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

January 24, 2018
 11:30 a.m. until 1:00 p.m.

<p>IDPH Offices 122 S. Michigan, 7th Floor Chicago, IL</p>	<p>IDPH Offices 535 West Jefferson, 4th Floor Springfield, IL</p>
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Attendees

Members in Attendance	Guests and IDPH
Cindy Mitchell Jodi Hoskins Rob Abrams (Phone) Diane Long Kshama Shah Fiona Springman	Catherine Adelakun, IDPH Tanya Dworkin, IDPH Ashley Horne, IDPH Miranda Scott, IDPH Alexander Smith, IDPH Jenny Brandenburg Christine Emmons Natasha Goodrich Debbie Kamrat Ilana Marcus Myra Sabini Shirley Scott Phil Schaefer Debbie Schy
	Members Not In Attendance
	Frank Belmonte (Excused) Jean Goodman (Excused)

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Motions

1. **Motion to approve the minutes from November 2017.**
 - Fiona Springman 1st, Diane Long 2nd, Unanimous yes.

2. **Motion to adjourn.**
 - 1st Rob Abrams, 2nd Jodi Hoskins, Unanimous yes.

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 the combined levels of care meeting and meeting to discuss the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) nurse staffing guidelines.
- There is also a combined meeting between the levels of care groups: designation, redesignation, and change of network, and the site visits team with the hospital facilities designation committee taking place on March 1st.
- The group asked IDPH when their report is due how should they submit the report?
 - o A: Whatever will work best for the group. There is no specific format and IDPH is expecting the groups to turn in different formats.

2. Old Business

EMS Questions

- The group revisited the discussion on what training, equipment and education, etc should be for EMS
- When the group has the questions finalized IDPH will work to collaborate a meeting with EMS.
 - They would like someone who can speak on how they decide where to take their patients and if level of care is a factor
 - Someone to talk about the variability because EMS does have different levels of care.

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- Discussed guidelines from other states and the required trainings
- Kshama spoke about the Society of OBGYN in Canada's recommendations for transports from 2005.
 - It covered who should be on the team to provide intervention for care of the neonate
 - Blood pressure medications
 - Someone to provide IV transfusions
- **Action Item:** Kshama to send the 2005 Canada recommendations for transports
- **Action Item:** Cindy to update the EMS questions and send out to the group for review.

Transport Program

- Action Item: Cindy to send the transport program to Alex.
- Discussion on the difference between the terminology of “transfers” vs “transports”
- IDPH recommends that the group differentiate the terms so it will be a blanket term across the state to help with referencing the rules and data collection.
- **Public Comment:** Should consult be added to the definitions? Some facilities will use a discussion log or an exception log.
- Discussed using consult and transport instead of transfer and transport definitions.
 - Public Comment: Consult would be like a consult in the hospital: physician goes to talk to the patient, see the patient and then make recommendations; Transport is the actual, physical moving.
 - Transport can be defined as both a transport to a higher level of care and also transport back to the original hospital
 - Transport should be when a mom/baby is moved to a new hospital, but you can still have a transfer of care with in an institution from one service to another.
 - Anybody who is transported by a mechanism of a team and a vehicle would be counted as a transport, hospital to hospital
 - Suggested to not use the term “transfer” anymore.
- With the concept of patient being discharged and driving herself to a higher level of care hospital that would be considered a transfer of care. This could also be a patient who takes herself to a hospital at the same level of care if it's an issue of distance to/from home or her personal doctor.
- Data system should include:
 - Maternal transport (from one inpatient unit to another inpatient unit for either higher level of care or to see a subspecialist)
 - Neonatal transport (same as maternal)
 - Back transport (when mom or baby no longer needs the specialist or higher level of care)

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- Discussion on if there should be a definitional difference based on whether the hospital is sending a transport team with the patient(s), or if the hospital is sending an ambulance to pick the patient(s) up.
- Program Components:
 - Formal transfer plans should be captured in LOAs, if we still have LOAs (DPH to include components of transport as a requirement of LOAs)
 - Communication / number to call for transport, and should be available and staffed 24x7
 - Responsibilities – who is responsible for what? Should sending doctor be required to stay with the patient, or at least remain available, until the patient leaves the hospital?
 - Neonatal – yes if the transfer is going to be to a higher level of care. The doctor should stay by the baby’s side
 - Maternal – yes if the transfer is going to be to a higher level of care, in case the mom needs a crash c-section
 - At a minimum, an in-house provider with the same qualifications or who has the skills necessary to care for the patient – NNP, PNs, etc
- Discussion on the exception log and if it should be called something different.
 - Question posed: should there be multiple types of such logs?
 - Suggested that the LOC: QI group look at consult logs as a project.
- Letter of Agreement to include criteria for transport.
- Want transport teams to be available 24 hours
- Discussion on responsibility and liability:
 - Should the sending physician stay until the patient actually leaves the facility?
 - Can the patient be handed off to a partner or supervising physician
- Discussion on if EMS should have an MFM as director of transports
 - Discussion on what the role of the director should look like.
 - Public Comment: Look into contracts with EMS because that typically contains this information.

3. Next Steps

- Work on and finalize EMS questions
- Kshama to send out the 2005 Canada Society of OBGYN recommendations on transports.

Adjournment

Motion to adjourn, 1st Frank Belmonte, 2nd Kshama Shah, Unanimous yes.