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

September 22, 2017
 2:00 p.m. until 3:30 p.m.

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| 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 (Phone) | Alexander Smith, IDPH Shannon Lightner, IDPH Miranda Scott, IDPH Tanya Dworkin, IDPH Jeff Dawson Steve Blaugh Cindy Mitchell Brienne Coleman Lisa Weber Jenny Brandenburg Cameron Christian-Robin |
| | Members Not In Attendance - |

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Motions

1. **Motion to approve the minutes from August 2017.**
 - Yesenia Yopez 1st, Robert Walsh 2nd, Unanimous yes.
2. **Motion to adjourn.**
 - Unanimous yes.

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 August 2017 were reviewed and approved with a unanimous yes.

Agenda Items

1. IDPH Update

- The Illinois Department of Public Health (IDPH) staff spoke about the joint meeting happening October 19th between the Hospital Facilities Designation Group, Levels of Care: Site Visits, and the Levels of Care: Designation, Redesignation, and Change of Network.
- Still looking into the prohibition of Level I hospitals in Chicago and what it might mean for the Levels of Care rewrite.
- Birthing Centers? The group from Designation, Redesignation, and Change of Network group wanted to consider them non birthing hospitals, they are regulated by Section 250. Still do M&M Reviews. To possibly have M&M's done on the ones that are transferred to hospitals. They are currently under Letters of Agreement with APC's

2. State Comparison for Level I's

Neonatal Resuscitation Providers Discussion

- Yesenia went over what is currently in 640, and what other states do as well
- What Illinois has is a good starting point
- Option to have an RT, or possibly an NRP

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Nurses Discussion

- Physician's Assistant or Programmatic RN overseeing the training and quality initiative
- Limitation to Medical Director: amount of time (requiring 40 hours), the credentials required. List in the rule the amount of time to be spent working based on volume.
- **Public Comment**: Asked the group to really look closely and be very clear about the time share between medical directors.

Respiratory Therapists Discussion

- RT certified in NRP available 24/7 could be hard to attain. RT's would be hard to maintain their skill set with the amount of low volume.
- RT's are only mentioned for Level III and IV hospitals.
- If a baby is intubated: who will be the one to do it? Anesthesia typically, or other facilities.
- Ventilation ability will be increased with the new level I.
- The group plans to come back to this topic.

Dietitian Discussion

- The group plans to not recommend.

Social Workers Discussion

- Group likes "LSW with skills for women and infants available to perinatal service" as a base. And to add clarification on available and to also decide the credentials and supervision.
- Discussion to add a social worker who is specifically trained in bereavement services prior to discharge.
- Discussion on whether an intern could do it? Most likely not unless proper education level was in place.
- Worried about full-filling LSW, in rural Illinois, to be available 24/7, but they usually have someone on contract.
- **Public Comment**-Steve Blaugh: For Neonatal Abstinence Syndrome reasons, a LSW being more prevalent will be necessary. The knowledge of local resources will greatly impact care positively.

Lab Discussion

- 24 hour isn't specific enough, current Illinois code is still appropriate and viable.

Blood Bank Discussion

- Current Illinois code is still appropriate and viable.

Radiology/Ultrasound Discussion

- Current Illinois code is still appropriate and viable.

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Pharmacy Discussion

- Group says that the Texas' "24 hour pharmacist consultation, regulations regarding neonatal compounding of medications" is a good starting point.
- Suggested to work the APC to get that support.
- Will table and come back to the neonatal compounding of medications with more guidance from high level regulations.

Equipment Discussion

- Will have to cross reference with Section 250.
- Breakout team to look at creating a list.

Education Discussion

- Discussion around sharing resources.
- Education plans different between each hospital? What is the role of the APC in this?
- Can differentiate across hospitals, so standardization could be tough.
- Suggestions on education
 - Level III's, IV's, and APC's could offer simulations. Joint effort in each network would be ideal.
 - Do skills training with evidence of yearly evaluation.
 - Requiring of the hospitals to provide training.
- There is some worry about possibly being vague.

Next Steps

- Will finish up level one at next meeting
- Create a list of equipment required at a level I.

5. Public Comment

- Asked for public comment at 3:27 PM – there was none at that time.

Adjournment

Motion to adjourn: Unanimous yes.