I. Call to Order

Madiha Qureshi, MPH

The meeting was called to order by acting chair Madiha Qureshi at 2:03 pm. The members and guests introduced themselves. Madiha Qureshi graciously agreed to act as interim chair at this meeting as the Chair position is currently vacant. The members thanked her for her efforts.

II. Review of Minutes – October 8, 2014 Meeting

Madiha Qureshi, MPH

The Minutes of the October 8, 2014 meeting were reviewed and revised to indicate that Deb Rosenberg was teaching a course for the CDC. Jenny Brandenburg’s name was misspelled. Richard Bessinger moved for approval. Phil Higgins seconded. The minutes were approved with revisions.
III. IDPH Update

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

Brenda Jones reported that the Women’s Health Department hired an Executive Secretary and that two nurses will be assisting with the program, one in Chicago and one in Springfield.

She acknowledged Charlene Wells on her retirement and indicated plans for this position are being developed.

Title V accomplishments since the move to the Women’s Health Department were discussed including:

- MMRC deliverables achieved
- HIV data – greater than 99.9% compliance
- Infrastructure changes implemented
- Created a position for an infant mortality coordinator
- Quality Coordinator in place and next week will work with a contract for Lean Six Sigma certification. Dates for start will be announced
- Health equity and disparity especially the black/white gap in outcomes is being addressed
- A needs assessment for women and children and children with special health care needs is in process.
- The Family Planning Committee has supported innovative school programs with on-site distribution of contraception and is increasing the availability of LARC.
- Juvenile System and Cook County Detention Center is focusing on pre-conceptual, inter-conceptual and contraceptive care.
- IDPH is presenting at AMCHP regarding Hearing Screening
- Rural Emergency care is being addressed in light of lack of access to hospitals
- ASTO Grant involve working with Karen Callahan and Robyn Gude to address Healthy Start in East St. Louis to understand why breastfeed rates are so low
- Decatur Prison – Train the trainer programs in place
- Expansive engaging of stakeholders with Title V including ILPQC, Every Mother Initiative and others
- Foundations – Interconception work – Data Team
- Managed care ACE SMO
- Developed a work plan for each of the Committees
- A. Pre-Eclampsia Toolkit will be developed for FQHC’s multiple agencies providing assessment skills, nursing skills and the opportunity to identify early triggers
IV.  ILQPC

Ann Borders, MD, MSC, MPH

Ann Borders presented the accomplishments of the first year of the Illinois Perinatal Quality Collaborative.

Items discussed included:

- ILPQC Annual Meeting Feedback
- CDC Meeting Recap
- EED Initiative Wrap-Up
- VLBW Nutrition Initiative Wrap-Up
- Birth Certificate Initiative Launch - Cindy
- Golden Hour Initiative Planning
- Hypertension Initiative Planning

The Annual Meeting had 229 participants with presentation by panels of experts in QI with focus on Birth Certificate Accuracy, Hypertension and the Golden Hour.

ILPQC continues to meet with other state Perinatal Collaboratives.

The EED wrap up included 35 hospitals given letters of commendation for meeting QI goals and 29 hospitals were given banners for meeting ILPQC and IHA goals

Cindy Mitchell will discuss the Birth Certificate launch.

26 Golden Hour Teams are in place and will evaluate best practices for thermoregulation.

Oxygen Team: Communication and the Administration of Surfactant

The Hypertension Initiative will focus on growing concerns for morbidity in peripartum hypertensive disorders.
V. Birth Certificate Initiative Update

Cindy Mitchell presented the expansion of the South Central Perinatal Center, a successful project to improve the accuracy of birth certificates to the entire State of Illinois.

Current Status:
- Letter of Support from the Director should be to hospital administration by Jan
- 17 Variables Established
- Audit form Complete
- IVRS Accuracy Directions Document NEARLY complete
- Hospitals will get the education for the Audit completion and REDcap data entry on 12/15/2014 during OB Teams Call.

A Key-Drive Diagram is developed:

Goal: Improve birth registry accuracy to support Public Health initiatives and continuous quality improvement activities.

DRAFT Interventions:
- Identify a key clinical contact for birth data team
- Identify all sources of birth data
- Identify process for flow of data into the birth registry (IVRS) system
- Ensure birth data team has access to necessary clinical data
- Utilize ICDH, ILPOC, and Perinatal Centers for education and training of birth data and nursing staff
- Ensure clear understanding of birth registry variable
- Ensure clear understanding by birth data team of medical terminology related to birth registry variables
- Coaching/reinforcement by Administrative Perinatal Center and IDPH
- Use medical record to IVRS quality review feedback to identify gaps
- Continuous monitoring of Birth Registry data reports
- Clarify IVRS definitions and instructions
- Webinars and in-person education for all hospital birth clerks and staff
The Team System is developed:

- Identify Hospital Teams: physician lead, nurse lead, birth certificate clerk (person with IVRS access)
- Collect baseline accuracy data
  - Wave 1 (pilot) will kick off 12/15
  - Process vary slightly from level I/II and II+/III
  - August, September, October baseline data
  - Wave 1 data entered into REDcap by February
  - Feedback from Wave 1 Participants on January and February calls
  - Make any necessary changes to process prior to start of Wave 2 in March

VI. Levels of Care Task Force Report Raye-Ann O de Regnier, MD

Raye Ann O deRegnier presented the final report of the Level of Care Task Force

The document was circulated to the membership yesterday and will be discussed at future meetings. Extensive research and data is present in the report that members from multiple disciplines and background studied, reviewed and presented in a very complete report.

The Levels of Care Task force was formed based on the following:

- AAP in 2012 recommended revising levels of care to increase percentage of VLBW infants born in a level III hospital to improve mortality in VLBW infants and to recognize the level IV NICU status for those NICUs that provide comprehensive surgical care.
- The task force was developed to determine if we could collect data in our state to evaluate the outcomes of level of care and volume of VLBW infants in Illinois
- The 2012 AAP levels of care recommendations contain differences from the state of IL at every level
- Coincident with this, the pediatric surgeons have established surgical levels of care for neonates and children that contain recommendations for resources to promote the best outcomes

Task Force Recommendations are as follows:

1. The state should modify its current data collection systems so that reliable data on maternal and neonatal outcomes (including appropriate surgical outcomes) can be collected prospectively as part of ongoing quality monitoring and improvement by perinatal centers and the state. An epidemiologist will be needed for this process.
2. The state should evaluate the possibility of dovetailing data collections with existing databases such as Vermont-Oxford and Peds NSQIP.

3. Such data will not be available for level of care decisions in the near future. Hospital volumes at each level of care and geographic and gestational age patterns of birth are available through birth certificates and can be used to evaluate the distribution of VLBW births in our state to develop a strategy to meet the Healthy People 2020 goal (which appears within reach).

4. We do not recommend linked birth-death certificate data be used to evaluate levels of care and mortality due to lack of recent data and concerns about variability in birth certificate data.

5. Given that Illinois-specific data is not readily available at this time, the state will need to decide whether to use data from studies reported in the medical literature to define minimal volumes of VLBW births required for best outcomes. However, once Illinois-specific data is available, it should be used in subsequent discussions.

6. Since hospitals designated as level I or II pediatric surgery centers by the American College of Surgeons will be required to report their data to Peds NSQIP, once this becomes available, the state should consider using accumulated data from Illinois to monitor surgical outcomes. The PAC should consider evaluating this in more depth as a separate topic.

7. Although there is agreement that the state should invest in epidemiologically sound methods for collecting perinatal data, the data should be placed into context for our state in light of other factors important to rural Illinoisans such as access to care and the personal and financial impact of distance from home to hospital.

The following motion was made

**MOTION #1 The Final Report of the SQC Level of Care Task Force should be presented to the Perinatal Advisory Committee.**

Pat Prentice made the motion, Ann Borders seconded, the motion was approved unanimously.

The members commended all members of the Task Force on the completion of this excellent report.
VII. Request for New Members

Jodi Hoskins the new Perinatal Administrator for the Rockford Perinatal Center and Roma Allen from the Loyola Network have requested membership on the SQC.

Dennis Crouse asked that prior to any new member requests for any sub-committee, that the potential member submit a CV and paragraph indicating a reason for requesting membership and what the candidate will bring to the committee. This documentation will be brought to the next meeting.

The following motion was made:

**Motion #2 The SQC acknowledges that Patricia Bovis resigned from the SQC. Loyola requests that Roma Allen be appointed to the SQC and the SQC acknowledges that Barb Prochnicki retired from the SQC. Rockford Perinatal Center requests that Jodi Hoskins be appointed to the SQC.**

Deb Rosenberg made the motion, Pat Prentice seconded, and the motion was approved unanimously.