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Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Levels of Care: Designation, Redesignation, and Change of Network (LOC)

January 18, 2018
 8:30 a.m. until 9:30 a.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
Jenny Brandenburg Lori Filock Adriana Beatty (Phone) Joan Cappelletti (Phone) Linnette Carter (Phone) Paula Melone (Phone) Debbie Schy (Phone)	Catherine Adelakun, IDPH Tanya Dworkin, IDPH Miranda Scott, IDPH Alexander Smith, IDPH Christine Emmons Natasha Goodrich Robyn Gude Cindy Mitchell Myra Sabini Kathy Sue JoAnn
	Members Not In Attendance
	Harold Bigger (excused)

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Motions

1. **Motion to approve the minutes from December 2017.**
 - 1st Lori Filock, 2nd Paula Melone, Unanimous yes.
2. **Motion to adjourn.**
 - 1st Linnette Carter, 2nd Adriena Beatty, Unanimous yes.

Introductions and Welcome

- Jenny Brandenburg called the meeting to order and went around the room and on the phone doing introductions.

Minutes

- The minutes from December 2017 were reviewed and approved with a unanimous yes.

Agenda Items

1. IDPH Update

- The Illinois Department of Public Health (IDPH) talked about the AWHONN Staffing guidelines discussion on January 24th with the combined levels of care groups, the Levels I and II group and Levels III and IV group.
- IDPH also talked about the combined Levels of Care meeting taking place on March 1st. A few of the LOC meetings will be meeting with the Hospital Facilities Designation Committee that is a subcommittee of the Perinatal Advisory Committee.

2. Old Business

Follow Up Denial of Designation Process

- Linette went over the questions and the updated recommendations for denial from the December meeting.
- If language is left vague will it leave it open for problems? Answer from IDPH: Cannot leave overly vague, because JCAR will push back on specifics.
- Discussion on what to do when institutions fail to comply:
 - What things should be fined? Only not reporting a loss of an essential resource within the next business day?

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- Would this group need to come up with the fee? Answer from IDPH: If that is a recommendation, a fee structure will come from IDPH.
- Recommended that it would be a one time fine.
- Recommended to change it to three business days after the loss of the resource.
- Types of denial to address?
 - Decreases in level. Can IDPH refuse a decrease in level?
 - Increase level of designation
 - Change of Network
 - Discussed if a hospital should keep their designation if they do not have the resources (during a decrease in designation)
 - During a denial: who gets the say that a hospital is denied? Currently the Hospital Facilities Subcommittee of the PAC recommends to PAC, PAC recommends to the director of IDPH.
- Discussion on what currently happens during the 90 days and what is required.
- Discussed to have targeted reviews to see if the hospital has gained the missing resources.
- **Question for the Site Visit team that was brought up:** Who will do a hospital review if a follow up site visit is needed?
- **IDPH action item:** How does a trauma center reduce its level?
- Recommendations from the committee:
 1. IDPH is to be notified three business days after the loss of an essential resource. (“essential” to be defined by the other Levels of Care workgroups) Failure to do will result in a one-time fine (fine to be determined) Notification should include how and where patients will be cared for until the essential resource is regained.
 2. If a hospital fails to meet the requirements needed to **increase** their level. A letter from IDPH will give a 90 day period to correct the deficiency. IDPH will perform a targeted review and then report back to facilities. If the hospital still fails to meet the requirement they will need to start the increase in level designation process over.
 3. For a decrease/closure of OB: The hospital will need to provide a plan for the closure including:
 - a. Reason for the decrease in level or closure
 - b. A plan for their patients, where and how they will be cared for
 - c. How the community and providers will be notified
 - d. How EMS will be notified
 - e. Any educational needs for the ER staff
 - f. Any additions to supplies for the ED
 - g. What and how will equipment be disposed of (i.e. fetal monitors if closing)
 - h. How will the coordination with the APC happen for the closure and moving forward

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3. Next Steps

- Next meeting is to talk about:
 - The role of the APC for next meeting.
 - Changing a Network

4. Public Comment

- Public Comment was throughout the meeting.

Adjournment

Motion to adjourn: 1st Linnette Carter, 2nd Adriena Beatty, Unanimous yes.