



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

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

**April 10, 2013**

**2:00 p.m. – 4:00 p. m.**

**Michael Bilandic Building**

**160 North LaSalle Street**

**Chicago, Illinois**

**5<sup>th</sup> Floor, Room 502**

**Harold R. Bigger, MD, Chairman**

**MINUTES**

**Chair:** Harold Bigger

**Attendees:** Cora Reidl, Patricia Bovis, Robyn Gude, Karen Callahan, Robin Jones, Pam Wolfe, Lenny Gibeault, Maripat Zeschke, Deb Rosenberg, Angela Rodriguez, Pat Prentice, Cindy Mitchell, Stephen Locher, Trish O'Malley, Elaine Shafer, Richard Besinger, Barb Prochnicki, Gary Loy, Robyn Gude, Susan Knight, Ann Borders

**Absent:** Cathy Gray, (excused)

**Guests:** Kristin Salyards

**IDPH Staff:** Charlene Wells, Brenda Jones, Rosemary Garcia, Gwen Smith, Nancy Martin

**1. Review and Approval of Minutes-December 12, 2012**

The minutes of the December 12, 2012 meeting were reviewed. Barb Prochnicki moved approval, seconded by Gary Loy. The minutes were approved as written.

**2. Regional Quality Council Report-Rockford Perinatal Center-Barb Prochnicki**

Barb Prochnicki discussed the current RQC projects for the Rockford Perinatal Center.

**A. Elimination of Non-medically Indicated (Elective) Deliveries before 39 weeks Gestational Age:**

Rockford's RQC had amazing results with full implementation. The incidence of cases in eleven Network hospitals decreased from 84 to 1 with implementation of the project. Members asked if hospitals had any problem with "work around hard stops" such as using undocumented diagnoses of oligohydramnios, low AFI, PIH, and others to justify induction or scheduled Cesareans < 39 week. The Network provided physician education requiring documentation of diagnoses. Amniocentesis is reliable

in determining lung maturity but does not relate to other systems; therefore this diagnosis is not used as justification. The RQC will continue to monitor this process.

## **B. Critical Cardiac Pulse Oximetry for Newborn Screening:**

All hospitals now have oximetry in process. The Network used the on-line toolkit from the “Children’s National Medical Center”.

The toolkit provided a  
Program Overview  
Screener Training Guidelines  
Education for Parents and Guardians  
Advocacy  
References

The vision is that all infants with critical congenital heart defects are detected before leaving the nursery. The five “W’s” – Who, What, Where, When and Why guide the process.

Rockford created screening recommendations:

- Do with other required screenings
- Assign staff to be ‘super users’
- Have a quiet area available for screening
- May use reusable or disposable oximeter probes
- Use right hand/wrist and one foot after 24 hours of age
- Establish guidelines for documentation and communication of results

False positives are very rare.

Screening forms are provided, with the toolkit. It is important to document scores in medical records and in an EMR if available as the results need to be part of the Newborn medical record and accessed if necessary.

Illinois is currently working on a house bill to mandate congenital heart screening. The Metabolic Screening board felt most hospitals would initiate screening voluntarily.

## **3. Elective Deliveries < 39 weeks Quality Project - Susan Knight**

Susan Knight described a survey regarding “Non-Medically Indicated Early Term Delivery Activities” that was developed by the Florida Perinatal Collaborative with support from the March of Dimes Big 5 States and the HRSA COIN States. The survey focuses on hospital policy, enforcement and quality improvement activities around this issue. The survey is not looking at rate but at process questions.

The Illinois Section of the American College of Obstetrics and Gynecology, the Illinois Hospital Association, the Illinois Chapter of the March of Dimes, and the Illinois Department of Public Health have collaborated and will be sending the survey to all Illinois birthing hospitals.

The survey was distributed to all members with the sample cover letter to CEO’s.

The Perinatal Centers are providing Network Hospital nursing administrator lists to Susan Knight to assist in getting the survey and request out expeditiously. The goal is to have top nursing managers complete the survey after consultation with members of the obstetric department. The Illinois Hospital Association

has offered to collect the survey data and prepare a report. The Illinois Hospital Association will use “survey monkey” to collect data. The timeline is fairly quick; all responses will be entered on-line within a two to three week timeline.

Susan Knight thanked the Perinatal Administrators and Charlene Well for their quick response to her contact request

Part of ASTO Challenge. The process will preserve anonymity. The survey requires the hospital name but only de-identified data will be released.

#### **4. EBBHI- Evidence Based Breastfeeding Hospital Initiative Update – Karen Callahan**

Health Connect One has completed development of the Hospital Breastfeeding Toolkit to assist Illinois maternity hospitals in implementing EBBHI and the Hospital Infant Feeding Act.

The toolkit is available online at  
[www.ilbreastfeedingblueprint.org/pages/introduction/57.php](http://www.ilbreastfeedingblueprint.org/pages/introduction/57.php)

Minimum Statewide Quality Indicators have been established and include:

- *All Infants*
  - **Step 4** Provide **Skin to Skin** Contact for at least 30 minutes to all patients without complications regardless of feeding method within 2 hours of delivery
  - **Step 7** Promote **24 hour rooming in** to keep mothers and babies together unless medically indicated
- *Breastfeeding Infants*
  - **Step 4** **Initiate breastfeeding within 60 minutes** for all uncomplicated vaginal and cesarean births
  - **Step 8** Facilitate **breastfeeding on demand**
  - Educate and promote patients and families on the benefits of **exclusive breastfeeding**
  - **Step 6** Support **exclusive breastfeeding** by **avoiding** the use of **routine supplementation** of breastfeeding infants through the use of formula, glucose, or water unless medically indicated.
  - **Step 5** For mothers who are separated from their babies educate and **initiate breast pumping** as soon as possible post delivery or within 6 hrs

In order to be compliant with the Illinois Infant Feeding Act of 2013, all Illinois Birthing Hospitals must have an infant feeding policy that promotes breastfeeding.

The policy must be communicated to hospital staff, include guidance for the use of formula if preferred by the mother; describe when supplementation is medically necessary or when exclusive breastfeeding is contraindicated

As part of the toolkit, a lending library has been provided to six Perinatal Networks. The library includes:

- Hospital Breastfeeding Toolkit Booklet
- 3 USB drives containing all toolkit documents and templates
- Illinois Breastfeeding Blueprint: A Plan for Change booklet
- Illinois Physician Statement on Breastfeeding booklet
- Books
  - Medications and Mother’s Milk 3 copies

- Mini Medications and Mother's Milk 6 copies
- DVD 2 copies
- Skin to Skin in the First Hour After Vaginal Cesarean Birth
- The Magical Hour: Holding Your Baby Skin to Skin After the First Hour After Birth
- Two Breast Models for demonstrating hand expression
- Fact Sheet Pad – The First Hour After Birth: A Baby's 9 Instinctive Steps

The number of hospitals seeking Baby Friendly status continues to grow. Little Company has achieved Baby Friendly status.

### **Grant Activity:**

#### **CPPW:**

The original federal grant was Communities Putting Prevention to Work (CPPW) which involved ICAAP and Health Connect One. This included Suburban Cook County.

CPPW project, and Healthy Places, a joint collaboration between the Chicago Department of Public Health and the Consortium to Lower Obesity in Chicago Children (CLOCC) covered the city of Chicago. Both the suburban Cook County and Chicago grant period included 2011- 2012.

#### **We Choose Health – Community Transformation Grant:**

- A multi-year Illinois Department of Public Health initiative to encourage and support the implementation of proactive health programs that fall under three categories: Healthy Eating and Active Living; Smoke-free Living; and Healthy and Safe Built Environment.
- We Choose Health has awarded 21 grantees, covering 60 counties and impacting almost 3 million people. \$3.8 million goes directly to communities to implement programs that address nutrition and access to healthier foods, to increase physical activity and to promote breastfeeding
- Strategies will be targeted toward serving residents in rural counties and racial and ethnic minority groups in urban areas to reduce health disparities.
- ICAAP and the Illinois Maternal and Child Health Coalition are providing technical assistance to 3 grantees working with about a dozen hospitals to become Baby Friendly

We Choose Health Grants address the needs of the entire state. Current grantees are the Whiteside County Health Department, Logan County Health Department and the Clinton County Health Department.

ICAAP currently has \$10,000 grants available to assist hospitals in reaching Baby Friendly status. Hospitals interested have to obtain training by September 29, 2013. Notice will go out shortly.

Deb Rosenberg stated that as part of the School of Public Health and Illinois Department of Public Health. Dr. Hasbrouck approved updating the Blueprint for Illinois with a focus on getting reliable data. She indicated that smaller geographic areas may obtain information by using PRAMS. She asked for any data sources that may support the issue.

The Joint Commission 5 perinatal core measures will be required for all hospitals doing over 1100 deliveries by January, 2014. Many hospitals in Illinois do less than 1100 deliveries a year.

Continued reports will be given when available.

### **5. IDPH Update**

**Charlene Wells**

Charlene Wells introduced Brenda Jones, the Deputy Director of the Office of Women's Health.

Ms. Jones introduced Rosemary Garcia, her assistant.

Gwen Smith, Illinois Department of Healthcare and Family Services, IL Project Director, CHIPRA Child Health Quality Demonstration Grant was introduced.

Gwen Smith and Ann Borders discussed the activities of CHIPRA including:

**Prenatal Electronic Data Set (PEDS):**

The PEDS was developed to address a need recognized by the Illinois Department of Healthcare and Family Services for hospitals of delivery and prenatal providers to have access to information related to a woman's prenatal care including test results and risk factors.

The PEDS provides basic data. Ideally an electronic system will be developed to access record on any Medicaid patient who presents for care.

Members reviewed the PEDS and recognized the need for this data. Further updates on the process of launching the application will be made available.

**Prenatal Care Quality Tool:**

Gwen Smith presented the tool to the membership.

A review of women who had adverse pregnancy outcomes indicated that 80% of prenatal care documentation did not meet minimal quality standards. Providers are getting paid regardless of quality of care. While at present linking quality to reimbursement is not planned, minimal quality standards have been developed. The tool focuses on prenatal quality standards and providing the education that patients need. The group worked closely with ACOG standards. The objective is to have quality standards that reduce variability.

The tool addresses clinical element, labs, education and referrals for each trimester. Currently there is discussion about how the document can best be used. The project is still at a point where there is a need to have stakeholders look at it and get input. There is also discussion as to the best way to pilot the tool in a Prenatal Clinic setting.

Gary Loy, who has been involved in the project suggested marketing the tool as an ongoing real time chart audit, a tool to guide clinics to make sure care is given gets documented.

Gwen Smith stated the Maternal Child Health Coalition is involved in discussions.

Gwen Smith also gave a brief report on the efforts to establish an Illinois Perinatal Collaborative. Due to the time factor further discussion will be postponed until the next meeting.

**6. Adjournment**

A motion to adjourn was made by Pat Prentice and seconded by Robyn Gude. The Meeting was adjourned at 4:12 PM

