

Open Meeting on Rules Redevelopment

Illinois Health Facilities Planning Board

March 21, 2005

Part 1100 and Part 1110

Categories of Service:

Medical-Surgical/Pediatric

Obstetric

Intensive Care

Neonatal Intensive Care

James R. Thompson Center
Room 09-040
100 West Randolph Street
Chicago, IL

Teleconference:
Illinois Department of Public Health
2nd Floor Conference Room
525 West. Jefferson Street
Springfield, IL

Rules
Redevelopment

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Health Facilities
Planning Board

Rules Process

- Open Meetings/Public Participation-Input
- Draft Rules Reviewed and Approved by Board
- Submission to JCAR
- Publication in the Illinois Register
- Formal Public Hearings and Comment Period
- Reconsideration by the Board
- Consideration and approval by JCAR

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Meeting Protocols

- Comments/Discussion Limited to Current Topic
- All Interested Parties Invited to Participate
- Written Comments Requested
- Time Limitations - As Required
- Check with website

<http://www.idph.state.il.us/about/hfpb/hfpbrules.htm>

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Health Facilities Planning Act 2004

■ Purpose of the Act

- ◆ “establish a procedure designed to reverse the trends of increasing costs of health care resulting from unnecessary construction or modification of health care facilities”
- ◆ improve the financial ability of the public to obtain necessary health services
- ◆ establish an orderly and comprehensive health care delivery system which will guarantee the availability of quality health care to the general public.

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Health Facilities Planning Act 2004

■ The Procedure

- ◆ Requires a person establishing, constructing or modifying a health care facility to have the qualifications, background, character and financial resources to adequately provide a proper service for the community;
- ◆ Promotes orderly and economic development of health care facilities that avoids unnecessary duplication of such facilities;
- ◆ Promotes planning for and development of health care facilities needed for comprehensive health care especially in areas where the health planning process has identified unmet needs;
- ◆ Carries out these purposes in coordination with the Agency and the comprehensive State health plan developed by that Agency.

Meeting Objectives

- **Review current rules regarding the following categories of service: Medical-Surgical/ Pediatric, Obstetric, Intensive Care and Neonatal Intensive Care.**
 - ◆ Discussion will be limited to Part 1100 and Part 1110 rules relating to the categories of service aforementioned.
 - ◆ Detailed discussion of policy viability will be addressed at future meetings.
- **Identify opportunities for improvement.**
 - ◆ Satisfy statutory requirements, while meeting the needs of the stakeholders: applicants, staff, Board Members and public.
 - ◆ Identify experts in subject fields to assist IHFPB in updating policies.

Part 1100 – Narrative and Planning Policies

SUBPART D:

Section 1100.520 Medical-Surgical/Pediatric

Section 1100.530 Obstetric

Section 1100.540 Intensive Care

Section 1100.580 Neonatal Intensive Care

Section 1100.520 Need Formulas & Utilization Targets (*M/S and Peds*)

- Planning Areas: 40 areas in 6 regions
- Age Groups: Medical-Surgical – 15 and over; Pediatrics 0-14
- Occupancy Targets

Modernization

Medical-Surgical	1-25 beds	60%
	26-99 beds	75%
	100-199 beds	85%
	200+ beds	88%
Pediatrics	1-30 beds	65%
	31+ beds	75%

Addition of Beds

Medical-Surgical	1-99 beds	80%
	100-199 beds	85%
	200+ beds	90%
Pediatrics	1-99 MS beds	80%
	100-199 MS beds	85%
	200+ MS beds	90%

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Section 1100.520 Need Formulas & Utilization Targets (*M/S and Peds*) *continued...*

■ Bed Capacity

- ◆ Medical-Surgical bed capacity is the lesser of measured bed capacity or functional bed capacity per individual room.
- ◆ Pediatric bed capacity is the lesser of measured bed capacity or functional bed capacity per individual room in units of less than 16 beds which are not distinct pediatric units. In pediatric units (own nursing stations) the reported functional capacity is utilized.

■ Bed Need: Demand Based

Section 1100.530 Need Formula & Utilization Targets (*Obstetrics*)

- **Planning Areas:** 40 areas in 6 regions
- **Age Groups:** Female 15-44; Female 15 and over
- **Occupancy Targets**

1-10 beds	60%
11-25 beds	75%
26+ beds	78%

Gynecology Utilization within Obstetrics 90%
- **Bed Capacity**
 - ◆ Capacity is the lesser of measured bed capacity or functional bed capacity per individual room.
- **Bed Need: Incidence Based**

Section 1100.540 Need Formula & Utilization Targets (*Intensive Care*)

- **Planning Areas:** 40 areas in 6 regions
- **Age Groups:** All Ages
- **Occupancy Targets:** 60%
- **Bed Capacity**
 - ◆ Capacity is the reported functional capacity of each room.
- **Bed Need:** Demand Based

Section 1100.580 Need Formulas & Utilization Targets (*Neonatal Intensive Care*)

■ Planning Areas:

HSA	1
HSAs	2 and 10
HSAs	3 and 4
HSAs	5 and 11
HSAs	6, 7, 8, 9

■ Occupancy Targets: 75%

■ Bed Capacity

- ◆ Capacity is the reported functional capacity per patient room.

■ Bed Need: No formula

Need Formulas

- **Demand Based (M-S/Peds, Intensive Care)**
 - ◆ “Demand equations utilize the concept that what has occurred in the past will occur in the future.”
 - ◆ Key Variables – Inpatient Days, Population Projections, Planning Areas, Occupancy Targets
- **Incidence Based (Obstetrics)**
 - ◆ “This type of formula utilizes the incidence level of a disease or a condition within a population to predict need.”
 - ◆ Key Variables – Fertility Rate, Population Projections, Length of Stay, Planning Areas, Occupancy Targets
- **No Formula (Neonatal Intensive Care)**
 - ◆ Responsibility of the applicant to document need.

Demand Based Formula

Service	Formula
Medical-Surgical/ Pediatric	<p>3-Year Average Patient Days / Base Population = Base Use Rate (Age Breakdowns 0-14, 15-64, 65 and over)</p> <p>Base Use Rate * Projected Population = Projected Patient Days</p> <p>Adjustment for Migration</p> <p>Adjusted Patient Days / 365 = Average Daily Census</p> <p>Average Daily Census / Occupancy Targets = Adjusted Beds Needed</p> <p>Adjusted Beds Needed - Existing Beds = Beds Needed or (Excess Beds)</p>
Intensive Care	<p>3-Year Average / Base Population = Base Use Rate</p> <p>Base Use Rate * Projected Population = Projected Patient Days</p> <p>Projected Patient Days / 365 = Average Daily Census</p> <p>Average Daily Census / Occupancy Target = Projected Bed Need</p> <p>Projected Bed Need - Existing Beds = Beds Need or (Excess Beds)</p>

Incidence Based Formula

Service	Formula
Obstetric	<p> Fertility Rate * Projected Population Females 15-44 = Projected Births Projected Births * 99% = Projected Births in Hospitals Hospital Births * 2.5 = Projected Maternity Days Projected Patient Days / 365 = Average Daily Census Average Daily Census / Occupancy Targets = Bed Need Maternity Gynecology Patient Days/Female Population 15+ = Gyn. Use Rate Gynecology Use Rate * Proj. Female Population 15+ = Gyn Patient Days Gynecology Patient Days / 365 = Average Daily Census Average Daily Census * Occupancy Target Rate = Bed Need Gyn. Adjustment for Migration Bed Need Maternity + Bed Need Gynecology + Migration Adjustment = Adjusted Bed Need Obstetrics/Gynecology Adjusted OB/Gyn Bed Need - Existing OB/Gyn Beds = Additional Beds Needed or (Excess Beds) </p>

No Bed Need Formula

Service	Formula
Neonatal Intensive Care	"No formula bed need for neonatal intensive care beds has been developed. It is the responsibility of the applicant to document the need for the number of neonatal intensive beds proposed by complying with the Review Criteria contained in 77Ill Adm. Code 1110."

Part 1110 – Category of Service Review Criteria

SUBPART F:

Section 1110.510-530 Medical-Surgical,
Obstetric, Pediatric and Intensive Care

SUBPART J:

Section 1110.910-930 Neonatal Intensive Care

SUBPART F: Medical/Surgical, Obstetric, Pediatric and Intensive Care

- Section 1110.510 Introductions
- Section 1110.520 Definitions
- Section 1110.530 Review Criteria
 - ◆ Unit Size – Review Criterion
 - ◆ Obstetrics
 - The minimum unit size for a new obstetric unit within a MSA is 20 beds.
 - The minimum unit size for a new obstetric unit outside a MSA is 7 beds.
 - ◆ Intensive Care: Minimum unit size is 4 beds.
 - ◆ Pediatrics: Minimum for pediatric unit within a MSA is 16 beds.
 - ◆ Variances to Bed Need-Review Criterion
 - ◆ High Occupancy Variance
 - ◆ Medically Underserved Variance

SUBPART J: Neonatal Intensive Care

- Section 1110.910 Introductions
- Section 1110.920 Definitions
- Section 1110.930 Review Criteria
 - ◆ Staffing
 - ◆ Letter of Agreement – Regional perinatal center for neonatal intensive care
 - ◆ Need for Additional Beds
 - ◆ no neonatal intensive care services exist within the planning area;
 - ◆ each of the last two years the yearly occupancy rate at the affiliated perinatal center has exceeded the target occupancy rate;
 - ◆ existing providers within the planning area cannot provide care to a patient caseload due to a limitation funding for care; or
 - ◆ each of the last two years the yearly occupancy rate for the service at the applicant facility has exceeded the target occupancy rate.
 - ◆ Obstetric Service – availability of care for high risk mothers