



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

July 6<sup>th</sup>, 2017  
 1:30 p.m. until 2:30 p.m.

<b>IDPH Offices</b> <b>69 W. Washington, 35<sup>th</sup> Floor</b> <b>Chicago, IL</b>	<b>IDPH Offices</b> <b>535 West Jefferson, 4<sup>th</sup> Floor</b> <b>Springfield, IL</b>
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**Attendees**

Members in Attendance	Guests and IDPH
Beau Batton William Grobman (Phone) Don Houchins Jessica Kandel Stephen Locher (Phone) Nicole Niwa Kousiki Patra	Alexander Smith, IDPH Shannon Lightner, IDPH Tanya Dworkin, IDPH Miranda Scott, IDPH Trishna Harris, IDPH  Leigh Goodson Jodi Hoskins Cindy Mitchell Debbie Conrad Natasha -
	Members Not In Attendance
	Kim Kocur

**Motions**

1. **Motion to approve the minutes.**
  - 1<sup>st</sup> Nicole Niwa, 2<sup>nd</sup> William Grobman, Unanimous Yes
  
2. **Motion to adjourn.**
  - Unanimous yes.

**Introductions and Welcome**

Beau Batton, the levels of care: Levels III and IV break out group, called the meeting to order about 1:30 P.M. and went around the room asking everyone introduce themselves.

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**Agenda Items**

**1. Level III & IV Discussion**

- Discussed differences between the level II, III, and IV NICUs in the American Academy of Pediatrics (AAP) levels of care (LOC) policy. The primary distinction between Level II and III NICUs is a difference in the gestational age range of patients that can be cared for. The primary differences between level III and IV are differences in surgical cases and the range of complexity of cases cared for.
- Level IV NICUs should have all of the capabilities of a Level III NICU in addition to all necessary requirements for certain surgical procedures and complex cases (e.g. CT surgery, ECMO, a full range of pediatric subspecialists)
- The group will review the requirements for obstetrical providers, neonatal providers, and other pediatric sub-specialists for both level III and IV NICUs
- Expectations for level III NICUs:
  - Discussed minimal obstetrical standards: there was consensus that hospitals with a level III NICU must meet at least Level III maternal level of care standards. The committee plans to use the OB requirements language from the level III maternal levels of care.
  - Discussed which specialties are expected to be “on-staff” versus “on-site 24/7” versus “available 24/7”
  - On-staff: physician or provider with hospital privileges who regularly sees patients in the hospital
  - On-site 24/7: continuous on-site presence 24 hours a day, 7 days a week with the ability to respond immediately to patient care needs/emergencies
  - Available 24/7: a physician who is on-staff and available for phone consultation 24 hours a day 7 days a week with the ability to also provide in-person consultations within the hospital as needed 24/7.
  - There was consensus that a BC/BE general obstetrician needs to be on-staff and on-site at all times.
  - There was consensus that a BC/BE maternal fetal medicine specialist needs to be on-staff and “available 24/7” at all times.
  - There was consensus that a BC/BE neonatologist needs to be on-staff and on-site at all times. The continuous on-site presence of a neonatal fellow or neonatal nurse practitioner (NNP) does not meet the expectation for on-site neonatologists.
- Discussion on the definition of board certification for physicians: There was consensus that neonatologists, obstetricians, and pediatric sub-specialists should be BC/BE with recognition that an exception be allowed for well-trained and qualified foreign medical graduate physicians who are not board eligible.
- The meeting was briefly paused at approximately 2:00 PM for public comment/questions. There were none.
- The group wants more of the LOCATE results.

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- There was a group consensus that leadership for a level III NICU should be a board certified neonatologist who is also maintaining his/her certification.
- It was decided to leave the role and expectations of NNPs should be deferred and further discussed with the Levels I and II Workgroup.
- There was Discussion about the pharmacy:
  - Currently, there is a resource requirement for level III NICUs to have a pharmacist experienced in neonatal care. There was consensus that a pharmacist with experience in neonatal pharmacy should be available 24/7
  - There was discussion regarding the need for a pharmacy related QI process/initiative
  - It was agreed the discussion regarding pharmacy expectations would be continued at the next meeting
- The meeting was opened up for public comment. There was none.

**2. Meeting Logistics/Frequency**

- Next meeting: continue with level III NICU requirements, beginning with pharmacy expectations followed by pediatric sub-specialist expectations
- Next meeting: August 3<sup>rd</sup> at 2 PM.

**Adjournment**

Motion to adjourn: Unanimous yes.