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

December 14, 2016
 2:00 p.m. until 4:00 p.m.

George W. Dunne Building 69 West Washington, 35th Floor Chicago, IL	IDPH Offices 535 West Jefferson, 5th Floor Springfield, IL
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Introductions

Stephen Locher called the meeting to order and went around the room asking attendees to introduce themselves and let us know whether they were a member or a guest.

Attendees

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

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Motions

1. **Motion to approve minutes from October 2016**
 - 1st Madiha Qureshi, 2nd Jenny Brandenburg, Unanimous Yes
2. **Motion to adjourn the meeting**
 - 1st Deb Rosenberg, 2nd Jean Goodman, Unanimous Yes

Minutes

The minutes from October 2016 were approved.

Agenda Items

1. Illinois Department of Public Health (IDPH) Update

- Changes to Maternal Morality Review Committee (MMRC)
 - o IDPH Proposed to make some changes to the current MMRC. State level programmatic, systems, and policy review versus the local Administrative Perinatal Center (APC) hospital review.
 - o This will have MMRC review all pregnancy related deaths and not just a sample/population based deaths. This would increase the number of cases reviews from 16~ to 35~. The trade-off being better efficiencies on the case reviews.
 - o This is part of national and state level efforts.
 - o Down the line there is a plan in partnering MMRC and SQC by asking the SQC to offer some quality improvements based off the reviews from the MMRC.
 - o Another idea is for the MMRC to discuss trends and significant issues are identified with a general recommendation given and the SQC to be the implementation arm and over sees how best to put those recommendations into place.
 - o Amanda will be helping with the data side by giving MMRC updates on a quarterly/yearly basis on cases reviewed.
- Neonatal Abstinence Syndrome (NAS) Committee
 - o They've established a definition of NAS
 - o Recommended the system of screening, brief intervention, referral and treatment for substance use in pregnant women in the state of Illinois.

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- They are focusing on the universal screening currently and they are deciding whether or not to recommend doing a toxicology screening or dialogue screening or some type of combination.
 - The group plans to look at 4 different areas: standardization of treatment, diagnosis and how to diagnose, data/what data to collect, parent education/care coordination
 - Q: There was concern that 1. Pregnant women and also Doctors wouldn't necessarily want to do the screening tool and if they did 2. Where would these doctors send these women who are seeking help or turn up opioid exposed?
 - A: The tool itself appears to be very non-threatening and part of the motion was about the referral and treatment. At the state level the screening tool wouldn't have been recommended if there wasn't a push for the brief intervention, etc. would also be in place.
 - Q: Would this turn into policy?
 - A: Possibly, but NAS is just an advisory body, so if it is accepted then it is possible, in terms of implementation, as to whether policy would be utilized.
 - Q: The tool chosen has been validated?
 - A: A tool has not been chosen yet, but the one (or more chosen) will be validated/have education materials.
 - Q: Is there an option to opt out for hospitals?
 - A: Ethically, there should be an option to opt out.
 - Q: Is the dialogue screening coming from a physician/doctor?
 - A: The statistics show that it better resonates coming from a nurse or a medical assistant.
 - The SQC members brought up concerns about reluctance to screen people.
 - Action Item: Madiha will send Alex the CDPH website/slides on NAS.
- Breastfeeding Blue Print
- Keriann Uesugi, along with the help of Amanda Bennett and Deb Rosenberg, was at the meeting to present on the last 5 years of data concerning breastfeeding.
 - Overall the breastfeeding has been improving and has been keeping a steady improvement in most of the areas of data and research.
 - The accomplishments listed on the PowerPoint were:
 - Statewide achievement of Healthy People 2020 target for breastfeeding initiation
 - Substantial improvement in duration of exclusive breastfeeding among those who initiated breastfeeding
 - Higher rankings on 5 out of 7 Maternity Practices in Infant Nutrition and Care (mPINC) categories
 - And the areas to focus on were:
 - Overall breastfeeding duration among those who initiated has not changed since previous blueprint

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- Disparities in rates persist, particularly for African American women and for low income women in general
- Response rate for mPINC surveys
- Lower rankings for newborn feeding practices and breastfeeding support after discharge.
- The committee brought up they were interested in the age of the mother at deliver and possibly for the BMI. Also they were concerned with the disparity in the low income group.
- It was brought up to look at systems for the ambulatory piece.
- Connect with hospitals who create services or work with the community to have services directed towards these women.
- Possibly create some state level report that ranks the hospital?
- Robyn Gude suggested to share this presentation with their networks.
- Madiha from CDPH was asking about a common resource for post-partum support groups and the committee recommended the perinatal network administrators as well as the nursing directors of each hospital.

2. Illinois Perinatal Quality Collaborative (ILPQC) Update

- Patti King from the Illinois Perinatal Quality Collaborative spoke about their annual conference and said that was their largest ever.
- Had a lot of positive feedback.
- OB teams are starting their second year in hypertension project.
- Future potential initiatives: implementation of LARC at delivery project, supporting vaginal birth/reducing primary cesareans, and looking at maternal side of opioid use.
- Due to the budget the stakeholders and funders will be a big decider of where the conference will be moving forward.
- There has been a gradual improvement in time to treatment month to month
- Major increases in debriefs and patient follow up
- Next year the time to treatment is a major focus with more targeted questions on time to treatment.
- Making a new grand rounds slide set.
- Education calls are transitioning into implementation calls.

3. Old Business

- No old business for this meeting.

4. New Business

- None at the moment.

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Closing

Deb Rosenberg motioned for the meeting to adjourn and Jean Goodman seconded the motion.