



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

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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL ADVISORY COMMITTEE MEETING**

April 11, 2013

1:00 p.m. – 3:00 p. m.

Michael Bilandic Building

160 North LaSalle Street

Chicago, Illinois

5th Floor, Room 502

MINUTES

Chaired: Howard Strassner, MD, Chairman

Attendees Richard Besinger, Jose Gonzalez, Dennis Crouse, Harold Bigger, Bree Andrews, Bruce Merrell, Phyllis Lawlor-Klean, Cathy Gray, Janet Hoffman, Nancy Marshall, Omar LaBlanc, Leonard Gibeault, Janine Lewis, Edward Hirsch, Robin Jones, Susan Knight, Barb Prochnicki, Janet Hoffman, Robin Jones, Janet Albers

Absent: J. Roger Powell, William Grobman,

IDPH Staff: Tom Shafer, Charlene Wells, Brenda Jones, Allan Abinoja, Rosemary Garcia

Guests: Jose Sanchez, Maripat Zeschke, Cindy Mitchell, Bernadette Taylor, Pat Prentice, Barb Haller, Jenny Brandenburg, Nancy Arnold, Robyn Gude, Kristin Salyards, Steven Locher

1. Call to Order & Welcome.....Howard Strassner, MD
Howard Strassner called the meeting to order at 1:00 pm

2. Self Introduction of Members.....Howard Strassner, MD
Members and guests introduced themselves. Guests included Allan Abinoja, counsel for IDPH and Jose Sanchez, CEO of Norwegian American Hospital, Nominated for the PAC

3. Review and Approval of MinutesHoward Strassner, MD
The Minutes of the December 13, 2012 Meeting were reviews. Robin L. Jones indicated one change in the SQC report: "The CDC report will be out by Summer 2013." Phyllis Lawler Klean moved approval of the minutes, seconded by Jose Gonzalez. The minutes were approved with the change.

4. Old Business.....Howard Strassner, MD
Howard Strassner indicated that the PAC By-laws are not formally approved; he suggested that a few revisions from the information presented December 2011 may be indicated.

5. IDPH Update.....Charlene Wells
Brenda Jones – Brenda Jones, the Deputy Director of the Office of Women's Health, explained her

role and introduced Rosemary Garcia, her administrative assistant

Tom Schafer – Tom Shafer indicated that the Governor has announced the budget and that the Perinatal Program is in place. Budgets will be out very soon and funding level the same as last year.

Charlene Wells – Charlene Wells indicated that three vacancies on the PAC have persons nominated and those nominations are awaiting approval of the Director. They include Jose Sanchez from Norwegian and Mike Farrell from Advocate Healthcare and Phil Schaefer from Southern Illinois Healthcare.

6. Committee Reports

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

- **Rockford Quality Council Report:**
 - Rockford’s RQC had amazing results with full implementation of the < 39 week elective induction and scheduled Cesarean Project. The incidence of cases in eleven Network hospitals decreased from 84 to 1 in the last quarter 2012
 - Pulse oximetry in newborn infants. Adopted by all Network hospitals without any questions. The Network used the on-line toolkit from the “Children’s National Medical Center”. The vision is that all infants with critical congenital heart defects are detected before leaving the nursery
- **Survey of < 39 Week Elective Delivery Policies in Illinois Birthing Hospitals**

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 CoiIN States.

The survey focuses on hospital policy, enforcement and quality improvement activities. 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. Contact data for nursing leadership has been submitted to IHA.

Susan Knight thanked the Illinois Hospital Association for their willingness to distribute, collect and collate data.

- **EBBHI- Evidence Based Breastfeeding Hospital Initiative Update**

Karen Callahan announced that 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. Funds from ICAAP funded a lending library. Perinatal Administrators have access to toolkits and the lending library.

The toolkit is available online at 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

The Illinois Chapter of the American Academy of Pediatrics has Grants of \$10,000 to assist hospitals in obtaining “Baby Friendly” status.

- **CHIPRA** – Gwen Smith Illinois Department of Healthcare and Family Services, IL Project Director, CHIPRA Child Health Quality Demonstration Grant attended the meeting. Together with Ann borders they presented information on CHIPRA activities including the following:

- **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.

- **Prenatal Care Quality Tool:**

A review of women who had adverse pregnancy outcomes indicated that 80% of prenatal care documentation did not meet minimal quality standards. The tool addresses clinical elements, labs, education and referrals for each trimester.

The group worked closely with ACOG standards. The objective is to have quality standards that reduce variability.

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

- **New Members:** Harold Bigger requested the addition of two new members to the SQC – Susan knight and Philip Higgins.

MOTION #1 to appoint Susan Knight and Phillip Higgins to the Statewide Quality Council

Harold Bigger made the motion, Leonard Gibeault seconded, the motion was unanimously approved

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

- A publication by Cynthia Wong is being submitted to the journal “Simulation in Healthcare”. The article describes the Obstetric Hemorrhage Education Project and provides an analysis of learning that took place by analyzing pretest and post-test results by discipline. Nurses were found to have the greatest percentage of improvement on post-tests

- Harold Bigger indicated that the IRB’s are ready for submission to gain the data necessary for the MMRC to do the following:
 - Prepare an Annual Report that will provide comprehensive information regarding the number and causes of Maternal Death
 - Making such reports available to national data bases
 - Comparing data between first level reviews and MMRC reviews

- Harold Bigger also presented an article from 1952 that looked at Maternal Deaths in a four year study from 1948-1952 indicating that Illinois was one of eight states that “carries on a thorough investigation of all maternal deaths by personal visits of a qualified obstetrician.”

- A Proposal to return Case Assessments from the Maternal Mortality Review Committee to Perinatal Centers and Network Hospitals was made and a motion approved to proceed as follows:
 - MMRC Case Assessments and the original Maternal Mortality Review prepared by the Perinatal Center and Hospital will be returned to the Illinois Department of Public Health. (Charts from IDPH will be shredded to comply with the Medical Studies Act)
 - The Illinois Department of Public Health will return the MMRC Case Assessment and the original Maternal Mortality Review to the appropriate Perinatal Administrator under a “For Your Eyes Only” traced communication.
 - Follow-up communication will occur between the Perinatal Center and the hospital in a protected setting.
 - The MMRC’s role is to make the recommendation – not to receive further reports as to Perinatal Center/Hospital actions on the recommendations.
 - Starting in 2013, Case Assessments will be completed at the time of the meeting and sent to the Perinatal Center under a “For Your Eyes Only” traced communication within three weeks of the meeting.

The PAC membership agreed with the process described by the Maternal Mortality Review Committee. This proposal fits the process described by other states as discussed at the CDC. Many states have not yet made individual hospital recommendations from their MMR Committees. The Illinois MMRC will abide by the Illinois Medical Studies and the Illinois Perinatal Rule in this process.

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

- **Proposal for Regionalized Perinatal Health Care Review - Dennis Crouse**

Dr. Crouse gave a presentation that included the progress of the Regionalized Perinatal Health Care Code adopted in 1981. The presentation stressed that Illinois is a leader in regionalization with nationally recognized programs.

Level III hospitals now number 25. However, there are no Level III facilities report below I-72 for 237 miles. Population growth and birth rates were discussed noting that Cook county rates have decreased by 6.9% in the past 10 years while Will, Grundy, Boon and Kane counties had a 25% increase and Kendall had a 10% increase. The minority percentage includes 14.3% Black and 15.8% Hispanic

The presentation stated that the current Administrative Perinatal Distribution is not aligned with population or growth with six APC' in the area of declining population and births. Non-APC Level III facilities have assumed the role of education and oversight.

Current concerns include the assignment of resources, the difficulty in maintaining skills with small "N's", personnel supply, competition and parental hardship based on some transport systems.

The presentation concluded with recommendations that an in-depth review of current regionalization be done to ascertain the appropriate number of APC, Level III's, hospital designation categories, (review AAP recommendations), study of population growth and births, with the desired result a dynamic system able to change with state needs.

Discussion continued including the cost of empty bed space, impact as seen from other states in the Vermont/Oxford study. Possibly the study could result in reduced costs to the state. The membership also discussed the role of the Certificate of Need Board in the designation of facilities. A motion was discussed with the determination of the following motion

MOTION #2 There is to be an evaluation of Perinatal Regionalization to review the need for Level III's, Perinatal Centers and the impact of population and birthrates

Dr. Crouse made the motion; the members approved the motion unanimously. Further discussion indicated the need for the development of a work plan. Working with the ICAPP Committee on Fetus and Newborn was discussed

- **Subcommittee on Facilities Designation**

- Cathy Gray discussed the request from St. Elizabeth Hospital in Bellville to change from a Level II with extended capabilities to a Level II. The Subcommittee approved this request.

MOTION #3 That St. Elizabeth Hospital in Bellville receive approval to change designation from a Level II with extended capabilities to a Level II.

Cathy Gray made the motion, Harold Bigger seconded, and the motion was unanimously approved.

- St. Alexis Hospital and Centegra Hospitals have made a request to switch Networks. St. Alexis will have a Site Visit on May 1, 2013 regarding this request.

- Discussion regarding out of state hospitals continued. Further information will be needed. A packet of information will be prepared for the June 13, 2013.
- Discussion of the process of the election of a Chair for the Subcommittee on Facilities Designation was held: no final decision for chair replacement has been made. The Subcommittee approved a motion to forward the process of identifying a Chair to the Perinatal Advisory Committee

The chair of the subcommittee must be a member of PAC.

Cathy Gray discussed options and would like this settled by June. Howard Strassner indicated that the subcommittee is a very active committee and requires extensive time commitment. Lenny Gibeault indicated that one candidate who was voted on is not a member of PAC.

- Presence St. Joseph Hospital did a review for the Level III 18 month follow-up. Cathy Gray complimented the review stating that it was well presented and documentation was complete. Regular three year Site Visit reviews with Rush will follow.

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

Lenny Gibeault presented the following activities that took place at the Grantee Meeting of April 9, 2013:

- **POEI representatives presented progress EFM project:** A 4th case study is ready for distribution. The workgroup presented the costs for producing the studies. POEI requested feedback and evaluation for those using the cases. They plan to publish their activities. The Grantees thanked them for an excellent job and recognized the time and effort expended.
- **Maternal Death Chart Checklist:** IDPH requests medical records and receives 1000's of pages to abstract. The MMRC put together a checklist of mandatory review data. In the future requests will not go to Medical Records but to the OB manager or administrator. One person needs to be responsible for the production of organized chart data
- **Pulse Oximetry Data Collection Tool:** A draft tool was presented. The State will not be collecting the data.
- **HIV reporting for non-birthing hospitals:** A reporting tool was shared but there is not a current mandate that non-birthing hospitals report monthly.
- **Breastfeeding and EBC letter:** The letter describing the new Birth Certificate Requirements for breastfeeding documentation was shared
- **Kick count tracking:** HR 0047 encourages kick counts with the recommendation of ACOG. Encourages the “people of this State to raise awareness of kick counts”.

- **HB 2685 – Home Birth Safety Act:** This bill which would allow for the certification of Lay Midwives has been sent to Rules for review. It was noted that this is a big concern for downstate populations
- **Termination of Pregnancy forms:** Dr. Hasbrouck’s letter and the revised Termination of Pregnancy form and the new Complication of Termination form were shared.

7. New Business.....Howard Strassner, MD
 Janine Lewis discussed a presentation to be given at the next meeting.

Allan Abinoja, IDPH attorney and ethics officer reminded the members that ethics training needs to be done every year.

Dr. Besinger was welcomed back.

Table Microphones were requested for the next meeting

8. AdjournmentHoward Strassner, MD
 Cathy Gray made a motion to adjourn, Janet Hoffman seconded. The meeting was adjourned at 2:55 pm.

Next Meeting June 13, 2013 at 1:00 PM
Michael Bilandic Building - Room N-502