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Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Levels of Care: Levels III and IV (LOC)

November 27th, 2017
1:00 p.m. until 2:30 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

Members in Attendance	Guests and IDPH
Beau Batton Don Houchins Jessica Kandel Kim Kocur Stephen Locher Nicole Niwa Kousiki Patra (Phone)	Tanya Dworkin, IDPH Trishna Harris, IDPH Shannon Lightner, IDPH Alexander Smith, IDPH Jenny Brandenburg Ann Danser Christine Emmons Jodi Hoskins Debbie Kamrat Salena Kinser Cindy Mitchell Carol Rosenbusch Myra Sabini Shirley Scott Fiona Springman
	Members Not In Attendance William Grobman (excused)

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Motions

1. **Motion to approve the minutes from October 26th with minor changes.**
 - 1st Nicole Niwa, 2nd Jessica Kandel, Unanimous Yes
2. **Motion to adjourn.**
 - 1st Stephen Locher, 2nd Jessica Kandel, Unanimous yes.

Introductions and Welcome

- Beau Batton, Chair of the committee, ask everyone in the room and on the phone to introduce themselves.

Agenda Items

1. IDPH Update

- The Illinois Department of Public Health (IDPH) staff was on hand to talk about the two new groups being added to the Levels of Care groups.
- The facilities group would like for the Level III-IV committee should come up with boundaries that will force them to go decrease in level if they do not meet the standards.

2. Level III Requirements

VLBW Data

- Data mostly comes from VON, Studies from Germany, and Studies from California, and a handful of random studies
- Beau covered the main data points for outcomes of VLBW
- Discussed whether a hospital should lose their LOC status dependent on volume of VLBW cases
- **Motion approved:** Level III NICUs must care for a minimum of 20 VLBW infants/year (averaged over a 3 year period) in order to maintain level 3 status (based on 2015 data there is only one current level III NICU which *may* not meet this threshold)
- **Motion approved:** Level III NICUs caring for <50 VLBW infants/year (averaged over a 3 year period) will be asked to provide additional and/or more frequent information regarding patient outcomes. This data will be determined by the newly formed QI

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workgroup and this recommendation may be amended or not needed if the QI workgroup determines *all* NICUs must submit more frequent patient outcome data. Based on 2015 data, there are 6 current level III NICUs which *may* not meet this VLBW volume threshold.

Nursing Staff Ratios Discussion

- The group reviewed AWHONN staffing guidelines.
- California has mandatory staff ratios, but they are not as descriptive as AWHONN's
- Challenges include: # of full time RNS (versus part time, floating or travel RNs), ensuring the proper experience is present, and taking into account quality
- Asked to set up a separate meeting with just administrators
- **Public Comment:** These staffing ratios will have a huge financial and administrative impact
- Question: what role does staffing turnover play?
- **Action Item:** Kim will reach out and try to get possible outcome data from AWHONN
- There was general agreement in the workgroup that AWHONN standards would be acceptable for the NICU, but staffing in Labor & delivery is more problematic
- **Action Item:** IDPH/Trishna to develop definitions for maternal and neonatal acuity and distribute for further input

Surgical Levels of Care

- Discussion on how the surgical levels of care will meld with the neonatal levels of care.
- Level IV nurseries will need to meet Level I surgical guidelines
- Obstacles don't usually apply to the NICU as it is fairly easy for NICUs to get to the Level I Surgical.
- Surgical Level II is a little more muddled in terms of requirements.
- Minimum volume for level I surgeries is 1000 pediatric cases per year
- **Action item** to consider: develop a list(s) of conditions for which delivery should occur in a facility with a surgeon available within 30 minutes as well as facilities with ECMO

3. Next Steps

- Plan to Meet with AWHONN in January
- Surgery data update from IDPH after receiving ICD codes
- Surgery discussion update.
- **Public Comment:** None at this time of the end of the meeting.

Adjournment

Motion to adjourn, Unanimous yes.