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

June 9, 2016
 1:00 p.m. until 3:00 p.m.

George W. Dunne Building 69 West Washington, 35th Floor Chicago, IL	IDPH Offices 535 West Jefferson, 5th Floor Springfield, IL	IDPH Offices 2309 W. Main Marion, IL
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Attendees

Members in Attendance	Guests and IDPH
Bree Andrews Beau Batton Richard Besinger Jennifer Brandenburg Mike Farrell (phone) Lori Filock Robin Jones Jean Kosmatka Omar LaBlanc Phyllis Lawlor-Klean Stephen Locher Nancy Marshall (Phone) Cindy Mitchell Jared Rogers (Phone) Phil Schaefer Howard Strassner Linda Wheal Yesenia Yepez Maripat Zeschke	Tanya Dworkin, IDPH Miranda Scott, IDPH Trishna Harris, IDPH Alexander Smith, IDPH Amanda Bennett, IDPH Shannon Lightner, IDPH Barb Haller Trish O'Malley Patricia Prentice Bernadette Taylor Elaine Shafer Jodi Hoskins James Hocker Raye Ann de Regnier Cecilia Lopez Angela Rodriguez Deborah Schy Gary Knepp Melissa Zahnd Natasa Djukic
	Members Not In Attendance
	William Grobman Janet Hoffman Lisa Masinter

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Motions

1. **Motion to nominate Beau Batton as Chair**
 - 18 Yes, 1 No
2. **Motion to approve minutes from April 2016**
 - Unanimous Yes
3. **Motion to close to review three hospitals designation status**
 - 1st Cindy Mitchell, 2nd Phil Schaefer, Unanimous Yes
4. **Motion for Unity Point Methodist to postpone the movement from a perinatal Level II to a Level IIE. They should remain functioning as a Level II until the PAC gets additional competency information for nursing and RT training.**
 - 1st Bree Andrews, 2nd Richard Besinger, Abstains – Lori Filock, Unanimous Yes
5. **Motion for Centegra McHenry to be designated as a perinatal Level IIE from a Level II**
 - 1st Richard Besinger, 2nd Jenny Brandenburg, Unanimous Yes
6. **Motion for new hospital Centegra Huntley to open as a perinatal Level II**
 - 1st Richard Besinger, 2nd Jenny Brandenburg, Unanimous Yes
7. **Motion to adjourn**

Introductions

The Office of Women's Health Deputy Director, Shannon Lightner, started the meeting with introductions of members and guests around the room. She then called for a motion to nominate a chair. Beau Batton was the only member to accept the nomination for chair, upon which there was a motion to anonymously vote on the nomination. Only one member voted against.

Minutes

The minutes from April 2016 were approved.

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Agenda Items

1. IDPH Update

Budget Issues

- Due to the State of Illinois budget issues, on July 1st the State will not have the ability use to federal funding. It could pass very soon or it could take a while. This is an advisory for PAC members who go on site visits or travel to the PAC meetings as we do not know when the State will be able to pay reimbursements.

CoIIN – Risk Appropriate Care

- Trishna Harris from the Illinois Department of Public Health gave a quick update letting the committee know that by June 30th hospitals across the state should have their Very Preterm Survey completed. By the next meeting, more results will be shared with the PAC.

LOCATe Tool Update

- 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.
- 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 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.
- Questions from LOC and PAC:
 1. Impact on downstate?
 2. In breakdown of the data was race/ethnicity looked it?
 - Yes, it was, but it was
 3. Onsite means...?
 - The tool did not define onsite clearly. So it was open to a little interpretation.

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Advisement on Neonatal Surgeries (Rule 640.43)

- Previously, the PAC requested that the question to be talked about at the Levels of Care (LOC) meetings. The LOC group wasn't able to touch on it fully, so it is back presented to the PAC.
- Some questions involved with the rule are:
 1. Should Level III's be able prove that they can do surgeries to keep their status? Should the State hold them accountable for the number of surgeries they do a year? If we force them to reach a certain quantity does the quality then suffer?
 2. Should we invite surgeons to come to the meetings? Do we have a fully diverse viewpoint represented at the PAC?
 3. Should we change the rule? Or should we just clarify the rule?
- The PAC wants:
 1. To know what other states do? (The big five)
 2. To bring in surgeons. (geographically represented)
 3. Data for surgeries done at Level III's
 - A concern was brought up about the accuracy of the data on Appendix A of redesignation site visits, mainly because of the definition of what is considered a neonatal surgery.
 - It was also recommended that when looking at the data to look at the transfers out of the hospital.
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2. Chair Update

- None at the moment.

3. Old Business

Zika Task Force

- Meeting of the task force was on May 26 and was run similar to that of a focus group.
- Topics covered: Communication, Testing and Reporting, and Perinatal Outreach
- Illinois is mainly going to have travel and sexually contact related cases at the present.

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- The Illinois Department of Public Health director, Nirav Shah, wants to suppress public fears. And to have a plan in place just in case a need for it will arise.
- The group talked about a hotline, but decided that it wasn't worth it due to the cost-benefit issues. The general hotline will be used for now. The group didn't think setting up an independent line for Zika would be beneficial, not to mention the possible fear and recourse if the media got a hold of it.
- Biggest issue that the action plan will have is: setting up a model network between the perinatal networks and the local health departments.
- The CDC is shifting all testing to the local areas to improve response times.
 - o Local has the rapid testing and the convalescent testing. The testing needs to be authorized and the authorization comes from the local health departments.
 - o The only testing that the CDC will still continue to do is placenta testing.
 - o The CDC gave one Quest lab the ability to do PCR testing. The state will find out who is positive and they will let the local health departments know.
 - o The task force recommended that Quest Labs and IDPH communicate with each other.
- IDPH has to date information on the website, but will just need to the public to know that.
- CDC has decided that there needs to be urine testing concurrently.
- The perinatal networks to do the outreach to their local health departments and keep them up to date on the information as they would have the best lines of communication with them.
 - o CDPH would like to set up meetings with the perinatal centers.
- They wanted to take an example from ILPQC and to have local Zika champions at each hospital or each network. The decision on having one at each hospital or the network will be at the perinatal network administrator's discretion. The champions would be up to date on the current Zika issues around the state and nationally.
- CDPH discussed some of the barriers including getting the proper authorization and getting it up the chain. A lot of the contacts that CDPH has is lacking leaders in the OB/GYN community.
- Lastly, they want to use the opportunity to use long-term contraceptive topics. It will be in the outreach plan and hopefully it will be an educational topic at the network level.
- The group decided to not try to create a complex plan and just stick with the resources that are already around. To give trainings to the perinatal networks and then to the local health departments.

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- The outcomes were:
 - o IDPH should utilize Perinatal M&M's to roll out its initial Zika Action Plan this summer.
 - o IDPH should instruct its Perinatal Networks to establish network-specific continuing Zika education forums within their respective perinatal network structure (quarterly M&M's, stand-alone conference and/or Web-based).
 - o IDPH should direct each Perinatal Network and as many local hospitals as feasible, to identify local Zika champions/Local Health Department testing liaisons.
 - o IDPH should charge each Perinatal Network to seek opportunities to improve clinical/educational exchanges with their specific local health departments during this public health response to Zika.

4. New Business

- None

5. Committee Updates

Levels of Care

- William Grobman was not at the meeting, so Raye Ann de Regnier gave an update in his place as she was the co-chair of the LOC committee.
- The committee looked at the AAP guidelines proposal for maternal and neonatal levels of care.
- Currently, Illinois does not have a maternal fetal medicine level of care system in place.
 1. When hospitals were sent the LOCATE tool to evaluate themselves on what level they think they might be, they were about 60% accurate.
- The committee decided that they would like to recommend to the PAC to adopt the AAP guidelines.
- The group also decided to recommend to the PAC to adopt the neonatal level of care system.
- Challenged the group to have a discussion on the State level about the flexibility of a couple topics:
 1. A neonatologist is not required for a Level II. A hospitalist, nurse practitioner, or neonatologist would suffice. Decide at a state level whether the requirements would need to be different in different parts of the state.
 2. Level III had some flexibility as well. The AAP allows more remote surgical coverage with consultation and only doing emergency surgery. It doesn't require a hospital to have a full array of surgical services.
- Send any questions to Raye Ann, William Grobman, or Amanda Bennett.

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- The committee decided to table the vote until the next meeting on the body of work and the minutes and will discuss the next steps at the next meeting.

Maternal Mortality Review Committee

- Reviewed 6 cases total.
- The cases reviewed all the way back to 2011. Shannon Lightner brought up that CDC was looking at case review data analysis and reducing the number of maternal mortality cases across the nation. They are looking at a standardization of review and reporting on the cases. This is an opportunity for Illinois to revamp their review process
- A question that arose from one of the cases is: what education could have been provided at the hospital that may have helped prevent.
- IDPH plans to contract/hire someone to help review the cases, a more thorough review.

Maternal Mortality Review Violent Deaths

- No new information. Next meeting is September.

Statewide Quality Council

- The LOCATe update from Amanda.
- Medicaid update: LARC (Long Acting Reversible Contraception) update that will increase access for patients in the state.
- ILPQC Hypertension Project: Their first wave is completed and is now starting their second wave. One of their major barriers is data collection forms..
- ILPQC Golden Hour: The project is at a point where it is deciding on whether it should continue or not. Or move more towards the Neonatal Abstinence Syndrome Committee.
- Talked about the Home Birth 643.64. Learned that currently the bill is dead for this year, but ACOG said it is still going throughout the nation.
- Took a look at membership make up and wanted to review whether or not the SQC would need to add members to the group.

Hospital Facilities Designation

- At this point the meeting went to closed session by a vote.
- When the meeting opened three Hospitals came before the facilities committee:
 1. Unity Point Methodist is looking to be designated as a perinatal Level IIE from a Level II

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2. Centegra McHenry is looking to be designated as a perinatal Level IIE from a Level II
3. Centegra Huntley, as a new hospital, is looking to be designated as a perinatal Level II

6 . Closing and Voting

The meeting was closed for the discussion of the three hospitals request in designations for the HFDSC committee.

When the session was reopened, the committee made the motion to approve Centegra McHenry's level change. Also they approved Centegra Huntley to open as a perinatal Level II with one contingency in that they would like the IDPH Director Shah to review the neonatal call schedules sometime after opening. The last motion was for Unity Point Methodist to postpone the movement from a perinatal Level II to a Level IIE. They should remain functioning as a Level II until the PAC gets additional competency information for nursing and RT training.

Closing

Cindy Mitchell moved for the meeting to be adjourned with Richard Besinger as a second.