



122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • www.dph.illinois.gov

Meeting Minutes of:

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL (SQC)**

**April 15, 2015
2:00 p.m. – 4:00 p. m.**

**Michael A. Bilandic Building (MABB)
160 North LaSalle Street
5th Floor, Room N-502
Chicago, Illinois**

Stephen Locher, MD, Acting Chairman

Attendees: Lenny Gibeault, Richard Besinger, Trish O'Malley, Karen Callahan, Robin Jones, Patricia Prentice, Deborah Rosenberg, Cindy Mitchell, Angela Rodriguez, Bernadette Taylor, Elaine Shafer, Ann Borders, Pam Wolfe, Jodi Hoskins, Robyn Gude, William MacKendrick, Jenny Brandenburg, Rita Brennan

Absent: Maripat Zeschke (excused), Madiha Qureshi (excused)

IDPH Staff: Andrea Palmer, Brenda Jones, Trishna Harris, Amanda Bennett

Guests: Cecilia Lopez, Felecia Faifer, Shirley Scott, Debbie Schy, Pattie Lee King

AGENDA

1. Call to Order & Welcome..... Stephen Locher, MD

The meeting was called to order by acting Chair, Dr. Stephen Locher. Members and guests introduced themselves.

2. Review/Approval of Minutes - December 10, 2014 Meeting..... Stephen Locher, MD

The minutes of the December 10, 2104 meeting were reviewed. Rita Brennan was initially marked as absent for the December 10, 2014 meeting. That was incorrect. She attended via conference call. Motions were made to approve the minutes with those revisions that correct her absence.

3. Brief Update on Levels of Care Task Force Report..... Stephen Locher, MD

The Committee was headed by Dr. O de Regenier and Dr. Locher gave an interim report on her behalf last fall. She then presented her last full report to PAC at the last meeting in February. The next step is for PAC to take consideration of the recommendations of that sub-committee and there were a number.

Basically, the Summary had 15 points and 6 recommendations. The summary of the sub-committee is that it is really difficult to get the data we want to support what the AAP has recommended. If you look at larger groups of national data, it is easier to support the AAP levels of care. However, in Illinois we are challenged just because of the methodology of our data and where our current data is right now.

**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL (SQC)
April 15, 2015
Page 2 of 14**

3. Brief Update on Levels of Care Task Force Report (continued)..... Stephen Locher, MD

There was a recommendation to start linking birth and death certificates together to look at things in the future. Prospectively, we hope that we'll be better at getting data to evaluate outcomes, particularly as it relates to volumes of institution.

We have to make sure we recognize that south our state there are going to be geographical issues to challenge us. And, to the north there are a lot of resources but are they being utilized correctly as well. PAC has agreed to consider these recommendations and look at the AAP levels of care within that organization. They did not kick anything back to us as of yet from the SQC standpoint. However, one of the issues brought up by PAC was that at the time of looking at the levels of care by AAP was to consider the levels of maternal care that the American College of OB/GYN has recommended.

A Consensus Statement from ACOG and SMFM: Society of Maternal-Fetal Medicine was published in February 2015 and basically that is looking at the levels of maternal care, being specific. We've looked at neonatal outcomes and this is a hot topic right now. SMFM has said to be "specific about the levels of care for the mom." Dr. Locher thinks it is a smart thing to do and he is glad that PAC is going to incorporate the ACOG recommendations as well at the same time.

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

- IDPH Update from Amanda Bennett:
 - Dr. Bennett is the CDC assignee to IDPH in maternal/child health epidemiology and she started officially at the end of December 2014. Her role is to support improvements in data infrastructure, incapacity for data analysis and generally just to provide scientific advising on maternal and child health capacities, specifically as related to data, i.e. the study, design and research methods. Hopefully, at the next SQC meeting she will be able to actually present results from one of the analyses she has been doing.
 - In addition to supporting some of the initiatives, for instance providing data support to the CoIIN work groups which are in turn initiatives to reduce infant mortality in IL, there are also a couple of specific analytics projects she is working on. One is working with USC and some other colleagues in Illinois to review severe maternal morbidity using hospital discharge data. There is a lot of people starting to look not just at maternal mortality but using a CDC algorithm for looking at severe morbidities which are capturing women who don't die but have pretty severe outcomes and complications during their deliveries. So, that's another analysis she is looking, particularly focusing on the disparities both racially and geographically in maternal morbidities. Hopefully, she will also be able to present that info at the next SQC meeting.
 - Dr. Bennett is working another project with Julia Howland who is the epidemiologist for Division of Patient Safety. They are looking at hospitalizations for psychiatric conditions among women of reproductive age. They decided they are also going to look at hospitalizations for opiate overdose, both heroin and prescription or other opiates.
 - The OWHFS really want to initiate the conversation again with Division of Vital Records to see what it would take to link birth and death certificates. It is so important in studying infant mortality, as well as linking birth certificates and hospital discharge data. Those type of infrastructures would greatly benefit our ability to do more complex and detailed studies of both women's and children's health.

**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL (SQC)
April 15, 2015
Page 3 of 14**

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

- IDPH Update from Amanda Bennett (continued):
 - We also have an IGA with Dr. Rosenberg.
 - Dr. Rosenberg stated that 15 years ago when the MMRC were first trying to enhance case ascertainment for maternal mortality, they piloted an algorithm for linking birth certificates for women of reproductive age as a way to again gain all the data we have on the birth certificate to add to the data about the women who die. That's just another infrastructure thing we should be thinking about. When you are linking birth and death certificates, it's also maternal deaths and birth certificates as well.
 - Between all of the CoIIN Projects, Dr. Bennett and Dr. Rosenberg are sharing the data work around that. And, then being the epidemiology support for ILPCQ, I've also been working on ACES: Adverse Childhood Experiences on behalf of Dr. Jones with a collaborative working group here with the State. There was an ACES Summit that took place as well.
 - Dr. Jones stated that IDPH has a Team that Dr. Bennett leads and five data people now. She stated a lot more data and information will be seen in the future.
- CoIIN: Collaborative Innovation and Improvement Network Project: IDPH and Illinois is a part of 4 different CoIINs. It was regional, but it is now a national initiative that is addressing infant mortality. Illinois chose 4 states to focus on looking at infant mortality. We chose: (1) Perinatal Regionalization, (2) SDOH: Social Determinants of Health, (3) Preconception/Inter-Conception and (4) Safe Sleep.
 - Raye-Ann O de Regnier and our new hire, Trishna Harris will be co-chairing the Perinatal Regionalization Team.
 - SDOH (Social Determinants of Health): Kelly Vrablic is our infant mortality person and she is leading that.
 - Pre-Conception and Inter-Conception: Susan Hossli and Janine Lewis are leading that.
 - Safe Sleep: Glendean Burton is working with us on that Team.
- Dr. Jones states she reviewed the mortality and morbidity and forms and feels that they do not get at what we really need to look at in terms of quality. So, she is working with Pat Prentice on reviewing some different abstract forms, not for the mortality piece but morbidity.
- Dr. Jones will be working with the Chairs to develop a Strategic Plan and hopefully, that will be in place by June.
- Trishna Harris was hired to give support to the IDPH Perinatal Network. Andrea Palmer and Dr. Jones will continue to conduct Site Visits with the Administrators.
- Dr. Jones, the Network Administrators and IDPH staff are halfway thru the Lean Six Sigma Certification.
- Breastfeeding Project with Touchette Hospital: Dr. Jones obtained a grant with ASTHO. Karen Callahan has been brought in to work on this project.
- IDPH Update from Andrea Palmer – Needs Assessment:
 - Needs Assessment: In-Process and Ongoing. For Title IV Grants, a Needs Assessment needs to be conducted every 5 years. That Needs Assessment is then used to determine the scope or the framework for the maternal-child health block grant for the following 5-year period.

**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL (SQC)**

April 15, 2015

Page 4 of 14

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

- IDPH Update from Andrea Palmer – Needs Assessment (continued):
 - In terms of the quality of the data, we have conducted provider surveys and completed focus groups and key informant interviews. We also are going to have an expert panel which is going to ask people from different disciplines to come together and help us figure out what should be the priorities for the state in terms of maternal-child health moving forward for the next 5 years. That is coming up in the next couple of weeks.
 - Once that expert panel meeting and discussion has been completed, we'll write up our needs assessment, our priorities and they were selected and do our report on last year's work. From there, we will be able to determine what are the performance objectives for the program related to those priorities; and then, from there determine what the evidence-based strategies that we'll be implementing to support or to achieve the performance objectives.

5. ILPQC Update..... Ann Borders, MD, MSC, MPH

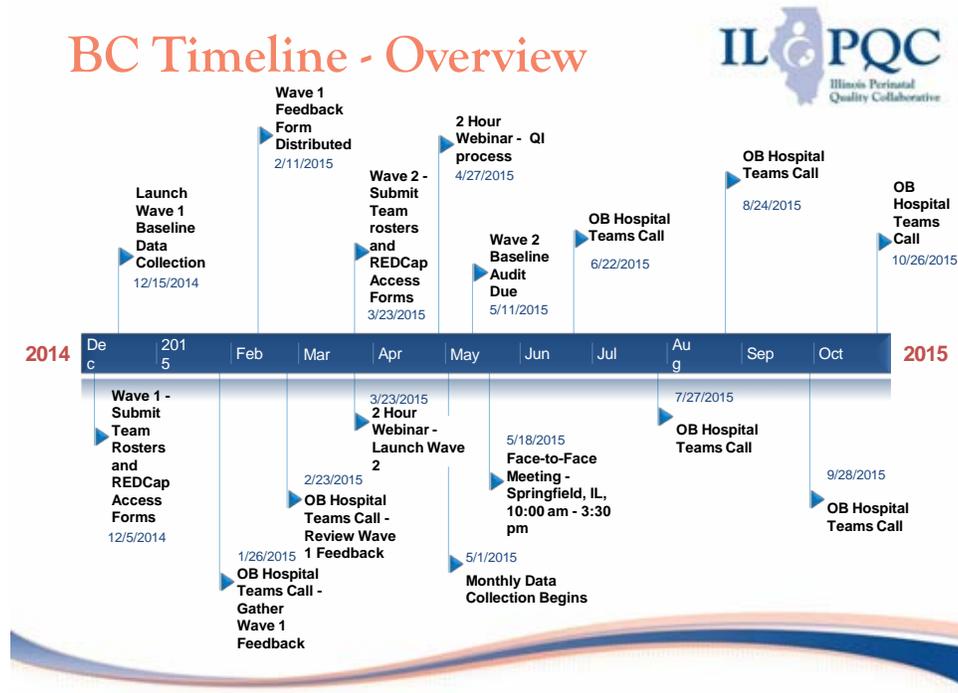
Even though they are in the "toddler stage," the ability to work extremely closely with OWHFS has continued to solidify, as well as the ability to work closely with the Perinatal Administrators. With Patricia Prentice coming on board, that has continued to increase.

Currently there are 100 hospitals actively doing quality improvement work with all of us and ILPQC continues to help support their work. It is a huge accomplishment, really a testament to everyone in attendance today who has made it happen.

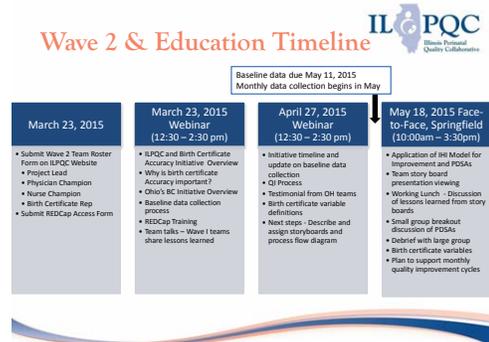
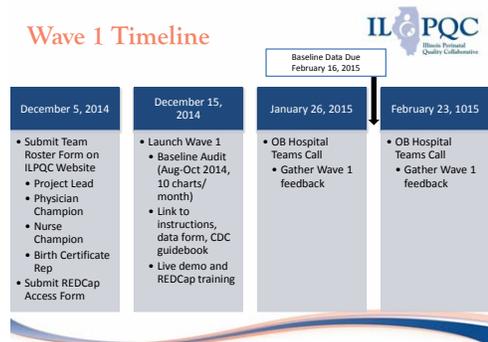
- a. CDC Update (Cooperative Agreement)
 - Met with CDC and 5 other awardees in Atlanta in November 2014.
 - Monthly group sharing and mentoring calls with CDC awardees.
 - Ohio mentor to Illinois for 2015 providing regular mentoring and technical assistance.
 - Submitted year 1 progress report and year 2 work-plan to CDC in March 2015.
- b. Birth Certificate Initiative – In Conjunction with Cindy Mitchell
 - IDPH Birth Certificate Initiative Workgroup
 - ✓ Consultation from Ohio Perinatal Quality Collaborative
 - ✓ Developed key variables, accuracy data form, instruction form, revised birth certificate guidebook
 - ✓ Feedback from State Quality Council and OB Advisory Workgroup

**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL (SQC)
April 15, 2015
Page 5 of 14**

5. ILPQC Update (continued) Ann Borders, MD, MSC, MPH
 b. Birth Certificate Initiative – In Conjunction with Cindy Mitchell (continued):
 – IDPH Birth Certificate Initiative Workgroup



- Roll out: Wave 1 (43 Hospitals) Wave 2 (53 as of 4/14/15)



**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL (SQC)
April 15, 2015
Page 6 of 14**

5. ILPQC Update (continued) Ann Borders, MD, MSC, MPH
 b. Birth Certificate Initiative – In Conjunction with Cindy Mitchell (continued):

BC Accuracy Webinar 1 Recap 

- Guest Speakers
 - Amanda Bennett, Senior MCH Epidemiologist/ CDC Assignee, IDPH Office of Women’s Health & Family Services
 - Susan Ford, BEACON Quality Improvement Coordinator, OPQC
 - Cindy Mitchell, ILPQC Birth Certificate Accuracy Initiative Perinatal Network Administrator Lead, South Central IL
 - Team talks – Wave 1 hospitals share lessons learned
- 150 participants from 78 hospitals

**BC Accuracy Webinar 2
April 27, 2015 12:30pm-2:30pm** 

- Initiative Overview
- Overview of Quality Improvement Process (Patti Lee King)
- Ohio Team Testimonials (Ohio Teams)
- Birth Certificate Definitions (Cindy Mitchell, Dan Pippin)
- Review instructions/ examples for story boards and process flow diagrams, teams will bring to May 18 meeting

**BC Face-to-Face Learning Session
May 18, 2015, 10:00am-3:30pm** 

- 10:00 – 10:15 am Welcome/Overview/Baseline Data
- 10:15 – 11:15 am IHI Model for Improvement (Susan Ford and Patti Lee King)
 - walk through of real PDSA example
 - using data / process flow to optimize QI
- 11:15 – 11:45 am Team story board presentations / viewing (All participants)
- 11:45 – 12:00 pm Assign lunch / breakout topics
- 12:00 – 1:00 pm Working Lunch – Teams / Table discussion of lessons learned from Story boards / Process Flow diagrams
- 1:00 – 2:00 pm Small group breakouts with QI leads – PDSA worksheets
- 2:00 – 2:15 pm Debrief from small groups to large group (All participants)
- 2:15 – 2:30 pm Review certificate of live birth worksheet (Cindy Mitchell)
- 2:30 – 3:15 pm Key Variables Definitions /Tips (Cindy Mitchell / Dan Pippin)
- 3:15- 3:30 pm Recap Monthly QI Process, Next Steps

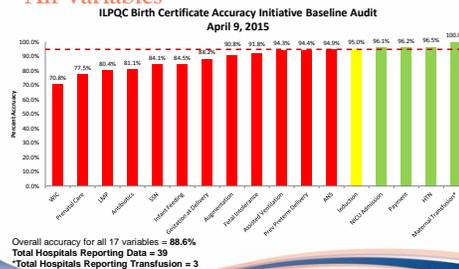
BC Accuracy Face-to-Face Learning Session Registration 

- Register online before May 4 at:
<https://www.eventbrite.com/e/birth-certificate-accuracy-initiative-face-to-face-collaborative-learning-session-tickets-16206580318>
- 128 people registered representing 74 hospitals as of 4/14/2015
- Registration currently limited to 2 team members per hospital

BC Accuracy Baseline Data 

- 96 team rosters submitted for initiative (43 wave 1, 53 wave 2)
- Wave 2 baseline data due by May 11
 - Overall baseline data completion:
 - 34 teams completed data entry
 - 5 teams with partial data entered
- Wave 2 teams providing feedback on BC Accuracy process via feedback form

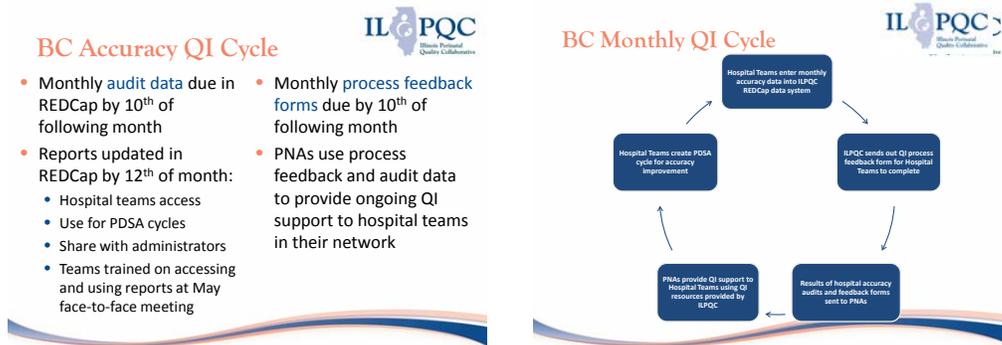
**BC Accuracy Baseline:
All Variables** 



**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL (SQC)
April 15, 2015
Page 7 of 14**

5. ILPQC Update (continued) Ann Borders, MD, MSC, MPH

b. Birth Certificate Initiative – In Conjunction with Cindy Mitchell (continued):



c. Golden Hour Initiative

– Initiative:

- ✓ Implementation of evidence based practices for infants which require resuscitation and stabilization in the first critical hours of life
- ✓ Examples of practices used to increase positive health outcomes for these infants:
 - Team communication
 - Body temperature regulation
 - Administration of surfactant
 - Oxygen dosing (pulse oximetry monitoring)

– Timeline:

- ✓ Neonatal administrators garner interest in participation (26 hospitals currently)
- ✓ First toolkit meeting early December
- ✓ Toolkit finalized in March
- ✓ Currently developing REDCap data form and reporting
- ✓ Face-to-Face kick-off with hospital teams on April 20th in Naperville at Edward Hospital

– Aims:

- ✓ 90% of infants less than 32 weeks gestation or less than 1500 grams birth weight, will have a temperature between 36.5-37.5°C upon admission to the NICU
- ✓ 80% of all infants less than 32 weeks gestation or less than 1500 grams birth weight will have intravenous access, intravenous fluids, and antibiotics infusing within one hour of admission to the NICU
- ✓ 80% of high-risk newborns and newborns requiring resuscitation will have a pulse oximetry signal obtained by two minutes after birth.
- ✓ 80% of deliveries will use a checklist which includes a pre-briefing with the OB and nursery team and a post-resuscitation debriefing for high-risk deliveries

**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL (SQC)
April 15, 2015
Page 8 of 14**

5. ILPQC Update (continued) Ann Borders, MD, MSC, MPH

c. Golden Hour Initiative (continued):

- Aims (continued):
 - ✓ Increase the number of eligible neonates initially stabilized with non-invasive respiratory support in the delivery room to 75%
 - ✓ Improve the timeliness of pulmonary surfactant administration to within 15 minutes of intubation for eligible neonates in the delivery room to 80%.

d. Hypertension Initiative

Maripat Zeschke is going to be the Perinatal Network Administrator Lead for the Project. Carol Burke of Loyola is the Nursing Lead and then, Jim Keller of Trinity.

- Initiative:
 - ✓ Clinical initiative identified by OB Hospital Teams vote at annual meeting
 - ✓ Opportunity to collaborate with ACOG AIM Initiative and IDPH Office of Women’s Health
 - ✓ HTN Subcommittee of OB Advisory Group
 - Began monthly meetings in Jan., clinical leads identified
 - Maripat Zeschke - PNA Lead
 - Mentoring from CMQCC’s clinical leads
 - Finalizing process and outcome measures
 - Developing data form and reporting format
 - ✓ Tentative launch date of Fall 2015
- Proposed Goal & Aim from CMQCC:
 - ✓ Goal: Reduce preeclampsia maternal morbidity
 - ✓ Aim: Reduce the rate of severe morbidities in women with severe preeclampsia, eclampsia, or preeclampsia superimposed on pre-existing hypertension by 20% over the course of the initiative
 - ✓ Monthly data reports (rapid response 2 day turn around) will help hospitals track QI efforts and compare across time and other hospitals
- Proposed Measures from CMQCC:
 - ✓ Outcome Measures: Severe Maternal Morbidity (ICD9 codes typical of an ICU admit):
 - Severe maternal morbidities include: Acute renal failure, ARDS, Pulmonary Edema, Puerperal CNS Disorder such as Seizure, DIC, Ventilation, Abruptio
 - Denominator: pregnant & postpartum women with new onset severe range HTN (severe preeclampsia, eclampsia, superimposed preeclampsia on pre-existing HTN)
 - Will need to convert to ICD10 codes

**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL (SQC)
April 15, 2015
Page 9 of 14**

5. ILPQC Update (continued) Ann Borders, MD, MSC, MPH

d. Hypertension Initiative (continued):

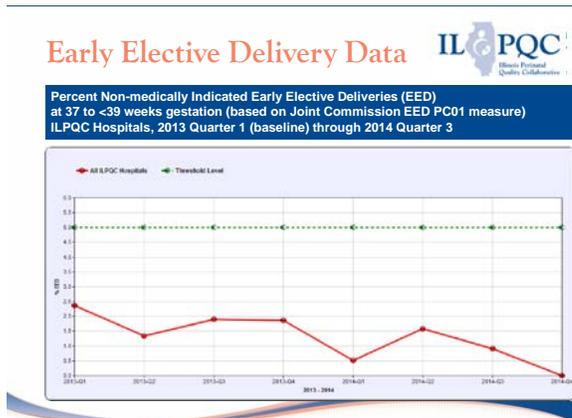
- Proposed Measures from CMQCC (continued):
 - ✓ Process Measures
 - Severe HTN treated in under 60 minutes
 - Number of women treated at different time points (30,60,90, >90 min) after elevated BP is identified / Number of women with new onset severe HTN (>155-160/105-110)
 - Debriefs of 90% new onset severe HTN cases
 - Discharge education and follow up
 - Outpatient F/U of all severe HTN women on meds within 72 hours

e. Antenatal Corticosteroids Initiative – In Conjunction with March of Dimes Big 5

New York, California, Florida, Texas and Illinois are the states with the 5 most births in the country and consequently, considered the Big 5. This Antenatal Corticosteroid Initiative is focusing on improving optimizations so babies born under 34 weeks, optimizing the care of babies who get steroids, optimizing the timing of getting it and optimizing the documentation that they got it.

- Opportunity to participate in next MOD Big 5 Perinatal Collaborative Initiative with NY, CA, FL, and TX
- ILPQC is allowed 5-10 IL hospital teams
- National initiative will launch this fall with MOD ACT Preterm Labor Assessment Toolkit / education materials / data tools
- Professional educational program and monthly QI collaborative learning and implementation support
- Beau Batton presented on ACT at MOD Perinatal Nursing Conference and IL roll-out with ILPQC
- Developing Initiative Leadership Team for IL

f. EED Initiative



**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL (SQC)
April 15, 2015
Page 10 of 14**

5. ILPQC Update (continued) Ann Borders, MD, MSC, MPH

f. EED Initiative (continued):

- **Aim:** Reduce EED to <5% across >=95% of participating hospitals and improve ability for hospitals to compare accurate EED data across time and across other Illinois hospitals.
- **Approach:** Provide access to tool kits, learning sessions, secure reporting system to compare.
 - ✓ 48 IL birthing hospitals have submitted data
 - ✓ Quarterly data entry (PC-01) for 2013 thru Q4 of 2014
 - ✓ Are allowed 5-10 IL hospital teams
- **Wrap-Up**
 - ✓ 48 hospitals have entered data as of 3/16/2015
 - 45 hospitals with complete data entry through Q2 2014
 - 35 hospitals with complete data entry through Q3 2014
 - 18 hospitals with complete data entry through Q4 2014
 - ✓ Hospitals to enter 2014 Q3 and Q4 data by May 1
 - ✓ Will work with PNA's to encourage remainder of Q3 and Q4 data to be entered
 - ✓ Commendation letters to hospitals with complete data
 - ✓ Data collection and QI support to continue into 2015 for those hospitals with >5% EED in Q4 of 2014
 - ✓ 41 letters of commendation and 37 banners with MOD

g. VLBW Nutrition Initiative

We need to encourage hospitals to complete data. We will be in touch if there are hospitals that haven't got data in it. All the data has to be in by May 1, 2015.

Neonatal Nutrition Initiative



Aim: Reduce from 45% to below 30% the percentage of very low birth weight (VLBW) infants discharged from a neonatal intensive-care unit (NICU) with weight <10th percentile by the end of 2014.

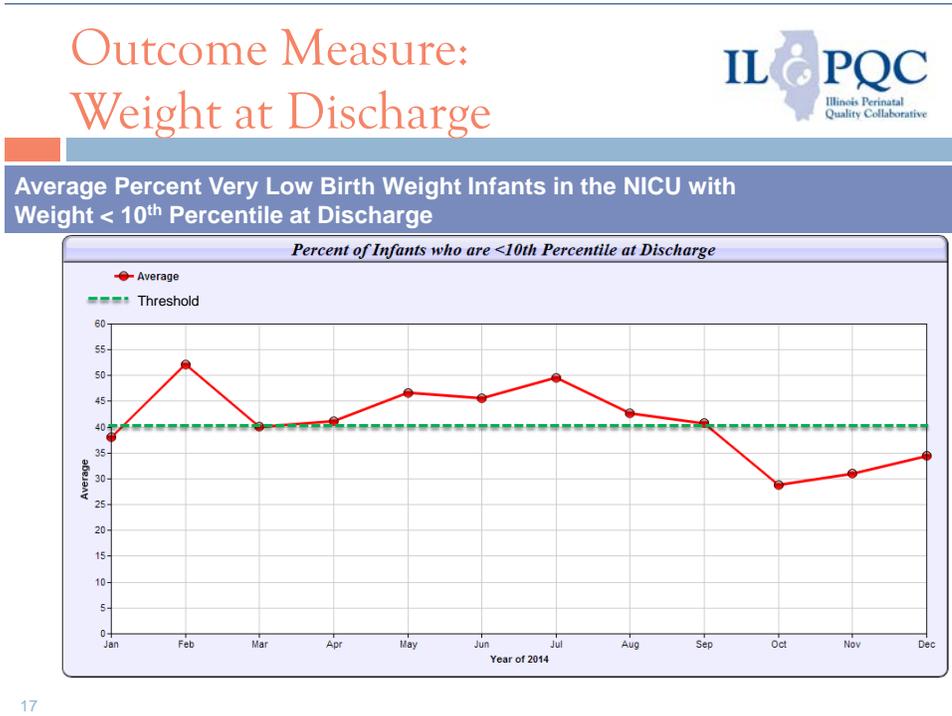
Approach: Implement evidence-based toolkit (based on CPQCC and VON) on best practices for parenteral & enteral nutrition



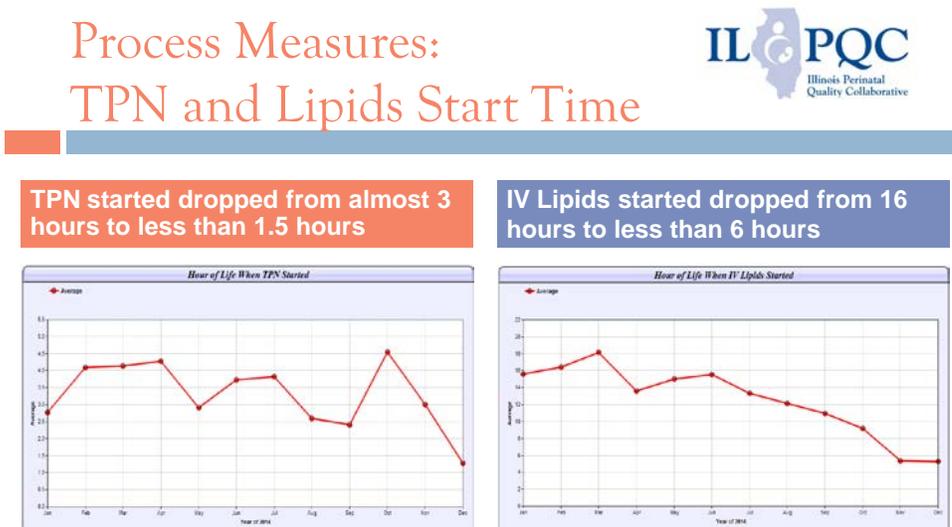
- 18 Level III & II NICUs participating
- Monthly data collection on all VLBW infants for babies born in 2014. As of March 2015, data reported on **1,512 VLBW infants**

**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL (SQC)
April 15, 2015
Page 11 of 14**

5. ILPQC Update (continued) Ann Borders, MD, MSC, MPH
g. VLBW Nutrition Initiative (continued):



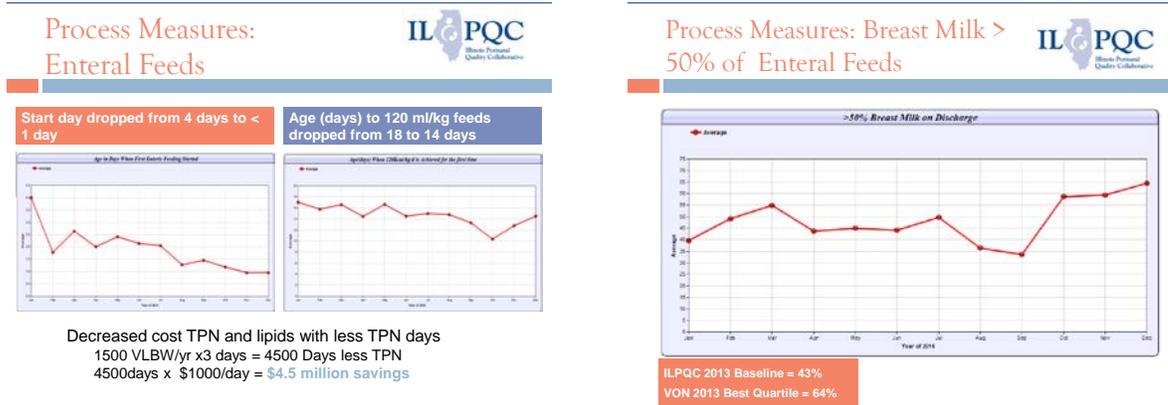
17



**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL (SQC)
April 15, 2015
Page 12 of 14**

5. ILPQC Update (continued) Ann Borders, MD, MSC, MPH

g. VLBW Nutrition Initiative (continued):



Summary – Next Steps:

- ❖ Birth Certificate Accuracy Initiative
 - Wave 2 - Complete baseline data entry by May 11
 - Save the date for education sessions: 4/27, 5/18 – registration open
 - Monthly data entry, QI cycle, and support to begin in May - October
- ❖ Golden Hour
 - Finalizing data form and reporting with data advisory group
 - Initiative launch April 20, Face to Face meeting Naperville
- ❖ HTN Initiative Subgroup
 - Working on data form and reporting tools, once measures are finalized
- ❖ ACT Initiative
 - Forward interested hospitals/teams to info@ilpqc.org
- ❖ VLBW Nutrition Initiative
 - Continue to encourage hospitals to complete data entry
- ❖ EED Initiative
 - Complete data reporting for Quarter 4 2014 by May 1, 2015
 - Continue to support teams working towards goal
 - Work on data dissemination plan

Chair’s Note: Dr. Locher states looking at morbidities can really tell a lot about the programs. He is excited if we kind of try to standardize that as we look at programs and ourselves.

Committee Response: With the near misses, ACOG came out with 3 units of blood and the State is still at 3 units of blood.

**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL (SQC)
April 15, 2015
Page 13 of 14**

5. ILPQC Update (continued)..... Ann Borders, MD, MSC, MPH

MOTION MOVED by Patricia Prentice that Illinois hospitals, for purposes of reporting their perinatal statistics, use four (4) units of blood products to indicate hemorrhage rather than the 3 units currently recommended. MOTION SECONDED AND APPROVED.

Committee Response: I think the reason the ILPQC has been able to put all of this together is because of the perinatal system in Illinois. That is the entire reason we are able to partner and work like this has allowed these initiatives to take place and succeed.

Chair's Editorial Comment: ILPQC is doing a lot of great work. Likewise, the perinatal networks and administrators for many years have been doing a lot of great work. And, a true relationship means that the perinatal coordinators and networks are contributing to the ILQPC.

Let's try and get these hospitals engaged on this Birth Certificate Project. We are looking at the federal landscape, the national landscape, what Ohio and California are doing, etc. But, we have to make sure we are taking into account what our challenges are in Illinois.

6. Birth Certificate Initiative Update..... Cindy Mitchell, RN, BSN, MSLH

- Discussed and Covered During ILPQC Updates.

7. Update on Data Activities.....Deborah Rosenberg, PhD

SMFM is a good example. Illinois and the Feds are doing this in a lot of areas. It happened with early electives too, where we are really looking at the continuum starting at what happens at the clinical level and all the way to the population base.

The fact the CDC asked Dr. Rosenberg and Kristin Rankin to lead a course with states about using hospital discharge data and Medicaid claims data to look at severe maternal morbidity is no accident. There is a lot of interweaving of federal, state and all the way down to the clinical institution initiatives. It is great to have quality improvement. However, eventually, we have got to be able to see it at the population level, which is what we are doing a lot of.

In terms of the infrastructure stuff, because of the severe maternal morbidity, it is not just looking at hospital discharge and birth certificates. We've also got to get to the point of linking birth certificates and Medicaid data in this state. We have an MOU with Medicaid so we actively meet with them.

8. Plan for Development of Standards for Management of Acute Hypertension/Pre-Eclampsia/Eclampsia Pat Prentice, MBA, RN

The ACOG/SMFM Care Consensus: The Committee opinion from ACOG regarding emerging therapy for severe hypertension during pregnancy in the postpartum period came out in February 2014. When you read it, this is actually based on some work that had been completed in the United Kingdom.

While taking minutes for the PAC, one physician questioned why we could not do the same things they do in the U.K. with infant mortality. Mrs. Prentice explained that because in the U.K., they have one set of medical records, everyone is nationalized and you don't have resistance from people when asked to give you information. This has enabled treatment plans to be implemented rather quickly. It is very easy to come up with evidence-based data because they have a national database for health.

About 12 years ago, we started collecting data on morbidities --- and not just 3 units or more or ICU admissions. We started collecting data on readmissions within 28 days.

**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PERINATAL HEALTH SYSTEM OF ILLINOIS
STATEWIDE QUALITY COUNCIL (SQC)
April 15, 2015
Page 14 of 14**

8. Plan for Development of Standards for Management of Acute Hypertension/Pre-Eclampsia/Eclampsia (continued) Pat Prentice, MBA, RN

Unfortunately, what we are now finding from recent maternal deaths is an increase in postpartum pre-clampsia and eclampsia leading to severe morbidity. We are not sure if that increase has been attributed to an increased frequency in reporting. Since we were already collecting readmission data, we went back and inquired if that was the case and lot of people stated they were. Now, what we are talking about is possibly doing an intensive review and seeing how many incidences in the last three years have been in our network or readmissions within 28 days for acute hypertensive issues that have lead to “near misses.” At the root of the problem was how the hospital submitted the data.

In the four months of review, Mrs. Prentice found eight (8) cases. They were not all ICU admits but they were 8 documentable cases of acute hypertension. Three (3) casers were extremely severe.

We are seeing as Level 3s, more cases being transferred to the ICU. In order to get an accurate count, your Level 3 has to be able to give you every postpartum patient transferred to your intensive areas. And some people have trouble getting that info. Fortunately, we don’t have that problem because we have a mandate.

Somehow we have to create synergy between the inpatient and outpatient. We keep focusing on inpatient and clinical. If we want to make a dent, we are going to have to focus on outpatient as well, because the patient may not come back to that follow-up appointment. At the office we are merging a database to help providers be able to refer and work with Case Managers to connect those high-risk women.

One of our MFMs is very involved in AHRQ and is in the process of implementing the pre-eclamptic bundles. He has already completed a ton of work on some of these things we are talking about. We implemented a policy that any mom who has had a baby within the last four weeks has to call an OB and the discussion. We also implemented that if they were pre-eclamptic in the hospital, they are going home with a blood pressure cuff. The key is connecting with those programs that are working with these moms before they go into the hospital, as well as afterwards.

CHAIRMAN’s NOTE: We would all like to thank Patricia Prentice for 16 years of service and support to the SQC: Statewide Quality Council.

Adjournment..... Stephen Locher, MD
Motion to adjourn the meeting was ACCEPTED AND SECONDED.
Wherein, the meeting was adjourned.