

Meeting Minutes of:

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH - PERINATAL ADVISORY COMMITTEE
Hospital Facilities Designation Sub-Committee Meeting (HFDSC)**

**April 16, 2015
9:30 a.m. until 12:00 p.m.**

**James R. Thompson Center
100 West Randolph Street, 9th Floor
Conference Room 039
Chicago, IL**

HFDSC Attendees: Cindy Mitchell (*CHAIR*) - Howard T. Strassner – J. Roger Powell – Dennis Crouse Robyn Gude – Donald Taylor – Urmila Chaudhry – Edward Hirsch – Ray Spooner

IDPH Attendees: Brenda Jones – Andrea Palmer – Trishna Harris

Guests: Courtney DeSutter - Pamela Wolfe - Cecilia Lopez - Jenny Brandenburg - Jodi Hoskins - Elaine Schaefer - Shirley Scott – Peggy Cowling – Jennifer Doerr – Mark Seaman

Review and Approval of Minutes from February 19, 2015 Meeting:

The meeting was called to order by Cindy Mitchell – The meeting minutes of February 19, 2015 were reviewed. **Motion** to accept as written by Ed Hirsch and seconded by Urmila Chaudhry with unanimous approval.

New Business:

None at this time.

IDPH Updates:

1. New Employee: Trishna Harris joined the Perinatal Program as a nurse supporting the program. She has been a Nurse since 1999 and a Certified Nurse Midwife since 2008.
2. New Projects:
 - a. Birth Certificate Quality Improvement Project – *currently in progress.*
 - b. Hypertension Improvement Project (with the Illinois Perinatal Quality Collaborative) – *will be starting soon.*
 - c. Breastfeeding Project underway in East St. Louis and in Decatur Women’s Prison – *currently in progress.*
 - d. Needs Assessment Project - the “fuel” for the Maternal Child Health Program for the next five (5) years. The qualitative and quantitative analysis has been completed, as well as surveys, focus groups and key informant interviews. An Expert Panel Meeting will be held within the next 2 weeks to help determine the priorities for Maternal Child Health Block Grant for the next five years.

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Discussion of Work Plan:

CHAIR (Cindy Mitchell): Letters were sent out prior to the Meeting regarding the changing of networks for a few different hospitals. IDPH has had some discussions with Legal with all the Levels of Care topics that are coming up and the Rule changes that are out there and the possibility of putting all of this on hold until the issues are resolved. However, there does need to be a discussion about that.

CHAIR Question #1: *How does the Committee feel regarding network changes?*

CHAIR Question #2: *Do we want to go with what IDPH is recommending which is that network changes should be on hold for a while?*

CHAIR Question #3: *Do we have a preference of one or the other?*

The Committee looks at Levels of Care which would also include hospitals wanting to increase from a Level 2 to a 2-plus, which is mainly where we want to go. *Do we want to tell them to put their resources into that and move forward? Or, would it better for them to wait until we get this all ironed out so that they put the right resources into place?*

IDPH (Andrea Palmer): The issue is that we are seeing more and more that hospitals are requesting to change administrative centers because they want to align themselves with different and/or specific systems. The Rules do not address that specifically, as opposed to making a decision which could impact future decisions. This is why we requested a moratorium to have you flesh out what the process should be and/or the factors we should consider, especially considering the geographical impact.

In terms of the Level Changes, there have been discussions about the maternal levels and the recommendations from the Levels Committee. As opposed to having hospitals go through the process of changing levels and then have us change our system, we thought maybe we should hold off until decisions are made upon that as well.

Committee Question(s): *In regards to the Level Changes, how long will it take to make that decision? How long will these hospitals be on hold?*

At this time, that is unknown. We have discussed not putting a moratorium on Levels -- on moving down but not on moving up. We should discuss further how to handle that.

Example: A hospital may request to move from a 2 to a 2E or 2E to a 3 and then we change the Levels in 3 or 4. How will that impact it? Do we automatically move them to 4? Those are the types of questions, we need to answer.

Committee Question(s): *If it is going to take a year or two, are we going to keep these hospitals on hold? Or, should we continue with the current process and when the Rules come into place, the just go from there?*

CHAIR Question: *It is worth the hospital's interest to put forth all the resources that they need to go from a Level 2 to a 2E knowing that maybe in a year after they get a 2E, they may have to be re-evaluated?*

Committee Member Responses:

- a. The hospitals are not going to go for a designation. They are going to go for a Level of Care.
- b. Right now, they fit into 2 and 2E. In the future, maybe 2 and 3. The 2Es out there are not going to stop doing 2E business. It is assumed that those facilities which are requesting 2E status already have everything in place.
- c. A 2E doesn't necessarily have any surgical services that a 3 may require.

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Committee Member Responses:

- d. There is going to have to be a decision at some point for 2Es, if they want to be a 2 or 3, based on what some proposed levels look like.
- e. Some 2Es, due to decreasing volume are probably going to go down to 2s and some 2Es will go up to 3s.

IDPH (Andrea Palmer) continued: Again, there is no moratorium in place. The question was never posed that way. All was asked of Legal is to develop a letter and the appropriate language for us. There is not anything that will stop us if we designate. It is not really a change, but more so a suspension.

Committee Member Responses:

- f. This is really all about the patients and their care. If someone wants to improve their clinical capabilities, then we cannot instruct them not to do so while we figure out a classification system.
- g. They should operate within the framework we have now. If and when we get new framework, we can go from there.

IDPH (Andrea Palmer) continued: We should look at the different perspectives: *Is it about the system or the patient care? The patient care should always be first and foremost.*

Committee Member Responses:

- h. This is really all about the patients and their care. If someone wants to improve their clinical capabilities, then we cannot instruct them not to do so while we figure out a classification system.

CHAIR Question: *Can we draft something of a response in the acknowledgement letter when there is request to upgrade to a different level of care, (i.e. from a 2 to a 3) which states they can move forward, but in the future, the levels could change?*

IDPH (Andrea Palmer): We have decided to hold off on the change in centers. We have not yet decided that we want to hold off on the levels. We have discussed it but we wanted to get the SQC input.

Committee Member Responses:

- i. There were moratoriums in Illinois before and the last one lasted over a decade. We need better rationale and the framework of the discussion needs to be made clear or there may be opposition.
- j. When hospitals request a change, they typically already have everything in place before they request it and are consequently, requesting a Site Visit.

Committee Member Responses:

- k. Putting verbiage in the letter stating there may be a change may cause more confusion. It appears we know when know what will happen and when things will change when we really don't. If we cannot give them more specifics on a policy basis, then we should not make a statement like that.

IDPH (Andrea Palmer): *Dr. Strassner, should we accept this as it is or should there be a vote, they go to PAC, who then recommends the department?*

Dr. Strassner: Ultimately, all decisions are left to the partners. So, whether we vote or not, agree or not, we can probably do it all once. In terms of process, the motions would be to do something different. The status quo usually stands until somebody makes a recommendation to change it. If there is a recommendation or motion to change a process, then that's what we would discuss. However, that is not on the table now. It is just an open discussion.

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Committee Member Responses:

- l. If there's a consensus around something, the minutes can reflect a consensus, and that can go forward because the minutes go forward. So if this committee had a consensus that we continue the current, we can proceed.

IDPH (Andrea Palmer): With respect to the levels or the center changes, that's a real issue. The center change issue could very easily escalate because not only do hospitals want to align themselves with their own systems, but then those huge systems want to become their own centers. The Rules do not speak of that.

Committee Member Responses:

- m. We should continue making our decisions the same way we have been making them all along and up until this point. We can also go case-by-case and make recommendations.

IDPH (Andrea Palmer): Our biggest concern is setting a precedent with the center changes.

CHAIR (Cindy Mitchell): The Rules state we cannot have more than 10 centers.

Committee Member Responses:

- n. We have had perinatal changes before and had people change from one network to another. Creating a new perinatal network and a new APC is a totally different issue.
- o. We have had requests from large systems to become their own administrative network.

IDPH (Andrea Palmer): There's also the question of geography and placement and where are the 3s, 2s and 1s versus where are the patients that need that level of care? Is there any consideration to this when the decisions are being made?

Committee Member Responses:

- p. That is a huge issue. However, if we really want to keep the patient care at the forefront, we want them to go the facility closest them and which has the capabilities to treat them.
- q. That Rule should come from IDPH: that geography becomes an integral part in the consideration process when there are requests to change affiliations.
- r. Even more pertinent to this discussion would be if we had two downstate hospitals, one in Chicago and one that is closer, made a request to change networks. Having a moratorium in place would be a barrier to achieving that geographical orientation that is being looked for.
- s. We need to decide whether or not we advocate for a moratorium or we continue approaching the process we always have by reviewing each individual case and make recommendations on that.

CHAIR (Cindy Mitchell): We can decide, but ultimately IDPH has the final say.

IDPH (Andrea Palmer): There's also the question of geography and placement and where are the 3s, 2s and 1s versus where are the patients that need that level of care? Is there any consideration to this when the decisions are being made? We do not want to make a decision without having all of the information and without considering patient care.

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*Per the **Open Meetings Act**, any time a hospital is being evaluated or CVs or resumes are being reviewed for admission onto a Committee or there is a discussion relating to a person's or an entity's personal information, the meeting will need to be closed. If there is a conference line open, that will need to be closed as well. The callers may dial directly into the room, if they prefer.*

The discussion about any processes to be put in place is standard and the terms of changing centers or the leveling, are both open. Any specific discussions about hospitals are what should be closed. The specificity is the deciding factor. All voting should be outside.

Example: If there is a discussion of whether or not a specific hospital is "eligible" to change networks, the meeting should be closed. Discussions regarding the changing of networks in general don't have the same requirements.

Review of Material for Advocate South Suburban Hospital

- ***Meeting should be closed per Open Meetings Act during discussion.***

Review of Material for Delnor Hospital

- ***Meeting should be closed per Open Meetings Act during discussion.***

Review of Material for Central DuPage Hospital

- ***Meeting should be closed per Open Meetings Act during discussion.***

Review of Material for UnityPoint - Methodist Hospital

- ***Meeting should be closed per Open Meetings Act during discussion.***

Review of Material for St. Anthony Hospital

- ***Meeting should be closed per Open Meetings Act during discussion.***

Committee Member Responses:

- t. The discussion and agreement at the beginning of the meeting is that IDPH may take a long time and since we don't know how long, we need to move forward with the current system in place.
- u. To clarify this process, this is a letter to IDPH stating what their intent is, not a request to designate. And typically when you state your intent, you go through the process of putting things in place. So, then you have a Site Visit, at which time recommendations are made about whether to designate or not.

CHAIR (Cindy Mitchell): We can just make a general statement to IDPH that they can continue with their current process of letting hospitals increase their designations.

Committee Member Responses:

- v. We have two hospitals which have let their intent be known. *What is the next step in the process?*
- w. To clarify this process, this is a letter to IDPH stating what their intent is, not a request to designate. And typically when you state your intent, you go through the process of putting things in place. So, then you have a Site Visit, at which time recommendations are made about whether to designate or not.

IDPH (Andrea Palmer): According to the Rule, we send them a letter acknowledging their intent and then it goes back to the Perinatal Administrator to work with them to set up the Site Visit and help them get prepared for the change.

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Committee Member Responses:

- x. IDPH is information us of the intent of this hospital to go forward. It becomes part of the work plan.
- y. What preceded the discussion was whether IDPH was going to put in place some moratorium from standpoint on allowing or if the moratorium would actually be on the designation. As you said, getting it doesn't prevent them from doing what they feel is necessary to enhance patient care. However, if they decide to put a moratorium on the designation that would be the time this thing would be coming back to us. If we decide not to, it is just the same as the process has always been. So, I think this is probably a public letter of their intent to do something and not something we need to discuss in a closed meeting.

Committee Question(s): *Would it be appropriate for us to discuss at all?*

Committee Member Responses:

- z. This Committee is to communicate to PAC the consensus, if there is one ---- a consensus that the process be followed and continued at this point.
- aa. That's the process. PAC might have input into this one way or the other and then the recommendation gets made. Usually, the advice of this committee really takes precedent.....as opposed to putting a moratorium in place.
- bb. The only two options we have are either recommend the department to continue as it always or recommend they hold off.

Site Visits: Process/Rules/Changes:

CHAIR (Cindy Mitchell): The last time we met in February, there was discussion from Legal that we can change just portions of the Rule and not open at all. It has been a little bit of a struggle for us to follow the Rules when it comes to the Site Visit Process because one Rule states you have to have a PAC Member for every single Site Visit you do. And, that has never been something that has happened for some of the smaller levels. So, we are trying to map-out some of the process. Elaine (Schaefer) has been kind of our leader for that.

Elaine Schaefer: Most of us are taking a Lean Six Sigma Course supported by IDPH. So, some of the methodology they have put together mirrors our process map. We think that establishing a process for scheduling Site Visits should be fairly easy. Yet, there's a lot of moving parts that come into play when scheduling them.

I think it was important to really use a charter in some of the Site PAC methodology and then process out the procedure as we thought it was, and then what would our future state map look like.

We had a very good discussion with IDPH and one of the issues is we are concerned about scheduling multiple visits because, the way it is now, the Network Administrator would notify IDPH with when they have a scheduled Site Visit in their networks. IDPH would then get the representative to attend that Site Visit, as well as secure the Network Administrator and PAC Member to attend the Site Visit. However, we had no way of looking at any type of calendar to know what we had scheduled.

Three Site Visits on one day was going to be difficult for IDPH to staff because of capacity issues. So, we talked to Alex (Smith) about developing a calendar we can all access and schedule our Site Visits and hopefully, IDPH will be able to block out certain dates they know they are not going to have an IDPH representative available. Having the capability to look at a calendar helps us to try and decrease waste and eliminate rework in the process.

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Elaine Schaefer (continued): We have outlined a process. If we have more than one Site Visit scheduled on a particular day, we talked about maybe working amongst ourselves and prioritize. For example, it might be a little easier to change a Site Visit for a Chicago hospital than it would be to change a Visit for a downstate one. We may have to look at that in the future, but hopefully that will not be a problem.

Andrea (IDPH) is going to look into whether or not the Perinatal Network Administrator might be considered an agent of IDPH and also, can the PNA serve as the PAC Member at some Site Visits. We don't know the answer, but hopefully after Andrea pursues this with Legal, they may be able to tell us something.

IDPH (Andrea Palmer): I think it's either/or. I received a partial answer. However, I am pursuing it further. You can't be the Regional Administrator, IDPH and PAC. You can't be all three. I did question if we had multiple administrators there, could they serve in different roles. They have not gotten back to me yet. However, if the fact you cannot be all three simultaneously, then it sounds like there's no reason why you could not represent us....if that was the only issue.

Committee Question(s): *What are the System Administrators or the Network Administrators status on the PAC? Are they members or ex-officio? Guests?*

IDPH (Andrea Palmer): The ones that are members are members. The ones that are not are not.

Committee Member Responses:

cc. As far as long term, it may be more appropriate to put the Network Administrators as ex-officio. That way they can be a representative of PC. It won't let IDPH off the hook, but the upper extremity is covered. The membership in PAC is covered in the Illinois Statute.

Elaine Schaefer: *If we do have a PAC representative, which is what the Rule says, what is their actual role and can other people serve as agents of IDPH, either in PAC or maybe as potentially as IDPH Rep to the Site Visits?*

According to the Rule there should be a Site Visit every three (3) years in each hospital. And, certainly IDPH wants a representative every three years in hospitals that are still doing maternity services. *So, could we look at what the number are on any given year, knowing that we do have somewhat capacity issues and staffing constraints with IDPH representatives?* And, seeing we might violate the rule going longer than three (3) years in some cases, but if we could get the number to be reasonable for each year, it makes more sense than trying to complete 100 this years and 10 next years. We can try to adhere to the Rules as best we can, but certainly look at our challenges.

Our boundaries are scheduling Site Visits from the beginning and how to disseminate the letters from IDPH once they are completed and the process of developing the letters and how quickly those follow-up letters go back to the hospital after the Visit. The Rules do outline a part of the process.

Our plan is to develop process steps to disseminate to all of the Network Administrators for their verification. Once it is in place, we will monitor whether we are adhering to the process already in place and also if there are areas for improvement.

CHAIR (Cindy Mitchell): We feel the Site Visit process needs to be just totally reviewed and revised. Knowing that that's going to take some time, however, there are a few items in the Code we found that could probably be fixed as quickly as possible, one being Appendices and two being just the Appendix A. It says the Site Visit Team fills that out, but the hospital actually does. Those processes, as well as others, will probably be brought to our next meeting to get back on track.

We are still reviewing Letters of Agreement. Mary, Pat and Ann have taken the whole list of the Letters of Agreement and tried to put all the elements everyone had into one. We can bring that to the next meeting as well.

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Committee Member Responses:

dd. To clarify the Rule about hospitals changing from one APC to the other, there are actually references in the current Rules and our attorney went through them. To change that part would essentially require the whole Code to be opened because every section has a statement in it about that.

Levels of Care Task Force:

CHAIR (Cindy Mitchell): Dr. Grobman has decided to Chair and Dr. Hirsch has tentatively agreed to Vice-Chair. Dr. O de Regenier is going to do the Neonatal part, with a Committee forming. Nothing has been set yet, but an update will be coming shortly.

Discussion of New Hospital Opening Process:

CHAIR (Cindy Mitchell): We had a discussion of creating a process to follow so that we know what we need to do when we have hospitals opening, hospitals wanting to decrease in levels, etc. It is agreed that we need to create a checklist to address the following:

- ✓ Documents to Submit
- ✓ Representation for Facilities
- ✓ Site Visit and Facilities Review Timeline before Opening
- ✓ PAC Approval
- ✓ Data to Submit
- ✓ Application A Requirements

The CHAIR has requested of IDPH to *“check with somebody at Certificate of Need to see how they feel the process should go? Please find out if hospitals can function once they say they can or do they have to wait for us?”*

Adjournment:

Motion to adjourn the meeting was made by Ed Hirsch and seconded by Urmila Chaudhry with unanimous approval.