. In Dr. Arnold's letter of June 2010, it was stated that a competency would be developed by the MMRC

The competency will be a test requiring less than 30 minutes to complete and containing 10-15 questions focus on blood loss and weighing; as well as other areas that need additional educational focus.

Additionally, there will a focus on the continuation of drills and debriefings.

The MMRC wants to make sure that the competency is available to all and will be standardized. The workgroup hopes to be near completion by the June meeting.

The MMRC is encouraging institutions to include OB protocols that have a Massive Transfusion or Rapid Transfusion process. Dr. Strassner asked if there would be help for hospital who don't have trauma centers or current massive transfusion protocols. Protocols are being shared with hospital permission with success.

Cases are being reviewed at every meeting.

The first OBHEP article is being written by Dr. Sarah Kilpatrick with assistance from the OBHEP workgroup.

Dr. Jones requested that Shirley Scott RN,MS, Interim Perinatal Administrator for the University of Illinois be approved for membership on the MMRC. Ms. Scott has been extremely instrumental in the development and success of the OBHEP project.

**MOTION #4: That Shirley Scott be approved as an MMRC member.**

**The motion was made by Robin Jones and seconded by Leonard Gibeault.  
The motion was approved unanimously.**

#### **Facilities Designation Subcommittee Report.... Cathy Gray, RN, MBA**

The subcommittee was asked to be an arbitrator of a Level III and their compliance with the requirements

**MOTION #5: Recognition that \_\_\_\_\_ Hospital is not in compliance with the requirement for Neonatal surgical services for a Level III Perinatal Facility.**

**That within 90 days, \_\_\_\_\_ Hospital needs to show compliance with the requirement for surgical services, exhibiting a full scope of services normally expected at a Level III Perinatal Facility.**

**That \_\_\_\_\_ Hospital will work with the South Central Perinatal Center and the IDPH Perinatal Program on this matter. Monthly progress reports including transports, surgeries at \_\_\_\_\_ Hospital and any other information set forth by the Subcommittee on Facilities Designation will be forwarded to the South Central Perinatal Center and the IDPH Perinatal Program.**

**That \_\_\_\_\_ Hospital will appear before the Subcommittee on Facilities Designation on August 11, 2011 with the South Central Perinatal Center to present compliance.**

**Failure to comply with the requirements listed in this motion will put \_\_\_\_\_ Hospital's Level III Perinatal Facility designation in jeopardy.**

**Cathy Gray made the motion and Barb Prochnicki seconded. The motion passed with 16 ayes and 2 abstentions.**

**Grantee Committee Report.....Leonard Gibeault, MSW**

Mr. Gibeault discussed **PQCI** and the relationship with the SQC. Issues continue to involve the ability to obtain data. PQCI will have another meeting in the near future.

**Induction/Elective Cesarean Section:** Many facilities are implementing the MOD tool kit. A matrix is being used on this project.

The updates from Charlene Wells included discussion of the Webinar. Information and request for assistance for the prematurity data to be included on the IDPH website as a result of SB 3273 was discussed.

**Letters of Agreement** must be revised based on the new Regionalized Perinatal Health Care Code. Some facilities anticipate some difficulty obtaining approval from hospital attorneys. Some hospitals may need to ask for some extensions past August 1, 2011.

An **update on OBHEP** was given, similar to that of the MMRC report,

Legislative updates included possibility of **changing vendors for data collection**. The Grantees are looking at changing vendors and creating website where each of the Perinatal Centers can input PMR's

There is a project to updating PMR's, and provide statewide standards for collecting statistics and for reporting policies.

**Quarterly reports** – each center needs to submit the report in the same format. Statistics and items reported will be decided at our next meeting.

The **Perinatal Grant process** was different this year – all centers currently doing it differently – all will do a uniform quarterly report in the near future.

Nancy Martin at the Center for Health Statistics will continue to capture information from Camelot and make it available to a new system and vendor when approved.

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

**Membership Update-** Dr. Robin Jones is a new official PAC member and David Fox resigned from the Committee due to many national commitments based on the Baldrige Award.

Susan Knight is waiting for her position as consumer on the PAC to be completed.

There was a recommendation from the IHA for a member for a position on PAC. This will be taken under consideration.

**Open Meetings ACT-**There was a major revision in January 2010. Each public body needs an Open Meetings ACT Designee and Freedom of Information Officer. Currently there is no electronic training available on the Open Meetings Act.

Dr. Bigger will be the Open Meeting Act but not the Freedom of Information officer. Charlene Wells will be the Freedom of Information Officer.

## **8. Adjournment .....Howard Strassner, MD**

Nancy Marshall moved adjournment at 2:45pm, Edward Hirsch seconded. Meeting adjourned.

## **Next Meeting June 9, 2011**

For maintain the confidentiality of the “Hospital” in question its name has been removed for the benefit of public posting.