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

August 3rd, 2017
2:00 p.m. until 3:00 p.m.

IDPH Offices 122 S. Michigan Ave, 7th Floor Chicago, IL	IDPH Offices 535 West Jefferson, 5th Floor Springfield, IL
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Attendees

Members in Attendance	Guests and IDPH
Beau Batton William Grobman (Phone) Don Houchins Jessica Kandel (Phone) Kim Kocur Kousiki Patra	Tanya Dworkin, IDPH Miranda Scott, IDPH Amanda Bennett, IDPH Ashley Horne, IDPH Kate Jones Lance Kovacz Angela Rodriguez Carol Rosenbusch Leigh Goodson Robyn Gude Michael Fitzgerald Connie Moody
	Members Not In Attendance Stephen Locher (excused) Nicole Niwa

Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
LEVELS OF CARE COMMITTEE: LEVELS III and IV MEETING
August 3rd, 2017
Page 2 of 3

Motions

1. **Motion to approve the minutes.**
 - 1st Don Houchins, Unanimous Yes
2. **Motion to adjourn.**
 - Unanimous yes.

Introductions and Welcome

- Beau Batton, the levels of care: Levels III and IV break out group, called the meeting to order about 2:00 P.M. and went around the room asking everyone introduce themselves.

Agenda Items

1. IDPH Update

- Amanda Bennett, the CDC epidemiologist assignee to IDPH, was on hand to go over the LOCATE results.
- How was the question worded, in locate, about the neonatologist?:
 - It started with asking if there was a Neo on staff and then asked further questions along the line. The CDC intended “on site” to be 24/7.
 - What does “available” mean? There was a discussion about the availability being with an hour or within 30 minutes.
 - The hospitals interpreted “on site” differently.
- Potential implications for access to care?
 - Geographic access to Levels III and IV
 - A few current level III’s may drop to level II, but access to a III or IV within 50 miles wouldn’t change based on the LOCATE results.
 - 94% of births in Illinois are to women living within a 50 mile radius of a Level III or IV. Meaning there would be less geographic coverage of Level III’s or IV’s.
- New data available? Still to come and Amanda is looking into 2015 births.

Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
LEVELS OF CARE COMMITTEE: LEVELS III and IV MEETING
August 3rd, 2017
Page 3 of 3

2. Level III Requirements

- Pediatric Sub-Specialists
 - “On Staff” – physician or provider who has hospital privileges and regularly sees patients at the hospital.
 - “On Site” – A service with continuous on-site presence 24/7 (in-house)
 - “Available 24/7” – A physician or service (e.g. MFM) who is on staff, regularly sees patients in the hospital, and is available 24/7 for phone consultation at all times with the ability to provide in-person consultation as needed.
 - Pharmacist
 - A pharmacist experienced in neonatal care should be available 24/7, but not necessarily on-site.
 - Ophthalmologists
 - A Level III NICU needs to be able to screen for and treat ROP on-site based on recognized National Guidelines. In some instances, remote care through telemedicine or an affiliation agreement with a nearby facility for the treatment of ROP may be appropriate.
 - Radiology
 - Current Code: expected to be available 24/7
 - Build in language that telemedicine / remote interpretation is acceptable
 - Level III NICU must be able to perform an upper or lower GI 24/7 and this test should be performed by a qualified and experienced radiologist
 - Cardiology
 - Level III NICU should be able to do an ECHO on-site 24/7
 - ECHO interpretation can be remote, but a pediatric cardiologist should be “Available 24/7”
 - Neurology
 - Level III NICU should be able to perform a neonatal EEG on-site 24/7
 - EEG interpretation can be on-site or remote
 - A neurologist should be “Available 24/7” although in some instances, remote consultation for pediatric neurology through telemedicine or an affiliation agreement with a nearby facility may be appropriate.
 - All level III NICUs are expected to have the capability to provide therapeutic hypothermia and criteria for its use
 - Public Comment: A Level III should be able to perform this therapy
 - Public Comment: This therapy needs to be started within six hours of birth – limiting it to level IV NICUs would be inappropriate

Adjournment

Motion to adjourn: Unanimous yes.