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**Meeting Minutes of:**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PERINATAL ADVISORY COMMITTEE MEETING (PAC)**

**June 11, 2015  
1:00 p.m. – 3:00 p.m.**

**George W. Dunne Building  
69 West Washington, 35<sup>th</sup> Floor  
Conference Rooms 2 and 3  
Chicago, Illinois**

**Chair: Dennis T. Crouse, MD**

**Attendees:** Howard Strassner, Richard Besinger, J. Roger Powell, William Grobman, Phyllis Lawlor-Klean, Janet Hoffman, Nancy Marshall, Omar LaBlanc, Robin L. Jones, Cindy Mitchell, Mike Farrell, Phil Schaefer Madiha Qureshi

**Excused:** Jose L. Gonzalez, Bree Andrews, Janine Lewis, Jose Sanchez

**IDPH Staff:** Andrea Palmer, Brenda Jones, Amanda Bennett, Kelly Vrablic, Rebecca Charles, Julia Kerr, Tanya Dworkin, LaCretia Brazzleton, Sarah Hueneke

**Representative(s):** Barbara Takahashi (via conference call) on behalf of State Representative, Robyn Gabel.

**Guests:** Barb Haller, Pam Wolfe, Robyn Gude, Trish O'Malley, Bernadette Taylor, Jodi Hoskins, Elaine Schafer, Lisa Masinter, Jenny Brandenburg, Shirley Scott, Dimitrios Mastrogiannis, Lenny Gibeault, Stephen Locher, Deborah Schy, Angela Rodriguez, Katherine Stowell, Patricia Prentice

**AGENDA**

- 1. Call to Order & Welcome ..... Dennis T. Crouse, MD**  
The meeting was called to order by Chairman, Dennis Crouse, at 1:00 pm. Dr. Crouse stated he has reviewed the PAC Roster; the appropriate organizations need to be contacted for state recommendations and nominations will be taken for the open positions. There are several concerns, however, not with the Committee members but with the process of selection.
- 2. Self- Introduction of Members ..... Dennis T. Crouse, MD**  
Members and guests introduced themselves. IDPH Director, Nirav Shah stopped by and introduced himself. He also welcomed everyone and offered his thanks for PAC's contributions, expertise and work on the Committee.
- 3. Review and Approval of Minutes of April 16, 2015 ..... Dennis T. Crouse, MD**  
The minutes of the April 16, 2015 meeting were reviewed. *Motions* were made to approve, seconded and the minutes were unanimously approved as written.

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**Chairman's Note:** There are 22 positions on the PAC Committee with numerous openings/vacancies. We are limited as to who we can have on PAC and in what position in part due to the State Code. With so many vacancies, there was a question of whether or not we have put a moratorium on filling the vacancies. However, Dr. Jones will provide an update on that.

Dr. Jones stated she met with the Legislative Affairs Department and have been given the go-ahead to process the currently submitted applications. IDPH will be working with you to align the Boards with subject matter expertise and to align the open positions on PAC with the assigned, mandated proficiencies.

**4. IDPH Updates..... Brenda Jones, DHSc, RN, MSN, WHNP-BC**

The Perinatal Program has been with OWHFS: Office of Women's Health & Family Services for a year and a half. A survey was done to determine how and where IDPH was not meeting the needs of the State and the hospitals. Some of the barriers identified were: lack of communication and lack of support. The Title V Program is a Maternal Child Block Grant federally funded which came over to IDPH in July 2013. Dr. Jones stated the Perinatal Regionalization Program was moved over to OWHFS to have a maternal/child program aligned with the Title V Program. She hopes that the PRP will see it as an example of how states work together. She encourages all to freely express their comments and thoughts.

PERINATAL STRATEGIC PLAN

Dr. Jones states IDPH and OWHFS envision "a future free of health disparities and where all Illinoisans have access to high quality healthcare." Dr. Jones assessed that one of the main deficiencies in IDPH providing support was lack of staff. IDPH has now added Dr. Trishna Harris, a certified nurse midwife and also brought on Miranda Scott, an adjunct supporting IDPH. IDPH has a Data Team which Amanda Bennett is leading, along with Eduardo Alvarado and 3 other Data Administrators. Additional support to the Perinatal Program has been provided by Berlinda Verges. Lastly, IDPH is currently interviewing for a Quality Manager to help support the work the State is doing.

We have 102 counties we cover. 92 of them are rural and City of Chicago has the biggest metro area. This is all very important when reviewing our population and setting forth a strategic plan. There is still a huge black/white gap as it relates to infant mortality and the work we are doing. Kelly Vrablic is our Infant Mortality Coordinator and works solely on this.

OWHFS Divisions (3)

1. Division of Maternal, Child and Family Health Services.
  - a. Regional Perinatal Health Program - Andrea Palmer is the Administrator.
  - b. Infant Mortality Reduction - There is still a huge disparity in infant mortality cases between blacks and whites, which we will need to be aggressively addressed.
  - c. School Based Health Centers
  - d. Children w/Special HealthCare Needs
  - e. Childhood Asthma Initiative
  - f. Teen Pregnancy Prevention - Pregnancy is much higher downstate and STI is much higher down in the Southern Regions.
  - g. Chicago Mini-MCH Grant - 60% of our population is metro-Chicago. Lisa Mannister is our newly hired Commissioner/Medical Director of the Chicago Department of Public Health.
  - h. DHS-MCH Services

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**4. IDPH Updates (continued)..... Brenda Jones, DHSc, RN, MSN, WHNP-BC**

OWHFS Divisions (3) (continued)

2. Division of Women's Health
  - a. Illinois Breast & Cervical Cancer Program
  - b. Wise Woman
  - c. Family Planning
3. Division of Population Health Management
  - a. Women's Health Hotline
  - b. Grant Monitoring
  - c. Administrative Support
  - d. Quality Manager
  - e. Data Team

GOALS

1. Improve Data Collection & Reporting - **Create a system for collecting and reporting perinatal data that is aligned with national metrics and used to drive performance improvement.** We want to fill the gaps to attain a comprehensive set of high-quality national consensus measures to improve our access and outcomes. There is no point in spending all of this money on these programs and having no data to show for it. This is an opportunity to improve and demonstrate to the legislatures some of the great work PAC can do for us.
2. Reduce Disparities in Access & Quality - **Decrease disparities in access to care and quality outcomes in perinatal care.** There are huge, noticeable disparities in care access and quality between the races/ethnicities. However, there are also some serious geographical barriers as well.
3. Improve Coordination of Care - **Improve coordination of maternity care across time, settings and disciplines, with a focus on care provided in the community.** We have multiple models of support and care coordination but the providers know nothing about them. There is a huge disconnect and IDPH wants to be the support that bridges those relationships as a Title V Provider and as an Agency.
4. Establish a State-Wide Professional Curriculum - **Establish a statewide education curriculum for all health professionals providing perinatal care that is aligned with the state's goals for high quality, high value perinatal care.** A lot of the bigger hospitals have all of the educators, counselors, etc. but the smaller hospitals don't have that support. IDPH wants those that have the subject matter expertise to develop curriculum, tool kits and support.

CROSS-CUTTING STRATEGIES

1. Empowering Women throughout the Lifespan.
2. Engaging the Community.
3. Building Improvement Capacity at the State Level
4. Creating Strategic Partnerships.

Dr. Jones stated some of the Strategic Partnerships IDPH is engaged in and with are: ILPQC, HRSA, AWHONN, ACOG, EverThrive Illinois, March of Dimes, AMCHP, US Military, Illinois Hospital Association and the Illinois Academy of Pediatrics. Many other partnerships are forthcoming.

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**4. IDPH Updates (continued)..... Brenda Jones, DHSc, RN, MSN, WHNP-BC**

PERINATAL COMMITTEES

Dr. Jones met with the IDPH Director to assess the projects the Committee and Sub-Committees were working on and their direction. As we start talking to Legislators and hospitals, they want everyone to be on the same page. Chairs of each Committee (HFDSC, MMRC, PAC and SQC) assigned “work flow” to each group. They are as follows:

PAC: Perinatal Advisory Committee: All of the Sub-Committees report to them. PAC will work with them and provide oversight. PAC is the Committee which will provide recommendations for the State Health Officer and Director.

SQC: Statewide Quality Council will be responsible for the following CoIIN Collaboratives: Hospital Safe Sleep, Perinatal Regionalization and SDOH Care Coordination, State Birth Certificate Project and provide linkage to IDPH and oversight of strategic partnerships.

MMRC: Maternal Mortality/Morbidity Review Committee will be responsible for: implementing Severe Morbidity Hospital Forms, revising and implementing Maternal Hospital Mortality Abstract Form, overseeing the Anesthesia Task Force and provide linkage to IDPH and oversight of strategic partnerships.

HFDSC: Hospital Facilities Designation Sub-Committee will be responsible for: reviewing and revising the Site Visit Process, overseeing the Perinatal Statewide EMS Project, reviewing Appendix A, and composing a Standardized Letter of Agreement.

Dr. Jones stated our Perinatal Administrators and Educators are doing great work and can assist those interested in joining the Committees choose the one which best fits their interests and expertise.

**IDPH Updates (continued).....Amanda Bennett**

LOCATe (Levels of Care Assessment Tool)

Risk-Appropriate Care is a State and National priority. In Illinois, RAC and the official Perinatal LOC designations we use do not match the current guidelines. We also do not have a Maternal LOC designation in the same way we do for a NICU LOC. The LOCATe Tool is a simple survey to obtain objective and comparable data and to identify the minimum criteria for each level. It will NOT be used for regulation or designation or as a substitute for the Site Visit Process. IDPH is planning to utilize the LOCATe Tool in the field to gain more info on maternal and neonatal level of cares and understand risk-appropriate delivery.

LOCATe is a CDC-developed survey instrument which seeks to gain info on hospital services related to maternal and neonatal care. It uses a standardized algorithm also developed by CDC to classify hospitals according to their level of care. CDC is rolling it out to other states and it is being promoted thru the Perinatal Regionalization Group and CoIIN.

The overall plan which Dr. Jones and Amanda have discussed is for Dr. Shah, IDPH Director, to send out an introduction letter to the hospitals outlining several perinatal initiatives, such as the AIM Project and the Perinatal Strategic Plan and also inform the hospitals this Survey may be on its way to them. From that point, Dr. Jones will send out a second introductory letter going into the exact specifics of the Survey. i.e., web link, etc. Nothing has been finalized; however, they hope to get all hospitals to participate so IDPH can better determine where the deficiencies are.

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**5. Chairman Updates ..... Dennis T. Crouse, MD**

*The Chair* requested that we be sure to ask the CEOs and the points of contact at the hospitals to share the info with their Perinatal Administrators and the Perinatal Medical Directors. He also stated we should make clear that first and foremost, the hospitals are designated *not* the people who are there. For example, if a Level II hospital brings in a neonatologist, their level of care and the infants who can be cared for does not change because of it. That neonatologist can function and/or is allowed to provide services within a Level II hospital. That is why it is so important for hospitals to be able to view their own data to see if they want to change levels or change services. Secondly, there has been a lot of discussion as to what is going to happen with the Committees. Dr. Jones, Dr. Shah, the Chair and members of the Committees have decided that the Committees are going to take on a more robust role in tackling the problems in this state. They are going to need input and support from a lot of people in the State and the community. So, a lot of info will be disseminated, as well as requested. Lastly, PAC will be assuming a larger role which means you may be utilizing more Task Forces. There are a lot of babies dying in this State. Yet, we don't have many mechanisms to assess that.

We also need to address the errors in the data we collect. When the Vermont-Oxford came up, they found that 40% of neonatal charts were incorrect when you look at the discharge data and that is why the data was un-useable. We actually don't know if it has gotten any better. ICD-10 is coming out and we have to ask what effects will that have on data collection. *How will we compile that with our previous data?* The data people of the Sub-Committees, PAC and IDPH will work very closely together to ensure the correct decisions are being made.

The State Budget is still being discussed in Springfield. We don't know what is going to happen or the impacts as of yet. However, we do know the Parity with Medicaid has lapsed. There will be a reduction in reimbursement to the Physicians and it does not look like Illinois will be making up the difference, as many other states have. That could and probably will affect access to care. We may be asked to address that in PAC.

There are other state initiatives such as the Neonatal Abstinence Syndrome which was started at the Federal level, but is now being addressed at the State level. Nevertheless, Dr. Jones stated she checked with Legislative Affairs and it is still on hold. Both ACOG and the AAP are still very concerned about NAS and its issues. There has been a significant increase in the number of women and babies who are subjected to narcotics abuse, of which over 50% are prescription narcotics. Another issue which has not been addressed is the Monster drinks and high-caffeine drinks causing symptoms in the babies, as if they are on narcotics.

**6. Old Business..... Dennis T. Crouse, MD**

– **None at this time.**

**7. New Business ..... Dennis T. Crouse, MD**

Dr. Jones asked if there were any comments/suggestions on the Perinatal Strategic Plan. She asked how IDPH can best assist and communicate with the Committees, Network Administrators, Perinatal Centers, etc. *How can IDPH effectively get information distributed to the actual hospitals? Does IDPH need to do a newsletter? How can IDPH communicate what the State is doing?*

Dr. Jones and Cindy Mitchell, HFDSC Chair discussed beefing up HFDSC with other Stakeholders and people from Certificate of Need, Hospital Licensing, Pediatric Surgery, Family Medicine, and an attorney from the CON Board, all to offer more support. Cindy stated, in the past, the avenues of disseminating information were not very good. Now that Alex (Smith) and Berlinda (Verges) are on board, the meeting minutes are posted online and information is being distributed a lot better than what it was before. We just have to make sure everyone has access and that those people have a voice.

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**7. New Business (continued)..... Dennis T. Crouse, MD**

**Chairman’s Note:** We need to understand who is responsible for what within the hospitals. The Perinatal System is a team. So, the Team needs to understand what needs to be done and who is responsible, not only from their care point of view, but also from what the State is doing. For example, Medical Directors, Perinatal Administrators, Respiratory and Occupational Therapists, etc. all play a role. So, they need to know what is being asked of the hospital and essentially, of them personally.

**8. Committee Reports.....**

*Hospital Facilities Designation Sub-Committee (HFDSC).....Cindy Mitchell, RN, BSN, MSHL*

- There are a number of disciplines (EMS, Family Medicine, CON: Certificate of Need, Nurse Practitioner, Attorney for CON) we would like to add to the HFDSC Committee, as the Committee membership has been reduced to 8 members. There are a lot of goals and tasks assigned, so new members will definitely need to be added and we are in the process now to try and fill those positions. If anyone has any recommendations or suggestions of those who you may feel will be able to assist with those tasks, goals and/or objectives, please forward them.
- New hospitals are opening so HFDSC is working very closely with CON to ensure the appropriate procedures, process and protocols are in place. We want to make sure the correct steps are taken by the hospitals as well as the ones required by the Perinatal Center to ensure the hospitals meet the requirements.
- Site Visits - The process in general we are currently utilizing for Site Visits does not correspond with what is in the Rules. The whole Site Visit process needs to be totally revamped. We have found the only way to do that is to just completely start over. Arizona, Iowa, Florida, California, Oregon and Washington (Seattle) are states that we know complete site visits. So, we are going to try and get in touch with them to see what and how they are completing their site visits, what data are they collecting, if we really need the Resource Checklist and other documents, i.e., Appendix A, etc. If you know of any other states that may be able work with us or assist, please forward them.
- Levels of Care Task Force – *currently in progress.*
- Letters of Responsibility – We are going to try and come up with a template for all of the Perinatal Centers to use for their hospitals to detail the levels of responsibility for the Centers, for the hospitals, for the networks, for the doctors, etc.
- They will be redoing the Appendices to make sure they match the Rules.
- The Work Plan and the hospitals which want to changes designations are still under discussion. IDPH will get a letter out for that. We also have a couple of hospitals that want to open.
- There were no motions.

*Statewide Quality Council (SQC) Report..... Richard Besinger, MD*

- Dr. Jones of IDPH gave a presentation on the IDPH Office of Women’s Health Strategic Plan. It was accepted by SQC with minimal suggestions and comments.
- Amanda Bennett, IDPH epidemiologist, gave a presentation on the LOCATe Tool, which is a CDC developed survey tool to better understand risk-appropriate deliveries. It was noted that participation in the survey is voluntary not mandatory. However, it is encouraged. ***SQC MOTION to request that the Perinatal Advisory Committee (PAC) recommend IDPH implements the LOCATe program as soon as possible. MOTION APPROVED AND SECONDED WITH UNANIMOUS APPROVAL***

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**8. Committee Reports (continued).....**

*Statewide Quality Council (SQC) Report (continued) ..... Richard Besinger, MD*

- There was another presentation by Amanda Bennett of IDPH on Severe Maternal Mortality and Morbidity in Illinois in 2011-2013. It was a collaborative project/pilot study between IDPH's Office of Women's Health and the Division of Patient Safety & Quality which used data derived from hospital discharge data to review and measure severe maternal morbidity (SMM).

Investigators are planning an upcoming evaluation with 2014 data. It was strongly recommended the results be disseminated inside and outside of IDPH for educational purposes and to highlight these new collaborative IDPH initiatives. The project could eventually become the basis for future Title V-related outcome monitoring. We were very impressed with the cooperation and collaboration of the various data collection efforts by the State.

- ILPQC/BCI: Birth Certificate Initiative - The BCI is progressing and off to a good start. We reviewed some of the measures of their initial success with the lectures, process storyboards and team phone calls. All were commendable and we were very pleased. Voluntary participation is also good. However, the biggest hurdle they are facing is the dissemination of the BC definitions and they expect there will be some downgrading of their data results with the introduction of universal BC definitions. Part of the problem is that some institutions are using EMRs and some are not. Overall, the Committee feels the project is going well.
- Hypertension Initiative – SQC and ILPQC Workgroup have agreed to merge activities since there seems to be a fair amount of redundancy. They are in the process of reviewing the California HTN Reduction Project and AIM tools to evaluate how best to implement them in an Illinois clinical environment. They are also off to a good start.
- Golden Hour – Pilot program with 26 initial participants is underway.
- Annual Meeting - There was a lot of discussion regarding where they want to hold their next meeting considering the first one was such a success and they anticipate they will surpass their 250 person limit. They asked for a root consensus from SQC on whether to continue utilizing the UIC Forum as a site due to size and funding constraints. They also discussed the possibility of a nominal participant fee.

*Maternal Mortality Review Committee Report ..... Dr. Robin Jones*

- Dr. Robin Jones, Chair and the MMRC Committee were extremely pleased to host AMCHP: Association of Maternal & Child Health Programs and representatives from MMRC Committees in Florida, Utah and also Louisiana. There were approximately an additional 10 individuals who participated and sat in on the Committee as they reviewed charts and performed the administrative duties of their meeting. Illinois has been one of the leaders in reviewing maternal mortality across the country. So, it was an honor to have these guests present. After the meeting, there was an hour session to debrief the similarities and contrasts between the MMRC Committees across the country, inclusive of Florida, Utah, Louisiana and Illinois and also, from the Illinois standpoint, how to improve.

*Dr. Brenda Jones of IDPH commended the MMRC Committee and its Chair and stated the meeting was "such a great learning experience."*

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**8. Committee Reports (continued).....**

*Maternal Mortality Review Committee Report (continued).....***Dr. Robin Jones**

- MMRC originally met from 10:30 am until 1:00 p.m. and found that they wanted to review more cases. This was the second meeting with the new timeframe from 9:00 a.m. until 1:00 p.m. which was approved during their December meeting. Dr. Robin Jones stated with the extended time period they are now able to double the cases reviewed which the Committee is extremely pleased about and which they hope will provide an even bigger impact.
- Dr. Brenda Jones of IDPH gave an update on activities within the Office of Women’s Health and presented the IDPH Perinatal Strategic Plan to the MMRC Committee and its Guests.
- Hemorrhage Project – This project has been a huge success. Shirley Scott kindly volunteered to lead a workgroup in updating the didactic portion of the Project. She gave a presentational update to the MMRC which included information on updates of the pre-test and post-test findings, additional medication information, revisions in the Task Force and Rapid Response Team, etc. Shirley has done an excellent job and the presentation is available for all who would like to have it sent to them.

In regards to Obstetrical Educational Project Training, we had a pre-test and post test and there was a question as to how we would roll this out to the new employees. Shirley and her Workgroup presented 15 new questions which basically incorporated the information from the new didactic project and added the 25 questions which were initially rolled out with the Hemorrhage Education Project. There will be additional discussion regarding ongoing Training in the October meeting.

Per the *PAC Chair’s* inquiry, Dr. Robin Jones stated there are slides in the didactic which look similar to the skill stations. However, there will not be any skill stations. It is up to the hospital as to how many questions the new employees are to complete and to implement this testing.

***MMRC MOTION for the updated didactic presentation and the associated 40 questions be approved by PAC to be placed into the Hemorrhage packet. MOTION APPROVED AND SECONDED WITH UNANIMOUS APPROVAL.***

***MMRC MOTION for a mandate to have this testing implemented and replace the existing testing with the new didactics by September 1, 2015. (New hires have up to one year from date of hire to complete.) MOTION APPROVED AND SECONDED WITH UNANIMOUS APPROVAL.***

At the last PAC Meeting, MMRC approved a new abstract form to be used at the first Level in the Maternal Mortality Death Review. The Grantees were presented with the form, the definitions and a checklist of everything that should be included for a full Chart Review. Our goal was to standardize the Case Review across the State. So, we are going to launch the pilot in August and review it at the end of the year to determine if there are more opportunities for us to improve the process. This will involve all Perinatal Centers.

**Adjournment ..... Dennis T. Crouse, MD**

***Motion to adjourn the meeting was accepted and seconded. Wherein, the meeting was adjourned.***