

**Hospital Designation Sub-Committee**  
**June 9<sup>th</sup>, 2011**  
**160 N. LaSalle, 5<sup>th</sup> floor, 505**  
**9:30 – 12 noon**

**Facilities Designation Sub-Committee attendee's:**

Howard Strassner, MD, Roger Powell MD, Barbara Prochnicki, MD, Ray Spooner, CNM, Hal Bigger, MD, Lenny Gibeault, Don Taylor, DO, Edward Hirsch, MD., Cathy Gray, (Chair)

**Absent:** Dennis Crouse, MD, Urmil Chaudry, MD

**IDPH staff:** Charlene Wells and Thomas Schafer

1. The meeting was called to order by Cathy Gray at 9:40am
2. The chair asked for any additional items to be placed on the agenda and the following were submitted:
  - Discussion of Exception Process in Regionalized Perinatal Rules and Regulations, 640
  - Inconsistencies/corrections needed to the Appendices in Regionalized Perinatal Rules and Regulations, 640
  - Discussion of definition of “Assisted Ventilation” and its impact on practice
3. Minutes from the meeting of April 7<sup>th</sup>, 2011 was reviewed and a motion for approval from Ed Hirsch, MD was submitted, seconded by Howard Strassner, MD with the following corrections:
  - #4 should read – The meeting was opened at 12:15pm and a motion was presented and approved (10 yes, 0 no, and 2 abstention) by the PAC stating “Carle Foundation Hospital would be allowed a ninety (90) day period, until August 8<sup>th</sup>, 2011, in which to show the capability to provide a full scope of neonatal surgery services on-site, normally expected at a level III facility. Carle Foundation Hospital will also continue to report to the Department and their Perinatal Center all surgeries occurring on-site and those infants transferred out for surgery”. Carle Foundation Hospital will appear before the Facilities Designation Sub-Committee of the PAC on August 11<sup>th</sup>, 2011.
  - #5 should read – The meeting was adjourned at 12:30pm by a motion from Ed Hirsch, MD and seconded by Urmil Chaudry, MD.
4. The meeting was closed at 9:52am to discuss materials presented by St. Joseph Hospital, Resurrection Health Care to proceed forward with an application for level III perinatal facility status.

5. The meeting was opened to the public at 11am. The committee voted to put forward the application of St. Joseph Hospital, Resurrection Health Care, for approval by the Perinatal Advisory Committee and the Illinois Department of Public Health. The motion was submitted by Ed Hirsch, MD and seconded by Barbara Prochnicki with the following recommendations - The vote was 8 yes and 2 abstentions:
  - There will be a system developed to report all surgeries occurring at St. Joseph Hospital and all neonates transferred out for surgery – this will be sent to the affiliate Perinatal Center monthly and to the Department quarterly.
  - The committee supports the concept of starting up the surgical service slowly as expertise is developed
  - Develop QA system to ensure start-up time for surgeries are appropriate and there are minimal delays
  - There will be a unique and separate Maternal Fetal Medicine coverage schedule for St. Joseph Hospital as a Level III perinatal facility
  - St. Joseph Hospital will present a report to the committee 12 months from this date as to the progress of their surgical service
  - St. Joseph Hospital will appear before the committee 18 months from this date for a re-evaluation of their Level III status
6. The work plan for the committee was reviewed and accepted
7. The “Exception Process”, as described in the Regionalized Perinatal Rules 640.85, outlines the process and documentation needed for a perinatal facility to request an exception. During a discussion of this process by the committee, Charlene Wells stated that she felt IDPH would be comfortable approving some exception requests without going to the Facilities Designation Sub-committee of the PAC, if all of the documentation was complete and there was a letter of support from the affiliated Perinatal Center. Others, as outlined in the Rules, might need to go to the committee for further discussion. The committee wanted to look at this issue further, so the following motion was presented by Howard Strassner, MD and seconded by Ed Hirsch, MD as part of the report; “Using information deemed appropriate, several of the committee members will look at the current standards and resources required in 640 and identify items for submission, to ensure that the institution applying for the exception has substantially equivalent outcomes when applying for exceptions.”
8. Inconsistencies between the body of the Regionalized Perinatal Rules and Regulations, 640 and the appendices were presented to the committee. A short discussion followed with a motion presented by Barbara Prochnicki and seconded by Hal Bigger, MD stating – “PAC is asked to move a formal request forward to IDPH to review the inconsistencies in the body of the Regionalized Perinatal Rules and Regulations 640 and the appendices and make the appropriate corrections”

9. The definition of “Assisted Ventilation”, as described in the Regionalized Perinatal Rules and Regulations 640, was discussed by the committee. Several issues related to appropriate use of resources, transfer of patients and unnecessary costs were discussed. The committee suggested a discussion begin with representative from IDPH to develop a strategy to address these issues. The following motion was presented by Ed Hirsch, MD and seconded by Barbara Prochnicki – “Begin a discussion between IDPH and clinical experts to formulate a plan to address the issues associated with the current “Assisted Ventilation” definition. This plan would be used by all of the networks as a template for their Letters of Agreement.
10. The meeting was adjourned at 12:23 by a motion from Roger Powell, MD and seconded by Ray Spooner, CNM.