



Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • www.idph.state.il.us

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

PERINATAL HEALTH SYSTEM OF ILLINOIS

STATEWIDE QUALITY COUNCIL

December 11, 2013

2:00 P.M.

Michael Bilandic Center

160 North LaSalle Street

Room N502

Chicago, Illinois

MINUTES

Chair: Harold Bigger, M.D.

Attendees: Cora Reidl, Bernadette Taylor, Karen Callahan, Robin Jones, Pamela Wolfe, Lenny Gibeault, Maripat Zeschke, Deborah Rosenberg, Angela Rodriguez, Pat Prentice, Cindy Mitchell, Elaine Shafer, Gary Loy, Ann Borders, Pat Bovis, Phil Higgins, Barb Prochnicki, Robyn Gude, Shirley Scott, Bernadette Taylor, Madiha Qureshi, William Mackendrick, Stephen Locher

Absent: Trish O'Malley (excused), Brenda Jones (excused), Richard Bessinger

Guests: Jenny Brandenburg, Nancy Arnold, Amanda Bennett

IDPH Staff: Charlene Wells

I. Review of Minutes – October 9, 2013 Meeting

The minutes of the October 9, 2013 meeting were reviewed. Cindy Mitchell motioned approval, Lenny Gibeault seconded the motion. The minutes were approved as written.

II. ILQPC

Ann Borders, MD, MSC, MPH

Ann Borders was very pleased that all but four members were at the Kick –off meeting on November 21, 2013. There was standing room only as 180 persons attended. Quality experts and from other states explained their start-up and success with their Perinatal Collaborative. There was enthusiasm and a sense of commitment to moving forward toward achievable and measureable goals.

Improving public health, one community at a time

printed on recycled paper

OB and Neonatal will be working together on some project and may use similar data. ILPQC will encourage Network hospitals to work with the process.

CDC, CMS, and ACOG are all funding this effort. Jay Iams, MD from Ohio described the Ohio Collaborative successes in reducing elective deliveries between 37-38 6/7 weeks, Carol Lannon explained how the collaborative move this forward to individual providers hospitals, systems and the community. Michael Crew talked about what it is like to be in the trenches. The HEN and Ohio had 600 hospitals on board.

The ILPQC needs feedback and thoughts on how to get hospitals involved. Neonatal is ahead on this process based on the work of PQCI in recent years on temperature regulation and CLABSI. OB's present at the meeting are asking questions and spent time with discussion.

IHA and March of Dimes are presenting a Boot Camp on December 16, 2014 to address the OB Quality Process. Hospitals are asked to participate and ask questions. Deb Rosenberg and Julia Howard will be there. State level leaders and MFM's will be on the call. Boot camps consist of short highly interactive webinars or emerging topics.

We will work with national experts on perinatal quality. They will address methods to improve Vital Statistics data collection, review the March of Dimes Toolkit and help hospital team identify areas of improvement.

The next two boot camps will be scheduled in February and March. Each will start with a Town Hall Meeting to frame the day, set ground rules and cover expectations. Sessions are designed for all levels of care givers and will be between 30-60 minutes long. Webinars will be videotaped and placed on the ILPQC website.

Hospitals need to designate an ILPQC Key Contact and Submit the ILPQC Letter of Intent. Hospitals need to identify their current elective delivery rate to compare with IDPH data statistics. Registrations information was provided.

Illinois has an advantageous position to assist in the development of a Perinatal Collaborative as this is a regionalized state with previous successes in statewide data collection and quality improvement initiative.

The ILPQC is not an enforcement agency and will work closely with IDPH. Grants will be necessary to provide expertise and infrastructure. Gary Loy emphasized the importance of feedback to be successful and suggested monthly feedback.

Data sets such as birth certificate data need to be validated. Other data initiatives like Von and CoIN can be used to enhance and provide standards for data collection to reduce redundancy

The current website is funded by CHIPRA. Members discussed options such as encouraging FQHC's to participate. The next few months will be important formative ones for the ILPQC. Ann Border thanked all for their assistance in the process.

III. SQC Outcomes Task Force Report

Charlene Wells, RN, BS

Charlene Wells indicated the next meeting of the task force will be December 18, 2013.

I V. RQC Committee Updates

Stroger

Perinatal Center Representatives

Karole Smith RN

Stroger reported on three quality initiatives:

A. Tdap CQI Project:

GOAL: that 100% of eligible patients receive the vaccine.

PROCESS:

Each network hospital will track the administration of the Tdap vaccine to post-partum patients in an effort to reduce the incidence of neonatal Pertussis.

The APC will track each of the network hospital's rate of offering the vaccine and actual vaccine administration rate.

Each network hospital is to report their quarterly data at their M&M Conferences. At the M&M Conferences the APC and network hospital will discuss possible strategies for rolling out the administration of the vaccine during the antenatal period.

Administration Rate Results for 2012 ranged from 64-94% per month looking at all Network hospitals combined

Administration Rate Results for 2013 ranged from 82-99% per month

Patients Offered Rate Results for 2012 ranged from 69-90% per month

Patients Offered Rate Results for 2013 ranged from 85-95% per month

B. Elimination of Non-Medically Indicated Deliveries

GOAL: To eliminate non-medically indicated elective deliveries

PROCESS:

The Stroger Hospital Perinatal Network used the California Tool Kit and MOD materials as resources for this project. The APC rolled out the project by incorporating a literature review about the importance of eliminating NMIED at each of the network hospital's M&M Conferences. The review was conducted by the APC's MFM Director.

The project was implemented with provider educations, development and review of network hospital policies regarding elective deliveries, selection of a "hard stop" in each network hospital, development of projects tools and data collection.

Network rates were 13.08% in 2010, 13.7% in 2012 and 10.08% in 2013. Barriers include a lack of all case reviews and HARD STOP problems in hospitals with few OB's

A Hard Stop is any "must call before scheduling". The members discussed the current quality of the hard stops.

C. Breastfeeding Project:

GOAL: That 100% of eligible patients receive education to promote and support breastfeeding

PROCESS:

- Each hospital established a multi-disciplinary committee to identify barriers to supportive breastfeeding practices and to develop strategies to reduce those barriers.
- Each network hospital revised their breastfeeding policy to include skin-to-skin, rooming-in, and milk storage.
- The Stroger Hospital Perinatal Network used information from the Illinois Breastfeeding Blueprint to implement a data collection tool to gather and report breastfeeding data.
- The project was implemented with nurse education.
- The data was reported to the PNC monthly and further discussed in Perinatal Education Committee Meetings.

Education to support breastfeeding rates were 49-89%

Skin –to-skin was 12-36%

Breastfeeding initiated within 1 hour was 12-26%

Breastfeeding at discharge was 23-36%

The membership thanked Karole Smith for her in-depth report.

V. IDPH Update

Charlene Wells, RN, BS

Charlene indicated that all grants have been executed except one and that CEO's can expect Letters from IDPH very soon.

VI. Discussion of CEO Letter < 39 weeks

Deborah Rosenberg, PhD

Deborah Rosenberg stated that the letters sent to each hospital based on birth certificate findings should be considered a snapshot and an opportunity for hospitals to analyze their data processes and compliance with accepted standards. The birth certificate completion and authentication process is a complex endeavor but in many facilities there may be a need for checks and balances to assure data accuracy.

VII. Statewide Quality Projects after Breast Feeding Elective Early Births

All

Joint Commission requires that all hospitals with births over 1100 deliveries comply with core measures but many Illinois birthing hospitals have less than 1100 deliveries.

Howard Strassner suggested that the SQC take on the Birth Certificate project. Ownership of data, proper collection and authentication has been focused in RQC projects in the past. Perhaps this is the time for action. Cindy Mitchell, Pat Prentice and Angela Rodriguez offered to begin an investigation into this project.

Charlene indicated that the MMRC and M+M process will be a focus for facilities in the future.

VIII Adjournment

The meeting was adjourned at 3:50 pm.

