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

**May 18, 2018
2:00 p.m. until 4:00 p.m.**

George W. Dunne Building 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
Raye-Ann de Regnier Yesenia Yopez Deborah Boyle Sue Hesse (Phone) Melissa Hilt (Phone) Omar LaBlanc (Phone) Jessica Mossman (Phone) Robert Walsh	Tanya Dworkin, IDPH Shannon Lightner, IDPH Miranda Scott, IDPH Alexander Smith, IDPH Jill Alden Jenny Brandenburg Robyn Gude Lance Kovacs Carol Rosenbusch Myra Sabini Shirley Scott
	Members Not In Attendance

Motions

1. **Motion to approve the minutes from April 2018.**
 - 1st Deborah Boyle, 2nd Robert Walsh, Unanimous Approval.

2. **Motion to adjourn.**
 - Unanimous yes.

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Introductions and Welcome

- Raye-Ann called the meeting to order and went around the room and on the phone doing introductions.

Minutes

The minutes from April 2018 were reviewed and approved with minor wording changes, with unanimous approval.

Agenda Items

1. IDPH Update

- The Illinois Department of Public Health spoke about the implementation workgroup meeting coming up and the planned meeting with all of the workgroup chairs to discuss timelines and statuses of each of the individual workgroups.
 - o Raye-Ann asked if a representative from the Levels I and II group could attend if neither Yesenia nor Raye-Ann (chairs) could be there. IDPH said that would be allowable.

2. Maternal Transfer Conditions

- Discussion on leaving consultation to the letters of agreement and to focus on what conditions would require transports
- The committee started with gestational age and then what other factors would be added to that base.
 - Deb wants to consult with the Levels III and IV group to see what they would think of the list.
- Discussed specific reasons that would require a transport call to see whether or not the patient should be safe to transfer. Some topics discussed:
 - Preeclampsia with severe features
 - Heart failure
 - Patients that require intensive care or intubation
 - Suspected accreta, increta, and percreta
 - Chronic/End stage renal disease with creatinine greater than 3
 - Anticipated or current ICU need

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- Cardiac disease – cyanotic, previous myocardial infarction, American Heart Class 3 or 4
- BMI over 50
- Fetus with known condition requiring a higher level of care.
- Suggested that letters of agreement should outline conditions requiring in/out patient consultation
 - Also suggested that it should include nurse practitioners, physician’s assistants, and midwives.

3. Continued Review of Maternal Level II Regulations

Blood Bank

- Discussion on updating the rules and to make them more specific.
- The group recommends and discussed a massive transfusion protocol for levels I and II facilities including:
 - Dedicated service for obstetrics
 - Sufficient blood products should be available at all times (to be approved by the APC)
 - Language to include in-house/facility

Pharmacist

- Discussed an emergency bundle for obstetrics.
- IDPH advised not to add specific medications because new ones can always come out and the law would not be as easy to change.
- Discussed possible partnerships with nearby institutions.

C-Section

- Public Comment: Shirley Scott asked if there was evidence to support 30 minutes decision to incision time.
- Discussion on emergent timeframes.
 - Include different surgeons

Intensive Care for Mothers

- Discussed to make it suggested, but not required.

Others

- Discussion on transfer agreements
- Discussion on SMFM.

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4. Perinatal Level II

Gestational Age

- Discussed an emergency bundle for obstetrics.
- IDPH advised not to add specific medications because new ones can always come out and the law would not be as easy to change.

Types of Care Provided

- Discussion on what is considered mechanical ventilation.
- Discussion on high flow nasal cannula.
- The group likes the AAP recommendation, but will come back to the topic with more discussion on mechanical ventilation.

Exceptions

- Suggested to not include in the code.

Transports

- The group decided to let the transports workgroup decide this.

Provider Types

- Discussion on hospitalists, nurse practitioners, and neonatologists.
- Discussion on what different parts of the state currently do and what works well for them
 - It was suggested that they work with the Level III and IV workgroup on this.
- Discussion on geography and time for transfer.
- Discussion on obtaining resources in smaller communities.
- The group will come back to this topic next meeting.

5. Public Comment

- Robyn Gude: Wanted to echo the committee discussion on it being hard to attract certain disciplines, such as neonatologists, to smaller counties and towns.

6. Next Steps

- Continue the Level II Perinatal
- Discuss telemedicine

Adjournment

Motion to adjourn: Unanimous yes.