

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Hospital Licensing Requirements
- 2) Code Citation: 77 Ill. Adm. Code 250
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
250.130	Amend
250.260	Amend
250.1030	Amend
250.1320	Amend
- 4) Statutory Authority: Hospital Licensing Act [210 ILCS 85]
- 5) A Complete Description of the Subjects and Issues Involved: The Hospital Licensing Requirements regulate hospitals, including such aspects of patient care as allegations of abuse and neglect of patients, the safe handling of patients, and postoperative care.

The statutory and non-statutory amendments in this proposed rulemaking involve these issues. Section 250.130 (Administration by the Department) and 250.260 (Patients' Rights) implement statutory changes from Public Act 96-692 that establishes minimum requirements for protecting patients from abuse and neglect, including reporting such allegations, and subsequent investigations by the hospital and the Department. Section 250.1030 (Policies and Procedures) implements statutory language from PA 96-389 that establishes minimum requirements for the lifting, transferring, moving or repositioning of patients.

Section 250.1320 (Postoperative Recovery Facilities) is being amended to bring the requirements for postoperative recovery rooms into conformity with current health care industry standards, including the current terminology for such units, "Phase 1 Postanesthesia Care Unit". The name of the Section also is being changed.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the Illinois Register.

- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None

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- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? Yes

<u>Section Number:</u>	<u>Proposed Action:</u>	<u>Ill. Reg. Citation:</u>
250.285	New	June 11, 2010; 34 Ill. Reg. 7858
250.290	New	June 11, 2010; 34 Ill. Reg. 7858
250.1090	Amend	June 11, 2010; 34 Ill. Reg. 7858
250.1300	Amend	June 11, 2010; 34 Ill. Reg. 7858
250.1305	Amend	June 11, 2010; 34 Ill. Reg. 7858
250.1830	Amend	June 11, 2010; 34 Ill. Reg. 7858
250.310	Amend	June 18, 2010; 34 Ill. Reg. 8005
250.330	Amend	June 18, 2010; 34 Ill. Reg. 8005

- 11) Statement of Statewide Policy Objective: This rulemaking does not create a State mandate.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the *Illinois Register* to:

Susan Meister
 Division of Legal Services
 Illinois Department of Public Health
 535 West Jefferson St., 5th Floor
 Springfield, Illinois 62761

217/782-2043
 e-mail: dph.rules@illinois.gov

- 13) Initial Regulatory Flexibility Analysis:
- A) Type of small businesses, small municipalities and not-for-profit corporations affected: Hospitals

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- B) Reporting, bookkeeping or other procedures required for compliance: Record keeping
 - C) Types of professional skills necessary for compliance: Nursing
- 14) Regulatory Agenda on which this rulemaking was summarized: The safe patient handling and abuse and neglect amendments were summarized on the January 2010 Regulatory Agenda. The post operative recovery amendments were not summarized on the last two Regulatory Agendas because the need for those amendments was unknown when the Regulatory Agendas were drafted.

The full text of the Proposed Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250

HOSPITAL LICENSING REQUIREMENTS

SUBPART A: GENERAL

Section

- 250.110 Application for and Issuance of Permit to Establish a Hospital
- 250.120 Application for and Issuance of a License to Operate a Hospital
- 250.130 Administration by the Department
- 250.140 Hearings
- 250.150 Definitions
- 250.160 Incorporated and Referenced Materials

SUBPART B: ADMINISTRATION AND PLANNING

Section

- 250.210 The Governing Board
- 250.220 Accounting
- 250.230 Planning
- 250.240 Admission and Discharge
- 250.250 Visiting Rules
- 250.260 Patients' Rights
- 250.265 Language Assistance Services
- 250.270 Manuals of Procedure
- 250.280 Agreement with Designated Organ Procurement Agencies

SUBPART C: THE MEDICAL STAFF

Section

- 250.310 Organization
- 250.315 House Staff Members
- 250.320 Admission and Supervision of Patients
- 250.330 Orders for Medications and Treatments
- 250.340 Availability for Emergencies

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SUBPART D: PERSONNEL SERVICE

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250.410	Organization
250.420	Personnel Records
250.430	Duty Assignments
250.435	Health Care Worker Background Check
250.440	Education Programs
250.450	Personnel Health Requirements
250.460	Benefits

SUBPART E: LABORATORY

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250.510	Laboratory Services
250.520	Blood and Blood Components
250.525	Designated Blood Donor Program
250.530	Proficiency Survey Program (Repealed)
250.540	Laboratory Personnel (Repealed)
250.550	Western Blot Assay Testing Procedures (Repealed)

SUBPART F: RADIOLOGICAL SERVICES

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250.610	General Diagnostic Procedures and Treatments
250.620	Radioactive Isotopes
250.630	General Policies and Procedures Manual

SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICE

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250.710	Classification of Emergency Services
250.720	General Requirements
250.725	Notification of Emergency Personnel
250.730	Community or Areawide Planning
250.740	Disaster and Mass Casualty Program
250.750	Emergency Services for Sexual Assault Victims

SUBPART H: RESTORATIVE AND REHABILITATION SERVICES

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Section

250.810	Applicability of Other Parts of These Requirements
250.820	General
250.830	Classifications of Restorative and Rehabilitation Services
250.840	General Requirements for all Classifications
250.850	Specific Requirements for Comprehensive Physical Rehabilitation Services
250.860	Medical Direction
250.870	Nursing Care
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SUBPART I: NURSING SERVICE AND ADMINISTRATION

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250.910	Nursing Services
250.920	Organizational Plan
250.930	Role in hospital planning
250.940	Job descriptions
250.950	Nursing committees
250.960	Specialized nursing services
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250.1130 Nurse Staffing by Patient Acuity

SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES

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250.1260 Operating Room Register and Records
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SUBPART K: ANESTHESIA SERVICES

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250.1410 Anesthesia Service

SUBPART L: RECORDS AND REPORTS

Section

250.1510 Medical Records
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SUBPART M: FOOD SERVICE

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250.1610 Dietary Department Administration
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- 250.1670 Food Preparation and Service
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SUBPART N: HOUSEKEEPING AND LAUNDRY SERVICES

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- 250.1710 Housekeeping
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SUBPART O: MATERNITY AND NEONATAL SERVICE

Section

- 250.1810 Applicability of other Parts of these regulations
- 250.1820 Maternity and Neonatal Service (Perinatal Service)
- 250.1830 General Requirements for All Maternity Departments
- 250.1840 Discharge of Newborn Infants from Hospital
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- 250.1860 Special Programs
- 250.1870 Single Room Maternity Care

SUBPART P: ENGINEERING AND MAINTENANCE OF THE PHYSICAL PLANT, SITE, EQUIPMENT, AND SYSTEMS – HEATING, COOLING, ELECTRICAL, VENTILATION, PLUMBING, WATER, SEWER, AND SOLID WASTE DISPOSAL

Section

- 250.1910 Maintenance
- 250.1920 Emergency electric service
- 250.1930 Water Supply
- 250.1940 Ventilation, Heating, Air Conditioning, and Air Changing Systems
- 250.1950 Grounds and Buildings Shall be Maintained
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- 250.1980 Fire and Safety

SUBPART Q: CHRONIC DISEASE HOSPITALS

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Section

- 250.2010 Definition
- 250.2020 Requirements

SUBPART R: PHARMACY OR DRUG AND MEDICINE SERVICE

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- 250.2110 Service Requirements
- 250.2120 Personnel Required
- 250.2130 Facilities for Services
- 250.2140 Pharmacy and Therapeutics Committee

SUBPART S: PSYCHIATRIC SERVICES

Section

- 250.2210 Applicability of other Parts of these Regulations
- 250.2220 Establishment of a Psychiatric Service
- 250.2230 The Medical Staff
- 250.2240 Nursing Service
- 250.2250 Allied Health Personnel
- 250.2260 Staff and Personnel Development and Training
- 250.2270 Admission, Transfer and Discharge Procedures
- 250.2280 Care of Patients
- 250.2290 Special Medical Record Requirements for Psychiatric Hospitals and Psychiatric Units of General Hospitals or General Hospitals Providing Psychiatric Care
- 250.2300 Diagnostic, Treatment and Physical Facilities and Services

SUBPART T: DESIGN AND CONSTRUCTION STANDARDS

Section

- 250.2410 Applicability of these Standards
- 250.2420 Submission of Plans for New Construction, Alterations or Additions to Existing Facility
- 250.2430 Preparation of Drawings and Specifications – Submission Requirements
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SUBPART U: CONSTRUCTION STANDARDS FOR EXISTING HOSPITALS

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250.2640	Details
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SUBPART V: SPECIAL CARE AND/OR SPECIAL SERVICE UNITS

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250.2710	Special Care and/or Special Service Units
250.2720	Day Care for Mildly Ill Children

SUBPART W: ALCOHOLISM AND INTOXICATION TREATMENT SERVICES

Section	
250.2810	Applicability of Other Parts of These Requirements
250.2820	Establishment of an Alcoholism and Intoxication Treatment Service
250.2830	Classification and Definitions of Service and Programs
250.2840	General Requirements for all Hospital Alcoholism Program Classifications
250.2850	The Medical and Professional Staff
250.2860	Medical Records
250.2870	Referral
250.2880	Client Legal and Human Rights

250.APPENDIX A	Codes and Standards (Repealed)
250.EXHIBIT A	Codes (Repealed)
250.EXHIBIT B	Standards (Repealed)

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250.EXHIBIT C	Addresses of Sources (Repealed)
250.ILLUSTRATION A	Seismic Zone Map
250.TABLE A	Measurements Essential for Level I, II, III Hospitals
250.TABLE B	Sound Transmission Limitations in General Hospitals
250.TABLE C	Filter Efficiencies for Central Ventilation and Air Conditioning Systems in General Hospitals (Repealed)
250.TABLE D	General Pressure Relationships and Ventilation of Certain Hospital Areas (Repealed)
250.TABLE E	Piping Locations for Oxygen, Vacuum and Medical Compressed Air
250.TABLE F	General Pressure Relationships and Ventilation of Certain Hospital Areas
250.TABLE G	Insulation/Building Perimeter

AUTHORITY: Implementing and authorized by the Hospital Licensing Act [210 ILCS 85].

SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6, 1978; amended at 3 Ill. Reg. 17, p. 88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p. 233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296, effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982; amended at 7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221, effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983; amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931, effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1, 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232, effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990; amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328, effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1, 1993; amended at 18 Ill. Reg. 11945, effective July 22, 1994; amended at 18 Ill. Reg. 15390, effective October 10, 1994; amended at 19 Ill. Reg. 13355, effective September 15, 1995; emergency amendment at 20 Ill. Reg. 474, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3234, effective February 15,

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1996; amended at 20 Ill. Reg. 10009, effective July 15, 1996; amended at 22 Ill. Reg. 3932, effective February 13, 1998; amended at 22 Ill. Reg. 9342, effective May 20, 1998; amended at 23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508, effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective August 1, 1999; amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill. Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000; amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. 1547, effective January 15, 2003; amended at 27 Ill. Reg. 13467, effective July 25, 2003; amended at 28 Ill. Reg. 5880, effective March 29, 2004; amended at 28 Ill. Reg. 6579, effective April 15, 2004; amended at 29 Ill. Reg. 12489, effective July 27, 2005; amended at 31 Ill. Reg. 4245, effective February 20, 2007; amended at 31 Ill. Reg. 14530, effective October 3, 2007; amended at 32 Ill. Reg. 3756, effective February 27, 2008; amended at 32 Ill. Reg. 4213, effective March 10, 2008; amended at 32 Ill. Reg. 7932, effective May 12, 2008; amended at 32 Ill. Reg. 14336, effective August 12, 2008; amended at 33 Ill. Reg. 8306, effective June 2, 2009; amended at 34 Ill. Reg. 2528, effective January 27, 2010; amended at 34 Ill. Reg. 3331, effective February 24, 2010; amended at 35 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL

Section 250.130 Administration by the Department

- a) Interpretation of Regulations
Nothing in ~~this Part~~~~these regulations~~ shall be interpreted or used to impose any method of treatment or care inconsistent with the creed or moral tenets of any religious denomination, provided that the requirements as to personnel, building, equipment, space, sanitation, food service, supplies, records, and fire safety are met.
- b) Research Programs and/or Experimental Procedures:
 - 1) Definitions:
 - A) Experimental procedures ~~—~~ the use of medical, surgical, manipulative, or psychiatric procedures, drugs, or devices for purposes of diagnosis or treatment of human subjects who are inpatients or outpatients of a hospital and who are subjects at risk.
 - B) Research program ~~—~~ any organized activity intended to establish new medical or scientific information, ~~involving~~~~which activity~~

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~~involves~~ medical, surgical, manipulative, or psychiatric diagnosis or treatment of human subjects who are inpatients or outpatients of a hospital and who are subjects at risk.

- C) Subject at risk ~~—~~ means any individual who may be exposed to the possibility of injury, including physical, psychological, or social injury, as a consequence of participation as a subject in any research, development, or related activity ~~that~~ which significantly departs from the application of those established and accepted methods necessary to meet his ~~or her~~ needs, or ~~that~~ which increases the ordinary risks of daily life, including the recognized risks inherent in a chosen occupation or field of service. (45 CFR 46.103 (b) ~~(1980)~~)

- 2) Entitlement to conduct research programs and/or experimental procedures— A licensed hospital may conduct research programs and/or experimental procedures if ~~thesueh~~ hospital meets any of the following:

- A) ~~The~~ hospital is formally affiliated with, or ~~is~~ part of, a school whose graduates are eligible for examination for licensing pursuant to statutes, rules and regulations administered by the Department of ~~Financial and Professional Regulation~~ ~~Registration and Education~~ and whose graduates, if licensed, are eligible for admission to the medical staff, provided that the research programs and/or experimental procedures are conducted on a service or within a department of the hospital ~~that~~ which is within the scope of the formal affiliation. Documentation of ~~thatsueh~~ affiliation shall be available for inspection by the Department upon reasonable request.
- B) ~~The~~ hospital is conducting, or proposing to conduct, programs subject to the provisions of 45 CFR 46.101 ~~et seq. (1980) as amended~~, or pursuant to the provisions of Title 21, Code of Federal Regulations, ~~(1981), as amended~~. Documentation of approval of the Secretary of the Department of Health and Human Services for ~~thesesueh~~ research programs and/or experimental procedures shall be available for inspection by the Department upon reasonable request.

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- C) ~~The~~ hospital has an Institutional Review Committee and has complied with all requirements specified in ~~subsection~~ Section 250.130 (b)(4).
- 3) Approval to conduct research programs and/or experimental procedures-
- A) Hospitals ~~that~~which meet the requirements of ~~subsection~~ Section 250.130 (b)(2)(A) or ~~Section 250.130~~ (b)(2)(B) ~~of the Hospital Licensing Requirements~~ may conduct approved research ~~such~~ programs.
- B) Hospitals ~~that~~which do not meet the requirements of ~~subsection~~ Section 250.130 (b)(2)(A) or ~~Section 250.130~~ (b)(2)(B) ~~of the Hospital Licensing Requirements~~ shall have an Institutional Review Committee as described in ~~subsection~~ Section 250.130 (b)(4) ~~below~~.
- 4) Use of Institutional Review Committee to approve research programs and/or experimental procedures-
- A) ~~i)~~ The Committee ~~shall~~must be composed of not ~~fewer~~less than five ~~(5)~~ persons with varying backgrounds to assure complete and adequate review of activities commonly conducted by the institution. The Committee ~~shall~~must be sufficiently qualified through the maturity, experience, and expertise of its members and ~~the~~ diversity of its membership to ~~ensure~~insure respect for its advice and counsel for safeguarding the rights and welfare of human subjects.
- ~~B) ii)~~ In addition to possessing the professional competence necessary to review specific activities, the Committee ~~shall~~must be able to ascertain the acceptability of ~~applications~~application and proposals in terms of institutional commitments and regulations, applicable law, standards of professional conduct and practice, and community attitudes. The Committee ~~shall~~must therefore include persons whose concerns are in these areas. No member of a Committee shall be involved in either the initial or continuing review of an activity in which he ~~or she~~ has a conflicting interest, except to provide information requested by the Committee. No

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Committee shall consist entirely of persons who are officers, employees, or agents; of, or are otherwise associated with, the institution, apart from their membership on the Committee. No Committee shall consist entirely of members of a single professional group. The quorum of the Committee shall be defined, but ~~shall not~~may in no event be less than a majority of the total membership, duly convened to carry out the Committee's responsibilities.

~~C)B)~~ The Institutional Review Committee ~~shall~~must develop a set of implementation guidelines, including identification of the Committee and a written description of its review procedures. At a minimum, the review procedures ~~shall~~must provide for informed consent, which shall include provision to the individual of an explanation of any procedures ~~that~~which are experimental, a description of any discomforts and risks to be expected, alternative procedures that might be advantageous, answers to any inquiries concerning the procedures, and the opportunity to withdraw his ~~or~~her consent and discontinue in the project at any time without prejudice.

~~D)E)~~ The Institutional Review Committee shall review all applications for research programs and/or experimental procedures within a hospital and prepare a written report, following the implementation ~~requirements~~guidelines outlined in ~~subsection~~Section 250.130 (b)(4)(~~CB~~), to be given to the applicant on the acceptance or rejection of the program. A copy of this report shall also be sent to the Department within 30 days after completion of the written report. In addition, minutes covering all activities ~~shall~~will be prepared and made available to the ~~Illinois~~Department of Public Health. Complete copies of the minutes and reports shall be presented to the hospital's governing authority. Records shall be retained for three years.

~~E)D)~~ If, ~~however~~, the Department finds that the public interest, safety or welfare ~~imperatively~~ requires emergency action, the Director, after appropriate medical consultation and guidance, may issue to the applicant a notice not to proceed with or continue (if initiated) the research program and/or experimental procedure ~~that~~which is the

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subject of the application. The Director shall then obtain further information and clarification regarding the research program and/or experimental procedure ~~that~~^{which} is the subject ~~of~~ the application and make a final decision to approve or to disapprove the identified program and/or procedure.

~~F)E)~~ Failure to establish an Institutional Review Committee and/or failure to utilize the Institutional Review Committee ~~shall~~^{will} be considered a violation of the Hospital Licensing Act.

c) Inspections

- 1) All hospitals to which these requirements apply shall be subject to inspection by ~~personnel of~~ the Department, or by such other persons, including full-time local health officers, as the Department may designate. The licensee or person representing the licensee in the hospital shall provide the representative of the Department with any requested hospital records, assist in inspecting the premises, and secure information required by the Act or this Part Requirements.
- 2) The Department shall make or cause to be made such inspections and investigations as it deems necessary, except that, subject to appropriation, the Department shall investigate every allegation of abuse of a patient received by the Department. (Section 9 of the Act)
- 3) Hospitals are authorized to submit a copy of the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO's) Commission's survey report, certification and accreditation, interim self-evaluation report and Plan of Correction to the Department.
- 4) Information contained in reports of surveys made by JCAHO~~the Joint Commission on Accreditation of Hospitals~~ and information gained from reports of surveys or transmittals of information from the various Divisions of the Department or other State agencies~~Agencies~~ may be used in determining the need for inspections for compliance with licensing requirements. All ~~such~~ reports provided to the Department for this purpose shall be considered confidential information as provided in Section 9 of the Act.

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- d) Required ~~Regulations and advisory regulations~~
- 1) ~~The use herein of such words as "may" or "should" and such phrases as "it is recommended" indicates that in such instances the standard is advisory only and compliance optional. Compliance with all other regulations is required. 2) Hospitals participating in the Medicare/Medicaid Programs shall comply with the regulations of the Federal Department of Health, and Human Services as set forth in the latest publication entitled "Conditions of Participation; Hospital," (HHR-10-6/77), or revisions thereof.~~
- e) ~~Revision of regulations~~
~~These regulations may be amended and revised by the Department. However, no rule, regulation or standard shall be adopted by the Department concerning the operation of hospitals which has not had prior approval of the Hospital Licensing Board nor shall the Department adopt any rule, regulation or standard relating to the establishment of a hospital without consultation with the Hospital Licensing Board.~~
- f) ~~Compliance with regulations~~
~~Unless otherwise specified, hospitals existing at the time of the initial promulgation of a regulation shall be given reasonable time, not to exceed one year from the date of promulgation, within which to comply.~~

(Source: Amended at 35 Ill. Reg. _____, effective _____)

SUBPART B: ADMINISTRATION AND PLANNING

Section 250.260 Patients' Rights

- a) Policy on Patients' Rights
- 1) ~~Hospitals shall~~ It is recommended that hospitals adopt a written policy on patients' rights.
- 2) This policy ~~shall~~ should be available to all patients and personnel upon request.
- b) Patient Morale

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- 1) Emotional and Attitudinal Support
Hospitals shall have a written plan for the provision of those components of total patient care that relate to the spiritual, emotional and attitudinal health of the patient, patients' families and hospital personnel.
- 2) Social Services
Hospitals shall have a written plan for providing social services to those patients with social problems. This service may be provided through:
 - A) An organized social service within the hospital;⁵ or
 - B) A social worker employed on a part-time basis;⁵ or
 - C) Social work consultant services from a community agency.

c) *Patient Protection from Abuse*

- 1) For purposes of this subsection (c):

"Abuse" – means any physical or mental injury or sexual abuse intentionally inflicted by a hospital employee, agent, or medical staff member on a patient of the hospital and does not include any hospital, medical, health care, or other personal care services done in good faith in the interest of the patient according to established medical and clinical standards of care.

"Mental injury" – means intentionally caused emotional distress in a patient from words or gestures that would be considered by a reasonable person to be humiliating, harassing, or threatening and which causes observable and substantial impairment.

"Sexual abuse" – means any intentional act of sexual contact or sexual penetration of a patient in the hospital.

"Substantiated" – with respect to a report of abuse, means that a preponderance of the evidence indicates that abuse occurred.

- 2) *No administrator, agent, or employee of a hospital or a member of its*

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medical staff may abuse a patient in the hospital.

- 3) Any hospital administrator, agent, employee, or medical staff member who has reasonable cause to believe that any patient with whom he or she has direct contact has been subjected to abuse in the hospital shall promptly report or cause a report to be made to a designated hospital administrator responsible for providing such reports to the Department as required by this subsection (c).
- 4) Retaliation against a person who lawfully and in good faith makes a report under this subsection (c) is prohibited.
- 5) Upon receiving a report under subsection (c)(3), the hospital shall submit the report to the Department within 24 hours after obtaining such report. In the event that the hospital receives multiple reports involving a single alleged instance of abuse, the hospital shall submit one report to the Department.
- 6) Upon receiving a report under this subsection (c), the hospital shall promptly conduct an internal review to ensure the alleged victim's safety. Measures to protect the alleged victim shall be taken as deemed necessary by the hospital's administrator and shall include, but are not limited to, removing suspected violators from further patient contact during the hospital's internal review. If the alleged victim lacks decision-making capacity under the Health Care Surrogate Act and no health care surrogate is available, the hospital shall contact the Illinois Guardianship and Advocacy Commission to determine the need for a temporary guardian of that person.
- 7) All internal hospital reviews shall be conducted by a designated hospital employee or agent who is qualified to detect abuse and is not involved in the alleged victim's treatment. All internal review findings shall be documented and filed according to hospital procedures and shall be made available to the Department upon request.
- 8) Any other person may make a report of patient abuse to the Department if that person has reasonable cause to believe that a patient has been abused in the hospital.

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- 9) *The report required under this subsection (c) shall include:*
- A) *The name of the patient;*
 - B) *The name and address of the hospital treating the patient;*
 - C) *The age of the patient;*
 - D) *The nature of the patient's condition, including any evidence of previous injuries or disabilities; and*
 - E) *Any other information that the reporter believes might be helpful in establishing the cause of the reported abuse and the identity of the person believed to have caused the abuse.*
- 10) *Except for willful or wanton misconduct, any individual, person, institution, or agency participating in good faith in making a report or in making a disclosure of information concerning reports of abuse under this subsection (c), shall have immunity from any liability, whether civil, professional, or criminal, that otherwise might result by reason of such actions.*
- 11) *No administrator, agent, or employee of a hospital shall adopt or employ practices or procedures designed to discourage or having the effect of discouraging good faith reporting of patient abuse under this subsection (c).*
- 12) *Every hospital shall ensure that all new and existing employees are trained in the detection and reporting of abuse of patients and retrained at least every 2 years thereafter.*
- 13) *The Department shall investigate each report of patient abuse made under this subsection (c) according to the procedures of the Department, except that a report of abuse which indicates that a patient's life or safety is in imminent danger shall be investigated within 24 hours after such report. Under no circumstances may a hospital's internal review of an allegation of abuse replace an investigation of the allegation by the Department.*
- 14) *The Department shall keep a continuing record of all reports made*

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pursuant to this subsection (c), including indications of the final determination of any investigation and the final disposition of all reports. The Department will inform the investigated hospital and any other person making a report under subsection (c)(7) of this Section of its final determination or disposition in writing.

- 15) All patient identifiable information in any report or investigation under this subsection (c) shall be confidential and shall not be disclosed except as authorized by the Act or other applicable law.
- 16) Nothing in this subsection (c) relieves a hospital administrator, employee, agent, or medical staff member from contacting appropriate law enforcement authorities as required by law.
- 17) Nothing in this subsection (c) shall be construed to mean that a patient is a victim of abuse because of health care services provided or not provided by health care professionals. (Section 9.6 of the Act)

(Source: Amended at 35 Ill. Reg. _____, effective _____)

SUBPART I: NURSING SERVICE AND ADMINISTRATION

Section 250.1030 Policies and Procedures

- a) Nursing policies and procedures shall be developed, reviewed periodically **but** at least once a year, and revised as necessary by nursing representatives in cooperation with appropriate representatives from administration, the medical staff, and other concerned hospital services or departments.
- b) The nursing policies and procedures~~They~~ shall be dated to indicate the time of the most recent review or revision.
- c) Written policies ~~shall~~should include, but not be limited to, the following:
- 1) Criteria pertaining to the performance of special procedures and the circumstances and supervision under which these may be performed by nursing personnel.
 - 2) Communication and implementation of diagnostic and therapeutic orders,

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including verbal orders. The responsibility and mechanism for nursing service to obtain clarification of orders when indicated.

- 3) Administration of medication.
- 4) Assignments for providing nursing care to patients.
- 5) Documentation in patients' records by nursing personnel.
- 6) Infection control, pursuant to Section 250.1100.
- 7) *A policy to identify, assess, and develop strategies to control risk of injury to patients and nurses and other health care workers, associated with the lifting, transferring, repositioning, or movement of a patient. The policy shall establish a process that, at a minimum, includes all of the following:*
 - A) Analysis of the risk of injury to patients and nurses and other health care workers posted by the patient handling needs of the patient populations served by the hospital and the physical environment in which the patient handling and movement occurs;*
 - B) Education of nurses in the identification, assessment, and control of risks of injury to patients and nurses and other health care workers during patient handling;*
 - C) Evaluation of alternative ways to reduce risks associated with patient handling, including evaluation of equipment and the environment;*
 - D) Restriction, to the extent feasible with existing equipment and aids, of manual patient handling or movement of all or most of a patient's weight except for emergency, life-threatening, or otherwise exceptional circumstances;*
 - E) Collaboration with, and an annual report to, the nurse staffing committee;*
 - F) Procedures for a nurse to refuse to perform or be involved in patient handling or movement that the nurse in good faith believes*

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will expose a patient or nurse or other health care worker to an unacceptable risk of injury;

G) Submission of an annual report to the hospital's governing body or quality assurance committee on activities related to the identification, assessment, and development of strategies to control risk of injury to patients and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a patient; and

H) Consideration of the feasibility of incorporating patient handling equipment or the physical space and construction design needed to incorporate that equipment when developing architectural plans for construction or remodeling of a hospital or unit of a hospital in which patient handling and movement occurs. (Section 6.25 of the Act)Patient safety.

8) Nursing role in other hospital services, including but not limited to such services as dietary, pharmacy and housekeeping.

9) Emotional and attitudinal support. (Refer to Section 250.260(bf)(1).)

d) A nursing procedure manual shall be developed and copies shall be available on the patient care units, to the nursing staff and to other services and departments of the hospital, including members of the medical staff and students.

e) The procedure manual shall provide a ready reference on nursing procedures and a basis for standardization of procedures and equipment in the hospital.

(Source: Amended at 35 Ill. Reg. _____, effective _____)

SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES

Section 250.1320 Postanesthesia Care Units~~Postoperative Recovery Facilities~~

a) Provision and use of Phase 1 Postanesthesia Care Unit (Phase 1 PACU)~~postoperative recovery facilities~~

1) Postanesthesia care units~~Postoperative recovery facilities~~ shall be provided

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by all hospitals in which surgery is performed. They shall be in a separate room where patients who have undergone surgical procedures can be immediately observed and receive specialized care by selected and trained personnel, and where, when necessary, prompt emergency care can be initiated.

- 2) The services of the ~~Phase 1 PACU postoperative recovery room~~ may be ~~used~~utilized for postpartum care if the delivery room or place of delivery is in proximity to the ~~Phase 1 PACU postoperative recovery room~~. Only clean (non-infected or non-infectious) postpartum patients may be admitted to the ~~Phase 1 PACU postoperative recovery room~~ and may, after appropriate observation, be returned to the maternity department.

b) Personnel

1) Physician

A physician shall be responsible for the conduct of the ~~Phase 1 PACU recovery room~~, for the training of ~~Phase 1 PACU recovery room~~ personnel, and for the establishment of admission, ~~and~~ discharge, ~~and~~ ~~emergency~~ policies and procedures.

2) Nurse

A) A registered nurse who has education and experience in ~~Phase 1 postanesthesia postoperative recovery room~~ care shall supervise all personnel performing nursing service functions.

B) A registered nurse shall be in attendance at all times when patients are in the ~~Phase 1 PACU recovery room~~.

C) There shall be sufficient nursing personnel to provide the specialized care required for the ~~postsurgical post-surgical~~ patient. It is recommended that a ratio of one nursing personnel to ~~two~~three patients be maintained at all times.

D) Nursing personnel shall be assigned permanently to the ~~Phase 1 PACU postoperative recovery room~~ when patients are present.

c) Practices for operation of ~~the Phase 1 PACU postoperative recovery rooms~~

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- 1) Only clean surgical cases shall be admitted to the [Phase 1 PACU](#)~~postoperative recovery room~~.
- 2) Contaminated cases shall be returned to the isolation room or a private room. [Contaminated cases may be admitted to the Phase 1 PACU](#)~~when~~~~When~~ a separate isolation facility is within or adjacent to the [Phase 1 PACU](#)~~postoperative recovery room, contaminated cases may be admitted to it~~.
- 3) A member of the medical staff shall provide initial orders for the care of each patient upon admission.
- 4) A member of the medical staff shall be responsible for the patient's discharge from the [Phase 1 PACU](#)~~recovery room~~.
- 5) Anesthetized patients shall be constantly attended. Side rails shall be attached to movable carts and beds and raised above mattress level when occupied by anesthetized patients. Cribs shall be provided for the anesthetized or [postsurgical](#)~~post-surgical~~ child.
- 6) Written policies and procedures, which ~~shall be~~ reviewed regularly and revised as necessary, shall be established.
- 7) A complete orientation program and continuing in-service education program shall be provided for all personnel assigned to the [Phase 1 PACU](#)~~recovery room~~.
- 8) Personnel with communicable diseases shall be excluded from the [Phase 1 PACU](#)~~recovery room~~.
- 9) ~~Visitors~~~~No visitors~~ shall be permitted in the [Phase 1 PACU](#) ~~if~~~~postoperative recovery room, except in the case where~~ a hospital has adopted a policy, approved through the Governing Board, that allows [for visitation in the Phase 1 PACU while the patient is a parent or guardian, or other individual selected by a child's parent or guardian, of a child 12 years of age or younger to be present with the child in](#) recovering from a surgical procedure. Before allowing individuals to be present in the [Phase 1 PACU](#)~~recovery area with their child~~, the hospital shall have a policy in

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place that includes at least the following:

- A) Written consent of ~~an adult patient;~~ both the parent, guardian, or ~~legal representative of a minor or a mentally disabled adult; or other individual and~~ the physician performing the surgery;
- B) Notation in the patient's medical record of the presence of additional ~~visitors~~ persons in the ~~Phase 1 PACU~~ postoperative ~~recovery room~~ during recovery of the ~~patient~~ child from a surgical procedure;
- C) Application of safeguards against the introduction of infection or other hazards by the ~~visitor, parent, guardian or other individual~~ including orientation, education and training of the person prior to the performance of the procedure; this shall include, at minimum, specifics regarding the procedure and recovery, what can be expected, and basic infection control practices expected of the ~~visitor~~ person;
- D) Provision of at least one additional staff person in the ~~Phase 1 PACU~~ recovery room assigned to oversee, supervise and assist the ~~visitors~~ parent, guardian or other designated individual for the period of time the ~~visitors are~~ parent, guardian or designated individual is present;
- E) Provision of safeguards to ensure the privacy of other patients who may be recovering from surgical procedures, which may include separate rooms or some other type of separation for recovery of ~~patients~~ children who would have a ~~visitor~~ parent present. ~~Privacy safeguards shall allow Phase 1 PACU staff to provide~~ Whatever method is chosen must allow for constant attention ~~to~~ of anesthetized patients ~~by recovery room staff~~; and
- F) If, at any point during the recovery of the ~~minor~~ patient, ~~Phase 1 PACU~~ it is determined by the recovery room personnel ~~determine~~ that the ~~visitor~~ parent, guardian or other individual poses a threat to the safe, ~~therapeutic~~ recovery of the patient, ~~personnel~~ he or she may require the ~~visitor~~ parent, guardian or other individual to leave the ~~Phase 1 PACU~~ recovery room.

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- d) Drugs, supplies and equipment
Drugs, supplies and equipment shall be immediately and continually accessible in the ~~Phase 1 PACU unit for postoperative care~~, including emergencies. These shall include cardiac-respiratory monitoring and resuscitation materials.
- e) The ~~Phase 1 PACU post-operative recovery facility~~ shall contain and provide for a drug distribution station, including a secure area, adequate hand-
washinghandwashing facilities, charting and dictating area, soiled utility area with bedpan flushing device, and adequate storage space for supplies and equipment.

(Source: Amended at 35 Ill. Reg. _____, effective _____)