MINUTES

Chair: Harold Bigger

Attendees: Cathy Gray, Cora Reidl, Patricia Bovis, Robyn Gude, Karen Callahan, Robin Jones, Pam Wolfe, Lenny Gibeault, Maripat Zeschke, Deb Rosenberg, Angela Rodriguez, Pat Prentice, Cindy Mitchell, Richard Besinger, Stephen Locher, Trish O’Malley, Elaine Shafer, Cora Reidl,

Absent: Cathy Gray (excused), Ann Borders, (excused), Barb Prochnicki (excused)

Guests: Debby Schy

IDPH Staff: Charlene Wells

1. Review and Approval of Minutes- April 11, 2012
   The minutes of the April 11, 2012 meeting were reviewed. Maripat Zeschke moved approval, Angela Rodriguez seconded; the minutes were approved as written.

2. Regional Quality Council Reports: Rush/AIMMC Co-Perinatal Center- Karen Callahan

   • Elimination of elective deliveries < 39 weeks - The project started in August of 2010; policies were submitted by all Network Hospitals at the Annual Meeting in November 2010. In February 2011, a Network Report was presented. Since March 2011, the required Perinatal Reports now includes mention of all elective deliveries < 39 weeks. For the first year there were 12 reported and reviewed at M+M’s.
Since January 2012 all hospitals are reporting on e-Perinet. ACOG safety forms for elective induction were distributed in February 2012. This year so far only 2 have been reported.

- **Evidence Based Breastfeeding Hospital Initiative (EBBHI):**
  The recommendations from SQC summer of 2011 are being implemented by the Co-Perinatal Center
  July 2011 - Discussion related to breastfeeding practices related to Illinois breastfeeding report card, The Joint Commission Perinatal Core Measures
  November 2011 – EBBHI introduced as 2012 Quality Project for RQC at Annual Meeting
  Network Breastfeeding Practice Survey distributed
  February 2012 – ICAAP/Health Connect One presentation at Rush/AIMMC Administrator/RQC Meeting
  May 2012 - RQC status update of EBBHI
  Bill status of Infant Feeding Act distributed

Minimum Network Quality Indicators are:
- **All Infants**
  - Provide **Skin to Skin** Contact for at least 30 minutes to all patients without complications regardless of feeding method within 2 hours of delivery
  - Promote **24 hour rooming in** to keep mothers and babies together unless medically indicated
- **Breastfeeding Infants**
  - **Initiate breastfeeding within 60 minutes** for all uncomplicated vaginal and cesarean births
  - Facilitate **breastfeeding on demand**
  - Educate and promote patients and families on the benefits of **exclusive breastfeeding**
  - Support **exclusive breastfeeding** by avoiding the use of **routine supplementation** of breastfeeding infants through the use of formula, glucose, or water unless medically indicated.
  - For mothers who are separated from their babies educate and **initiate breast pumping** as soon as possible post delivery or within 6 hrs

The project timeline is

Complete Network Breastfeeding Practice Survey

1st Quarter
- Identify Hospital Champions
- Create a breastfeeding committee
- Complete Baby Friendly Assessment
- Report Baseline Quality Outcomes
- Establish Data Collection Process
- Report Status (RQC Network Report)

2nd Quarter
- Create a work plan
- Breastfeeding policy development or revision
- Report Status (RQC Network Report)

3rd Quarter
- Implement work plan
- Educate staff and providers
- Report Status (RQC Network Report)
Breastfeeding Champions and Lactation Consultants were assigned in May 2012.
The Hospital Infant Feeding Act passed both houses on May 17, 2012.

1st quarter network status report
Network report – 13 out of 14 hospitals produced the Breastfeeding Practice Survey. Progress reports continue.
Successes include skin-skin implementation in many hospitals, letters about rooming in, and deleting formula gift pacs, providing information boards for mothers.

- Rush Copley hired 2 peer counselors and received a grant from the Illinois Chapter of the March of Dimes to increase breastfeeding rates
- AIMMC has signed and submitted Baby Friendly letter of intention.
- Westlake 95% breastfeeding within the 1st hour during March of 2012.
- Sherman Breastfeeding exclusivity has increased from 12% in May of 2011 to 56% in April of 2012. 17 staff have become CLC. Submitted RFP for BestFed program grant. Have an active Breastfeeding support group.

Barriers include not having enough staff and providing education for the Hispanic population. Beth Issacs sent some information about working with Hispanic women.

Hospitals are helping each other. ICAP is providing a program to gain support for OB’s and meet Baby Friendly physician education requirements.

- HIV testing during Labor and Delivery – The Perinatal HIV Code is under revision, providing opportunity to make recommendations about changes
  - The current code 699.200 requires hospitals to provide counseling and testing “in labor or delivery”. It does not clearly mandate counseling and testing in triage or antepartum. The proposed changes were shared with all Network Hospitals
  - The Network developed a survey to indicate current practices indicating many different interpretations on the rule.
  - The Network agreed to adopt counseling and testing for all patients who present to the Obstetric unit regardless of gestational age or whether they are going to deliver
  - The survey results were reported to the Grantee Meeting

Discussion was held regarding the emergency department pregnant population and the need to be tested.
Lenny Gibeault talked about the additional cost of ED and the recommendations for third trimester testing. Stroger is now doing third trimester testing.

The members asked that Mildred Williamson be involved. Pam Wolfe reminded members that there was a 42% cut to HIV programs. Pam will get in touch with Pat Garcia to set up a meeting to discuss the Administrative Code revision. Mildred Williamson will be invited to come to the Grantee Meeting.

3. **Breastfeeding Workgroup Initiative – Karen Callahan**

Karen explained the Next Steps that included a presentation to the PAC on April 12 resulting in support for the EBBHI and for a letter to be sent to Dr. Hasbrouck requesting that all hospitals receive a letter from him regarding support for the project.

The Hospital Infant Feeding Act will be effective January 1, 2013.

Health Connect One and ICAP conclude their Community Transformation Grants on September 28, 2012. They are completing work on a tool kit to be placed on the Illinois Breastfeeding Website.

4. **Prematurity Taskforce Update - Harold Bigger**

Harold Bigger discussed the progress of the Prematurity Taskforce formed to address HJR111. He thanked members, particularly Susan Knight for their dedication and effort.

The Legislators, especially Robyn Gabel have been helpful indicating that the document should not be too wordy, should address only the requested items and should be prepared at in an easily understandable literary level.

A unified database will be addressed in the report. A draft will be circulated to members. Please send comments back to Susan Knight or Harold Bigger.

Deb Rosenburg gave an overview of Strong Start. Illinois has been quite remarkable assembling a huge coalition that includes the Illinois Public Health Association, the University of Illinois and the UIC School of Public Health, College of Nursing Vanderhyden, the Illinois Coalition for Maternal Child Health, the Illinois Department of Human Services, the Illinois Department of Public Health, and the Illinois Department of Healthcare and Family Services. The work of the RFA is not complete with submitting. She indicated this is a really pleasant and productive collaboration with people willing to deal with clinical and data issues. Deb Rosenburg acknowledged the work of Ralph Schuber from IPHA.

5. **Fetal Monitoring Education Toolkit – Debbie Schy, Angela Rodriguez**

Debbie Schy and Angela Rodriguez presented the results of a major initiative by the Perinatal Educators of Illinois designed to assist hospitals in the requirement for multidisciplinary strip reviews.

The Perinatal Rule also mandates physician and nursing competency be measured every two years but the information provided today is not intended to address that mandate.

The workgroup reviewed current EFM educational modules including Health Stream, Perifacts, AWHONN, and Miller and Miller.

The group then produced their own toolkit product resulting in 4 case study presentations for 2012.
The process was labor intensive with focus on the physiology. The group created a test bank for questions and established a process to evaluate use.

The product includes an Introductory Statement with Purposes. A Power Point presentation was produced with review by two MFM’s. The review included definition of elements using NICHD nomenclature and an analysis of the physiology of labor and its effectiveness in measuring responses.

Each case study includes:
- Patient History
- Strip and Questions
- Maternal Outcomes/Neonatal Outcomes
- Additional Teaching Points

Facilitator evaluation will be reported to measure effectiveness.

Dr. Bigger complimented the activity of the work group and scope of many cases.

Angela said ERM use and interpretation is still somewhat subjective. Exposure to training can make a big difference.

The cases are intended for use in a multidisciplinary environment. Many hospitals are taking 30 minutes at M+M’s for Multidisciplinary Strip Reviews.

Charlene Wells acknowledged the efforts of the workgroup and members added their approval and thanks.

6. IDPH Update – Charlene Wells
   - Charlene stated the new Director of the Illinois Department of Public Health, Dr. LaMar Hasbrouck, has been confirmed.
   - Perinatal Grants will undergo a streamlined approval process this year.
   - Quality Quest is made up of business, insurance, and consumer representatives. They have applied for a grant to reduce prematurity. A conference on the < 39 week elective delivery concerns will be held in Peoria.
   - The M+M review process for Perinatal Centers Level III institutions reviewing Network Level III institutions was discussed.

Discussion involved the challenge of Perinatal Centers remaining unbiased when reviewing their own cases. This item will be discussed at the next Grantee meeting.

7. Adjourn

Pat Prentice made a motion to adjourn, Lenny Gibeault seconded. The meeting was adjourned at 4:05 pm.