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**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Levels of Care: Transfers (LOC)**

**February 28, 2018
12:00 p.m. until 1:30 p.m.**

IDPH Offices 69 W. Washington, 35th Floor Chicago, IL	IDPH Offices 535 West Jefferson, 5th Floor Springfield, IL
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Attendees

Members in Attendance	Guests and IDPH
Cindy Mitchell Jodi Hoskins Rob Abrams (Phone) Jean Goodman Diane Long Kshama Shah	Catherine Adelakun, IDPH Tanya Dworkin, IDPH Trishna Harris, IDPH Alexander Smith, IDPH Daniell Ashford Christine Emmons Cecilia Lopez Jeffrey Loughead Carol Rosenbusch Myra Sabini
	Members Not In Attendance
	Frank Belmonte (Excused) Fiona Springman (Excused)

Motions

1. **Motion to approve the minutes from January 2018.**
 - Jodi Hoskins 1st, Kshama Shah 2nd, Unanimous yes.

2. **Motion to adjourn.**
 - Jodi Hoskins 1st, Rob Abrams 2nd, Unanimous yes.

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Introductions and Welcome

- Cindy Mitchell, Chair of the committee, ask everyone in the room, in Springfield and Chicago, and on the phone to introduce themselves.

Agenda Items

1. IDPH Updates

- The Illinois Department of Public Health (IDPH) staff spoke about the compiled site visit questions.
- IDPH staff talked about the creation of the QI group.
- Combined Meeting for the Levels of Care group and Hospital Facilities Designation group

2. Old Business

EMS Questions

- The group revisited the discussion on what training, equipment and education, etc should be for EMS
- **Public Comment**: Spoke about NRP training, and actions on when babies come in cold.
- Went over previous discussed questions for EMS:
 - Ask them to fill out their basic capabilities in regards to OB/GYN
 - **Public Comment**: If a team is needed to go out, what rig would that go on? Who is on the team?
 - If EMS provide that one way service, how will they accommodate the list of needs?
 - On the topic of CAMTS standards: do they have to be accredited through the body?
 - **Action Item**: Cindy and Diane to go over the CAMTS standards, a certification for medical transports.
 - How EMT decides when they get to a place: is there a check that if the team is qualified to transport the patient? What does this check look like? What are they looking for to feel competent or comfortable to transport?
 - Transfers versus Urgent Transfers? How to decide what is urgent?
 - Hospitals that use EMS, if there is a problem en route: do they call receiving doctor/MFM or medical control?
 - Is this written out in policy at the hospital?

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- Do they have to go to the nearest hospital from her house and they cannot bypass another hospital?
 - EMS will bypass other hospitals in Chicago area based off trauma level.
 - Downstate have to go to the nearest hospital. Sometimes there is a possible issue where the rig cannot leave their county.
 - IDPH is working on EMS being able to bypass Level 0 hospitals
- **Action Item:** Cindy to send the list of EMS Questions to the group.

Transport Program

- Kshama spoke about a couple articles she send around:
 - Gestational age are being transported to a higher level of care and not necessarily based of physiologic stability.
 - Canada used a Transport risk index, they would assess the risk of mortality in neonates.
 - Article on the policy state had a list of transport equipment that the group could use as a base.
- Discussion on recommendation to address what list of medications are available in addition to the equipment.
 - Other medications to add?
 - Build into the rules or talk with to EMS about it? IDPH recommends to not put directly a list of medicine because appropriate medications can change.
 - Discussed having their practice standards match basic practice standards.
- Look into Iowa transport policy?
- IDPH stated that the rules could point to an IDPH guideline. Example: Must have the medications and the equipment on board as stated by the DPH policy.
- Group suggested that the when adding the rules if the group goes with having the APC regulate and say that they should have a plan in place, the plan should be required to be more in depth than just having "a plan".
- Discussion on a role of a birthing center. Birthing centers currently are to have a letter of agreement with an APC. However, APC's do not have to have a contract with birthing centers. IDPH recommended that the group look at marrying the rules with the hospital regulations code to have a plan in place for birthing center transports.
- Discussed a list of plans that should be in place for transports:
 - Level 0 plan for when a pregnant woman shows up
 - Plan for birthing centers
 - Level 3 and 4's should identify back transports of convalescing neonates to Level 2's.

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- Recommended that: if you don't offer a service, you should have an agreement in place with your APC about where you would go.
- Recommended for level 3-4 group to look at: antenatally diagnosed patients
 - Transport teams need to be available 24 hours

3. Next Steps

- Work on and finalize EMS questions
- Talk about the director and the role of the transport team director.

Adjournment

Motion to adjourn, 1st Jodi Hoskins, 2nd Rob Abrams, Unanimous yes.