



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

June 11, 2014

2:00 p.m. – 4:00 p. m.

James R. Thompson Center
9th Floor, 031 Conference Room
100 West Randolph Street
Chicago, Illinois
MINUTES

Chair: Stephen Locher, M.D.

Attendees: Bernadette Taylor, Karen Callahan, Robin Jones, Pamela Wolfe, Lenny Gibeault, Maripat Zeschke, Deborah Rosenberg, Angela Rodriguez, Pat Prentice, Cindy Mitchell, Elaine Shafer, Ann Borders, Pat Bovis, Barb Prochnicki, Robyn Gude, William Mackendrick, Trish O'Malley Richard Bessinger, Jenny Brandenburg, Phil Higgins, Madiha Qureshi, Rita Brennan

Absent: Harold Bigger, Richard Bessinger, Cora Reidl, Gary Loy

Guests: Roma Allen, Cecila Lopez

IDPH Staff: Andrea Palmer, Charlene Wells, Brenda Jones

I. Call to Order

Stephen Locher, M.D.

Dr. Stephen Locher opened the meeting at 2:00 pm. He introduced himself and indicated he was chairing the meeting with ICPH approval as Harold Bigger was excused. Rita Brennan was welcomed and introduced as the new Chair of the RUSH/AIMMC Co-Perinatal Center. Dr. Locher recognized her and stated her membership will be requested.

II. Review of Minutes – April 9, 2014 Meeting

The minutes of the April 9, 2014 meeting were reviewed. Barb Prochnicki motioned approval of the minutes, Maripat Zeschke seconded the motion; the minutes were unanimously approved.

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III. IDPH Report

Brenda Jones, DHSc, RN, MSN, WHNP-BC

Dr. Jones described the State Narrative for the application of the Federal Maternal and Child Health Services.

Andrea Palmer indicated that the first draft is done and this is being circulated for public comment. Brenda Jones indicated that there is useful data included that may be helpful to the efforts of the SQC.

It is a draft open for comment. You will notice additions as the document contains the data from the 2010 document. Inserts are bolded and contain a 2015 mark.

IV. Birth Certificate Initiative

Cindy Mitchell, RN, BSN, MSLH

Cindy Mitchell described how the current Illinois Birth Certificate guidebook does not flow with the IVERS form. She is seeking one letter of support from multiple agencies; IDPH, ILPQC, IHA to start the project.

The objective is to identify the appropriate tools for Illinois and the best way to work to improve results.

Stephen Locher asked if she had done any goal setting. The South Central Perinatal Center has reviewed the Ohio. Ohio identified 15 variables and audited 5 variables. Their goal was to have 95% compliance on the key variables. Membership asked if we agree with Ohio on the key variables. The Perinatal Center questioned about an ultrasound < 20 weeks, but otherwise focused on the list. Andrea Palmer will share with Claudia Fabian.

Cindy Mitchell commented on how to further define the indicator Fetal Intolerance to Labor. It has to be at a state level to have it accepted. The project may need to bring in ACOG, AWHONN, AAP and other groups.

Stephen Locher liked the idea of getting beyond the idea of social document and having a consistent competency for those filling out the forms. The Ohio project relied on multiple persons to complete the form for the highest degree of accuracy

Ann Borders commented that there would be an opportunity to build on the issue of elective deliveries to let hospitals know this data is going to be used.

Deborah Rosenberg stated that a baseline needs to be established at each hospital, as the ground work. Then after a year look at data and see improvements

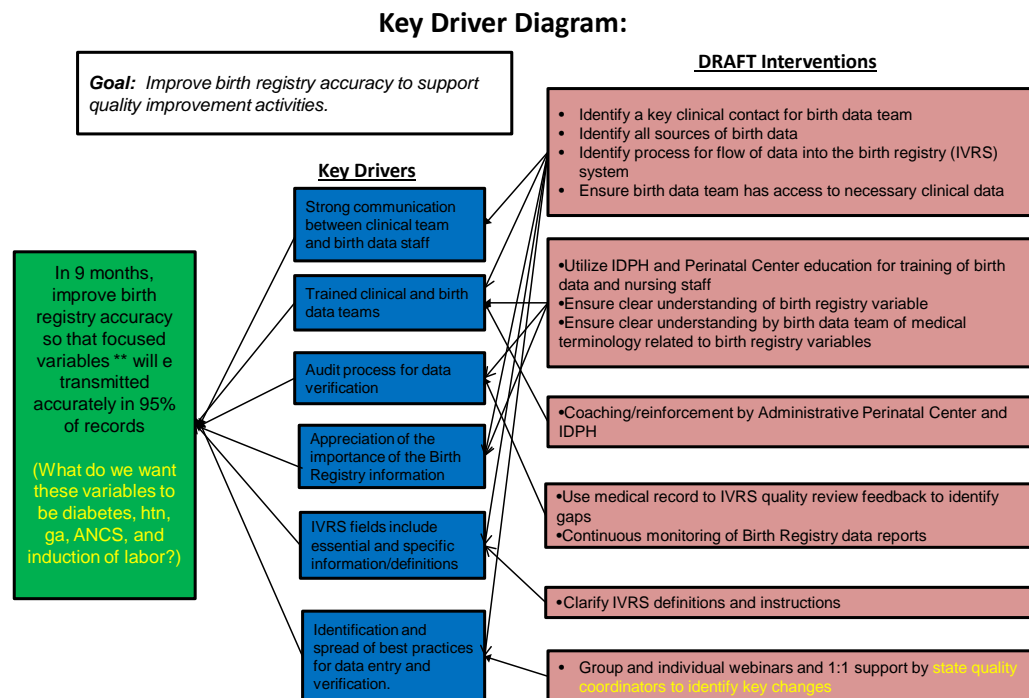
Is it the intention of this workgroup to review everything that has been done and go forward.

Phil Higgins commented that at the last ACOG meeting members asked about getting better birth certificates. We shouldn't let perfection be the enemy of good. It will grow, but will be a change of culture by providers and hospitals.

We are establishing ILPQC teams. Members asked the birth certifiers to be on the teams. Solutions need to come from the persons collecting the data as well as doctors and nurses.

Rough outline will be submitted this Friday to the CFC to obtain a grant through IDPH.

The Birth Certificate project will it be through SQC or ILPQC. Robyn Gude, Ann Borders and Brenda are working on the project.



MOTION #1 That every Network have a representative on the Birth Certificate Task Force and a representative from the Illinois Hospital Association.

Motion unanimously approved.

A report with the program will be presented even if the CDC funding doesn't come through – the system is set up. QI on a monthly basis will be requested to assure the data improves.

IV. ILQPC

Ann Borders, MD, MSC, MPH

Neonatal Initiative – 19 hospitals are collecting data on neonatal growth and data on individual infants.

Feedback from hospitals is that it is going well, that data is going well and that reports will be coming next month. Data committee meeting next week

Interested in Birth Certificates and Antenatal Steroids. Ann Borders described the Big 5 March of Dimes project and stated that indicators will be available soon.

ILPQC wants to support the collection and analysis and of breastfeeding data.

The Obstetric/ MFM workgroup has been meeting monthly on the fourth Monday of the month. Monthly hospital team calls were attended by 44 in May – collecting early elective delivery. The next call is June 23, 2014. Elective delivery data is being collected on which hospitals have user ID's and are able to provide The Joint Commission data for Quarter 1-4 2013 and Quarter 1-2 2014. Many hospitals want to be able to share with CEO's etc. Support the work that has already been done.

ILPQC is supporting the Birth Certificate Initiative. Members will be getting a letter – helping to support birth certificate entrants etc

The CDC is producing an RFA to fund another three Perinatal Collaboratives. Ohio, Florida and California work with great cooperation. ILPQC is working closely with IDPH on a grant application.

Dr. Locher asked about the antenatal steroids and the fact that a substantial portion of dosing occurs outpatient. California and Ohio are improving the documentation and the use of antenatal steroids and protocols, convincing obstetricians to educate patients about early notification of symptoms of preterm labor. This topic is another Joint Commission measure and there should be support now that many hospitals are already reporting. The Executive Director of the March of Dimes complimented Illinois due to the strong Regionalization Program.

Someone from ILPQC will be coming to each of the Perinatal Center Administrators meeting.

V. IDPH Update

Charlene Wells, RN, BS

- **Data Improvement** Jeff Thomas submitted procurement process, now another group requested to be interviewed. Members will receive an update.
- **Enhanced Perinatal Regionalization:** States are being encouraged to regionalize. Currently 14-15 states looking at level of care and submitting plans to the Governor.
- **e-Grams project;** Two positions are being posted for infant mortality coordinator, and a disparity project coordinator
- **IDPH** is looking to have an IGA with HFS. IDPH is working with Director Hamos

Pregnant women, especially downstate, are not able to get on Medicaid and not able to be seen, Many don't get adequate prenatal care. Convened a task force with Everthrive, DHS, HFS, IDPH took look at this issue.

Ann Borders asked if it is the card or the fact MD's won't see them. Stephen Locher asked if there has been confusion as the ACA is federal and they will get paid.

Robin Jones indicated the payors are different. New managed care entities will be put into effect and required. The medical community does not have an understanding that the medical home concept is or where physicians can call to find out how to give care.

Phil Higgins said examples of physicians getting paid has to get out and that will have a positive effect on increasing the number that will accept Medicaid. CHIPRA care transition will have an impact. It is imperative that HealthConnect go to the Medical Societies, ACOG, and IHA

Robin L. Jones stated that NCO's are out in the field meeting with physicians

- LARK – Long acting reproductive contraception is the subject of a bill sponsored by-Congresswoman Jan Shotkowsky so that physicians don't have to buy the product themselves
- **E-Grams and the Perinatal Budget :** Andrea Palmer stated that Donna Mulder is currently available. When the budget is announced, the Perinatal Centers will have 30 days to complete. A letter will be coming from Brenda with instructions.

VI. Update on Data Activities

Deborah Rosenberg, PhD

Deborah Rosenberg said we have several presentations in the Non-Clinical data plans. Mary Driscoll will be presenting at the CTSE – Council of State and Territorial Epidemiologists.

Maternal and Child Health Epidemiology in Phoenix – Elective delivery data will be presented and discussed.

There will be two presentations at the American Public Health Association

Title V will require the sharing good ways to improve Departments processes in data sharing

MOTION #4 SQC recommends that the PAC provide a letter of support for the CDC Grant

Deborah Rosenberg made the motion ;Cindy Mitchell seconded. The motion was unanimously approved.

VII. Levels of Care Task Force Report

Raye-Ann O de Regnier, MD

The AAP in 2012 recommended revising Levels of Care. A review of Illinois Regionalized Perinatal Care indicated an increase of VLBW born outside of appropriate level III care.

Higher volumes of case have been shown to result in better outcomes. The decision about levels of care in Illinois is currently based on resources and expertise. However, there are large areas of Illinois that don't have Level III. Illinois' system is not based on volume but randomly done.

Ann Borders asked what was being done in other states. There is no current national comparative data by state.

National Goal is to have 90% of high-risk babies born at the right place.

Level of Care in 2012

84% within 10 miles of a Level III = appropriate level of care

When mom lives farther away only 64% = appropriate level of care due to obvious geographic factor.

The Arkansas project was discussed as they have a high volume of VLBW babies but lower death rates.

Data is needed link birth data with death certificates to look at outcomes by level. At present it is not reliable data in Illinois.

A formal report from the Task Force will be made to the SQC.

VIII. New Business

- Nomination Process for Chairperson

Nomination process discussed

MOTION # 2 That Dr. Stephen Locher become the next Chair of the Statewide Quality Council

Pat Prentice made the nomination, it was seconded by Cindy Mitchell and unanimously approved. PAC must be approached with the nomination for approval.

MOTION #3 The Members of the SQC make the suggestion that the Chair of the SQC be a member of PAC

Ann Borders made the motion, seconded by Barb Prochnicki and unanimously approved. The SQC looks for direction on this item.

- Barb Prochnicki

The membership recognized Barb Prochnicki for her years of membership and activity on the on the SQC since its inception. Charlene complimented her on her work on Site Visits. All wish Barb the best on her retirement.

IX. Adjournment

Pat Prentice motioned adjournment at 4:02pm, the meeting was adjourned.