

Dear Colleague:

It has been awhile since I've shared updates with you about the ISDH infant mortality efforts, so I thought I'd take a few minutes to do that now.

First and foremost, the 5<sup>th</sup> annual Labor of Love Infant Mortality Summit is scheduled for Nov. 15 again at the JW Marriott in downtown Indianapolis. This year we are focusing on the effect of opioids on infant mortality and morbidity. We hope you can join us.

Secondly, the Levels of Care pilot program is now complete as all 89 birthing hospitals have undergone pilot surveys. The reaction from hospitals has been tremendous—nearly 90% of birthing hospitals have told us they believe the process has been successful. Seventy of the 89 hospitals completed an evaluation of the gap analysis process. An overwhelming percentage (98%) responded “strongly agree/agree” that they would recommend the process to other hospitals. When asked if they believed that the gap analysis was a valuable use of their time, 94% of the respondents again noted “strongly agree/agree.”

The results of this collaborative effort will further inform our attempt to put the Levels of Care process into law. We had originally planned to implement Levels of Care (which includes Interfacility Transfers and Perinatal Centers) through administrative rule-making, but instead we plan to pursue legislative authority during the 2018 General Assembly session. This means the Levels of Care system will be somewhat delayed, but a stronger system will result to ensure risk-appropriate care for all pregnant women and newborns.

Pursuing legislative authority carries other benefits:

- **Peer review protection:** To improve the quality of care at all levels, perinatal center medical personnel need to engage in meaningful dialogue with their affiliate hospitals for reviewing clinical charts that contain personally identifiable information. To provide a legally safe environment for these conversations to occur, personnel need to have peer review protection that provides Center personnel who conduct retrospective medical reviews have immunity from civil liability for communications made in those review meetings. Similar to other confidential records, documents from those meetings shall be confidential unless a court order determines the documents are relevant. This must be accomplished by legislation.
- **Risk-appropriate care for all pregnant Hoosier women and their newborns:** The ISDH is committed to taking necessary steps to ensure that all Indiana babies get risk-appropriate care and the additional time needed to propose legislation will support the inclusion of birthing centers in the proposed legislation and subsequent rule.

- **Perinatal data system:** ISDH intends to assume the responsibility for data collection, analysis and rapid cycle feedback to Centers and their affiliate hospitals. While the perinatal data elements have been identified, the construct of the data system and the collection methodology remain to be determined. An additional year will support a much stronger foundation for implementation of the data system to coordinate with all aspects of the Perinatal System of Care.

In other news, we are still planning a summer tour of Indiana's 11 hospital districts to talk further about infant mortality—stay tuned for news about when we're coming to your district!

Also, we're in the midst of a 2<sup>nd</sup> round of Safety PIN funding—due date to submit a completed application is July 11 at 5 pm. EST. You can access information at <http://www.in.gov/isdh/22430.htm>. Feel free to contact Martha Allen, MCH director, for more information at [marallen@isdh.in.gov](mailto:marallen@isdh.in.gov) or 317.2331252.

I look forward to our continued partnership to improve outcomes for pregnant women and their newborns.

Jerome Adams, MD, MPH  
State Health Commissioner