



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

November 17<sup>th</sup>, 2017  
 2:00 p.m. until 3:30 p.m.

<b>George W. Dunne Building</b> <b>69 W. Washington, 35<sup>th</sup> Floor</b> <b>Chicago, IL</b>	<b>IDPH Offices</b> <b>535 West Jefferson, 5<sup>th</sup> Floor</b> <b>Springfield, IL</b>
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**Attendees**

Members in Attendance	Guests and IDPH
Raye Ann de Regnier Yesenia Yopez (Phone) Omar LaBlanc (Phone) Jessica Mossman (Phone) Robert Walsh	Tanya Dworkin, IDPH Shannon Lightner, IDPH Alexander Smith, IDPH Kristen Woytowicz, IDPH  Jenny Brandenburg Lance Kovacs De-Ann Pillers Carol Rosenbusch Myra Sabini Shirley Scott
	Members Not In Attendance
	Deborah Boyle (excused) Sue Hesse (excused) Melissa Hilt

**Motions**

1. **Motion to approve the minutes from October 2017.**  
 - 1<sup>st</sup> Yesenia Yopez, 2<sup>nd</sup> Robert Walsh, Unanimous yes.
  
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 October 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 two new groups that the PAC added to the LOC groups. One Quality Improvement group and one for Implementation of the Levels of Care.
- IDPH has asked of all committees to come up with a list of questions as to what a site visit should look like. Submission deadline is December 1st.
- Question about whether one person can fill both the role of the Neonatology chair and the OB/GYN chair. A: One can technically serve as both the Neonatology chair and the OB/GYN chair, however best practice says that one should fill each.
- On birthing centers: IDPH will work on scheduling a call about input on BC.
- In regards to the committee's question about whether or not policy can reflect to refer the most recent approved list; IDPH explained that the committee can list a specific guideline, but not use the language "the most current" as a generalization.

### **3. Maternal Level I**

#### **Revisited: Family Centered Care**

- Dialogue on how to word when family centered care is appropriate.
- Suggested: "When the maternal medical condition permits consider discharge or transfer of mothers to be with their infants."
- Also suggested language: "Based on the physician providing care"

#### **Nursing Leadership**

- Discussed having a bachelor prepared registered nurse.

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Nursing

- Decided Arkansas is a good starting point and to keep the staffing language broad.
- Skilled RN assigned to mother baby service, second skilled RN available 24 hours per day.

Maternal Providers

- Suggested to have guidelines for Perinatal Care.

Triage

- Referencing AWHONN 2011
- Didn't want to mention AWHONN and decided that Arkansas is a good starting point and to keep the staffing broad.
- **Public Comment:** How to address acuity?
- Group decision: Pregnant women require timely triage by a RN, CNW, CW, APN, PA or physician.

Breastfeeding

- Discussion on having a best practices general statement.
- The hospital should support evidence based practices. All staff should receive baby friendly materials.
- Decision: Hospital should implement evidence based practices for supporting breast feeding, for example, the 10 steps of Baby Friendly. Breast feeding education must be provided to maternal providers (as defined in section above "maternal providers") and nursing staff caring for lactating mothers. This may be provided by the hospital or perinatal center.

Lactation Consultation

- It was noted that downstate that there is only about one per county.
- The group wanted someone with a special expertise.
- Looked at a certification 40 hours vs a Lactation Consultation is about 1000 hours.
- Suggested to have one person on staff who is dedicated.
- The word "available" is a necessity when figuring out the language for this.
- One certified lactation counselor or a lactation consultant on staff
- Each hospital should provide access to breast feeding education which may be in conjunction with their perinatal center. And a clear demonstrated referral process. This could include telemedicine.
- **Public Comment:** Be careful not to write the policy so that the APC is not burdened on the costs of the training.
- **Public Comment:** Could it be a lactation counselor for Level I's? And a consultant for Level II's and higher?
- Decision: There should be demonstration of a referral process to hospital or community resources for breast feeding mothers to help breast feeding problems.

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Types of Care Provided

- Leave as electronic fetal monitoring available. Not necessarily used on every patient, but available as a minimum standard

Dietician

- Maryland has it listed as an "optimal standard for levels I and II and required for III and IV."
- It can be encouraged, but not necessarily written in the rules.
- Think it is as important as Lactation and suggest using the same language as lactation consultation. Allowing for education to be available.
- **Public Comment:** Does 250 mention having a dietician? A: It does not.
- Decision: There should be a referral process for a dietician available either in the hospital or in the community for patient consultation and staff education.

Laboratory

- Decision: To have a lab for 24 hours availability with results available (current code)
- Is it necessary to specify the tests in the language?

Anesthesia

- Discussed that currently there is an anesthesiologist supervising an area.
- IDPH to research 250 on special rules on Anesthesia to answer the question of "Whether or a not nurse anesthetists can be the director of anesthesia?"
- Tabled until the next meeting,

Radiology

- Discussed having technicians available.
- Timing of when studies should be read?
- Suggested to have access to a stat read when needed?
- Decision: Radiology technicians should be available in the hospital 24 hours per day. Access to interpretation by a radiologist must be available 24 hours per day if requested.

Ultra Sound

- Decision: Available in delivery area 24 hours per day.

Blood Bank

- Suggested to use the current code: available at all times, need massive transfusion protocols and capabilities.

Pharmacist

- Recommended that there be access to pharma consultation 24 hours a day either in person or by telephone. Available through APC or the hospital.

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C-Section

- Decision: The group at the very least wants the time limit in policy. The 30 minute decision to incision.
- Will revisit at the December meeting.

**4. Homework and Next Steps**

- **AWONN Staffing Guidelines**: Everyone to review.

**5. Public Comment**

- Public Comment was asked for at 3:17 P.M. There wasn't any at that time.

**Adjournment**

Motion to adjourn: Unanimous yes.