



ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PERINATAL ADVISORY COMMITTEE MEETING

December 13, 2012

1:00 p.m. - 3:00 p. m.

James R. Thompson Center

100 West Randolph

Chicago, IL

9<sup>th</sup> Floor - Room 034

Howard Strassner, MD, Chairman

MINUTES

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

**Attendees:** J. Roger Powell, William Grobman, Jose Gonzalez, Dennis Crouse, Harold Bigger, Bree Andrews, Janet Albers, Bruce Merrill, Phyllis Lawlor-Klean, Cathy Gray, Janet Hoffman, Nancy Marshall, Omar LaBlanc, Leonard Gibeault, Jeanine Lewis, Edward Hirsch, Robin Jones, Susan Knight, David Crane, Barb Prochnicki, Janet Hoffman, Robin Jones

**Absent:** Richard Besinger,

**IDPH Staff:** Charlene Wells, Tom Schafer

**Guests:** Elaine Shafer, Maripat Zeschke, Cindy Mitchell, Angela Rodriguez, Pat Prentice, Barb Haller, Jenny Brandenburg, Nancy Arnold, Robyn Gude, Peggy Curtis, Ray Spooner, Mike Farrell, Robert Abrams, Daniel Batton

**AGENDA ITEMS:**

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

Dr. Strassner called the meeting to order at 1:00 pm

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

Members and guests introduced themselves

**3. Review and Approval of Minutes .....Howard Strassner, MD**

The minutes from the October 11, 2012 meeting were reviewed. Under the Statewide Quality report regarding proposed changes to the Perinatal HIV Code *#Health care facilities shall report a preliminary positive rapid HIV test in a delivering mother or her infant within 24 12 hours after birth by calling the 24/7 Perinatal HIV Hotline and by submitting a Preliminary Positive Data Collection Report.* The sentence should only have "12 hours after birth"

Jose Gonzalez moved approval, Leonard Gibeault seconded; the minutes were approved with this change.

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

Dr. Strassner thanked everyone who worked on the Prematurity Taskforce. The document reached the Legislature on November 1, 2012 as promised. The March of Dimes and the Illinois Maternal and

Child Health Coalition co-sponsored a Webinar on November 7, 2012. The Webinar had 107 participants the greatest ever.

Susan Knight thanked the Illinois Department of Public Health for partnering on APSCO challenges –

**5. IDPH Update.....Charlene Wells**

Charlene Wells requested a moment of silence for victims of the helicopter crash from Rockford Memorial.

Nine out of ten Perinatal Program Grants have been received, approved and are in force.

Perinatal Rule changes have been proposed; mainly for clarification of the appendices, the process will include a public comment period.

Two major Healthcare Associations, Provena and Resurrection have joined to provide care as Presence Health.

Current vacancies on the PAC include a Health planner and two Administrators.

**6. Committee Reports**

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

**Infant Feeding Act Implementation:** The Act will be effective January 1, 2013 and requires that each hospital have an Infant Feeding Policy that supports breastfeeding and that the policy is posted and patients are educated on the contents. Illinois birth certificates will change and will require that mothers are asked questions pertaining to initiation and exclusive breastfeeding. This information will eventually be available by hospital on the Illinois Hospital Report Card.

HeathCare Connect will be releasing a toolkit for hospitals in January 2013. Many hospitals have already implemented major components of the Baby Friendly Initiative such as skin-to-skin care for all mothers, initiation of peer support groups for breastfeeding, not separating infants from mothers for routine examinations and educating physicians and nurses.

Little Company of Mary just gained its Baby Friendly Certification making it the third hospital in Illinois to achieve this status.

Vermont Oxford results that rates of breastfeeding in Neonatal Intensive Care Areas is improving.

**Elimination of Elective Inductions and Scheduled Cesarean Deliveries less than 39 Weeks:**

All birthing hospitals in Illinois are expected to be working toward this goal and are requested to provide policies supporting this initiative in Site Visit books and describe their process during the visit. Each Perinatal Network has a responsibility to support education and change of practice to reach this goal. Discussion was held regarding the number of organizations working on this goal. The March of Dimes, Perinatal Quality Collaborative Initiative, Quality Quest and the Department of Healthcare and Family Services are all involved. Cathy Gray mentioned that the formation meeting for a State of Illinois Perinatal Collaborative also mentioned the importance of this issue as an ongoing monitor. Susan Knight said it would be helpful to look at The Joint Commission for their new definitions and standards.

Howard Strassner discussed an article from the CDC that suggested what would constitute the timing for early term and late preterm deliveries. This article did discuss the issue of pre-eclampsia. Dr. Grobman said it serve as a nice focus for NIH/MFM/NICHHD MFM Conference Cathy Spon is the author . The article has ICD-9 coding guidelines incorporated.

Charlene Wells discussed the Site Visit process and the use of audits. Dr. Borders is looking into development of a standard for audits.

Charlene said some hospitals do not have resources for 24 hour hard stop. Susan Knight mentioned that in some cases Perinatal Center consultation is used and MFM's make decisions. Further information will be presented at the next SQC meeting.

**JOGN Article** - The Council recognized the recent article on Perinatal HIV; "Perinatal HIV Testing and Diagnosis in Illinois After Implementation of the Perinatal Rapid Testing Initiative"  
Read more: <http://www.mdlinx.com/obstetrics-gynecology/news-article.cfm/4172342/hiv-perinatal-transmission-rapid-testing#ixzz2HQWyavGD> and noted the nice compliment to the Illinois Department of Public Health for support of the initiative

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

Article: A second article regarding the Obstetric Hemorrhage Education Program has been submitted for publication.

The focus of the MMRC now is on process and not on outcome. The importance to provide resources for data collection was stressed. Approximately 200 hours will be needed to allow data to be analyzed. The MMRC presented a motion to have data ready by April.

The issue of Obesity continues to develop. The workgroup now has the data but needs to put it into a format.

The CDC has a national initiative to standardize the review of maternal deaths. LaMar Hasbrouch, M.D., Robin L Jones, M.D., Mark Flow, Pat Prentice and Glendean Sisk attended a meeting in Atlanta in November to discuss the process in Illinois and to learn from other states with active review processes.

Many states do not review individual charts. The CDC is driving toward outcomes and will have a national standard developed by Summer 2013.

There was discussion as to how are states getting back to hospitals regarding recommendations on specific cases. Some cited legal barriers. Cathy Gray indicated that when there is a difference of opinion; information needs to get back to the Perinatal Center. Harold Duckler will be consulted as to how to get the information back to hospitals and how to make the MMRC data available for research and publication uses.

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

**Perinatal Rule Changes:** Cathy Gray indicated there was a long discussion on the proposed Perinatal Rule Changes. The proposed changed will be forwarded to IDPH. Most changes are in the appendices with minor changes in the body of the Rule.

**The Vice Chair** position for the Subcommittee on Facility Designation is still open.

**Out of State hospital requests:** An informal group to address requests from out of state hospitals for membership in the State of Illinois Perinatal Program has been formed. Structure and approach are being determined. The group will develop guideline to address requirements and costs, personnel and funds, a template will be created and presented to the Subcommittee. The last hospital that submitted a request cancelled after a turnover in administration. Howard Strassner suggested an application fee.

**Carle Foundation Hospital:** Carle asked to be allowed to move to the North Central Perinatal Center at the last meeting with a vote of 3-5-3. The vote was submitted to the Illinois Department of Public Health Legal department. The item was discussed again today and Carle again made a request to move to the North Central Perinatal Center.

Extensive discussion was held regarding the right of members to vote regardless of their positions. Members were encouraged to vote their conscience in the matter.

Howard Strassner reminded members that the vote is a recommendation to the State of Illinois Department of Public Health. The Department may choose not to decide, to decide to approve the recommendation of the PAC or to refuse the recommendation of the PAC.

**Motion #1 - That the Perinatal Advisory Committee support the recommendation made by the Subcommittee on Facilities Designation. The Subcommittee on Facilities Designation asks that the transfer request from Carle Clinic to move from the South Central Perinatal Center to the North Central be denied.**

Therefore a "YES" vote by a PAC member means a vote NOT to support the transfer request.

**The vote was as follows:**

**AYES 12**

**NAYS 5**

**ABSTAINERS 1**

**Thus the Perinatal Advisory Committee recommends that Carle Foundation Hospital remain in the South Central Perinatal Network and recommends denial of the Carle Foundation Hospital request to transfer to the North Central Perinatal Network**

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

- Perinatal Outreach Educators of Illinois - Debbie Shy presented the product of the POEI Fetal Monitoring workgroup resulting in development of Competencies - 4 cases designed to meet IDPH requirements for fetal monitoring education and for strip reviews. The cost to develop each case was about \$2000. Feedback was requested by those hospitals that choose to use the cases.
- Newborn Metabolic Screening - 75% submission within 3 days is still the standard, hospital that don't meet this standard must have an Action Plan for Improvement.
- Sarah Carter from Northwestern presented an excellent presentation on how to convert bulky Site Visit Books into flash drives. This concept worked very well for the Site Visit at Northwestern, Lurie Children's and NorthShore Evanston Hospitals. Sarah offered to be a

consultant for other facilities. The membership thanked her for her time and dedication in developing this new process.

- Discussion was held regarding reviewing deliveries under 39 weeks and moved to the SQC. Need for hard stops, factors leading to diagnosis, and monitoring tools are essential when developing a policy.
- Membership on PAC, SQC, MMRC was discussed including length of terms, process for submitting request to become a member and membership requirements.

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

- Update on Infant Feeding Act done
  - Peripartum Depression Rules are in for comment in DHS- comments on to Glendean Sisk
  - Perinatal Rule Update is complete
  - Center for Disease Control Activities report is complete
  - Tom Schafer discussed the addition of LSD and SKID testing in the metabolic screening group. The date for additions will likely be July 2014
- Congenital Cardiac Screening - A protocol is being developed to give hospitals information on what will be required. Legislation regarding metabolic testing needs to change prior to implementation. The protocol will have to go through the State Board of Health prior to being presented to the State Legislature. Hospitals cannot be mandate to perform congenital cardiac screening. Members indicated that many hospitals are already doing this screening and anticipate that by the end of 2013 most hospitals will be doing it. Issues include the type of documentation tool needed and the type of data the State will want to collect. Hospitals will have to have a guideline for further testing if ECHO is not available on site.

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

There being no further business, Howard Strassner asked for a motion to adjourn. Roger Powell made the motion and Cathy Gray seconded. The meeting was adjourned at 2:52 p.m.

**Next Meeting April 11, 2013 at 1:00 PM**  
Michael Bilandic Building Room N-502