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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**

Stephen Locher called the meeting to order at 2:00 P.M.

**Attendees**

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

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## **Motions**

1. **Motion to approve minutes from April 2016**
  - 1<sup>st</sup> Jean Goodman, 2<sup>nd</sup> Cindy Mitchell, Unanimous Yes
2. **Motion to adjourn**

## **Minutes**

**The minutes from April 2016 were approved.**

## **Agenda Items**

### **1. IDPH Update**

#### *Long Acting Reversible Contraception (LARC)*

- Linda Wheal from the Illinois Department of Healthcare and Family Services (HFS) was at the meeting as a guest to cover LARC.
- HFS and DPH got together and looked at the proposed initiatives from the Governor to increase LARC access. HFS is looking at the State Plan Amendment (SPA)
- Not all women have contraceptive coverage and the plan is to work on changing that or at least improve it.
- There has been a bulletin set forth by the federal CMS and that all Medicaid plans should have contraceptive coverage.
- HFS is looking at creating an initiative with ILPQC on a model similar to South Carolina's tool kit concerning post partum LARC.
  - Question: Can hospitals get LARC for themselves?
  - Answer: It is very expensive normally. There is a machine that can sit in hospitals that provides LARC services. It is of no cost to the hospital itself, but once used it is billed to the individual person's provider which will then in turn bill Medicaid.
  - Q: When selling it to a specific perinatal network, what would be some good strategies or positives versus struggles of the program?
  - A: The provider notice has laid out a the positives. The negative would possibly just the controversial issue. A suggestion was offered to pilot the program with targeted women with health issues such as pre-eclampsia, gestational disease, cardiovascular disease.
- LARC methods are one of the highest recommended methods for teen pregnancy prevention.

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- Jean Goodman spoke about some news from the Catholic hospital side of it.
- The committee requested some materials and also requested that Linda return to future meetings.
- **Action item:** Linda will send information to Alex Smith and he will disperse the materials.

*CollN – Risk Appropriate Care*

- Still waiting on the data which is due by June 30. Will have a further update during the October meeting.

*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 with focus on the Neonatal Levels of Care.
- It is a hospital self-reporting system in which they report on their services, resources, and personnel. It is a tool that will help compare the current Illinois perinatal Level of Care system versus the proposed American Academy of Pediatrics (AAP) Level of Care system and how it will impact other hospitals.
- 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.
- 119 of the birthing hospitals in Illinois completed the tool's survey.
- Some key changes are:
  - Level I's will be able to care for infants 35-36 weeks gestation
  - Level II's will have longer ventilation (<24 hours) allowed.
  - Level IIE is not in the AAP guidelines
  - Level III's can do telemedicine and have more flexibility for surgical coverage
  - Level IV's is a new level and distinguishes facilities with extensive sub-specialist and surgical capacity.
- Under AAP:
  - Only 1% of Illinois births are to residents of areas who have only a Level I within 50 miles of their zipcode.
  - 94% of births are to residents of zipcodes within 50 miles of Level III and 84% are within 25 miles.
- Summary of Impact of AAP Guidelines:
  - Establishment of AAP-Level IV
    - 7 Hospitals – Both Chicago and St. Louis Areas.
  - Level III: 25% may become AAP-Level II
    - Due to no onsite neonatologist.
    - Geographic access to Level III does not change.

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- Level II-E: All are likely to be AAP-Level II
- Level II: 63% may become AAP-Level I
  - Due to no neonatologist.
- Level I: No changes likely.
- In Illinois' current Level III's facilities if the hospital reported that they did not have an onsite neonatologist, there was an increase in neonatal deaths among very low birth weight babies.
- In Level II and IIE's, babies less than 2500 grams: first day mortality increased by 50% and overall mortality increased 70% in hospitals with no neonatologist.
  - Q: Where did the data come from on congenital malformations?
  - A: It was collected from the birth certificate.
    - Brought up a concern about the accuracy of the birth/death certificates.
- Amanda had focused on the neonatologist aspect because that seems to be the biggest change in the current AAP guidelines.

## **2. ILPQC Update**

- Patti Ann Lee King did the update for Ann Borders. She first thanked everyone in the room who helped out with the OB face to face meeting.
- Hypertension Project:
  - Wave 1 is done and they are now on Wave 2.
  - All teams from Wave 1 gave feedback to help finalize the data form to be used for the second wave.
  - 74% were able to attend monthly meetings and were even able to include their physicians, which was a problem with the birth certificate project.
  - Kick off meeting was in May and they had 110 hospitals signed up for the initiative.
  - A lot of the hospitals ask how to get the data forms implemented in their hospitals. California and the Wave 1 teams weighed in on their experiences and shared ideas.
  - They gave out a binder to teams that had all the tools and CD's for digital files. It keeps all of the important information in one place.
  - Implementation Tool: A 14 item tool/checklist of items that need to happen for a successful implementation of the hypertension initiative. Not all hospitals will need to cover all items, but it helps get an idea of what each hospital has accomplished.
  - Grand Rounds – As per a request from multiple hospitals ILPQC with networks to identify “ILPQC Grand Rounds Speaker Group”
  - Next Steps for HTN Initiative:
    - Submit 3 months of retrospective baseline data and then enter it
    - Encouraging hospitals to enter data in REDCap

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- Complete data use agreement with AIM and then submit data to them with the implementation checklist.
- Golden Hour Update
  - 20 teams are participating
  - Meeting was May 13<sup>th</sup> at the Jump Center in Peoria
    - Had simulation videos from IL hospitals on reducing neonatal stress and pain during resuscitation
    - Discussion of barriers to debriefs and engaging patients in debriefs
    - Team storyboard viewing
- March of Dimes ACT Update
  - 12 IL Hospital teams
  - Developing a Patient Passport tool with feedback
  - Teams working on paper data form to inform their QI efforts until execution
  - Holding monthly team calls
- ILPQC Annual Meeting will be on Thursday November 3<sup>rd</sup> in Lombard

### **3. Old Business**

#### *Home Births*

- There is a difference between certified nurse midwives and certified professional midwives. The bill is in support of increase in home births.
- There is also the home birth safety act which promotes lay midwives to become certified professional midwives.
- The bill never passed the house. The bill was referred to rules committee.
- IDPH stated that they were more interested in what the committee thought about the issues brought up by the bill and not the bill itself. Mainly because the bill itself can be changed/restructured. Asking for clinical advice on the issues.
- The committee talked about next steps and how in the future/next meeting to come up with a plan to educate IDPH on the issues listed in the bill.
- One of the important aspects is about the mother's awareness and informed consent of the midwife. A lot of midwives don't have to disclose their level of training or expertise.
- How do we make things safer for women?
- Will midwives still give birth at home and disregard the legislation?
- Next meeting how to build the education for the home birth bills.
- It was recommended to bring in ACOG or the Certified Midwife chairperson to the next meeting for insight.

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**4. New Business**

*SQC Overview*

- The Chair went over what the bylaws state the mission/goal of the SQC group is:
  - Responsible for monitoring the quality of care, implementing recommendations from improving the quality of care in perinatal care system.
- Moving forward the chair wants to just remind them of their focus and to be bi-directional. By letting IDPH and PAC know what is important and for the committee to figure out what should be important.
- He wants the committee to talk to different areas of the state to address what topics are important across the state.
- The chair opened it up to suggestions:
  - There was a question about how to get the SMM form and the data from it to come back to the SQC committee to help determine quality improvement projects.
  - Another member suggested that since the group has evolved that the committee structure/roster should be reevaluated.

*Membership*

- Julie Kane was at the meeting and gave a brief introduction. She's from Sherman hospital and is a manager of labor and delivery. Will submit a resume to the committee.

**Public Comment**

- Wants committee to post agenda and notice sooner.
- Commented on LARC.
- Voiced concern about coercion.
- Voiced concerned about incentivizing providers to provide medical contraception. Want young women to access what is effective, but concerned about incentivizing of it.

**Closing**

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