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Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH - PERINATAL ADVISORY COMMITTEE
Maternal Mortality Review Committee (MMRC)

December 13, 2017
9:30 a.m. until 2:00 p.m.

George W. Dunne Building 69 W. Washington Chicago, IL	IDPH Offices 535 West Jefferson, 5th Floor Springfield, IL
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Attendees

Members in Attendance	Guests and IDPH
Deborah Boyle Joan Briller Stacie Geller Abby Koch Kathryn Lindley (Phone) Jerome Loew Gary Loy Lisa Masinter Paula Melone Frank Nagorka Heather Nixon Brielle Osting Barbara Scavone Shirley Scott Patrick Thornton	Catherine Adalakun, IDPH Amanda Bennett, IDPH Tanya Dworkin, IDPH Trishna Harris, IDPH Ashley Horne, IDPH Shannon Lightner, IDPH Nancy Martin, IDPH Alexander Smith, IDPH Roma Allen Andrea Cross Robyn Gude Cindy Mitchell Myra Sabini Elaine Shafer Bernadette Taylor Maripat Zeschke
	Members Not In Attendance
	Robin L. Jones (excused) Robert Abrams (excused) Kevin Madsen (excused) Robert Gessner (excused) Michael Socol (excused)

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Introductions

IDPH asked for a nomination for a temporary Chair in the absence of Robin L. Jones. Stacie Geller was nominated and approved with unanimous approval. Stacie then asked for everyone to go around the room and introduce themselves

Motions

1. **Motion to approve the nomination of Stacie Geller as temporary chair for the December meeting**
Unanimous Approval
2. **Motion to approve October 2017 minutes**
1st Shirley Scott, 2nd Heather Nixon, Unanimous Approval
3. **Motion to close for maternal death case reviews and membership discussion.**
Unanimous Approval
4. **Motion to reopen the meeting to the public following case review and membership discussion.**
1st Shirley Scott, 2nd Barbara Scavone, Unanimous Approval.
5. **Motion to recommend to the PAC to add Paloma Toledo to the review committee**
1st Barbara Scavone, 2nd Paula Melone, Unanimous Approval.
6. **Motion to recommend to the PAC to add Jennifer Banayan to the review committee.**
1st Deborah Boyle, 2nd Patrick Thornton, Unanimous Approval.
7. **Motion to recommend to the PAC to add Olga Lazala to the review committee.**
1st Patrick Thornton, 2nd Abby Koch, Unanimous Approval.
8. **Motion to recommend to the PAC to add Lee Smith to the review committee.**
1st Deborah Boyle, 2nd Brielle Osting, Unanimous Approval.
9. **Motion to adjourn**
1st Heather Nixon, 2nd Lisa Masinter, Unanimous Approval

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Minutes

The minutes from the October 2017 meeting were reviewed and approved.

Agenda Items

Opening

- After introductions, the group had to vote on a temporary chair.
- Stacie Geller was nominated and voted on to unanimous approval.
- After that the group voted on the minutes, 1st Shirley Scott, 2nd Heather Nixon, with unanimous approval.
- Stacie Geller also touched on a recent propublica article on maternal mortality and how it applied to the committee.

IDPH Update

- Covered IDPH's new employee, Catherine Adalakun, filling the role of Perinatal Administrator. Her main role at the moment will be to abstracting cases for the MMRC and working with administration of the IDPH perinatal program
- Amanda Bennett brought up a question that has been asked before in the committee meetings. Question: How does the committee make decisions in the absence of information. A: Spoke with the CDC and they suggested to assume that the information just is not available.

ReReview of the Scope

- .Amanda Bennett and IDPH went over the review of the scope, mission, and purpose
- Committee to think about public health focused recommendations. Recommendations that will help systems.
- Process behind the scenes: identifying maternal deaths, gathers and combines the materials, IDPH will select the cases reviewed, abstracted, abstract pre-review, finals abstracts are then reviewed.
- Went over where the group stands for the 2015 cases.
- IDPH went over the
- Discussed whether the cases of "pancreatic cancer" should come before the committee or not.
- Previewed the 2016 cases. There are fewer than in 2015. and 33 cases will come to MMRC.
- CDC community decision forms: cause of death, when the death pregnancy related (if she had not been pregnant would she have died, (one more), critical factors, recommendations to prevent, and how complete the records were.

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Membership Discussion

- IDPH brought forth recommendations from the CDC of what an MMRC group should look like. The list was just recommendations for general committees nationwide and is not to be necessarily used verbatim.
- Some of the specialties that might be underrepresented, according to the CDC, are: Federally Qualified Health Centers (FQHC), Family Medicine Doctor, Perinatal Nursing, Public Health-Local Health Departments (LHD), Social Work, and Community Leadership.
- Discussion on whether Family Medicine would be needed.
- Suggested to get someone who does Home Visiting
- Suggested for someone from a chemical dependence clinic
- Suggested for someone for Black community leadership.
- The committee still wants ER doctors.

Case Review

- Want the committee to also get more recommendations at the social/community level.
- Q: How are the recommendations getting back? A: IDPH would like the base of a year and then will begin looking at communication plans. Also maybe take the findings from the committee to Medicaid. Having community leaders at the table will also help come up with ideas into reaching a broader base.
- Q: Is it possible to give it to the hospitals for CQI (at the facility level?) A: Yes.

Closed Session

- Closed to discuss the maternal death cases and individual resumes of potential new members to the committee

New Members Vote

- After the group reopened, they voted on whether to add four new members to the review committee:
 1. Paloma Toledo – Motioned by Barbara Scavone and 2nd by Paula Melone, with unanimous approval.
 2. Jennifer Banayan – Motioned by Deborah Boyle and 2nd by Patrick Thornton, with unanimous approval.
 3. Olga Lazala – Motioned by Patrick Thornton, 2nd by Abby Koch, with unanimous approval.
 4. Lee Smith – Motioned by Deborah Boyle, 2nd by Brielle Osting, with unanimous approval.

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Debrief and Recommendations

- Patient/Family
 1. IDPH/APC's should standardize patient education (i.e. media/video). Education should be available in the clinic as well as remotely/online, and is intended to be complementary to the face-to-face encounter with the provider. Account for low health literacy in the content.
 - a. Topic examples: severity of conditions, importance of adherence to medication regimen
 2. Provide prenatal and discharge education on s/s of sepsis; ensure postpartum well check ins within first week of birth with additional postpartum follow up

- Community
 1. MCO should facilitate coordination of transportation via EMS, allowing additional family members to participate in the transport as well as flexible timing for pick up/drop off.

- Provider
 1. APC's should implement ACOG Maternal Safety Bundle for VTE and highlight anticoagulation guidelines. Possible put bundles in the required reading for recertification, track if PE is also an issue with improper anticoagulation treatment.
 2. ILPQC should sustain the implementation of the ACOG hypertension bundle across the state, especially follow up within 72 hours of discharge from birth hospital for high risk moms.
 3. IDPH should recommend that patient's current asthma status be addressed and documented at all parts of pregnancy care, including delivery hospitalization
 4. IDPH should recommend a MFM consult for high risk pregnancies with any chronic conditions

- Facility
 1. IDPH and APC's to provide standardized education to level 0 facilities on how to manage and triage OB patients, in order to avoid multiple transports.

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- System
 1. MCO's in Illinois should improve case coordination, and HFS should have a plan in place to hold MCO's accountable for coordination of care including home visits during pregnancy.
 2. APORS should resume follow-up for high risk mothers in Illinois, during pregnancy as well as postpartum care (3)
 3. MMRC should bring the issue of improper anticoagulation medication and medication noncompliance to PAC QI subcommittee
 4. Hospitals should create supportive immediate housing for families of pregnant women hospitalized far from home during pregnancy

- Issues of missing information
 1. MMRC should consider reviewing what data is available in Cornerstone
 2. IDPH should follow up with MCO's regarding each patient's providers, to obtain more complete records for patients during MMRC

Adjournment

- Motion to adjourn the meeting from Heather Nixon, 2nd from Lisa Masinter with unanimous approval.