



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL ADVISORY COMMITTEE MEETING

June 13, 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

Chaired: Howard Strassner, MD, Chairman

Attendees Richard Besinger, Dennis Crouse, Harold Bigger, Bree Andrews, Janet Albers, Phyllis Lawlor-Klean, Janet Hoffman, Nancy Marshall, Omar LaBlanc, Leonard Gibeault, Janine Lewis, Robin Jones, Susan Knight, Janet Hoffman, Robin Jones, Janet Albers, J. Roger Powell, , Cindy Mitchell, J Roger Powell

Absent: Barb Prochnicki, (excused), William Grobman (excused) Edward Hirsch, Jose Gonzalez, Bruce Merrell,

IDPH Staff: Charlene Wells, Brenda Jones,

Guests: Maripat Zeschke, Bernadette Taylor, Pat Prentice, Barb Haller, Jenny Brandenburg, Nancy Arnold, Steven Locher, Cora Reidl, Cathy Gray, Angela Rodriguez, Pam Wolfe, Joel, Fisher, Kathy Ferket, Lynne Barnes, Myra Sabini, Carol Rosenbusch, Karen Lepucki, Karen Colby, Scott MacGregor, Michael Socol, Stephen Scogna, RayeAnn O. Deregnier, Mike Farrell, Kerry O'Rourke, Angela Rodriguez, Ray Spooner, Mia Anthony, Caryn Valadez, Ann Borders, Madiha Qureshi

1. Call to Order & Welcome.....Howard Strassner, MD

Howard Strassner welcomed members and guests at 1:00pm.

2. Self Introduction of Members.....Howard Strassner, MD

Members and guests introduced themselves. Special mention was made that Cathy Gray has retired. Cindy Mitchell will be assuming the position from the Genetic Screening Advisory Board. All Members thanked Cathy Gray for her many years of service to the PAC and Chair of the Subcommittee on Facilities Designation.

3. Review and Approval of MinutesHoward Strassner, MD

The minutes of the April 11, 2013 meeting were reviewed. Dennis Crouse moved approval and Lenny Gibeault seconded, the minutes were approved as written

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

Howard Strassner indicated that the By-Laws would be discussed under IDPH update at the end of the meeting.

5. IDPH Update.....Charlene Wells

- By-Laws for PAC will be discussed at the end of the meeting
- The Perinatal Center Budget was cut \$11,000 or \$1100 per perinatal center. Dr. Strassner asked if all the deliverables could be accomplished with the budget cut. Discussion included the possibility of reviewing time and responsibilities. Lenny Gibeault responded the Grantees could accomplish this.
- Brenda Jones presented data regarding the IDPH Office of Women’s Health Paradigm Shift – Information included foci on the following:
 - Title V has a mission and mandate to report and embrace the efforts of all programs aimed at women and children and has a Population Focus that aligns with the Institute of Medicine Report, “The Future of Public Health”.
 - Emphasis is a shift from provision of direct services to assembling the evidence base and providing leadership for surveillance, program planning and evaluation, and systems development.
 - Title V programs moving to IDPH are:
 - Family Planning
 - Children with Special Health Needs
 - Asthma (MCH)
 - CDPH Mini Block Grant (MCH)
 - Coordinated School Health Education and Coordinated School Health Education (Tech)
 - Coordinated School Health Centers
 - Illinois Subsequent Pregnancy Prevention
 - Teen Pregnancy Primary Prevention
 - Working relationships with other agencies will be maintained
 - Will provide opportunity, responsibility and capacity to measure and improve performance and evaluate the effectiveness of MCH interventions and translate data into the information needed for decision-making
 - The Illinois Maternal and Child Health system will be in a stronger position to use data to identify needs, set priorities, target resources and measure impact in short, to be data-driven -- if placed in IDPH
 - Title V Goals: Align goals, programs, activities with MCHB/Dr. Lu’s MCH 3.0 Vision related to 5 areas:
 - **Access:** gap filling, outreach, provider participation, limit barriers
 - **Quality:** initiatives and collaborative (CHIPRA, ASTHO Challenge, FIMR, MOD projects, High Five, Text4Baby)
 - **Integration:** perinatal regionalization for high risk pregnancies/hospitals, ECCS integration/linking, CYSHCN transition to adult services, *continuum of care across the life course*
 - **Accountability:** SSDI/Block Grant coordination—how align to be a service? How can we use real-time data to inform work/activities? Improve data quality. Fill gaps.
 - **Equity:** inequality roots in early childhood—how can we combat this and reduce impact on poor/negative prenatal, perinatal, and early childhood experiences? Focus on early interventions, transition to later interventions/services, focus on healthy preconception and prenatal.
 - Additional goals include redesign of website, improved data systems, increased coordination with Family Planning, increased contact and technical support to grantees and contractors

6. Committee Reports

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

RUSH and University of Illinois Perinatal Center reports:

University of Illinois

Part 1. Hospital Assessment Data

Shirley Scott presented an in-depth analysis of the Hospital Assessment used in 2006 and 2009 as part of the Illinois Obstetric Hemorrhage Education Project. Each birthing hospital was required to produce data regarding the readiness of the hospital to perform in obstetric emergencies including lab resources and timing, blood bank resources and timing, rapid response team integration, policies and staff knowledge.

Major changes from 2006 to 2009 included:

- **Blood loss estimation responsibilities switched from Anesthesia to Nursing -**
- **Weighing declined in 2009**
- **Average length of time to get blood products decreased**
- **Mean times for lab results have decreased**
- **Medication changes in ER and OR have changes with grouping of hemorrhage drugs and equipment**
- **Specialty services increased both in location and time. There was an increase in the number of hospitals that had Obstetric providers in house 24/7.**
- **Vascular Surgeon and General Surgeons had a decrease in availability.**
- **Rapid Response Teams tend to be Hospital based fro Level I, II and II+ and unit based for Level III's.**
- **50% of hospitals are doing debriefing after hemorrhages and 61% debriefed 10 times or more.**

Benchmark Assessments: Pre and Post education scores were compared and it was determined that knowledge was sustained. Maternal fetal medicine specialists had the lowest degree of change and nurses the largest.

On-Going Requirements for the OBHEP include

- **All staff must complete all components within one year of hire**
- **Hemorrhage cases must be reported to the perinatal center monthly.**
- **Site Visit Process will continue to review progress on OBHEP including quality monitoring**

There has been a trending down with hemorrhage deaths since 2005-2006. Nancy Martin is identifying cases and noting a decline.

Project Outcomes include:

- **Synergistic effect between public health and private sector**
- **Knowledge gained during training was sustained greater than six months**
- **Increased collaboration and teamwork efforts**
- **Identification of workarounds**
- **Incorporating hemorrhage prevention and treatment protocols into the QA process has maintained awareness of ALL hospital staff**

Part II Network Breastfeeding Project

Maripat Zeschke described the following phases:

- Phase 1
 - Network discussion regarding data being collected
 - Network discussion regarding measureable elements
 - Breastfeeding Blueprint distributed
- Phase 2
 - Network Lactation Staff meeting
 - Developed and distributed survey
 - Discussed staff education and training
 - Illinois Hospital Breastfeeding Toolkit distributed
- Phase 3
 - Hospital Survey responses evaluated
 - Collection tool for data developed
 - Electronic Birth Certificate data evaluated

Phase 1 was a year ago and Phase 2 was six months ago

Breastfeeding meetings included lactation consultants with administrators and educators.

Prior to these meetings lactation consultants did not know the new questions on the birth certificate/Illinois Hospital Report Card

Level III's (5) Average lactation staff =3 FTE's, one hospital has 24 hr lactation coverage. 100 have done skin-to-skin training, Rates range from 74-96% but are not including Cesareans.

Level II E's (3) Average lactation staff =1.2 FTE's) one with no FTE, two did skin-to skin training and only one tracked with 60%

Level II (2) No lactation FTE's, both did skin-to-skin training and one tracked with an increase from 39% to 59.8% in six months

Skin to skin needs an avid MD champion

Future meetings will focus on uniform definitions and lactation meetings.

Perinatal Mortality Review

An analysis of causes of death for 1997-2003 and 2004-2009 was done indicating that Potentially Avoidable perinatal deaths is slightly increasing with about 25% with some factors, fetal death show about 15% factors while neonatal deaths show about 10% factors. Race was determined, Potentially Avoidable cases are about 60 % ascribed to the patient, with neonatal, systems, hospital of delivery, prenatal site and emergency room listed in descending order.

The four most common reasons for death are

- Extreme immaturity
 - Abruptio
 - Sepsis
 - Chorioamnionitis
-

RUSH/AIMMC Co-Perinatal Center

Karen Callahan presented the following on the EBBHI project for the second year:
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)

4th Quarter

- Report Quality Outcomes
 - Complete Network Breastfeeding
Practice Survey
 - Report Status (RQC Network Report)
- Five network hospitals are on the Baby Friendly pathway.

Progress on the steps for the Breastfeeding Blueprint include:

- **Step 1 Policy – all hospitals (Level III 6; Level II E 4, Level II 4) have completed the Infant Feeding policy and shared it at the Annual Meeting**
- **Step 2 Staff Training all but one hospital has initiated training. The five hospitals on Baby Friendly Pathway have on-line or didactic training. Talking point have been developed for staff**
- **Step 3 Patient Education on the Benefits and Management of Breastfeeding. All hospitals provide educational materials and include in prenatal classes and inpatient lactation consultants. Some have brought materials to physician offices and three have focused breastfeeding classes**
- **Step 4 Skin to Skin and Initiate within 60 minutes: all hospitals have initiated and some have 90% + rates, vaginal and Cesarean**
- **Step 5 Educate on breast pumping: All hospitals are educating on breast pumping**
- **Step 6 promote exclusive breastfeeding. All hospitals educate mothers on risks of supplementation and many have developed scripts to ensure consistency in education**
- **Step 7 promote 24 hour rooming-in: All hospitals have encouraged rooming-in and many have eliminated newborn nurseries**
- **Step 8 Facilitate Breastfeeding on demand: All hospitals teach and encourage breastfeeding on demand**
- **Step 9 Pacifiers and Artificial Nipples: more work needs to be done to educate staff to eliminate this practice unless medically indicated**
- **Step 10 Breastfeeding Support Groups: Five hospitals have established.**

All Network hospitals submit a Revised Quarterly report on the progress on the steps.ve.

Problems have included lack of support from some physicians, some negative patient satisfaction with 24 hour rooming in, visitors, and the need to improve staff communication skills.

A lending library is available in the Network and a subcommittee is forming measureable quality monitors for the steps to be used by all Network Hospitals

Harold Bigger indicated that Raye-Ann O. Deregnier presented information from Pediatrics 2012 "Levels of Neonatal Care: Committee on Fetus and Newborn" August 27, 2012. A page referencing the article and a comparison of the AAP recommendations and Illinois Current levels was circulated to the PAC membership. She explained the rationale that infants < 32 weeks/<1500 grams do better when born in Level III.

Discussion at the SQC included that consideration of the AAP recommendations would lead to more births at Level I hospitals, fewer transfers of late preterm infant to Level III hospitals, evidence for improved mortality for <32 week/<1500 grams preterm infants with deliveries at Level III NICU's and the introduction of Level IV would allow these facilities to concentrate on the care of complex surgical patients with increasing expertise to improve outcomes.

The SQC made the motion below that was unanimously approved by the SQC membership. Dr. Bigger brings the same motion to the PAC for approval.

MOTION #1: The SQC will convene a task force to determine the best method to assess neonatal outcomes based on hospital level of care and volume.

Harold Bigger presented the motion, J. Roger Powell seconded; the motion was approved unanimously.

Harold Bigger invited persons who have interest to be on this task force. Members of the task force do not have to be members of the PAC.

Harold Bigger indicated that William Mc Kendrick, a neonatologist, has requested to be a member of the SQC. There were no objections from the PAC.

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

Stacie Geller with the help of Abby Koch and Deborah Rosenberg presented a ten year maternal death review analysis.

Incidence of maternal mortality at first level reviews was compared with MMRC reviews, analysis of that will be finalized and hopefully presented to PAC and the Director in the near future.

The MMRC recommended that the Perinatal Administrators have a review of the requirements of a first level review. The review will include using the right format, reducing the number of incomplete forms and the appropriate assignment of causes of death.

The MMRC also recommended a review of maternal deaths at the hospital level. A workgroup will be formed to look at opportunities at hospital level

Harold Bigger is working with Harold Duckler regarding the ability to share data to allow additional publication of data from the MMRC. He is awaiting an answer regarding the need for IRB approval to share data.

Pre-Eclampsia and Resuscitation workgroups have been formed and will have a report for October MMRC meeting.

Resuscitation is looking to present guidelines for care of OB patients, looking for outcomes.

An AMCHP grant involving the assignment of MMRC's with experience to be able to assist states with new MMR review committees has been offered for applications. Deb Rosenberg, Nancy Martin, Stacie Geller and Gary Loy are planning to complete the application for Illinois. The MMRC appreciates their efforts to submit the application under a tight timeframe of June 21, 2013

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

- Northwest Community Hospital – presentation June 13, 2013

Northwest Community Hospital had presented an update on Level III status at the meeting of June 14, 2012.

The Subcommittee at that time had concerns regarding the lack of provision of surgical services as required under the Level III resource requirements. Subsequently, Northwest Community Hospital presented a detailed surgical services plan indicating how compliance would be met in 90 days. Quarterly reports of surgeries performed and infants transport out for surgery with details to IDPH were required.

Northwest Community Hospital came before the committee today with submitted lists of surgeries and those transferred out

Discussion with the Northwest Community Hospital representatives and Northwestern Perinatal Center representatives resulted in a request by the hospital and perinatal center for an extension to meet requirements.

The Subcommittee indicated that Level III resource requirements for surgical services had not been met and proposed the following motion now presented to the PAC for consideration:

MOTION #2: The PAC Recommends to IDPH the Level III designation of Northwest Community Hospital be rescinded because of the inability to perform basic Level III neonatal surgical services on site.

Cathy Gray stated the motion. A vote was taken with 15 ayes and 1 nay, and no abstentions. The motion carried. The motion will be forwarded to the Director.

Cathy Gray indicated that Northwest Community Hospital has been advised of the appeals process.

Howard Strassner indicated that this motion must be forwarded from the PAC for presentation and discussion at IDPH.

Charlene Wells stated that the final outcome will be stated in the Letter from the Director to Northwest Community Hospital and will be effective on that date.

- **Requests from out of state hospital to join the Perinatal Network. IDPH has outlined the process.**

A small group was formed to discuss this process; following is recommended:

- Out of state hospital inform IDPH directly if requesting membership in the Perinatal Program.
- IDPH will then contact the appropriate Perinatal Center to determine if the Perinatal Center agrees to support the request
- Requests must contain:
 - The rationale for change
 - Number of people served
 - Description of what the out of state hospital would bring to enhance the Illinois Perinatal Program
- There would be an expectation of cost - calculated across the board, using the same template, and taking into consideration the total grant amount/number of hospitals.

Discussion continued regarding various concerns. Tom Schafer is currently working with IDPH attorneys regarding this matter.

The suggestion that the template of paperwork proposed be easily available. Robin Jones indicated that there be a structure that would not allow for perceived discrimination.

The Rule under revision at this time would be able to accommodate the recommendation being made by the Subcommittee on Facilities designation.

MOTION #3: That the PAC move the template forward as the structure of how an out of state hospitals would apply for membership in the Illinois Perinatal Program.

Cathy Gray stated the motion. The motion was approved unanimously.

- **There will be no Subcommittee on Facilities Designation Meeting in August 2013.** The Nest Meeting will be October 10, 2013.
- **Subcommittee on Facilities Designation Chair**

The Chair of Subcommittee on Facilities Designation must be a member of the PAC. Cindy Mitchell expressed interest in being chair of the Subcommittee on Facilities Designation.

MOTION #4: That the PAC approve Cindy Mitchell as the new Chair of the Subcommittee on Facilities Designation

The motion was made by Cathy Gray, seconded by Phyllis Lawlor-Klean

The vote was taken, results were 14 ayes, 2 nays, no abstentions. Cindy Mitchell will be the new Chair of the Subcommittee on Facilities Designation.

A suggestion was made that a vice chair for this committee be discussed in the future

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

- Quarterly Reports will be made more uniform for IDPH reviewers – reimbursements will be made based on the quarterly report
- Subcommittee of Administrators has reviewed the Site Visit process. Suggestions have been made to simplify the requirements and focus more on safety and quality. The goal is to be user friendly for the hospital. The possibility of not including credentials was introduced.

The Site Visits must include everything contained in Section 640. Robin Jones suggested that credentialing may affect quality and the process should remain. Cathy Gray indicated that credentials show the scope of resources particularly pediatric sub-specialists. The Site Visits would still require biosketches for those categories.

- **Breastfeeding Data:** Northwestern hospital data was significantly different than the Birth Certificate Data. Grantees want to expand this data review and determine to whom it should be presented. The hospital report card is not matching the hospital data. Charlene suggested that PAC notify the department that the data from the birth certificate does not match hospital data. The Birth certificate is a snapshot in time and may not reflect what is happening within the state with breastfeeding. This will be an agenda item for the August meeting in Springfield.
- **ACLS requirement for obstetric nurses in Labor and Delivery** – new stipulation in the hospital licensing act. It will be necessary to have trainers that meet the criteria. The item had not been resolved.
- **By-laws discussion** The Grantees asked that since the by-laws are up for approval that the PAC membership, term limits, composition, and membership should reflect current status in healthcare. Composition of subcommittees was also discussed, with wider representation from professional organizations related to perinatal care requested.

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

Illinois Maternal-Child Health Coalition Presentation - Janine Lewis, MPH

Update: The IMCHC has been working with HFS and will announcing some major updates this summer

Links on HFS and social marketing tools aimed at preconception and interconception prenatal care
Preconcep checklist, post partum checklist,

Fact sheets will be present on various health concerns including reproductive life planning, well women visit, STD's, medication precautions, benefits of breastfeeding, scheduling of post partum visits and

Healthy Women interconceptual visits

Imaging and links from galleys will provide a compilation of resources.

Elimination of Elective Early Term Deliveries

Susan Knight

Susan Knight described the Preliminary Findings of **Illinois Hospital Survey Regarding Progress Toward the Elimination of Elective Early Term Deliveries.**

The survey was developed by the Florida Perinatal Quality Collaborative with Support from the March of Dimes and the HRSA CoIN States.

The purpose of the survey is to:

- Obtain information that will support Illinois efforts to improve care and reduce costs by eliminating elective, early term deliveries prior to 39 weeks gestational age.
- Better understand Illinois hospitals current Quality Improvement processes
- Provide tools to hospitals that may benefit from toolkits, Grand Rounds, Consumer education materials and sample policies to support QI efforts

The survey was done in partnership with IDPH, ACOG, IHA and March of Dimes

The Perinatal Centers distributed the surveys to Network Hospitals and achieved a 88% return rate.

Most surveys were completed by nurse managers. Over 84% of hospitals have policies regarding elective inductions and scheduled Cesarean deliveries less than 39 weeks.

The policies are strongly enforced by 77% of hospitals, 62% said the scheduling guideline is strictly enforced, 78% have a “hard stop” and 68% said they have strong hospital support for the program.

Only 58% have had Grand Rounds or other physician education

Recommendations include:

- The creation of a Speakers Bureau and offering of Grand Rounds
- Compare the survey with Birth certificate findings
- Support the Statewide CQI project with data collection and monitoring over time.

As Part of the MOD Big Five initiative certain process points need to be achieved to make change in hospitals. MD education, consumer education, hard stop policy, tracking data and giving feedback to physicians at the hospital are all required.

Dr. Ann Borders is the chair of Illinois Big Five MOD initiative.

The March of Dimes worked with IHA. Survey data was deidentified but the IHA can track hospitals lagging behind to assist with training utilizing Perinatal Centers etc.

Thanks were expressed to the IHA – Marie Clair Fishman, and to the Perinatal Center for achieving an 88% return rate.

- **66% of surveys were completed by OB nursing management.**
- **84.1% said they had policies in place**
- **77.4% said the policy was being enforced.**
- **85.1 % said that non-compliance on admission is not appropriate and that a hard stop should have been stopped prior to Labor and Delivery.**
- **73% said the Hard Stop is the Chair of OB**
- **65.1% said the hospital strongly supports the policy**
- **25.2% had grand rounds on the topic**
- **56.1% were interested in grand round presentations.**
- **Only 30% were interested in consultation.**

Dr. Strassner indicated that work will continue on the By-Laws and that a final will be discussed in October with further work to include in December including preparation for elections.

Dr. Bigger stated there are two areas that must be addressed when discussing the By-Laws.

- Role of the Subcommittee on Facilities Designation

- Role of the Maternal Mortality Review Committee

Dr. Crouse thanked Cathy Gray and Susan Knight for their work on the PAC and presented refreshments to the members.

Meeting adjourned 3:29 pm.

8. AdjournmentHoward Strassner, MD
Next Meeting October 10 at 1:00 PM
Michael Bilandic Building - Room N-502