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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL ADVISORY COMMITTEE MEETING
December 12, 2013
1:00 p.m. – 3:00 p. m.
Michael Bilandic Building
160 North LaSalle Street
Chicago, Illinois
5th Floor, Room N-502**

**Howard Strassner, MD, Chairman
Minutes**

Chair: Howard T. Strassner, MD

Attendees: Richard Besinger, Dennis Crouse, Harold Bigger, Bree Andrews, Janet Albers, Phyllis Lawlor-Klean, Omar LaBlanc, Janine Lewis, Robin Jones, Cindy Mitchell, Edward Hirsch, Jose Gonzalez, J Roger Powell, Janet Hoffman, Nancy Marshall, William Grobman

Excused: Barb Prochnicki, Bruce Merrell, Leonard Gibeault

IDPH Staff: Charlene Wells, Brenda Jones

Guests: Jose Sanchez, Maripat Zeschke, Bernadette Taylor, Pat Prentice, Barb Haller, Pam Wolfe, Nancy Arnold, Madiha Qureshi, Jenny Brandenburg, Robyn Gude, Gary Loy, Raye-Ann O de Regnier, Phil Schaefer, Cathy Gray

1. Call to Order & Welcome.....Howard Strassner, MD
Dr. Strassner called the meeting to order at 1:00 pm and welcomed members on site and via conference call as well as guests.

2. Self Introduction of Members.....Howard Strassner, MD
Members and guests introduced themselves
The members took a moment to recognize Cathy Gray as this will be her last Perinatal Advisory Committee. Cathy’s long service and unending dedication to the Perinatal Program through numerous IDPH and Community Service organizations is well known and much appreciated. Members celebrated this milestone with refreshments and wished Cathy the best in all future endeavors.

3. Review and Approval of MinutesHoward Strassner, MD

The minutes of the October 10, 2013 meeting were reviewed. Harold Bigger motioned acceptance of the minutes and J. Roger Powell seconded the motion. The minutes were approved as written

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

A. Approval of Perinatal Advisory Committee By-Laws

The Perinatal Advisory Committee By-Laws were distributed. Howard Strassner indicated that there would still be some minor grammar, spelling and context corrections.

Motion #1 Janine Lewis moved that the by-laws be approved, allowing for the above mentioned corrections.

Harold Bigger seconded the motion. The motion was approved unanimously.

B. Election of Officers

The call for nominees for **PAC Chair** included the following members:

- Dennis T. Crouse
- Harold Bigger (Declined)
- Janine Lewis
- Bree Andrews
- Edward Hirsch (Declined)
- Robin L. Jones (Declined)
- Howard T. Strassner (Declined)

First Vote

- Dennis T Crouse - 6
- Bree Andrews- 6
- Janine Lewis - 2

Second Vote - as the first vote did not produce a majority

- Dennis T Crouse - 9
- Bree Andrews- 6

Dennis T. Crouse accepted the position as **PAC Chair**

The call for nominees for **Vice Chair** included the following members:

- Bree Andrews
- Janine Lewis

Vote

- Bree Andrews - 12
- Janine Lewis - 2

Bree Andrews accepted the position as **PAC Vice Chair**

The new officers will assume responsibilities on **April 10, 2014.**

5. IDPH Update.....Charlene Wells

Charlene Wells gave report on the following items

- The issue of neonatal abstinence is a topic that is worthwhile for the Perinatal Program to consider. Efforts will be forthcoming to assure that birthing hospitals have policies in place to identify and treat infants with substance abuse
- Brenda Jones will be addressing the issue of Discharge Planning to standardize the process and make sure that all relevant IDPH issues are addressed
- Grant agreements are all signed, except one.
- An IDPH Legal staff person has been hired to assist with the perinatal program. She will start on December 16
- A task force to address neonatal volumes and levels of care will be chaired by Raye-Ann O deRegnietur and will commence on December 18, 2013 from 11-2 pm. All are invited.
- Brenda Jones has hired a consultant to give an overview of the current Perinatal Programs and make recommendations for the future.
- Charlene Wells offered her thanks to Howard Strassner and J. Roger Powell for their many years of services as leadership of the Perinatal Advisory Committee.
- Charlene Wells welcomed the new Chair and Vice Chair, Dennis Crouse and Bree Andrews

Howard Strassner asked that the membership of all sub-committees also be reviewed and that PAC appointment dates and expiration dates be included in the membership roster.

6. Committee Reports

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

- Network Reports.....Stroger -

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.

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.

- **ILPQC**

The Kick -off meeting on November 21, 2013 had 180 participants. . Quality experts and from other states explained their start-up and success with their Perinatal Collaborative. 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.

IHA and March of Dimes are presenting a Boot Camp on December 16, 2014 to address the OB Quality Process. They will address methods to improve Vital Statistics data collection, review the March of Dimes Toolkit and help hospital team identify areas of improvement.

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. Registration information was provided.

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.

- **Discussion of CEO Letter < 39 weeks** 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.

Brenda Jones indicated that Claudia Fabian needs to be involved. Cathy Gray stated the birth certificate has been viewed by some as a social document vs. a legal document. Birth Registrars need to have a standard job description. Many other states collect and evaluate the data with required checks and balances.

Howard Strassner mentioned that birth certificate data collection is a legal obligation

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

Dr. Joan Briller, a University of Illinois cardiologist with special interest and experience in peripartum cardiomyopathy was approved unanimously for membership by the committee.

Dr. Stacie Geller and Abby Koch – presented data analysis of Maternal Mortality Reviews 2002-2012.

Indicators discussed included:

- Age of Death
- Site of Death
- Cesarean Rates
- Timing of Death 0-42 days Post Partum
- Characteristics of Reviewed cases indicated there were Direct Causes most of the time.
- Preventability

The disposition of 57% of cases reviewed by the MMRC changed from Not Avoidable to Potentially Avoidable

A suggestion was made to standardize the Maternal Death review process for all Perinatal Centers and to educate Administrators to assure processes are the same across the State.

MOTION #2: Robin Jones motioned that MMRC seek to standardize the Maternal Death Review Process and would like to have active participation of Perinatal Centers in that group.

Discussion:

Janine Lewis described the process with the Child Death Review Committee as a potential model.

Howard Strassner discussed the composition of a Maternal Death Review Process task force

Items for discussion include:

- All of the records must be available
- Individuals that are on the Committee have responsibility for reviews at the Center and Hospital level
- IDPH is involved
- Providing information that is needed by all parties is crucial
- UIC – Data Person

The Task Force should use Preliminary Data to evaluate what it would take to come up with to review all cases. Bill Grobman mentioned that the ultimate goal should be to provide a review of all cases.

Bill Grobman seconded the motion. The motion was approved unanimously.

Subcommittee on Facilities Designation Report.....Cindy Mitchell, RN, BSN, MSHL

A. Site Visit Task Force

Cindy Mitchell reported on a presentation from the Site Visit Task Force of the Grantees to review the Site Visit process. Maripat Zeschke gave the PAC a modified presentation to explain the requests of the Task Force.

The Task Force clearly set forth the requirements for team members by Level of Care.

The recommendations would merge education into the resource checklist, reduce the number of bioskethches, and eliminate the credential requirement already made by other regulatory agencies. All recommendations must be traced to Perinatal Rule requirements.

Robin Jones requested that the Quality portion of the required document be given an earlier and prominent place in the data sets.

The PAC did not approve all the requests but asked for further work in conjunction with the activities already underway to clarify the Appendices and Rule.

B. Silver Cross Request

Silver Cross Hospital requested to also keep mothers at 30 weeks or greater as a Level II with extended capabilities Perinatal Facility. The Subcommittee unanimously denied the request.

MOTION#3: That Silver Cross Hospital keep mothers at 30 weeks or greater as a Level II with extended capabilities Perinatal Facility

The PAC rejected this motion and unanimously supported the decision of the Subcommittee on Facilities Designation.

C. Trinity Hospital Request

Trinity Hospital in Chicago completed the application process for redesignation from a Level 2 to a Level 2 with extended capabilities Perinatal Facility. The Subcommittee approved the request. Trinity Hospital will return to the Subcommittee with a progress report in 18 months if approved by the PAC.

MOTION#4: Cindy Mitchell motioned Advocate Trinity Hospital - Increased from a Level 2 to a Level 2 with extended capabilities. That Trinity Hospital also come back to the Subcommittee in 18 months with a progress report.

The PAC supported the motion with all 15 ayes, 0 nays and 1 abstention.

Grantee Committee Report..... Robyn Gude, RN, MS

Robyn Gude, Vice Chair gave the report.

- Site Visit Process : information as discussed above was presented. Special thanks to the Site Visit Task Force for the hard work and dedication to improving the Perinatal Site Visit process-
- Ann Borders presented the ILPQC and discussed the role of Perinatal Centers and - Network Hospitals and the development of the Consortium with current quality initiatives and committees
- Neonatal Abstinence and the need for standards and policies was discussed

- Julia Howland talked about elective delivery data and presented an algorithm to address the quality of the birth certificate process
- POEI – fetal monitoring modules – four will be used for the upcoming year- Administrators will survey the membership on how they are using the modules. This effort by the Perinatal Educators of Illinois has allowed hospitals to achieve compliance with Perinatal Rules and has been a great effort by that team.

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

- ACOG – prior vertex, poor pregnancy outcomes, Dr. Strassner asked about definitions and concerns
- The membership praised facilities for their support of the Site Visit Review process
- Chicago Maternal Child Health Advisory Committee - Cathy Gray reported EMS in-services being provided as the first step in having EMT’s to do a basic assessment of obstetric patients. The effort was an educational program with question and answer time for 40 EMS. The EMS contact for CHCHAC suggested EMT’s start asking these questions without a change in rules and look at their base referral without any change in current status. The objective is to avoid double transfer to a higher level of care. A list of Level IIE’s and Level III’s was provided. Continuing discussions with CDPH will be held moving forward. To accomplish a change will necessitate a rule change for the EMS division.

8. AdjournmentHoward Strassner, MD

The meeting was adjourned at 2:56 pm.

**Next Meeting, April 10, 2014 James R. Thompson Center, Chicago, Illinois 100 W. Randolph Street
9th Floor Conference Room 031**