



**Meeting Minutes of:  
ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
Levels of Care: Levels III and IV (LOC)**

**March 22, 2018  
11:30 a.m. until 12:30 p.m.**

<b>IDPH Offices 69 W. Washington, 35<sup>th</sup> Floor Chicago, IL</b>	<b>IDPH Offices 535 West Jefferson, 5<sup>th</sup> Floor Springfield, IL</b>
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**Attendees**

Members in Attendance	Guests and IDPH
Beau Batton William Grobman (Phone) Don Houchins Stephen Locher Nicole Niwa (Phone)	Catherine Adalakun, IDPH Amanda Bennett, IDPH Tanya Dworkin, IDPH Trishna Harris, IDPH Andrea Palmer, IDPH Alexander Smith, IDPH  Daniell Ashford Jodi Hoskins Carol Rosenbusch
	Members Not In Attendance
	Jessica Kandel Kim Kocur (excused) Kousiki Patra (excused)

**Motions**

1. **Motion to approve the minutes from December 2017.**  
 - 1<sup>st</sup> Don Houchins, 2<sup>nd</sup> Nicole Niwa, Unanimous Yes
  
2. **Motion to adjourn.**  
 - Unanimous yes.

**Introductions and Welcome**

- Beau Batton, Chair of the committee, ask everyone in the room and on the phone to introduce themselves.
- The chair talked about a document sent to the committee that listed concurrent recommendations from the committee over the topics covered to date.

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**Agenda Items**

**1. Level III / IV Workgroup representative for Implementation Workgroup**

- The Illinois Department of Public Health is forming the levels of care implementation group and want a liaison from each of the different sub work groups.
- Don Houchins volunteered and was accepted to be on the new implementation committee on behalf of the Levels III and IV workgroup.

**2. Question from the LOC Transfer WG re: Birth Location for Non-Surgical Conditions**

- Question posed from LOC Transfer WG: Are there prenatally diagnosed conditions which do not require immediate intervention for which delivery at a level III/IV NICU should be required?
- Don Houchins comment: If it is safe for the mother to be transported and the mother is agreeable, then an infant should be born at a facility capable of providing the support that it is anticipated will be needed based on the prenatal history.
- William Grobman suggested that some sort of distinction should be made of when a facility can/should transport
- The group recommended that infants should not be intentionally delivered in institutions which will be unable to provide all of their unanticipated immediate in-patient needs for known fetal conditions. Fetal conditions requiring delivery at specialized center (if feasible) with the experience and ability to provide all necessary care include (but are not limited to): congenital diaphragmatic hernia, bladder exstrophy, open neural-tube defects, and complex congenital heart disease – specifically ductal dependent lesions.

**3. Surgical Guidelines Discussion**

- The committee discussed a document on Surgical Guidelines.
- It was commented that the document's definitions need to be clear.
- Recommended to provisionally accept it into code knowing that a lot of the language will need to be defined/explained and have specific language crafted for policy.

**4. Level III Requirements**

*Gestational Age Cut off for Newborns*

- The committee had already covered this topic in previous discussions.

*Other Requirement for Newborns*

- Recommended to keep the same as Illinois current code.

*Types of Care Provided*

- Discussion on spelling out the difference between a Level II and a Level III.
- Discussion on the degree of respiratory support at a Level II and on what conditions should they be transferred to a Level III.

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Neonatal Surgeries

- Tabled until Dr. Jessica Kandel is present at the meeting.

Exceptions to Care

- Discussion on if requirements/exceptions for every Level III facility would be the same. Specifically geographic exceptions. No recommendations at this time
- Discussed putting in an exception clause in the code.
- The group wanted to have a list of required resources that must be present and then allow the rest to fall under exceptions.
- It was suggested that there be clarification for each required resource regarding whether the service had to be in house or good be provided via telemedicine.
- Discussed whether the Hospital Facilities Designation subcommittee of the PAC should approve exceptions to resources.
- **Action Item:** Beau Batton to draft a list of required/necessary resources for the group to look over with edits.

Transport

- The committee recommended to use the same as current code.

Delivery Room

- The committee thought the current code was a strong base to start at.
  - It was suggested that there should be someone in the hospital, who is available at all times, who can do tracheal intubation.

Pediatric Anesthesia

- The committee decided to table this item.

Neonatal Resuscitation Providers

- The committee recommended using the current code.

Nurse and Nurse Staffing

- Discussion on if a nurse does not have the proper experience, how is the facility covering for that lack of experience. IE: What other resources are in place to support coverage.
- **Action Item:** Beau Batton to craft some language on nurse staffing for the group to review from the next meeting.

**5. Next Steps**

- Continue with Level III recommendations
- Beau Batton to draft what resources would be required at a Level III.
- Beau Batton to craft language on nurse staffing.
- Touch on the tabled items: Neonatal Surgeries and Pediatric Anesthesia.

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**6. Public Comment**

- There was none at the end of the meeting.

**Adjournment**

Motion to adjourn, Unanimous yes.