



**Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Levels of Care: Transfers (LOC)**

August 23rd, 2017
12:00 p.m. until 1:30 p.m.

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| IDPH Offices 69 W. Washington, 35 th Floor Chicago, IL | IDPH Offices 535 West Jefferson, 5 th Floor Springfield, IL |
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Attendees

| Members in Attendance | Guests and IDPH |
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| Cindy Mitchell Jodi Hoskins Rob Abrams (Phone) Frank Belmonte (Phone) Jean Goodman (Phone) Diane Long Kshama Shah Fiona Springman | Trishna Harris, IDPH Tanya Dworkin, IDPH Alexander Smith, IDPH Amanda Bennett, IDPH Ashley Horne, IDPH Christine Emmons Debbie Kamradt Salena Kinser Natasha Goodrich Jill Alden Jenny Brandenburg |
| | Members Not In Attendance |
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Motions

1. **Motion to approve the minutes from June 2017.**
 - Jean Goodman 1st, Rob Abrams 2nd, Unanimous yes.

2. **Motion to adjourn.**
 - Jodi Hoskins 1st, Kshama Shah 2nd, Unanimous yes.

Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
LEVELS OF CARE COMMITTEE: Transfers MEETING
August 23rd, 2017
Page 2 of 4

Introductions and Welcome

- Cindy Mitchell, Chair of the committee, ask everyone in the room, in Springfield and Chicago, and on the phone to introduce themselves.

Agenda Items

1. IDPH Updates

- The Illinois Department of Public Health (IDPH) staff spoke about an upcoming cross team meeting at October 19th.
- ePerinet - Amanda Bennett and Ashley Horne, the Council of State and Territorial Epidemiology (CSTE) fellow at IDPH, were on hand to speak about ePerinet and a project that Ashley is working on concerning transport data.
- She is currently looking at data from July 1, 2014 (the inception of ePerinet) to July 31 of 2017:
 - o Transfer data, looking at both infant and maternal inbound and outbound data.
 - o All the data reported through ePerinet since inception.
 - o How to improve ePerinet and will speak to IDPH key stakeholders and APC's to get some feedback on the system and data.
 - o Quality loss of the individual hospitals data between the previous way of reporting versus ePerinet
- Some topics she has noted that could use improvement in ePerinet:
 - o Documentation of back transfers are less complete.
 - o Standardization of fields.
 - o Data is missing and the infant and maternal data does not totally match up.
- Feedback from the committee:
 - o People have different definitions transfers and transports,
 - o Not all hospitals will record inbound transfers and some won't record outbound transfers.
 - o Record back transfers in a book log but not online.

2. Topics to discuss from previous meeting

Transfer Process – Jodi/Jean

- Jodi Hoskins went over the transfer process and some topics that were touched on were:
 - Emergency Medical Treatment and Labor Act (EMTALA)
 - Transport Consent – “Informed consent for transfer, transport, and admission to and care at the receiving hospital should be obtained before the transport team moves the patient” (AAP & ACOG, 2012)
 - At what point does the accepting hospital become responsible for the mom?

Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
LEVELS OF CARE COMMITTEE: Transfers MEETING
August 23rd, 2017
Page 3 of 4

- Problems with Emergency Medical Services (EMS) taking a mom to a non birthing hospital when a hospital with OB services is just down the road. EMS requires them to take them to the closer hospital.
- The two types of transports:
 - one way
 - two way
- Note for the committee to revisit in the future: Local physician staying with the patient until the referral facility shows up. Stay until the patient departs. At some point there should be a joint responsibility.
- Suggested to build in rules for urban vs rural.
- Cannot change how EMS team's standards are, but the group can reach out and keep them in the loop.
- Note for the committee to revisit in the future: List of questions for EMS and have them come to a meeting.
- Stabilization
- Transport Initiation
- Recommended to keep the dedicated phone line to refer for transport
- Possibly look at coming up with decision tree for transport?
- Use of Transport team versus Ambulance Service
- Equipment used during the transport process.
- Misc: Alternative plans if patient cannot be transported?
- Misc: What about notification of the APC for all transports regardless of where the patient is to be transported?

Transfer Team Make Up / Maternal and Infant transport (Diane/Fiona)

- Neonatal Transports
 - Went over the different personnel for the neonatal transports.
 - Touched on some of the competencies that would be required.
 - Ongoing Process to measure competency as well.
 - Recommended that the Medical Director should review all transports to maintain quality
 - Recommended to give feedback to the hospital for data purposes
- Maternal Transports
 - Reviewed state-to-state comparisons and the articles for maternal transport
 - The same level of care should happen during transport.
 - Recommended to bring a RT, either a paramedic or ICU/NICU nurse, and lead transport nurse.
 - Some articles read gave the transport teams options and wasn't necessarily black and white and allowed options for who would be on the team. This is important because of different resources for each of the different services and hospitals.
 - IDPH recommended to leave room for flexibility in the rule crafting.

Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
LEVELS OF CARE COMMITTEE: Transfers MEETING
August 23rd, 2017
Page 4 of 4

Back Transports (Kshama/Rob)

- More with Neonatal Transport and not as much Maternal Transport. Less maternal back transports
- 16 States reference back transport and only 8 have language regarding maternal
- Went over some of the reasons for back transports
- Omit a recommendation for maternal back transports and let hospitals decide what to do?

3. Next Steps

- Reporting from Cindy/Frank
- The committee should look at the materials from today and trying to decide what the committee should hone in on and/or revisit for the future.
- Look at the reporting and whatever data will have meaningful outcomes on both the maternal and neonatal side
- Draft list of questions for EMS for the next meeting.
- Diane commented that EMS has some transfer agreements and it is something the committee could look at. Will send a transfer agreement for the committee to look at.
- Public Comment:
 - Jenny Brandenburg: Clarification on whether a call back to the MFM is a requirement or not, would be nice to have.

Adjournment

Motion to adjourn, Unanimous yes.