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**Meeting Minutes of:**  
**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**Statewide Quality Council (SQC)**

**April 13, 2016**  
**2:00 p.m. until 4:00 p.m.**

<b>George W. Dunne Building</b> <b>69 West Washington, 35<sup>th</sup> Floor</b> <b>Chicago, IL</b>	<b>IDPH Offices</b> <b>535 West Jefferson, 5<sup>th</sup> Floor</b> <b>Springfield, IL</b>
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**Introductions**

Andrea Palmer called the meeting to order at 1:59 P.M. **And Stephen Locher was voted/confirmed to chair.** New Member is Jean Goodman and the rest of the meeting attendees introduced themselves as well.

**Attendees**

Members in Attendance	Guests and IDPH
Roma Allen (Phone) Richard Besinger Ann Borders Jenny Brandenburg Rita Brennan Jean R. Goodman Robyn Gude Jodi Hoskins Stephen Locher Cindy Mitchell Trish O'Malley Patricia Prentice Angela Rodriguez Deborah Rosenberg Bernadette Taylor Pamela Wolfe Maripat Zeschke	Trishna Harris, IDPH Alexander Smith, IDPH Amanda Bennett, IDPH Miranda Scott, IDPH  Debbie Sely Cecilia Lopez Ann Schramm Patti Ann Lee King Linda Wheal Dave Goodman, CDC Andrea Catalano, CDC
	Members Not In Attendance
	Karen Callahan Lenny Gibeault Phil Higgins Robin Jones William Mackendrick Madiha Qureshi Elaine Shafer

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## **Motions**

1. **Motion to confirm Stephen Locher as the chair**
  - 1<sup>st</sup> Ann Borders, 2<sup>nd</sup> Cindy Mitchell, Unanimous Yes
2. **Motion to approve minutes from December 2015**
  - 1<sup>st</sup> Richard Besinger, 2<sup>nd</sup> Robyn Gude, Unanimous Yes
3. **Motion to adjourn**

## **Minutes**

**The minutes from December 2015 were approved.**

## **Agenda Items**

### **1. IDPH Update**

#### *Zika Virus*

- The state is putting together a zika virus task force. IDPH has come up with a communication plan to providers and the general public. Looking to the PAC to provide recommendations of who should be on the task force.

#### *Severe Maternal Morbidity*

- Process looking to implement in July. Figure out what are the reason this happens and what interventions can be done in terms of preventions.
- The idea for the group came from MMRC and the committee and IDPH gave kudos to that group, ILPQC, and Stacie Geller.

#### *Maternal and Child Health Action plan*

- Determining evidence based strategies for achieving priorities in terms of MCH and measures to go along with those strategies.

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*COLIN – Risk Appropriate Care*

- The group has currently sent out a form/survey, in addition to the medical studies act letter, to hospitals to complete and send back to IDPH. It focuses on very low birth weight and ways to improve deliveries. Using the data from the survey the group will form strategies.
- The group is also participating in the States Together initiative from the Vermont Oxford Network.
- They will share the results with the SQC to make a recommendation to PAC for advisement.

*LOCATe Tool*

- Amanda Bennett from IDPH gave a quick report on the LOCATe tool which has been used to assist the Levels of Care task force meetings.
- It is a hospital self-reporting system in which they report on their services, resources, and personnel. The data looked at the current systems functioning, how do the two compare against each other, what are the gaps brought forth by using the tool, what are some critical care resources brought to light, and how does geography play a role in the level distribution.
- The goal of LOCATe is to obtain objective and comparable data across Illinois hospitals to understand delivery. It helps inform decisions based on the changes proposed to the perinatal system.
- At the time of the meeting, the data for the maternal levels of care was completed and the neonatal levels of care data was still being worked on.
- Ann suggested partnering with IHA to have a mini webinar on the survey.
- The Centers for Disease Control was also in attendance and gave some further input into LOCATe's purpose and what other states are working on.
  1. They said they are on version 5 of the program/tool.
  2. The tool is designed to find and close gaps where services are falling short. Give interpretations where the wording can be a little loose.
  3. ACOG needed an assessment tool. They wanted an onsite validation to follow in the footsteps and at least get some initial data. It started with California, but wanted more diversity. ACOG also has an interest in the tool so they are collaborating with CDC.
  4. LOCATe is the bare minimum in terms of trying to designate a hospital. In other words, the tool should not be solely used to determine a hospital's level of care.
- The CDC also spoke to what other states are doing:
  1. California: Has embedded the LOCATe questions into an in person comprehensive assessment.

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2. Iowa: Is attempting to add the tool into legislation starting with 6 facilities.
3. Michigan: is adding the questions to breastfeeding and coordination of care to the tool as supplemental.
4. Oklahoma: Looking at how the level specific infant mortality rate affects birth outcomes.
5. Wyoming: They are giving the hospitals the option and working with nearby states to implement LOCATE as many of the mothers seek care outside of Wyoming.

*LARC and DHS*

- Linda Wheal, from the Department of Human Services, has been working with IDPH on developing a quality of care report.
- LARC policy went out last July and working on collecting data.
- The Federal CMS identified Illinois as a model in terms LARC services.

**2. ILPQC Update**

- Had a Webinar to launch the hypertension project as well as the face-to-face meeting.
- They called hospitals directly who were having issues in reporting with the birth certificates.
- The charts and data are showing improvement in terms of accuracy from the focus on data driven quality improvement.
- Going forward:
  1. Trying to keep sustainability with vital records and lines of communication open.
  2. Have a training for birth certificate clerks.
  3. Having a yearly training face to face for the clerks.
  4. Trying to get together a quarterly newsletter.
- Dr. Briller spoke to the MMRC group about how preeclampsia is tied to long term health complications. It is often getting missed because it is not typically looked at later on down the line because it is deemed unimportant. Talked about tying it into the hypertension training.
- In the month of May there will be a webinar kickoff. It will focus on the story boards and discussions. They want a nurse and physician leader to attend so one side is not dominated in the small group discussions.
- Each of the teams and hospitals will get a binder that will include: a comprehensive slide set, useful tools and toolkits. Each will kind of pick and choose which data and educational materials will work best for each hospital.
- Preeclampsia Tear Pads: distribute to hospitals through the perinatal networks. Each network will get a 1 year supply based off birth volume of each hospital.

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- AIMM: ILPQC is working on a data share agreement with AIMM. It is more in the sense that ILPQC will be able to share the hospital data with them.
- AIMM: They also started a baseline survey to send out quarterly and it is specific data and questions that are tweaked towards Illinois. It will be launched at the May 2<sup>nd</sup> webinar.
- March of Dimes: Developed a patient passport. When they get antenatal steroids that helps them understand what it's for and when they got it and they can keep for themselves to show other hospitals or anytime they receive further care.
- Golden Hour: Face to face meeting in May. Working on protocols on golden hour. New born data has been entered on resuscitation. The teams are heading towards a 100% completion.
- Ann Borders gave Andrea Palmer, of IDPH, kudos for keeping up to date and being a champion on the financial aspect and being sustained with the budget.

**3. Old Business**

*None at this time.*

**4. New Business**

*Home Births*

- The issue was brought to the committee as a look as an objective stance and not a political stance.
- The question is do we want to tackle whether we can collaborate on this?
- If the bill does pass, IDPH should consider working with mid wives and home birth counseling.
- Amanda Bennett talked about how Oregon had an extra option on the birth certificate that asked where the mother intended to give birth. Such as whether they intended to give birth at home or in a hospital.
- Requested to be a topic for the next meeting.

**Closing**

Stephen Locher requested for a motion that the meeting to be adjourned.