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**Meeting Minutes of:  
ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PERINATAL ADVISORY COMMITTEE MEETING (PAC)**

**December 10, 2015  
1:00 p.m. until 3:00 p.m.**

<b>George W. Dunne Building 69 West Washington, 35<sup>th</sup> Floor Chicago, IL</b>	<b>IDPH Offices 535 West Jefferson, 5<sup>th</sup> Floor Springfield, IL</b>
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**Chair:** Dennis T. Crouse, MD

**Attendees:** Richard Besinger, Jenny Brandenburg, Stephen Locher, Howard Strassner, William Grobman, Janet Hoffman, Robin L. Jones, Omar LaBlanc, Phyllis Lawlor-Klean, Cindy Mitchell, Madiha Qureshi, Jared Rogers, Phil Schaefer, Howard Strassner, Maripat Zeschke

**Absent:** Bree Andrews, Mike Farrell, Nancy Marshall

**IDPH Staff:** Andrea Palmer, Shannon Lightner, Tanya Dworkin, Miranda Scott, Alex Smith, Trishna Harris

**Guests:** Pat Prentice, Debbie Schy, Angela Rodriguez, Kai Tao, Lori Filock, Trish O’Malley, Jodi Hoskins, Pam Wolfe, Bernadette Taylor, Lisette Zermeno, Cecilia Lopez, Barb Haller

**AGENDA**

**1. Call to Order & Welcome ..... Dennis T. Crouse, MD**

The meeting was called to order by Chairman, Dennis Crouse, at 1:00 pm. The Chair welcomed new members: Stephen Locher, Maripat Zeschke, Jenny Brandenburg and Jared Rogers. Members and guests introduced themselves. Shannon Lightner introduced herself as the new Deputy Director, Office of Women’s Health & Family Services.

**2. Review and Approval of Minutes of October 8, 2015 ..... Dennis T. Crouse, MD**

The minutes of the October 8, 2015 meeting were reviewed. **Motions were made to approve, seconded and the minutes were unanimously approved as written.**

**3. IDPH Updates.....**

***Trishna Harris***

Trishna Harris gave a brief update on the Risk Appropriate Care Task Force. At the last meeting, they introduced the VPT (Very Pre-Term) Infant Form and are working with Legal on how to utilize it and to get that process initiated.

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**3. IDPH Updates (continued).....**

***Andrea Palmer, Division Chief***

Amanda Bennett previously disseminated information and reported on the LOCATe Tool. The Survey Tool has been sent out to the hospitals and so far, there has been a 97% participation rate, 118 of 120 hospitals. IDPH is also going to be working with Dr. Stacie Geller on a maternal morbidity review process and form for the hospitals for cases where the mother was transferred to the ICU or received 4 or more units of blood to help improve their care.

ePerinet is a hospital reporting system currently utilized to report perinatal data. A workgroup has been formed and they are working on having the data automatically uploaded from the EHR (electronic health records) into ePerinet instead of the manual way it is currently being entered now. The workgroup will work with Legal to ensure this process is implemented accordingly and appropriately.

***Tanya Dworkin, IDPH Associate General Counsel***

A minor revision from past practice has been made to checking attendance. From this point on, we will be doing a roll call at the beginning and the end of the meeting to make sure we capture all those present on the phone and at the video-conferencing sites. This is to ensure no one is marked absent in error since attendance requirements have now been mandated in the by-laws. A new set of By-Laws will be presented today for the Committee to vote on. Lastly, there was a vote previously brought before PAC for Dr. Locher to be SQC chair. However, he was not a PAC member at the time. Now that he is, that vote for SQC Chair will have to be brought before PAC again to also keep in line with the By-Laws.

Ethics paperwork is due every year. Failure to do may result in you being removed from the Committee. Travel reimbursements are allowed but they will need to adhere to the State of Illinois guidelines. Rule Reminder: Any changes made/requested will take up to 9-12 months to be completed.

Lastly, the NAS: Neonatal Abstinence Committee was initially going to be a sub-committee of PAC. However, after reviewing the mandates and even though PAC will more than likely work very closely together with NAS, Tanya stated after discussion with the Director, NAS has been deemed to be better suited as its own standalone committee. It will not report to PAC largely because the IDPH Director is the Chair of the Committee and it would be considered a "bit circular."

**4. Chair Updates ..... Dennis T. Crouse, MD**

**The Chair** stated everyone who would like to do so should submit their paperwork for renewing their PAC membership for another 4-year term. Be mindful of the attendance policy. The members of PAC offer a lot of expertise in their recommendations. Without that expertise, the decisions and the recommendations cannot go forth before the Department. There are vacancies on the Committee for 2 Neonatology/Pediatrician positions, 2 Family Medicine positions, 1 Hospital Administrator, Local Health Department Representative, Consumer Representative, and Ex-Officio Representatives for IDHS & HFS, respectively. If you know of any qualified candidates, please forward your recommendations.

The Perinatal Code states that if a pregnant woman shows up for care, it must be provided. However, the issue is that many private insurance companies are refusing to pay for the care if the provider is not in the insurance's designated network. This will become problematic down the line and we need to either find a way to deal with this issue or find another way to provide care because we cannot stick the patients with the bill.

Per Committee Member response, this is something we could bring to the IL Department of Insurance to determine what is allowed and what is not, as they regulate the insurances. The patients who are falling thru the cracks should be able to take this up with their insurance company personally. Unfortunately, PAC does not have any authority over the insurances but it was acknowledged there is an issue with access to care. So, they do need to get a better understanding of the issue in order to address it and possibly help resolve it.

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**5. Old Business .....**

**NAS: Neonatal Abstinence Syndrome** – Madiha Qureshi provided a brief overview of what is going on with the Federal legislation surrounding NAS and the March of Dimes involvement and participation.

On January 6, 2015, President Obama passed the Protecting Our Infants Act. The goal is to prevent and treat NAS. The federal government, specifically DHS, will be studying the NAS epidemic and identifying the best practices states to use for treatment and prevention as well as identify any gaps in the current research. March of Dimes is working with ACOG, AAP and other partners/sponsor to develop language. Strong support was provided by 20 Senators and 100 Representatives who co-sponsored the legislation. No later than one year from the date of the Act’s enactment, the Secretary of DHS needs to submit a report on their findings to The United States Senate Committee on Health, Education, Labor and Pensions (HELP) and The United States House Committee on Energy and Commerce. No later than 18 months after the enactment, the Secretary, DHS needs to make available on the DHS website or the appropriate department a report on the recommendations. Lastly, the Secretary, DHS will also need to provide technical assistance to the States in the collection of data on NAS, resources and implementing effective public health measures.

Andrea Palmer, IDPH, stated there has been a successful recruitment of membership for the NAS Committee. The Committee has not been finalized as of yet, but we will have voting and non-voting members, because the legislation limits the number of voting members. However, we still value, need and will utilize the expertise of those non-voting members. We hope to have the first meeting within the first of 2016 and the first report is due by March 2016.

**LOC: Level of Care Task Force** – Dr. William Grobman provided an update and brief overview.

They had their first meeting on October 29, 2015. They have been charged with understanding how the State should adjudicate maternal, neonatal and potentially pediatric and surgical levels of care individually and in totality and also determining the pros and cons of different approaches the State should take. They have mapped out a fairly aggressive schedule. The next meeting is scheduled for January 21, 2016. Hopefully, they have will soon have a recommendation to present before PAC so PAC can put it before the Director and the Department.

**6. New Business.....**

**By-Laws** – Tanya Dworkin, IDPH

Most of the changes in the By-Laws were relatively small changes. In Section 6-2, clarification was provided on the selection of sub-committee members. Initially, the section stated the sub-committee Chairs selected its members. It has been updated to state the sub-committee Chairs makes recommendations to PAC for their member appointments and PAC votes on those recommendations. Section 7-4 has been added to include the recently established sub-committee, MMRC-V who will review violent deaths.

**William Grobman made a MOTION to accept and approve the By-Laws of the Perinatal Advisory Committee (PAC) with its revisions. MOTION SECONDED by Jared Rogers and APPROVED WITH UNANIMOUS APPROVAL.**

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**7. Committee Reports.....**

*Statewide Quality Council (SQC) Report.....Stephen Locher*

*Dr. Stephen Locher was elected as the Acting Chair of this SQC meeting. We received an IDPH update from Andrea Palmer informing us that Shannon Lightner is the new Deputy Director, OWHFS and she provided updates on the SDOH: Social Determinants of Health, Care Coordination and the Safe Sleep Team who developed a toolkit and sent out a survey geared to high-risk pregnant women. Andrea stated the Prenatal Conception/Inter-Conception toolkit has also been rolled out. Amanda Bennett provided a LOCATe Tool update: 118 of 120 hospitals have participated so far. Amanda is also working on a new data collection process. Miranda Scott provided an update on ePerinet, its workgroup, projects and processes. The Committee was informed that Stacie Geller formed a new Committee, MMRC-V.*

ILPQC Update – Dr. Borders gave an update on their Annual Meeting, which had 314 attendees. She asked for suggestions with next year’s meeting. The Birth Certificate and Golden Hours projects are moving along. The Hypertension Project’s Wave 1 starts January 25, 2016 with 22 Teams. There was a discussion on the State of IL and ILPQC Collaborative. Dr. Borders reviewed funding sources and requested assistance in looking for grants in the future.

***An SQC MOTION was made, SECONDED and APPROVED to recommend candidate, Jean Ricci Goodman for SQC membership and to present that recommendation to the Perinatal Advisory Committee (PAC).***

SQC Membership – There was a discussion about a nomination process for the new SQC Chair.

***MOTION was made to discuss the impact of the ICD-10 rollout at the February 2016 meeting. MOTION SECONDED and APPROVED WITH UNANIMOUS APPROVAL.***

*Hospital Facilities Designation Sub-Committee (HFDSC).....Cindy Mitchell*

At this meeting, there was an extended discussion about the designation and opening process of new hospitals. Tanya Dworkin, IDPH Associate General Counsel attended and stated the approval should first come from CON who gives the approval for the facility to be built and Hospital Licensing is the entity which gives the approval for the hospital to occupy the space. However, even though the facility may have the appropriate approval(s) from Hospital Licensing, they still cannot provide maternity care until the perinatal site visit has been completed and they have received their level of care designation. After the site visit is completed, the facility and its recommendations come before HFDSC who votes on it and takes the HFDSC recommendation to PAC. From there, PAC votes on it and forwards it to the Department and Director. If and when the Director approves their designation is when they can provide OB services. There is a hospital planning to open in April 2016 and their site visit is scheduled for January 13, 2016. Because their opening date is so close, that is why it is crucial to have a PAC meeting in February 2016 so that they can be on that Agenda. There are also steps which need to be taken when closing an OB service facility. There will be further research done on that to finalize that process. Another hospital will be coming before HFDSC for an update on their increase in designation from a Level 2 to a Level 2E.

Tanya Dworkin stated PAC members are always welcome to sit in on HFDSC meetings when the hospitals come before HFDSC, even on the closed portions. Cindy inquired as to how the PAC members would like to proceed on making an informed vote on the HFDSC recommendations brought before them. It was agreed to send out the sub-committee agendas to the PAC members beforehand so they can determine if they would like to attend their meetings. PAC Chair, Dennis Crouse, reiterated that if any PAC member has an issue with any recommendation brought before them, he/she must say so.

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**7. Committee Reports (continued).....**

Hospital Facilities Designation Sub-Committee (HFDSC) (continued)..... Cindy Mitchell

There was discussion on Rules 640.5 and 640.6 which deal with the Site Visit Process. Cindy stated she is trying to get that in line with what is actually being done at the site visit. She also wanted to know how the PAC members felt about attending the site visits. Should they only attend center levels of care? Do they feel their input was valuable? Should the requirement to attend be included in the Rule? Tanya Dworkin stated if PAC determines that there is not sufficient value added to attending the site visits of certain levels of hospitals but we still want to them to attend one site visit per year to get a good overview and scope of the process is more of a by-law issue not a Rule revision issue. Andrea Palmer, IDPH state they are also looking into a way for the PAC members to participate remotely.

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

Dr. Robin Jones stated that there was a vacancy for antheisiologist with focus in OB. The MMRC committee had three that were set before them and ended up deciding they would need two, due to hectic schedules and always wanting one present in the meetings. Dr. Nixon and Dr. Scavone

The committee is planning to take a closer look at requirements for E.D. providers evaluating OB patients. This also presents an opportunity to add an ED physician to the MMRC committee.

The American Heart Association plans to collaborate with the committee with more details in the future to come on that.

OB Hemorrhage Project-Train the Trainer is upcoming in January 2016. What is new with this training is that every hospital must have a massive transfusion protocol.

Dr. Jones explained that the committee was using a new form to review the cases and that it was very helpful in assisting the flow of process.

She acknowledged the work of Dr. Powell on the MMRC committee as he had retired from the committee.

Maternal Mortality Review Committee-Violent Deaths (MMRCV) Update..... Andrea Palmer

Andrea Palmer from IDPH, explained that MMRCV's first meeting will take place in February of 2016. She requested that the PAC needs to vote on membership for the MMRCV's committee at today's meeting. An issue that the MMRCV committee has, is that it needs an abstractor for the cases. The Illinois Department of Public Health would like to do a domestic violence training for nurses who typically do not receive that type of training.

**\*\*At this time the meeting was closed to review proposed action items brought before the committee\*\***

**Closing Remarks and Adjournment.....** Dennis T. Crouse, MD

**\*Motion to Accept the MMRCV Nominees as given on the roster passed with unanimous approval and no abstentions**

**\*Motion to accept Maripat Zeschke as the Chair of the MMRCV committee was motioned by Cindy Mitchell and then approved with unanimous approval and no abstentions.**

**\*Motion to accept Jean Goodman to be added to the SQC was motioned and passed with unanimous approval and one abstention.**

**\*Motion to accept BOTH Dr. Scavone and Dr. Nixon to be added to the MMRC was motioned and passed with unanimous approval and no abstentions.**

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**CLOSED MEETING**

*Per the **Open Meetings Act**, any time a hospital is being evaluated or CVs or resumes are being reviewed for admission onto a Committee or there is a discussion relating to a person's or an entity's personal information, the meeting will need to be closed. If there is a conference line open, that will need to be closed as well. The callers may dial directly into the room, if they prefer. All voting should be outside.*

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