



122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • www.dph.illinois.gov

Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Levels of Care Task Force Meeting (LOC)

May 12, 2016

2:00 p.m. until 4:00 p.m.

George W. Dunne Building
69 West Washington, 35th Floor
Conference Rooms 2 & 3
Chicago, IL

Chair: William Grobman, MD
Vice Chair: Raye-Ann O de Regenier

Introductions

The Chair, William Grobman, called the meeting to order about 2:00 P.M. on Thursday May 12th, 2016.

Attendees

Members in Attendance	Guests and IDPH
William Grobman, Chair Raye-Ann O de Regnier, Co-chair Jessica Kandel Angela Rodriguez (For Stephen Locher) Timothy Pappoe Kristin Salyards Howard Strassner Heather Stanley-Christian Dan Jenkins Cindy Mitchell Robyn Gude Carol Rosenbusch Pam Wolfe Barb Haller	Nirav Shah, IDPH Director Tanya Dworkin, IDPH Shannon Lightner, IDPH Andrea Palmer, IDPH Miranda Scott, IDPH Trishna Harris, IDPH Alexander Smith, IDPH Robert Kimura Rebecca Hobar Pat Prentice Christine Emmons
	Members Not In Attendance
	Beau Batton Richard Besinger Sandy Dennis Darlene Hammond Jean Ricci Goodman Sue Hesse Jim Hocker Jeff Jones Deb Roski Brent Ryherd Laura Smith Angie Reidner Jonathon Grieser

Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
LEVELS OF CARE TASK FORCE MEETING
May 12, 2016
Page 2 of 4

Motions

1. **Motion to approve minutes from the March 2016 meeting**
All approved. No Abstentions.
2. **Motion to adjourn**

Minutes

The minutes from the March 10th, 2016 meeting were voted on and approved.

Agenda Items

1. Neonatal Levels of Care Data (Amanda Bennett)

- Amanda Bennett went through her power point and had a framed discussion based on key data questions that the committee had asked regarding the effect of the proposed AAP Neonatal levels of care.
- She said it was crucial to understand that the LOCATe tool alone shouldn't be looked at to be the sole source for hospital designation, but rather to also have a site visit to cover some of the gray areas/misinterpretations of tool.
- Slide 9 of the powerpoint provided information on how designations would change if the AAP Guidelines were adopted.
 - Question(Q): Are the St. Louis hospitals included in the data for the effect hospitals?
 - Answer(A): Yes.
 - Q: Would the change downgrade any Level III's in rural counties? Or rob any rural counties of hospitals with higher designations?
 - A: It would not. (Currently there are no level III's in rural counties)
 - Q: When hospitals responded to the survey provided in the LOCATe tool, could they see the requirements and differences in being a certain level over another one?
 - A: The hospitals were asked to respond based off their knowledge of the AAP guidelines.
- Slide 15

**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
LEVELS OF CARE TASK FORCE MEETING
May 12, 2016
Page 3 of 4**

- Q: What is meant by the term “resources”?
- A: It is meant that the specialties needed are on staff, but not necessarily on site.
- Q: What was the main shift in hospitals going from a level II to a level I?
- A: No neonatologist on staff.
- Slide 21
 - Q: What percentage of neonates needs surgery?
 - A: Speculated that about 6-8/1000.
 - Q: How many states have adopted the AAP guidelines?
 - A: Also speculated that 37 states have, including the 10 most populous states (except for Illinois)
 - Q: Why is the code as it is now?
 - A: Because it is just simply outdated.
- Slide 25
 - Q: A question was posed in regards to the cost and impact on a community and families.
 - A: It was stated that some individual hospitals would see a slight loss, but the system overall would see an improvement especially in the quality of care.
 - A lot of the hospitals that would go down in level of designation could easily go back up with a few added services. To that effect hospitals that will remain the same level of designation will not need to be as stringent on their current services.
 - Q: What if Level I’s do not want to start taking on the 35-36 week babies?
 - A: They aren’t mandated to accept them. It is their choice whether they want to or not. If they do accept them, it would be an increase delivery volume, but if don’t choose to accept them, their numbers would seemingly stay the same.
 - Q: What is the impact so far on other states who have adopted the AAP guidelines particularly the increase of Level I’s?
 - A: There is not enough data to know at the moment. Most haven’t been AAP long enough.

Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
LEVELS OF CARE TASK FORCE MEETING
May 12, 2016
Page 4 of 4

2. Final Recommendation

- Dr. Nirav Shah, the Director of Public Health at the State of Illinois, took a few moments to thank the committee for all their hard work and dedication they have provided. He thought the group was very well informed and was very constructive.
- At this time it was voted on whether or not to recommend to the perinatal advisory committee to adopt the AAP guidelines. Enough people had left the meeting at this point and there was not a quorum.
- A majority of the group voted yes on the recommendation. The ones who voted against had some reservations:
 - Q: Can we get other states data over the past 4 years?
 - A: Decided that the other states wouldn't have that kind of data just yet.
 - Q: Could we get a pilot test in the state?
 - A: The State responded by saying it wouldn't work administratively.
- It was suggested that if the guidelines were adopted, it could be slightly tailored to be more in line with Illinois' needs.

Closing

- It was decided that the next meeting would only be there to approve the meeting minutes from the May 12th meeting and to make a final recommendation. It will be conducted by phone call.
- Chair William Grobman made a motion for the meeting to adjourn at 4:11 P.M.