



STATE PERINATAL ADVISORY BOARD MEETING

MINUTES

November 3, 2010

ATTENDEES	
Julia Tipton Hogan	Indiana Perinatal Network
Tina Babbitt	Indiana Perinatal Network
Tina Cardarelli	Indiana Perinatal Network
Lanissa Maggert	Early Childhood Alliance
Carla Chance	Indiana Primary Health Care Association
Dana Watters	Bloomington Hospital
Amy Eberle	Great Beginnings
Joe Landwehr	Ball Memorial Hospital
Susan Dorrell	ISDH
Deb Stiffler	IU Center of Excellence
Lisa Crane	Clarian Health
Carol Pool	Villages/Prevent Child Abuse Indiana
Barb Himes	Baby Works
Laurie Weinzapfel	MDWise
Mary Weber	ISDH
Rise Ratney	NW IN Healthy Start
Jonell Allen	Community Hospital
Sarah Walter	Indiana Perinatal Network
Larry Humbert	Indiana Perinatal Network
Leah York	Indiana Perinatal Network
William Engle	Riley Hospital
Julie St. Clair	SW IN Regional Perinatal Advisory Board
Ryan Chizum	SynCare
Judy Ganser	ISDH
Margie Pyron	HMHB/BMH
Joanne Goldbort	Union Hospital/AWHONN
Caitlin Priest	Indiana Perinatal Network
Beth Johnson	ISDH



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AGENDA ITEM	DISCUSSION
<p><i>PCEP Presentation— John Wareham, MD and Beth McIntire, RN MSN WHNP</i></p>	<ul style="list-style-type: none"> ● Discussed the Perinatal Continuing Education Program (PCEP), program updates and outcomes ● Click here to view the PowerPoint presentation ● The trend in staff training is to move away from flat, one-dimensional training to 3D or even 4D interactive training. ● In addition to clinical care components, PCEP also focuses on communication, cultural differences and objectivity in critical situations ● Goal is to have a cultural shift in the way nurses and physicians communicate ● Drew inspiration from John Nance’s book <i>Why Hospitals Should Fly</i>, which shows how using simulation training similar to the aviation industry could dramatically improve hospital outcomes ● Showed clip from 1977 PanAm/KLM aviation disaster as an example of a culture of poor communication and the negative outcomes involved ● Some of the barriers to offering PCEP include funding, staffing (this is a labor intensive program), lack of physician champion, lack of simulation culture (although expensive equipment is not required) ● Results have shown that PCEP improves cohesiveness with a team and has been a great platform to enhance educational sophistication, especially at smaller hospitals
<p><i>ISDH Update—Mary Weber, MCH, ISDH</i></p>	<p>Perinatal Substance Use Commission</p> <ul style="list-style-type: none"> ● Has formed a cross agency committee under the coordination of Marsha Glass; this committee was a recommendation of the Commission ● Held 3 meetings so far, with MCH, OMPP, DCS, and mental health/addiction services. Goal is to assure that services are coordinated and all groups communicate, to help ‘fill the gaps’ in the substance use treatment system ● Committee is working on a master list of treatment programs/sites; will be receiving national technical assistance <p>Home Visitor Program</p> <ul style="list-style-type: none"> ● MCH and DCS hope to receive funds for a home visiting program through the Health Care Reform Act; have fulfilled the first 2 parts of the grant requirements ● Program will focus on areas of high need; waiting to hear more details from HHS about what the program model will be



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	<ul style="list-style-type: none"> • Focus will be on prenatal care through children 2 years of age <p>Levels of Care</p> <ul style="list-style-type: none"> • Hospital Levels of Care subcommittee met in October; started by examining systems that other states use to manage Levels of Care • Click here for minutes from the October meeting <p>Priority Health Needs</p> <ul style="list-style-type: none"> • Click here to see the Indiana Priority Health Needs for Fiscal Years 2011-2015 • One specific challenge will be FSSA’s decision not to implement the family planning waiver <p>MCH Perinatal Strategic Map</p> <ul style="list-style-type: none"> • Click here to see the MCH Perinatal Strategic Map, 2010-2015
<p><i>Legislative Update— Caitlin Priest, MPH</i></p>	<p>POLICY AND LEGISLATIVE NEWS</p> <ul style="list-style-type: none"> • New legislative session starts in January; perinatal health community has been looking at what bills/issues will be brought forth in this long session • Statewide smokefree legislation will be introduced; some statewide polling indicates more people support going smokefree now than in previous years • Maternal - child HIV transmission—there has been an increase in exposure, which is troubling because exposure is preventable • The One Test Two Lives committee is pushing to clarify legislative code to make sure there is a clear opt-out policy where all women are tested • Have received support from some legislators, with broad support from health related stakeholders and community groups • Dr. Landwehr questioned why an HIV test can’t be made standard like many other prenatal tests? He would like to see legislation introduced to address this. Dr. Engle discussed an attempt to do so 5-6 years ago that did not succeed, but feels that the timing might be more appropriate now • There have been recent reductions in Indiana’s Care Select plan, which cares for vulnerable populations including children • Also have been changes to the First Steps program, including Newborn Hearing Screening. Click here for more information. • Indiana has been awarded Teen Pregnancy Prevention grants (northwest IN) and Community Health Center Grants (19 IN health centers)



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	<ul style="list-style-type: none"> • Sign up for legislative updates at www.indianaperinatal.org and let Caitlin know about any issues that IPN should address
<p><i>Medicaid Transportation Issues—Julie St. Clair, RN MSN</i></p>	<ul style="list-style-type: none"> • Southwest Indiana Regional Perinatal Advisory Board has been hearing concerns from patients about Medicaid transportation providers • Have heard reports of long waits for taxis, taxis not being on time, lack of after-hours transportation (or number is not publicized), support person/father not allowed in the taxi, minimum 2 hour wait period even with emergencies and time zone confusion • Providers/patients are encouraged to contact the member services department of the Medicaid Managed Care Organization as each has different transportation providers and procedures
<p><i>2011 Topics</i></p>	<ul style="list-style-type: none"> • Would like to see a fact sheet created for pertussis immunizations, as well as benchmarking data with other IN hospitals • Discussion about lack of CEU requirements in Indiana • Many nurses are required to maintain a certain number of CEU’s because of individual hospital policy, magnet status or insurance rates • Many different factors involved, large difference between rural and urban hospital requirements • As consumer-driven healthcare becomes more standard, this may start to change and more continuing education may be required at all facilities.
<p><i>Regional Updates</i></p>	<ul style="list-style-type: none"> • St. Vincent (Beth McIntire)—Started a maternal-fetal transport program that has been successful so far; data shows that high-risk infants have better outcomes if born in house • SW IN Perinatal Advisory Board (Julie St. Clair)—Looking at priority health needs in terms of the S. Indiana community; plan to start training Healthy Families and Head Start workers to incorporate smoking cessation info into their prenatal visits; have received a CDC grant part to help increase breastfeeding rates by working with employers • AWHONN State Meeting “Dare to Care” will be Dec. 10 at St. Vincent Marten House; great line-up of speakers including Dr. Nocon; click here for more info



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	<ul style="list-style-type: none"> • NW Indiana (Rise Ratney)—MCH partners are working with Purdue Calumet to create a reproductive life plan program aimed at teens/young adults • Community Health Network (Jonell Allen)—Community will continue to offer a highly successful ACLS-OB 2-day certification course throughout 2011
<p><i>Next Meeting</i></p>	<p>2011 Advisory Board Dates—Mark your calendars!</p> <p>All meetings are 1-3:30 pm at Indiana State Department of Health</p> <p>February 2 June 22 October 26</p>