MINUTES

A. MEETING — Colorado Perinatal Care Council

B. DATE — November 19, 2004

C. LOCATION — Sky Ridge Medical Center
Lone Tree, Colorado

D. MEMBERS PRESENT

Jeremiah Bartley, M.D., Colorado Gynecological & Obstetrical Society, Colorado section of ACOG
Bobbie Cotton, American College of Nurse Midwives (Colorado Chapter)
Julie Cox, Summit Medical Center, Summit County
Ellen Duran, Rose Medical Center, Denver
Holly Fedak, Exempla St. Joseph Hospital, Denver
Terri Francisco, Vail Valley Medical Center, Vail
Kathy Gaines, The March of Dimes, Colorado Chapter, Denver
Sandra Gardner, Colorado Nurses Association, Denver
Katharine Gendron, Portercare Hospital, Denver
Tracy Heaberlin, Yampa Valley Medical Center, Steamboat Springs
Jacinto Hernandez, M.D., American Academy of Pediatrics (Colorado Chapter)
Barbara Hughes, Chairman, Member-at-Large
Vicki Lemmon, Boulder Community Foothills Hospital, Boulder
Tracie Line, Yampa Valley Medical Center, Steamboat Springs
Diane Maroney, Consumer Representative, Parker
Angela Pollack, Littleton Adventist Hospital, Littleton
Camille Shea McAleavey, The Children's Hospital, Denver
Pat Bohling Smith, Poudre Valley Hospital, Ft. Collins
Joe Toney, M.D., Sky Ridge Medical Center, Lone Tree
Trixie Vanderschaaff, Summit Medical Center, Summit County
Sherry Williams, University Hospital, Denver

E. GUESTS & RESOURCE PEOPLE PRESENT

Gail Bishop, Boulder Community Foothills Hospital
Heidi Bliss, Exempla St. Joseph Hospital, Denver
Jennifer Bollacker, Swedish Medical Center, Englewood
Kathy Boyle, Fitzsimons Medical Center, Aurora
Susan Clarke, The Children's Hospital, Denver
Arlene Drack, M.D., University of Colorado, Denver
Heather Hagenson, Phenix Consulting LLC
Suzanne Ketchem, Swedish Medical Center
Cindy Launsford, St. Anthony Central, Denver

Patrick Nugent, M.D., Exempla St. Joseph Hospital, Denver
Dee Parrett, Exempla St. Joseph Hospital, Denver
Sue Ricketts, CDPH&E, Denver
Terry Ritchey, Parker Adventist Hospital, Parker
Mary Jo Rosazza, El Paso County Health Department
Rebecca Sands, M.D., University of Colorado, Denver
Linda Whirrir, Vail Valley Medical Center, Vail

E. HANDOUTS (Available upon request)

1. Treasurer's Report
2. Conference Calendar
3. Meeting Dates & Locations – 2005
4. Article from The Rocky Mountain News: "Testing Newborns a Top Priority"
5. Article from The Rocky Mountain News: "Rose Medical Builds For Moms, Babies"
6. Article from The Rocky Mountain News: "Blood Test May Help Prevent Premature Births, Study Shows"
7. Article from The Rocky Mountain News: "Morning-After Pill for Teens Debated"
8. Position Paper from The National Perinatal Association: "Medical Liability Reform"
9. American Academy of Pediatrics, Policy Statement: "Levels of Neonatal Care" – November, 2004

F. THE MEETING IN BRIEF

1. Dr's. Arlene Drack and Rebecca Sands presented an update on Retinopathy of Prematurity.
2. Introduction of Council members and guests.
3. Sandra Gardner, Treasurer, presented the Treasurer's Report.
4. Conferences and other announcements.
5. Executive Committee Report.
6. Joe Toney, M.D., discussed perinatal services at Sky Ridge Medical Center.
7. Barbara Hughes, Chairman, led a discussion on the AAP updates regarding nursery levels.
8. There was a panel discussion concerning what it takes to start a new hospital.
9. The next meeting of the Council is Friday, January 28, 2005 at Littleton Adventist Hospital from 9:00 AM – 12:00 Noon.

G. SUMMARY OF MEETING

1. Update on Retinopathy of Prematurity (R.O.P): Arlene Drack, M.D., Associate Professor, University of Colorado Pediatric Ophthalmology,

and Rebecca Sands, M.D., University of Colorado Pediatric Ophthalmology:

Dr. Drack began by explaining that she runs the ROP screening program at Children's and University Hospital. She is very passionate about ROP because it is the leading cause of blindness in children today. She stated that in the late 50's and 60's, babies were going blind with ROP, but there were no treatments, and there was not a good understanding of the disease. In 1984, a group called the CRY-ROP group, mainly pediatric ophthalmologists, did a natural history study and followed these babies' eyes and found that ROP could be grouped into zones in the back of the eye. They called them zones 1, 2 and 3, with zone 1 being closest to the optic nerve, and, therefore, the most worrisome. They also staged these, with stages 1-5, with 5 being the worst, which was basically retinal detachment and blindness. They also defined threshold, which is 5 continuous, or 8 discontinuous hours of stage 3 (abnormal blood vessels growing in the eye), and found that when they reached this threshold, 50% of the eyes went blind with retinal detachment. They, therefore, decided to do a treatment study, which was cryotherapy, and only treated the eyes at threshold. They found that they reduced the rate of blindness by 50% and later found that they could do the same with laser treatment.

Dr. Drack pointed out that Vermont-Oxford data shows that, over the past 5 years, annual incidence of Stage 3-4 ROP is about 10-12% of premature infants. About 3-5% of the babies need laser treatment. She said that there are many lawsuits, and that we are kind of in a new era where the responsibility to follow-up-up falls on the physician.

She posed the question: How do we screen? The neonatologist refer any babies less than 32 weeks gestational age or less than 1500 grams, and/or has been on oxygen for 48 hours or more. Historically, these infants are screened at 6 weeks after birth, and every 1-2 weeks thereafter, until retinas are fully matured or they get to threshold and need treatment. In 2002, there was a meta-analysis of 2 prospective, randomized studies done at 26 centers. They found that 6 weeks was not the best time to do first exams, and recommended 4 weeks. They said it was most important to identify threshold and treat within 72 hours. In conclusion, Dr. Drack stated that ROP is a blinding disease with high risk for both patients and physicians. Obsessive/compulsive behaviors by ophthalmologists may improve outcome. Even with the best efforts, some babies will still go blind.

Dr. Rebecca Sands trained with Dr. Drack at Emory University in Atlanta. She talked about the literature over the past 50 years concerning oxygen and ROP. She asked how much oxygen is too much and how much is too little? This has been studied for the past 50 years, and they still do not have any conclusive answers. In the 1950's, studies showed that unrestricted oxygen was associated with ROP. With less oxygen, they found decreased ROP, but higher

instances of cerebral palsy. In the 1970s and 80s, technology helped, because they are now better able to monitor the amount of oxygen. The amount is still questioned today, but the general theme seems to be to restrict the amount. In Chow's study, there were very strict parameters. They learned that avoiding hyperoxia might decrease the rate of severe ROP. Strict monitoring of oxygen saturation maybe a way to treat. Dr. Sands asked where do we go from here? There are recruiting centers to participate in the post ROP study. They are looking at not only restricting oxygen and its effects on ROP, but also how does this effect chronic lung disease, mortality, CP, hearing and overall growth. She concluded that ROP is a leading cause of blindness in children. Oxygen plays an important part in ROP, and prevention is definitely a team effort. A question and answer period followed.

2. Procedural Items

a. The Council thanked Joe Toney, M.D. and Sky Ridge Medical Center for hosting this meeting and providing refreshments.
b. Introductions of Council members and guests.
c. Sandra Gardner, Treasurer, presented the Treasurer's Report. For a copy, please contact Jan at the CPCC office.
d. For a list of conferences, please contact Jan.
e. For the list of meeting dates and locations, please refer to the Council website: coloradoperinatalcarecouncil.com.
f. Jan announced that the Council website is up and running. Meeting notification, with agenda, will now be done by Email, and will also be listed on the Council website. Jan mentioned that the Council had a table at the fundraiser for the March of Dimes, Star Chefs Dinner. Jan requested that everyone remember to make note of the dates for the meetings for 2005 which are now up on the website.
g. Executive Committee Report: Barb Hughes, Chairman, stated that we are looking at future topics that were sent in while planning for upcoming meetings in 2005. In January, we will look at maternal/genetic screening, and first and second trimester screening with Lorraine Dugoff, M.D. Another topic that was proposed for upcoming meetings has to do with the Institute for Family-Centered Care. She requested that Council participants should always let us know about topics of interest. The Executive Committee has also been closely following the new AAP proposed definitions for levels of nurseries. Barb reported that this would be discussed later in the meeting.
h. Conferences and Announcements: It was reported that Good Samaritan Hospital was getting ready to open and will have an open house. Kathy Gaines stated that the March of Dimes Prematurity Puzzle Conference, held on November 5, was a huge

success. They had originally hoped for 75 participants and landed up with 150. Topics included periodontal disease and prematurity, estrogen and prematurity, and prematurity and the effect on families. The National Perinatal Association met in La Jolla in October with the main topic being transcultural perinatal care. The 2006 meeting of the NPA will take place in Denver. The AAP/ACOG 5th edition guidelines books are for sale through the Council. Contact Jan at the CPCC office.

3. Perinatal Services at Sky Ridge Medical Center: Joe Toney, M.D.: Joe Toney, M.D., stated that Sky Ridge Medical Center opened in August of 2003. Year-to-date, they have delivered about 1700 babies. They currently have 9 labor and delivery rooms with the capacity for 11. There are 22 postpartum rooms, and they have an 11 bed neonatal nursery. They have had 142 admissions to the NICU to date. Pediatrix Medical Group provides neonatal services. He said that it is a beautiful unit. The patient population is young and affluent, with a small proportion of Medicaid patients. Their population consists of 90% private health insurance. By 2007, they are anticipating 4000 deliveries. Dr. Toney offered a tour of the facility at the end of the meeting.

4. AAP Updates Regarding Nursery Levels: Barbara Hughes, Chairman: Barbara Hughes, Chairman, began by stating that there definitely is an issue of very low birth weight (vlbw) babies not being born in Level III nurseries. Only 74.6% of vlbw were born in a Level III facility. The national recommendation is 90%. The initial assumption was that this is a rural issue. This is not so. Many were born within 5 miles of a Level III unit. It was found that those babies are 38% more likely to die if not born in a Level III hospital. The Council did develop a position paper, but tabled it because of the new recommendations in hospital levels. The recommendation is to have Level I, IIA and IIB, and IIA, B, and C. This will dramatically change how we might want to look at our leveling. It also presents a unique opportunity. The original AAP/ACOG guidelines were from the 1970's. It is very appropriate to take into account new technology and care. However, we need input from people from all around the state. What is the right and safe thing to do for babies? We cannot lose sight of patient safety. The idea of needing volume was expressed. It was felt that we need to put a task force together. If you are interested, please forward your name and contact information to Jan at the CPCC office. The vastly increased risk of mortality and morbidity occurs in hospitals other than Level IIIs. Sue Ricketts from the CDPH&E emphasized that something needs to be done. The bottom line of the Council is to do the right thing for mothers and infants in the state. Barbara stated that she would like to have some kind of plan in place by January. For a

copy of the AAP recommendations, please contact Jan at the CPCC office.

5. Panel Discussion: What It Takes to Start a New Hospital

Barbara Hughes began by commenting that there is a unique opportunity in the state to have 4 new hospitals open this year. They all deal with perinatal services. She felt that there was a lot we could learn from their experiences. Terry Ritchey, the Chief Nursing Officer at Parker Adventist explained that planning began 5 years ago. There was a great need for hospitals in the Douglas county area. She joined the team two years ago, but wished it had been sooner. Ms. Ritchey felt that a lot of vision was necessary, along with a lot of strategy, passion and people. They have a partnership with The Children's Hospital, and they played a large role in how they designed OB and perinatology services. Children's also runs their inpatient pediatric department and after hours emergency care. She felt it had been a good experience, but that it definitely takes a lot of energy. They spent a lot of energy on the hiring process. As far as lessons learned: She wished she had started hiring earlier and that she had been on board earlier, and had the management team hired earlier. All in all, she felt it had been a great experience. Kathy Boyle, Senior Director of Patient Services for the new hospital at Fitzsimons stated that the hospital at Ninth and Colorado needed to grow. They looked at different sites and got the real estate deal of a lifetime – 227 acres for one dollar. The existing campus is 46 acres, which will allow for 66,000 plus jobs upon completion. They have a 500,000 square foot, 2-½-story lobby. To open, they did a staggered schedule, and she thinks it worked well overall. They started by opening some med/surg beds. They delayed ED for 3 months and opened in May. She stressed that partnership is the key word in planning. They had the good fortune of multi-disciplinary planning team. Over 130 staff and faculty participated, and they also did a patient focus group. In 2001, they did their vision session, and established guiding principles. They realized that patient/family is most important. They made the decision to be flexible and adaptable. Ms. Boyle felt that what worked was "humor". In lessons learned, opening in the middle of the academic year challenged them, and, therefore, the birthing center opened in September. They are unique because they are an urban community hospital hooked to a university setting. They have 24/7 NNP coverage, CRNA coverage and OB coverage, even though they have a low risk birthing center environment. They have 5 birthing rooms, 10 postpartum rooms, and a large triage area. They have a locked unit. As far as lessons learned – do not assume anything. You must check it out. You are never completely ready to open on opening day! You need commitment, flexibility and teamwork. They have done 70 deliveries since September. She feels that the success of the birthing center is due to the involvement of the staff from the very beginning. Joe Toney, M.D., representing Sky Ridge Medical Center, was filling in for Marianne Savitsky who got called away to a meeting. He felt like the design of the hospital was good. They are finishing floors 3 and 4. The medical building opened before the hospital. He explained that as far as intensive care, everything happens on the first floor. He felt that the biggest problem was bringing together so many people from so many places, because everyone comes with their own

ideas. This can be a challenge. He stated that the NICU is already being expanded.
Heidi Bliss is from Exempla Saint Joseph Hospital but had been involved in setting up Exempla Good Samaritan. She was involved in the early architectural planning. For the last few weeks, they were focusing on getting the NICU up and running. From the outside looking in, she stated that it was a selective process, trying to blend people and maybe should have been started earlier. They were looking for the right fit, and so some of the positions were filled late. Leadership roles are also necessary.
Discussion followed. Colorado is not a certificate of need state. Sue Ricketts had attended the state's annual demography conference and said that we are now approximately 4.6 million people in the state, and that this will be rising to about 7 million in the next 15 years. In the long term, there probably is a need for all these hospitals. Dr. Hernandez stated that to run a successful Level III, you need a minimum of 2500 deliveries per year.

6. The meeting was adjourned. The next meeting will take place at Littleton Adventist Hospital on Friday, January 28, 2005 from 9:00 AM – 12:00 Noon.

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Jan Goldberg, Coordinator