

Illinois Utilizes LOCATe Tool to Assess Perinatal Regionalization

The Illinois Perinatal Advisory Committee used CDC's LOCATe tool to better understand the state's approach to perinatal regionalization and how the system aligns with national recommendations.

Perinatal regionalization is a strategy to improve maternal and perinatal outcomes by establishing systems designating where infants are born or transferred according to the level of care they need at birth. Illinois instituted statewide perinatal regionalization in 1976 with [perinatal risk levels](#) ranging from 0-III, which are largely based on neonatal services, to ensure that high-risk infants are born in facilities with appropriate technology and specialized health providers. Regionalized perinatal systems reduce infant and maternal mortality rates by matching mothers and newborns with the appropriate level of medical care they need during or after birth. Illinois currently has 10 perinatal centers and 122 obstetric hospitals statewide, and a perinatal advisory committee that gives recommendations to the state health officer. The Illinois Department of Public Health (IDPH) supports the regionalized system through grants to administrative perinatal centers to support education, outreach, and quality assurance.

In 2015, IDPH recognized that the state's perinatal regionalization system was not in line with the most recent guidelines adopted by the American Academy of Pediatrics (AAP). Moreover, the Illinois system had not implemented specific maternal levels of care, as recommended by the American Congress of Obstetricians and Gynecologists (ACOG). IDPH decided to reevaluate its perinatal regionalization services to understand how mothers and infants were currently being served. The Illinois Perinatal Advisory Committee used the CDC Levels of Care Assessment Tool (LOCATe) to evaluate the care and services provided to infants needing extra care at birth.

Steps Taken:

- The perinatal advisory committee created the Levels of Care Task Force to gather evidence for perinatal regionalization and to make recommendations about whether and how the state should incorporate the newest AAP and ACOG guidelines.
- The task force includes physicians and nurses from perinatal hospitals around the state, including obstetricians, neonatology providers, and pediatric surgeons.
- IDPH worked with the Maternal and Child Health Epidemiology Program at CDC to utilize LOCATe to assess the state's perinatal regionalization system. LOCATe is a survey tool that hospitals can use to develop standardized assessments of the neonatal and maternal levels of care delivered across facilities.
- IDPH asked perinatal network administrators, who are advanced practice nurses, to contact hospitals within the perinatal regions about using LOCATe.

- Illinois' perinatal regionalization system operates through 10 perinatal centers and 122 obstetric hospitals.
- In 2014, 81.2 percent of very preterm (VPT) infants were born in Level III facilities, leaving 476 VPT infants born elsewhere.
- 56 percent of the remaining 476 VPT infants were transferred within 24 hours of delivery.

- The state maternal and child health director wrote a letter to hospitals, explaining that LOCATE data was intended to assess the state's regionalization system and would not be used to regulate, redesignate, or reprimand hospitals for performance.

Results:

- IDPH received buy-in from hospitals for LOCATE implementation by channeling information through the perinatal network administrators.
- 100% of hospitals in the perinatal network responded to the LOCATE survey. The vast majority (98%) responded within three months.
- The state has not yet released individual results to hospitals, but it has shared statewide, aggregate results with the task force and the perinatal advisory committee.
- LOCATE will allow the state to evaluate the differences within perinatal levels across hospital facilities and how that translates to neonatal mortality rates within Illinois.

Lessons Learned:

- IDPH modified LOCATE to clarify questions, make the measures state-specific, and understand hospitals' perceptions of their own levels of care.
- It was key to have buy-in from major stakeholders in the state and within the perinatal regionalization system, especially the perinatal network administrators, prior to administering the LOCATE survey to hospitals.
- Successfully framing LOCATE as a quality improvement strategy alleviated concerns that findings would be used to redesignate hospitals' perinatal levels of care statuses.
- The state shared findings as they became available and continually asked the task force and perinatal administrators, "What questions do you still need answered?" Ongoing dialogue allowed the state to better understand and resolve information gaps.

Next Steps:

- The Illinois Department of Public Health is developing a process for disseminating LOCATE results to hospitals, providing feedback on what factors influenced their data, as well as a summary of the state's findings.
- Illinois is in the early stages of considering how to revise the regionalized perinatal system to incorporate AAP and ACOG guidelines for neonatal and maternal levels of care. The perinatal advisory committee and stakeholders from around the state continue to be involved in the strategic planning process.

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