



**Maine Center for Disease Control and Prevention**  
*An Office of the Department of Health and Human Services*

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**1.2.2 COMMUNICATE WITH SURVEILLANCE SITES ON AT LEAST AN ANNUAL BASIS**

**DOCUMENT 1: DOCUMENTATION OF TRAININGS/MEETINGS HELD WITH SURVEILLANCE SITES REGARDING REPORTING REQUIREMENTS**

Name of Document [122\\_2\\_2 " @u= \) -7-#uQI NOTES](#)

**Requirements of the Standard**

**Is this an example of a training or a meeting held with surveillance site members regarding reporting requirements, reportable diseases/conditions, and timeframes?**

Meeting notes of a Quality Improvement meeting to improve reporting

**Does it include when the training or meeting was held, who attended the training, and what topics were covered.**

The notes have a date list names of people who attended.



# Meeting Minutes

## CDS MOU and Premie/NICU/Birth defects referrals

**DATE: December 12, 2011**

**OBJECTIVE: To review data and determine next steps.**

**Attendees:** Maine CDC: Wall, Toni G.; Mulcahy, Eleanor A.; Maine Medical Center: Kelley Bowden; Department of education: Appleby, Kimberly; Maine Medical Center: Kathy Brancely; Two Pharmacy Representatives; Brown, Cindy; Maryanne

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### AGENDA TOPICS

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#### Recap the project purpose and status

- As part of a legislative mandate, there's an MOA with CDS that requires the referral of premie babies.

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#### Project status

- A script was developed and a note to nurses to provide families when they take their babies home.
- ChildLINK updates for this project were postponed due to other updates that needed to be completed before this could be started. ChildLINK's updates for this project will start in a couple of weeks.

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#### Defined Premie

- Extreme premature = 1500 grams or less
- Moderately premature = 33-36 weeks
- Premature = 36 – 37 weeks

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#### Reviewed the data

- It was confirmed that not all of the qualified babies are getting referred to CDS. It is possible that premies are being referred to other entities outside of CDS or perhaps some people or departments aren't aware that they also need to refer to CDS. PHN assumes that premies have already been referred to CDS and thus don't refer.
- It was confirmed that although the project scope includes only babies 33 weeks and under, the data cannot extract out babies under 37 weeks
- Data points are unduplicated with each referral being unique
- Data was not broken out by month but can be if needed

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### DISCUSSION OUTCOMES

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- PHN and CDC may not always be referring and perhaps there is an opportunity to communicate the need.
  - EMMC may not be referring and this could be further explored to determine where they are referring premies if they have them.
  - Mark Brown may be a good contact at EMMC to discuss drug affected baby referrals
  - The data showed only one referral from the audiologist - CDS may want to consider revisiting the audiologist(s) to discuss referrals to CDS
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## NEXT STEPS

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- The next meeting will be January 18<sup>th</sup> at 1:00
  - Kelley Bowden will send the draft referral form to Brynn Riley
  - Toni will check with the AG's office to determine if all of the info on the referral form can go to CDS. If not then a process of sending partial info to CDS may need to be worked through. If it can then DHHS referrals to PHN and CDS can go simultaneously. CDS falls under FRPA. DHHS is HIPAA
  - Toni will reach out to EMMC (Mark) and to explore their referral process and plan next steps with them
  - Toni will work with PHN to get an updated policy on CDS referrals
  - Toni will send Cindy the contact info for Leslie Goodie
    - Cindy will contact Leslie regarding the Spring AAP meeting – perhaps presenting information to members about CDS
  - Kellie will check with OCFS to see about drug affected baby referrals
  - Kim will run another series of reports for January's meeting. It will include the following:
    - Reports for each quarter in 2010
    - Reports for each quarter in 2011
    - Data will include all of the previous categories as well as sorted by
      1. All premie referrals who had birth dates within each of the 8 quarters
      2. All premies referred during each of the 8 quarters
      3. The referral source
      4. The location/site
      5. The referral reason
      6. The total number of referrals
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