



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

**March 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 (Phone) Rob Abrams (Phone) Jean Goodman (Phone) Diane Long Kshama Shah Fiona Springman (Phone)	Catherine Adelakun, IDPH Tanya Dworkin, IDPH Trishna Harris, IDPH Shannon Lightner, IDPH Andrea Palmer, IDPH Miranda Scott, IDPH Alexander Smith, IDPH Daniell Ashford Jenny Brandenburg Carol Rosenbusch Myra Sabini Shirley Scott
	Members Not In Attendance
	Frank Belmonte (Excused)

Motions

1. **Motion to approve the minutes from February 2018 with minor changes to attendance.**
 - Jodi Hoskins 1st, Diane Long 2nd, Unanimous yes.

2. **Motion to adjourn.**
 - Kshama Shah 1st, Diane Long 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 having the chairs of each of the Levels of Care committees come together to see where each of the committees are at in their timelines and completion.

2. Old Business

EMS Questions

- IDPH has been reaching out to EMS and working with them on certain concerns
- It was suggested that to send the list of EMS questions, that the group has prepared, to physicians co-directors and see if they have any additions/edits.
- Diane wanted to know if hospitals follow the CAMTS rules. If so, how closely related?
- Discussion on CAMTS certifications.
- **Action Item:** Cindy to send Alex the section on specialty care for EMS transport from CAMTS and then to will send links for the rest of the CAMTS certification standards
- **Action Item:** IDPH will send the EMS questions to the co-directors for review.

Transport Director Discussion

- Discussed, according to the current code, program director responsibilities.
- Discussed using an evaluation form by referring and receiving hospitals during transfer.
 - **Public Comment:** Asked that if a form is created that it should be universal.
 - **Action Item:** This group will start with a universal evaluation form and let the LOC Quality team look at it after it is finished.
 - Question posed: What is the response rate on the forms using currently?
 - Diane commented that she is familiar with EMS for Children. That committee made evaluation forms that they plan to put in code. Asked if it would be beneficial to collaborate with them. Evelyn Lyons is the contact.

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- Diane also brought up that she had transfer agreements with other hospitals. Not necessarily for transporting to certain destinations, but for HIPAA reasons to communicate pertinent information about patients with other hospitals.
- The committee agreed on having a neo or board certified specialist in MFM as the director of transports for the hospitals.

Referring Hospital Responsibilities

- Discussion arose about the referring hospitals responsibilities during transfers
 - The group would want someone credentialed handling the patient's safety.
 - Discussion on the liability of the referring facility for patients during transports.
 - Discussion on appropriate identification and certain things to be sent along with the infant.
 - Discussed what the Illinois current code says.
 - The group ideally would like specific documents sent, but do not want it to hinder the timeliness of an infant being sent.
 - Discussed forms that different hospitals use when sending it along with the baby.
 - **Action Item:** Everyone to send a form that their facility uses when doing transports to Alex.
 - Receiving Center responsibility discussion
 - **Public Comment:** Follow-up on patients does not give a timeline of when it has to be done. There is currently no way to keep track of who gets the follow up and so they send it to the nursing director. Unless the patient is going back to the original hospital, why is follow-up needed? Also concerned for HIPAA reasons about giving follow-up especially when the original hospital is not receiving the patient back.
 - The group agreed that if anything needs a standardized way of doing the follow-ups it would be this topic.
 - Discussion on what is the ultimate goal of the follow-up.
 - **Action Item:** Cindy to bring it up again with the perinatal network meeting.

3. Next Steps

- To start with furthering the discussion on the importance of follow-up and how the rules moving forward should reflect a standard follow up procedure to the referring hospital.
- Follow up on EMS question feedback.

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4. Public Comment

- It was brought up that the referring hospital does want the feedback. They would like to know about the patient, but in terms of how often that feedback comes is not as important.
- Question about if the follow up was a responsibility of the hospital or the APC. The group decided it was on the hospital to do the follow up.

Adjournment

Motion to adjourn, 1st Kshama Shah, 2nd Diane Long, Unanimous yes.