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

September 25th, 2017
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

Cindy Mitchell Jodi Hoskins Rob Abrams Jean Goodman (Phone) Diane Long Kshama Shah Fiona Springman (Phone)	Trishna Harris, IDPH Miranda Scott, IDPH Alexander Smith, IDPH Andrea Palmer, IDPH Ashley Horne, IDPH Selina Kinser Mike Nelson Scott Saunders Kate Salsbury Chris Emmons Debbie Kamradt Natasha Goodrich
	Frank Belmonte

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Motions

1. **Motion to approve the minutes from August.**
 - 1st Jean Goodman, 2nd Kshama Shah, Unanimous yes.
2. **Motion to adjourn.**
 - 1st Rob Abrams, Fiona Springman, Unanimous yes.

Introductions and Welcome

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

Agenda Items

1. IDPH Meeting Guidelines

- The Illinois Department of Public Health (IDPH) staff was on hand to talk about the combined meeting in October 19th at 3:15 P.M.

2. Goals / Objects for Work Group

- The goal of this meeting was for everyone to review all the materials and to decide what to keep and what to change in the rules considering transports.

Comments from Jodi

- Mention of core members of an identifiable team.
- NICU Critical care should have recent experience.
- Maternal teams should provide safe and rapid transport.
- Maternal should also have core group and consist of skilled personnel.
- Transfer process points: maintaining EMTALA compliance
- Responsibility considerations: Stabilization and team remains in house until departure.
- Maintaining a number to be able to initiate a transport or consult. A physician to physician referral.

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Discussion on transport team

- 3 Years' experience good enough? Too much?
- Diane Long says the 3 years' experience came from NANN
- Didn't see an education requirement on the transport team on the neonatal side.
- Background of transport nurse requirements: AWHONN competencies, NRP, Stable,
- Resuscitation would also be needed in the team.
- Try not to force certain requirements especially if disciplines are harder to come by in rural areas.
- Indiana follows the new guidelines from AAP and divides the transport team based off the diagnosis.
- Discussed the Maternal-Fetal Quality Assurance standards that Indiana set forth for transports.
- Think 15 minutes is possibly unreasonable, but a time frame should be included. The group decided to go through 30 minutes. Is there any research that looks at the impact of the timing?

Public Comment

- Mike Nelson: Maternal Transport team does try to depart within 15 minutes. Does not always meet the goal, but 30 minutes is a good timeframe.
- Scott Saunders: Talked about his transport teams and their team compositions.
- Scott Saunders: Asked the committee to familiarize themselves for GAMUT and it standardizes the quality. GAMUTQI.org website. Optimal team discussion is definitely needed and supporting resuscitation for the neonate.
- Number one reason for delay is the hand off of patients for the nurses that are part of the transport team.

Discussion around the process of transports

- Discussion on the liability of the transport team, referring vs receiving.

List of questions for EMS

- What is the standard basic care that EMS can provide for maternal and neo transports?
- Their perspective: What they view as process issues from the referring and receiving facility?
- What capabilities do they wish they had? / don't have right now
- What equipment is used / what equipment is available?
- What trainings might help them? What trainings do they wish they had?

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3. Next Steps

- The group would like to meet in August and then ideally start monthly from then on.
- The review what was discussed today. Review Indiana's transport
- Think of more EMS questions and turn them into IDPH.
- Doodle poll will be sent out for most likely late October.

Adjournment

Motion to adjourn: Unanimous yes.