



Pat Quinn, Governor

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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
STATEWIDE QUALITY COUNCIL**

December 12, 2012

2:00 p.m. - 4:00 p. m.

James R. Thompson Center

100 West Randolph

Chicago, IL

9th Floor - Room 034

Harold R. Bigger, MD, Chairman

MINUTES

Chair: Harold Bigger

Attendees: Cathy Gray, Cora Reidl, Patricia Bovis, Robyn Gude, Karen Callahan, Robin Jones, Lenny Gibeault, Maripat Zeschke, Angela Rodriguez, Pat Prentice, Cindy Mitchell, Stephen Locher, Trish O'Malley, Elaine Shafer, Cora Reidl, Barb Prochnicki, Gary Loy, Robyn Gude, Ann Borders, Phil Higgins

Absent: Deb Rosenberg (excused), Pam Wolfe (excused), Richard Besinger (excused)

IDPH Staff: Charlene Wells

Agenda Items:

1. Review and Approval of Minutes- October 10, 2012.

The minutes of the October 10, 2012 meeting were reviewed. Lenny Gibeault motioned approval and Maripat Zeschke seconded. The minutes were approved without changes.

2. Prematurity Taskforce Update

- Harold Bigger

The Prematurity Task Force Document entitled "Preterm Birth in Illinois: Understanding the Problem, Forging a Solution" was submitted to the Perinatal Advisory Committee and was approved. The document was sent to the Illinois Legislature as stipulated in House Joint Resolution 0111 of the 96th General Assembly. A webinar sponsored by the March of Dimes and the Illinois Maternal Child Healthcare Coalition was held with excellent response. The work of the task force was highlighted in an article in the Chicago Herald

3. Infant Feeding Act Implementation

The Infant Feeding Act and amendment was addressed. All hospitals are to have a written policy in place by January 1, 2013. The policy must be posted in the hospital and on the hospital website. Currently, each hospital is asked for their policy at IDPH Site Visits and the presence

of a policy will be part of the re-designation process. Most Illinois hospitals have submitted policies to their respective Perinatal Centers.

The initiation of skin-to skin practices in vaginal and Cesarean births is in place in many hospitals. The need to document the practice in medical records was stressed and a suggestion that the practice be on standard EMR delivery forms requiring documentation was made. There is sometimes a challenge to have all providers accept that skin-to-skin at delivery represents current best practice.

Advocate Illinois Masonic indicated that 43 physicians have completed mandatory education toward Baby Friendly

Little Company of Mary Hospital was recognized for completion of the Baby Friendly requirements. Little Company is the third hospital in Illinois to have attained this achievement.

Healthcare Connect will have a toolkit available on-line by January of 2013,

Discussion was held regarding the change in the birth certificates to include breastfeeding status at discharge and the inclusion of this information in the Illinois Hospital Report Card.

Community publications are in place and notices about the need for immediate and exclusive breastfeeding have been place in many venues including CTA trains and busses.

Further discussion was held regarding the methods needed to change current practices to improve exclusive breastfeeding success. Phil Higgins mentioned the importance of the Chair of Obstetrics in supporting breastfeeding education prenatally and encouraging skin-to-skin. Anne Borders indicated that patients are asking about new processes and the proliferation of evidence based data showing improvements in outcome should be stressed with providers. Hospital systems must change to accommodate evidenced based best practice. Examining infants in mother's rooms was cited as an example.

Breastfeeding in the NICU is tracked by Vermont/Oxford. Peer counselors are crucial to success.

4. IDPH Update

- Charlene Wells

Charlene Wells asked that a moment of silence be held for Rockford Memorial Hospital staff who lost a pilot and two nurses in a helicopter crash.

She reminded member to complete the Open Meetings Act training.

Charlene Wells pointed out that the Northwestern HIV program has a new HIV publication out in the November 2012 issue of the American Journal of Obstetrics and Gynecology. The article pointed out that from 2005-2011 there has been a 99%+ decrease in the number of infants who seroconvert. She praised the continued efforts of the team that has virtually eliminated Perinatal HIV transmission in Illinois. Charlene thanked the Perinatal Administrators for their work on Perinatal HIV.

She also acknowledged the Northwestern Perinatal Center for education at the Grantee Meeting to assist center to transition from Site Visit Books to memory sticks to allow more flexibility and easier communication

The Perinatal Educators of Illinois have distributed four complex fetal monitoring education modules that can be used by hospitals for strip reviews and to create competencies for nurses and physicians as required by the Perinatal Code effective July of 2011. She complimented the POEI workgroup for their excellent product and efforts to reach all levels of care in assisting with this important endeavor.

Data submission for Maternal Death Charts will be changing and requiring hospital oversight before documents are shared with IDPH.

5. Perinatal Rule Corrections

Cathy Gray described the process of reviewing the Perinatal Rule and making sure the appendices reflected the content in the body of the Rule. While the process does involve opening the Rule, the purpose was to concentrate on the appendices.

A meeting of Perinatal Administrators and Charlene Wells was held and appropriate updates made. A tracking document was sent including changes in Resource Checklists, updating of Appendix "A", the verbiage for Perinatal Center Morbidity and Mortality reviews changed, and other minor changes were implemented.

The process for Site Visits was reviewed. The document will be presented to the Subcommittee on Facilities Designation and forwarded through the PAC to IDPH for approval.

6. Assignments for RQC Reports 2013

Regional Quality Council Reports for 2013-2014 are as follows:

April 2013	University of Chicago, Rockford
June 2013	Rush and University of Illinois
October 2013	St. Louis, Loyola
December 2013	Stroger, Northwestern
April 2014	Peoria, Springfield

7. New Business:

A. A look at policies pertaining to < 39 weeks elective inductions and Cesarean Sections

The Perinatal Administrators have discussed the need for guidance on reducing and monitoring elective deliveries less than 39 weeks in hospitals. Having a policy in place is required for re-designation. However, it is not easy to determine how well policies are being followed and what constitutes an effective policy. The definitions of what is "elective" and what determines a legitimate indication vary depending on the venue a hospital chooses; i.e. ACOG guidelines, the Joint Commission, and other perinatal sources.

Not all hospitals report all elective inductions; there is no firm standard for reporting. Many groups and organizations are tackling this issue including the March of Dimes - Big Five initiative - now expanding to include more hospitals, Quality Quest, PQCI and the Illinois

Department of Family Services. Anne Borders will investigate what is current and report the SQC at the next meeting as she is involved in the March of Dimes Big Five initiative.

Phil Higgins stressed the importance of a “hard stop” (in action not just in name) to be effective in monitoring hospital practice. Members mentioned problems with true pre-eclampsia diagnosis being used. Stephen Locher indicated that data sources must have standards that are consistent with accepted criteria. Current published data does not always have a clear explanation about the criteria used, and publications may not insist on proper clinical oversight at the hospital level before the data is presented.

B. The Establishment of a Perinatal Collaborative

The State of Illinois is in the process of establishing a Perinatal Collaborative. Gwen Smith called a meeting of many groups including the Illinois Department of Human Services, Illinois Department of Public Health, Perinatal Quality Collaborative of Illinois (PQCI), American College of Obstetricians and Gynecologists, March of Dimes, Illinois Maternal Child Health Association, Illinois Hospital Association, American Academy of Pediatrics and others.

A Perinatal Collaborative will be able to establish quality projects over time and create coordinated efforts to assure improved outcomes for public health. More information will be coming and the kick-off is expected in the Spring or Summer of 2013.

8. Adjournment

A motion was made to adjourn by Pat Prentice, seconded by Lenny Gibeault. Meeting adjourned. The meeting adjourned at 3:55pm.