

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Regionalized Perinatal Health Care Code
- 2) Code Citation: 77 Ill. Adm. Code 640
- 3)

| <u>Section Numbers:</u> | <u>Adopted Action:</u> |
|-------------------------|------------------------|
| 640.10 | Repeal |
| 640.20 | Amend |
| 640.25 | Amend |
| 640.30 | Amend |
| 640.40 | Amend |
| 640.41 | Amend |
| 640.42 | Amend |
| 640.43 | Amend |
| 640.44 | Amend |
| 640.45 | Amend |
| 640.50 | Amend |
| 640.60 | Amend |
| 640.70 | Amend |
| 640.80 | Amend |
| 640.85 | New |
| 640.90 | Amend |
| 640.100 | Amend |
| 640.APPENDIX A | Amend |
| 640.APPENDIX B | Repeal |
| 640.EXHIBIT A | Repeal |
| 640.EXHIBIT B | Repeal |
| 640.APPENDIX C | Repeal |
| 640.EXHIBIT A | Repeal |
| 640.EXHIBIT B | Repeal |
| 640.APPENDIX F | Repeal |
| 640.EXHIBIT A | Repeal |
| 640.EXHIBIT B | Repeal |
| 640.APPENDIX G | Amend |
| 640.APPENDIX H | Amend |
| 640.EXHIBIT A | Amend |
| 640.EXHIBIT B | Amend |
| 640.EXHIBIT C | Amend |
| 640.EXHIBIT D | Amend |
| 640.APPENDIX I | Amend |

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|----------------|-----|
| 640.APPENDIX J | New |
| 640.APPENDIX K | New |
| 640.APPENDIX L | New |
| 640.APPENDIX M | New |
| 640.APPENDIX N | New |
| 640.APPENDIX O | New |

- 4) Statutory Authority: Developmental Disability Prevention Act [410 ILCS 250]
- 5) Effective Date of Rulemaking: January 31, 2011
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposed Amendments Published in Illinois Register: February 5; 2010; 34 Ill. Reg. 2087
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version:

The following changes were made in response to comments received during the first notice or public comment period:

1. In the Table of Contents, "640.85 Exceptions to Part 640" was added; "Repealed" was deleted after Section 640.100; in 640.APPENDIX H, "Referral" was stricken and "Consultation" was added.
2. In Section 640.20, the definitions of "Administrative Perinatal Center" and "Assisted Ventilation" were amended; definitions of "Advance Practice Nurse", "Essential Resource", and "Refer" were added; and the definition of "*Perinatal Center*" was stricken.
3. In the definition of "High-Risk Infant" in Section 640.20, "840.210" was stricken and "840.200" was added.

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4. References to "Administrative Perinatal Center" and "Perinatal Advisory Committee" were changed to "APC" and "PAC" throughout the Part.
5. In the definitions of "Neonatal Intensive Care Unit" and "Special Care Nursery" in Section 640.20, "/perinatal" as added after "neonatal".
6. In the definition of "Regional Perinatal Network" in Section 640.20, "hospital-based" was stricken and "hospitals providing" was added; "facilities functioning" was stricken and "services" was added; "of five" was deleted; "one" was stricken; and "a designated level" was added.
7. In Section 640.25, subsection (c)(2) was added.
8. In Section 640.30(c)(1)(I), "certified" was added before "local".
9. In Section 640.30(e), "Nurses Section of the American College of Obstetricians and Gynecologists," was stricken and "Section, Association of Womens Health, Obstetric and Neonatal Nursing (AWHONN), the National Association of Neonatal Nurses," was added.
10. In Section 640.40(a), "five" was deleted and "of care" was added after "levels".
11. In Section 640.40(c), "60" was changed to "90".
12. In Section 640.41(b)(2), "Appendix B and Appendix C of Guidelines for Perinatal Care" was changed to "Section 640.Appendix H.Exhibit A".
13. Section 640.41(b)(4) was changed from "Hospitals shall have the capability of performing caesarean sections within 30 minutes after deciding to make an incision." to "Hospitals shall provide caesarean section decision-to-incision capabilities within 30 minutes.".
14. In Section 640.41(d)(4), ", blood gases, and routine urinalysis" was added after "hematocrit"; "blood gases," was stricken; "and" was deleted; "routine urinalysis in" was stricken; "one" was deleted; and "hour;" was stricken.
15. In Section 640.41(d)(5) and Section 640.42(d)(9), "nationally recognized" was added before "neonatal" and "licensed" was stricken in 640.41(d)((5)).

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16. In Section 640.42(b)(2), "with the APC" was added after "agreement"; "Appendix B and Appendix C of Guidelines for Perinatal Care" was deleted and "Section 640. Appendix H. Exhibit B." was added; and after the stricken text, "Subsequent patient management and site of delivery shall be determined by mutual collaboration between the patients physician and the maternal-fetal medicine subspecialist." was added.

17. In Section 640.42, subsection (b)(3), was stricken and subsection (b)(4) was changed to (b)(3).

18. In Section 640.42(c)(3)(B), "or equal to" was stricken.

19. In Section 640.42(f)(2), new text was deleted and existing text was stricken in the last sentence and the following was added: "Both the letter of agreement with the APC and the hospital's department of pediatrics' policies and procedures shall identify conditions that might require transfer to a Level III hospital, including, but not limited to:".

20. In Section 640.42(f)(2)(C), "All conditions" was changed to "Conditions".

21. In Section 640.42(g)(2)(A), "a pediatrician receiving postgraduate training in a neonatal perinatal medicine fellowship program accredited by the Accreditation Council of Graduate Medical Education;" was deleted.

22. In Section 640.43(a)(1), "maternal-fetal" was changed to "maternal-~~fetal~~".

23. In Section 640.43(b)(3), "hospital" was added after "Level III" and "Administrative Perinatal Center" was changed to "APC Level III hospital".

24. In Section 640.43(c)(8), "or a pediatrician receiving postgraduate training in a neonatal-perinatal medicine fellowship program accredited by the Accreditation Council of Graduate Medical Education" was deleted.

25. In Section 640.43(c)(18), "dedicated" was changed to "available".

26. In Section 640.50(c), "and Outcome Oriented Data (see Appendix B)" was stricken.

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27. In Section 640.60(a)(6)(C) and (D), "to another health care provider" was added after "referral" in (C) and after "services" in (D).

28. In Section 640.70(i) "to another health care provider" was added after "referral services".

29. In Section 640.80(a), "hospital-based" was stricken and "hospitals providing" was added; "facilities" was stricken and "services" was added; "functioning" was stricken; and "five" was deleted.

30. A new Section 640.85 titled "Exceptions to Part 640" was added.

31. In Section 640.90(c)(4), "State" was deleted; "and will be included in the Perinatal Reporting System. However," was stricken; a period was added after "outcome"; "These" was added before "fetal deaths"; "these deaths" was stricken; and "they" was added.

32. In Section 640.90(d)(3), , "the Department's Freedom of Information" was stricken; "Code" was deleted; and "Access to Public Records of the Department of Public Health" was added.

33. "**(Repealed)**" was deleted in the heading of Section 640.100.

34. In Section 640.100, the following was added: "The Illinois Department of Human Services manages the high-risk follow-up program in accordance with the Maternal and Child Health Services Code (77 Ill. Adm. Code 630)."

35. Changes to Appendix A:

In the table following "**B. MATERNAL DATA:**"

"200", "200" and "201" were added in the middle three boxes in the top row.

", see above" was added after "Delivery Rooms (LDR)".

A new "c. LDRP" was added and "c." was changed to "d.".

"Total Number of Deliveries" was changed to "Total Number of Women Delivering".

An asterisk ("*") was added before "Forceps" and "Vacuum Extraction".

After "4. Number of C/Sections" the period was deleted and "-add percents #/%" was added.

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In the first, second, and third small columns after Total", Primary", Repeat", and 5. Number of Vaginal Births After Cesarean" "/%" was added.

After 5. Number of Vaginal Births After Cesarean", (VBAC) – add percent #/%" was added.

+" was added before 7.".

On the line after 7." *use final delivery modality" was added and + augmentation – stimulation of contractions when spontaneous contractions have failed to progress dilation or descent" was added.

In the table following C. Neonatal Data":

In the first three columns after 1. Number of nursery beds:" , 200", 200", and 201" were added.

In 2." , SCN" to was changed to Special Care Nursery*" and (level II or II with extended capabilities)" was added.

In 3." (Level III only)" was added after NICU"

Under the table, *Provide explanation of how average daily census in Special Care Nursery was calculated" was added.

In 1." , (add percent for LBW and VLBW in shaded areas)" was added.

In the table after 1.":

200" , 200" and 201" were added in the last three boxes of the top row.

/" was added in the middle of the last three boxes in each row.

After <500 grams" the numbers in each of the other boxes were changed to read as follows: 500-749"; 750-999"; 1000-1249" , 1250-1499"; a new box reading **Percent for VLBW**" was added and the remaining boxes in the new row were shaded; numbers were changed to read: 1500-1999"; 2000-2499"; a new box reading **Percent for LBW**" was added and the remaining boxes in the new row were shaded; numbers were changed to read: 2500-2999" 3000-3499"; 3500-3999"; 4000-4499"; 4500-4999"; 5000 – plus".

A new row was added to table "2" with **Use <1500 gram VON data**" in the first box and 200" , 200" , and 201" in the remaining boxes.

In table "2":

Grade III and IV" was changed to Grade III" with Grade IV" underneath.

After Broncho-pulmonary dysplasia" a new row was added with ***Use all babies for the categories below** in the first box.

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After "Respiratory Distress Syndrome", "(ICD 9 code 769)" was added.

After "Persistent Pulmonary Hypertension of the Newborn", "(ICD 9 code 747.83)" was added.

After "Meconium Aspiration Syndrome", "(ICD 9 code 770.1)" was added.

After "Seizures", "(ICD 9 code 779.0)" was added.

A new row was added after "Seizures": "Infections (7 ICD 9 code 771.81)".

After "5 minute Apgar", "<5" was changed to "<7 (exclude infants <500 grams)".

Under table "2" add "***If in expanded VON, use VON data for "all babies" categories**".

In the table after "**E. Fetal Deaths**":

"200", "200", and "201" was added in the last three boxes in the first row.

The weights in the boxes after "<500 grams" were changed to "500-749", "750-999", "1000-1249", "1250-1499", "1500-1999", "2000-2499", "2500-2999", "3000-3499", "3500-3999", "4000-4499", "4500-4999" and a new row was added with "5000 – Plus" in the first box

In the table after "**F. Mortality Data**":

"200", "200", and "201" were added in the last three boxes in the first row.

After "(Hospital of Delivery)", "(attach table with individual dispositions, factors and cause of death)" was added; "Pregnancy Related" and "Non-Pregnancy Related" were added on separate lines underneath.

After "Perinatal Deaths", "(attach summary table with dispositions and factors per year for 3 years)" was added.

"(complete attached chart FD)" was deleted and "(complete attached chart ND)" was added; "(FD)" was added after "Fetal Death" and "(ND)" after "Neonatal Death".

The following new rows were added:

"*3. Mortality Rates (all births)

a. Fetal Mortality Rate (FD/total births X 1000)

b. Neonatal Mortality Rate (ND/total live births X 1000)

c. Perinatal Mortality Rate (FD + ND/total births X 1000)

d. Vermont Oxford Standard Mortality Rate"

Below the table, "*Question #3, only for Level III institutions" was added.

In the table under "**G Transport Data**":

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A new row was added with "200", "200", and "201" in the last three boxes above "1." and above "2."

In "3", the text was changed to read as follows: "Provide maternal and neonatal transport information for the most current calendar year – (for Perinatal Centers, provide transport information by hospital, gestational age and by year for 3 years)."

A new "II" was added as follows:

"II. OB Hemorrhage Documentation

List OB Hemorrhage cases from the calendar previous year (Patients sent to ICU or received 3 or greater units of blood products)"

36. In Section 640.Appendix G, IV.A., "one year" was stricken and "three years" was added.

37. In the heading of Appendix H, "**Referral**" was stricken and "Consultation" was added.

The following changes were made in response to comments and suggestions of JCAR:

1. In the definition of "Regional Perinatal Network" in Section 640.20, "levels" was stricken.

2. In Section 640.25 (b)(5), "Freedom of Information" was stricken.

3. In Section 640.42(f)((2)(C), "subsection (c)(3)" was changed to "subsections (c)(3)(C) through (L)".

4. In Section 640.42(g)(2)(A), line 1, "A" was stricken and "Effective July, 2011, a" was added.

5. In Section 640.43(c)(8), "A board-certified neonatologist, active candidate neonatologist shall be present and available in the hospital 24 hours a day to provide care for newborns in the NICU." was changed to "Medical director-neonatal: to direct the neonatal portion of the program. Neonatal activities shall be directed and supervised by a full-time pediatrician certified by the American Board of Pediatrics Sub-Board of Neonatal/Perinatal Medicine or a licensed osteopathic physician with equivalent training and experience and certified by the American Osteopathic Board of

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Pediatricians/Neonatal-Perinatal Medicine. The directors of the neonatal services shall ensure the back-up supervision of their services when they are unavailable."

6. In Section 640. Appendix A, in "2." in the table under "**G. Transport Data**", "/transports" was added after "transfers"; in "3.", "**by**" was added after "**gestational**".

7. In Section 640. Appendix A, in the sentence under "**II. OB Hemorrhage Documentation**", "calendar previous" was changed to "previous calendar".

In addition, various typographical, grammatical, and form changes were made in response to the comments from JCAR.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: Section 640.10 has been repealed because the language is not regulatory and is not needed in the rules. Section 640.20 has been amended to add new definitions that reflect current acceptable standards in medical practice. Section 640.25 has been amended to include current State statutes and rules and association standards that are referenced and incorporated in Part 640. Section 640.30 has been amended to revise the composition and responsibilities of the Perinatal Advisory Committee (PAC). Section 640.40 has been amended to include non-birthing center information, to update the current levels of perinatal care provided in Illinois, and to add a requirement for hospitals to inform the Department of a loss of essential resources. Section 640.41, Section 640.42, and Section 640.43 have been amended to reflect the current accepted language, trends, practices and standards outlined at those levels of care, including continuing education requirements and the content of the letter of agreement with the hospital's Administrative Perinatal Center. Application for Designation requirements are set forth.

Section 640.44 has been amended to reflect changes in the name and the responsibilities of the Administrative Perinatal Center (APC). Section 640.45 has been amended to clarify the Department's responsibility for oversight of the designation process. Section 640.50 has been amended to reflect changes in the Department's designation process. Section 640.60 has been amended to make technical changes in the application process

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requirements and to add procedural steps for a change in network affiliation. Section 640.70 has been amended to update the requirements for the letter of agreement.

Section 640.80 has been amended to reflect changes in funding for regional perinatal networks. Section 640.85 has been added to place provisions for exceptions in one Section. Section 640.90 has been amended to reflect changes in reporting requirements. Section 640.100 has been amended because the Department of Human Services now manages this program.

Section 640. Appendix A has been amended to promote accuracy and collection of meaningful data and information without redundancy. Section 640. Appendix B and its Exhibits have been repealed because these data are no longer being collected. Section 640, Appendix C and its Exhibits have been repealed because the data collection is not associated with any statistical or follow-up purpose. Section 640. Appendix F and its Exhibits have been repealed. Section 640. Appendix G and Section 640. Appendix H have been amended to reflect the changes in the rules. Section 640. Appendix I has been amended to reflect more current ethnicity and to include new neonatal complications. Section 640. Appendix J and Section 640. Appendix K have been added to delineate to hospitals the steps to be taken and the elements that must be included in the application process for designation, re-designation, or change in designation as it applies to the Perinatal Program. Section 640. Appendix L, Section 640. Appendix M, Section 640. Appendix N, and Section 640. Appendix O have been added to outline areas of focus and to provide a means of describing institutional compliance.

16) Information and questions regarding this rulemaking shall be directed to:

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

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

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

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TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER I: MATERNAL AND CHILDCARE

PART 640

REGIONALIZED PERINATAL HEALTH CARE CODE

Section

| | |
|------------------------|--|
| 640.10 | Scope (Repealed) |
| 640.20 | Definitions |
| 640.25 | Incorporated and Referenced Materials |
| 640.30 | Perinatal Advisory Committee |
| 640.40 | Standards for Perinatal Care |
| 640.41 | Level I – Standards for Perinatal Care |
| 640.42 | Level II and Level II with Extended Neonatal Capabilities – Standards for Perinatal Care |
| 640.43 | Level III – Standards for Perinatal Care |
| 640.44 | Administrative Perinatal Center |
| 640.45 | Department of Public Health Agency Action |
| 640.50 | Designation and Redesignation of Non-Birthing Center , Level I, Level II, Level II with Extended Neonatal Capabilities, and Level III Perinatal Hospitals and Administrative Perinatal Centers Facilities |
| 640.60 | Application Information for Hospital Facility Designation or Redesignation as a Non-Birthing Center Level I, Level II, Level II with Extended Neonatal Capabilities, and Level III Perinatal Hospital and Administrative Perinatal Center, Facilities and Assurances Required of Applicants |
| 640.70 | Minimum Components for Letters of Agreement Agreements Between Non-Birthing Center , Level I, Level II, Level II with Extended Neonatal Capabilities, or Level III Perinatal Hospitals Facilities and Their Administrative Perinatal Center |
| 640.80 | Regional Perinatal Networks – Composition and Funding |
| 640.85 | Exceptions to Part 640 |
| 640.90 | State Perinatal Reporting System |
| 640.100 | High-Risk Follow-up Program |
| 640.APPENDIX A | Standardized Perinatal Site Visit Protocol |
| 640.APPENDIX B | Outcome Oriented Data: Perinatal Facility Designation/Redesignation (Repealed) |
| 640.EXHIBIT A | Outcome Oriented Data Form (Repealed) |
| 640.EXHIBIT B | Data Collection Exception Form (Repealed) |

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| 640.APPENDIX C | Maternal Discharge Record (Repealed) |
| 640.EXHIBIT A | Maternal Discharge Record Form (Repealed) |
| 640.EXHIBIT B | Instructions for Completing Maternal Discharge Record (Repealed) |
| 640.APPENDIX D | Report of Local Health Nurse, Maternal – Prenatal (Repealed) |
| 640.EXHIBIT A | Local Health Nurse, Maternal – Prenatal Form (Repealed) |
| 640.EXHIBIT B | Instructions for Completing the Report of Local Health Nurse, Maternal – Prenatal (Repealed) |
| 640.APPENDIX E | Report of Local Health Nurse, Maternal – Postnatal (Repealed) |
| 640.EXHIBIT A | Local Health Nurse, Maternal – Postnatal Form (Repealed) |
| 640.EXHIBIT B | Instruction for Completing the Report of Local Health Nurse, Maternal – Postnatal (Repealed) |
| 640.APPENDIX F | Report of Local Health Nurse, Infant (Repealed) |
| 640.EXHIBIT A | Local Health Nurse, Infant Form (Repealed) |
| 640.EXHIBIT B | Instructions for Completing the Report of Local Health Nurse, Infant (Repealed) |
| 640.APPENDIX G | Sample Letter of Agreement |
| 640.APPENDIX H | Written Protocol for Consultation Referral /Transfer/Transport |
| 640.EXHIBIT A | Level I: Patients for consultation with _____ (Level III hospital facility or Administrative Perinatal Center) |
| 640.EXHIBIT B | Level II: Patients for consultation with or transfer to _____ (Level III hospital facility or Administrative Perinatal Center) |
| 640.EXHIBIT C | Level I: Maternal and neonatal Neonatal patients to be cared for at _____ hospital (Level III hospital facility or Administrative Perinatal Center) |
| 640.EXHIBIT D | Level II: Maternal and neonatal Neonatal patients to be cared for at _____ hospital (Level III hospital facility or Administrative Perinatal Center) |
| 640.APPENDIX I | Perinatal Reporting System Data Elements |
| 640.APPENDIX J | Guideline for Application Process for Designation, Redesignation or Change in Designation |
| 640.APPENDIX K | Elements for Submission for Designation, Redesignation or Change in Designation |
| 640.APPENDIX L | Level I Resource Checklist |
| 640.APPENDIX M | Level II Resource Checklist |
| 640.APPENDIX N | Level II with Extended Neonatal Capabilities Resource Checklist |
| 640.APPENDIX O | Level III Resource Checklist |

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AUTHORITY: Implementing and authorized by the Developmental Disability Prevention Act [410 ILCS 250].

SOURCE: Adopted at 5 Ill. Reg. 6463, effective June 5, 1981; amended at 6 Ill. Reg. 3871, effective March 29, 1982; emergency amendment at 8 Ill. Reg. 882, effective January 5, 1984, for a maximum of 150 days; amended and codified at 8 Ill. Reg. 19493, effective October 1, 1984; amended at 9 Ill. Reg. 2310, effective February 15, 1985; amended at 10 Ill. Reg. 5141, effective April 1, 1986; amended at 11 Ill. Reg. 1584, effective February 1, 1987; Part repealed and new Part adopted at 14 Ill. Reg. 12749, effective October 1, 1990; amended at 24 Ill. Reg. 12574, effective August 4, 2000; amended at 35 Ill. Reg. 2583, effective January 31, 2011.

Section 640.10 Scope (Repealed)

~~The "Regionalized Perinatal Health Care Code" is designed to coordinate and facilitate the use of ongoing efforts and existing resources in Illinois to improve perinatal health and to prevent perinatal mortality and conditions leading to developmental disabilities.~~

(Source: Repealed at 35 Ill. Reg. 2583, effective January 31, 2011)

Section 640.20 Definitions

"Act" means the Developmental Disability Prevention Act [410 ILCS 250].

"Active Candidate" means having completed a residency in the appropriate medical discipline in a program approved by the Residency Review Committee or a program approved by the Council on Postdoctoral Training (COPT) for the American Osteopathic Association (AOA). Active candidates shall become board certified within five years after completion of an approved program.

"Administrative Perinatal Center" or "APC" means a referral facility intended to care for the high-risk patient before, during, or after labor and delivery and characterized by sophistication and availability of personnel, equipment, laboratory, transportation techniques, consultation and other support services. (Section 2(e) of the Act) An APC is a university or university-affiliated hospital designated by the Department as a Level III hospital, that receives financial support from the Department to provide leadership and oversight of the Regionalized Perinatal Healthcare Program.

"Advanced Practice Nurse" or "APN" means a person who has met the

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qualifications for a certified nurse midwife (CNM); certified nurse practitioner (CNP); certified registered nurse anesthetist (CRNA); or a clinical nurse specialist (CNS) and has been licensed by the Department of Financial and Professional Regulation.

"Affiliated Hospital" means an institution that has a letter of agreement with a specific APC.

"Apgar" means the score devised in 1952 by Virginia Apgar to assess the health of newborn children immediately after birth. The five criteria are Activity (Muscle Tone), Pulse, Grimace (Reflex Irritability), Appearance (Skin Color), and Respiration.

"Assisted Ventilation" means the movement of gas into and out of the lung by an external source connected directly to the patient. The external source may be a resuscitation bag, a continuous distending pressure device, or a mechanical ventilator. Attachment to the patient can be by way of a face mask, a head box, an endotracheal tube, nasal prongs, a tracheostomy, or a negative-pressure apparatus surrounding the thorax.

~~"Bioethical or Infant Care Review Committee" means a hospital-based consultative group consisting of physicians and nonphysicians which can provide education, develop and recommend institutional policies, and offer consultation to providers and families facing a range of ethical problems or questions about the medical treatment of infants.~~

"Certified Local Health Department" means a local health department that~~which~~ receives program approval from the Department for all ten required basic health programs during required program and performance review.

"Congenital" means those intrauterine factors which influence the growth, development and function of the fetus. (Section 2(b) of the Act)

"Consultation" means a health care provider~~an attending physician~~ obtaining information from an obstetrician, a maternal-fetal medicine physician or neonatologyneonatology specialist via the telephone, in writing, or in person for the purpose of making patient care decisions and developing a care plan.

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"Continuous Quality Improvement" or "CQI" means a structured organizational process for involving personnel in planning and executing a continuous flow of improvements to provide quality health care that meets or exceeds expectations.

"Department" means the Department of Public Health. (Section 2(h) of the Act)

~~"Designated Local Health Agency" means an agency designated by the Department to provide maternal, infant, and family follow-up services to residents of a particular area. In areas served by a Certified Local Health Department, that department is the Designated Local Health Agency. For areas not served by a Certified Local Health Department, the designated Local Health Agency is a Certified Local Health Department for another county which has a contract with the Department to provide maternal, infant, and family follow-up services within the area or a county nurse or community nurse agency which has a contract with the Department to provide maternal, infant, and family follow-up services within the area.~~

"Designation" means official recognition of a hospital ~~facility~~ by the ~~Director of the~~ Department as having met the standards contained in Section 640.40 and Section 640.50 for the level of care that the hospital will provide as a part of a regional perinatal network for all levels of perinatal care.

"Developmental Disability" means mental retardation, cerebral palsy, epilepsy, or other neurological handicapping conditions of an individual found to be closely related to mental retardation or to require treatment similar to that required by mentally retarded individuals, and the disability originates before such individual attains age 18, and has continued, or can be expected to continue indefinitely, and constitutes a substantial handicap of such individuals. (Section 2(f) of the Act)

"Dietitian" means a person who is licensed as a dietitian in accordance with the Dietetic and Nutrition Services Practice Act [225 ILCS 30].

"Disability" means a condition characterized by temporary or permanent, partial or complete impairment of physical, mental or psychological function. (Section 2(g) of the Act)

"Environmental" means those extrauterine factors which influence the adaptation, well being or life of the newborn and may lead to disability. (Section 2(c) of the Act)

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"Essential Resource" means a component, such as medical or nursing medical staff; a service, such as heat, water, or electrical power, or equipment that is necessary to maintain the designated level of care.

~~"Family Centered Care" means the services of the health team that foster parent-newborn family relationships such as those described in American College of Obstetricians and Gynecologists, Family Center Maternity/Newborn Care in Hospitals, and American Academy of Pediatrics and American College of Obstetricians and Gynecologists, Guidelines for Perinatal Care.~~

"Full-time" means on duty a minimum of 36 hours, four days per week.

"Handicapping Condition" means a medically recognized birth defect that threatens life or has a potential for a developmental disability in accordance with Subpart C of the Illinois Health and Hazardous Substances Registry ~~Code~~ (77 Ill. Adm. Code 840.210).

"Health Care Provider" means an individual who provides medical services or treatments to patients within his or her scope of practice. This may include, but is not limited to, physician, nurse, dietitian, social worker and respiratory care provider.

~~"High-Risk" means an increased level of risk of harm or mortality to the woman of childbearing age, fetus or newborn from congenital and/or environmental factors. (Section 2(d) of the Act)~~

"High-Risk Infant" means a live-born infant fitting the Adverse Pregnancy Outcomes Reporting ~~System~~Systems (APORS) case definition. (See 77 Ill. Adm. Code ~~840.200~~840.210.)

~~"High Risk" means an increased level of risk of harm or mortality to the woman of childbearing age, fetus or newborn from congenital and/or environment factors. (Section 2(d) of the Act)~~

"Hospital" means a facility defined as a hospital in Section 3 of the Hospital Licensing Act [210 ILCS 85].

"Intermediate Care Nursery" or "ICN" means a nursery that provides nursing care to those infants convalescing or those sick infants not requiring intensive care.

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"Joint Morbidity and Mortality Review" means the required review of maternal and neonatal cases attended by the APC's maternal-fetal medicine physician, neonatologist and the Perinatal Center administrator and/or obstetric and neonatal educators. The review is a quality improvement initiative under the Medical Studies Act [735 ILCS 5/8-2101] and consists of cases presented by the attending physician at the Regional Network Hospital. The review includes all maternal, fetal and neonatal deaths, as well as selected morbidities as determined by the APC's Regional Quality Council or defined in the Regional Network Hospital's letter of agreement. The review provides evaluation and disposition of outcomes to guide educational program needs and quality improvement initiatives.

"Letter of Agreement" means a document executed between the APC and the hospital, which includes responsibilities of each party in regard to the hospital's level of designation and the services to be provided.

"Maternity or Neonatal Complications" means those medically determined high-risk conditions, including, but not limited to, those explained in the Guidelines for Perinatal Care, American Academy of Pediatrics and American College of Obstetricians and Gynecologists.

"Maternity and Neonatal Service Plan" means the description required under Subpart O of the Hospital Licensing Requirements (77 Ill. Adm. Code 250) of the hospital's services for care of maternity and neonatal patients, and the way in which the services are part of an integrated system of perinatal care provided by designated perinatal facilities.

~~"Maternity or Neonatal Complications" means those medically determined high-risk conditions including but not limited to those explained in the Guidelines for Perinatal Care, American Academy of Pediatrics and American College of Obstetricians and Gynecologists.~~

"Morbidity" means an undesired result or complication associated with a pregnancy, whether naturally occurring or as the result of treatment rendered or omitted.

"Neonatal Intensive Care Unit" or "NICU" means an intensive care unit for high risk neonates, directed by a board-certified pediatrician with subspecialty certification in neonatal/perinatal medicine.

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"Neonate" means an infant less than 28 days of age.

"Nurse" means a registered nurse or a licensed practical nurse as defined in the Nurse Practice Act [225 ILCS 65].

"Nurse Midwife, Certified" or "Certified Nurse Midwife" or "CNM" means an individual educated in the two disciplines of nursing and midwifery who possesses evidence of certification according to the requirements of the American College of Nurse-Midwives (ACNM).

"Perinatal" means the period of time between the conception of an infant and the end of the first month of life. (Section 2(a) of the Act)

"Perinatal Advisory Committee" or "PAC" means the advisory and planning committee established by the Department, which is referred to in Section 3 of the Act.

~~*"Perinatal Center" means a referral facility intended to care for the high-risk patient before, during or after labor and delivery and characterized by sophistication and availability of personnel, equipment, laboratory, transportation techniques, consultation and other support services. (Section 2(e) of the Act)*~~

"Pharmacist, Registered" or "Registered Pharmacist" means a person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987 [225 ILCS 85].

"Physician" means any person licensed to practice medicine in all its branches as defined in the Medical Practice Act of 1987 [225 ILCS 60].

"Preventive Services" means a medical intervention provided to a high risk mother and/or neonate in an effort to reduce morbidity and mortality.

~~*"Reactions, Skills and Abilities for Developmental Screening (RSA)" is an objective observation guide used to conduct developmental screening in children.*~~

~~*"Regional Perinatal Management Group" means an organization of representatives of perinatal services, providers and service related agencies and organizations within a regional perinatal network that is responsible for the planning, development, evaluation and operation of the network and the*~~

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~~establishment of regional priorities and policies for system support activities and staff.~~

"Refer" means to send or direct for treatment.

"Regional Perinatal Network" means any number and combination of hospitals providing hospital-based maternity and newborn services ~~facilities functioning at a designated level~~ ~~one or three levels~~ of perinatal care.

"Regional Quality Council" or "RQC" means an organization of representatives of perinatal services, providers and service-related agencies and organizations within a regional perinatal network that is responsible for the planning, development, evaluation and operation of the network and the establishment of regional priorities and policies for system support activities and staff.

"Registered Nurse" means a person licensed as a registered professional nurse under the Nurse Practice Act.

"Respiratory Care Practitioner" means a person licensed as a respiratory care practitioner under the Respiratory Care Practice Act [225 ILCS 106].

"Social Worker" means a person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act [225 ILCS 20].

"Special Care Nursery" or "SCN" means a nursery that provides intermediate intensive care, directed by a board-certified pediatrician with subspecialty certification in neonatal/perinatal medicine, to infants who weigh more than 1250 grams.

"State Perinatal Reporting System" means any system that requires data collection and submission of data to the Department. These systems include, but are not limited to, birth certificate submission, metabolic newborn screening, newborn hearing screening, perinatal HIV testing, and the Adverse Pregnancy Outcomes Reporting System (APORS) (see 77 Ill. Adm. Code 840).

"Statewide Quality Council" means the standing subcommittee established by the Perinatal Advisory Committee that is responsible for monitoring the quality of care and implementing recommendations for improving the quality of care being

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provided in the perinatal care system.

"Substantial Compliance" means meeting requirements, except for variance from the strict and literal performance that results in unimportant omissions or defects, given the particular circumstances involved.

"Substantial Failure" means the failure to meet requirements, other than unimportant omissions or defects, given the particular circumstances involved.

"Support Services" means the provision of current information regarding the identified handicapping conditions, referrals and counseling services, and the availability of additional consultative services.

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

Section 640.25 Incorporated and Referenced Materials

The following regulations, standards, ~~and~~ statutes and rules are incorporated or referenced in this Part.

a) State of Illinois Statutes:

- 1) Developmental Disability Prevention Act [410 ILCS 250]"AN ACT relating to the prevention of developmental disabilities" (Ill. Rev. Stat. 1989, ch. 111½, par. 2101). (See Section 640.20).
- 2) Freedom of Information Act [5 ILCS 140](Ill. Rev. Stat. 1989, ch. 116, par. 201 et seq.). (See Section 640.90 (e)(1) and (3)).
- 3) Illinois Health Statistics Act [410 ILCS 520](Ill. Rev. Stat. 1989, ch. 111½, par. 5601 et seq.). (See Section 640.90(e)(2)).
- 4) Hospital Licensing Act [210 ILCS 85](Ill. Rev. Stat. 1989, ch. 111½, par. 142 et seq.). (See Section 640.90(e)(2)).
- 5) Section 8-2101 of the Code of Civil Procedure (Medical Studies Act) [735 ILCS 5/8-2101](Ill. Rev. Stat. 1989, ch. 110, par. 8-2101). (See Section 640.90(b)(3), (e)(1) and (2)).

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- 6) State Records Act [\[5 ILCS 160\]](#)~~(Ill. Rev. Stat. 1989, ch. 116, par. 43.4 et seq.). (See Section 640.90(e)(1)).~~
 - 7) [Illinois Health and Hazardous Substances Registry Act \[410 ILCS 525\]](#)
 - 8) [Vital Records Act \[410 ILCS 535\]](#)
 - 9) [Respiratory Care Practice Act \[225 ILCS 106\]](#)
 - 10) [Dietetic and Nutrition Services Practice Act \[225 ILCS 30\]](#)
 - 11) [Illinois Administrative Procedure Act \[5 ILCS 100\]](#)
 - 12) [Nurse Practice Act \[225 ILCS 65\]](#)
 - 13) [Pharmacy Practice Act of 1987 \[225 ILCS 85\]](#)
 - 14) [Medical Practice Act of 1987 \[225 ILCS 60\]](#)
 - 15) [Clinical Social Work and Social Work Practice Act \[225 ILCS 20\]](#)
- b) State of Illinois ~~Rules~~[Regulations](#)
- 1) [Department of Public Health – Illinois Health and Hazardous Substances Registry \(77 Ill. Adm. Code 840\).](#)~~(See Sections 640.20, definition of "Handicapped Condition", 640.41 (c)(3), 640.90 (c)(1)).~~
 - 2) [Department of Public Health – Hospital Licensing Requirements \(77 Ill. Adm. Code 250\).](#)~~(See Sections 640.20 definition of "Maternity and Neonatal Service Plan", 640.40, 640.41, 640.42, 640.43).~~
 - 3) [Department of Public Health – Rules of Practice and Procedure infor](#)
[Administrative Hearings \(77 Ill. Adm. Code 100\).](#)~~(See Section 640.45 (b)).~~
 - 4) [Department of Human Services – Maternal and Child Health Services Code \(77 Ill. Adm. Code 630\).](#)~~(See Sections 640.80 (b)).~~
 - 5) [Department of Public Health – Access to Public Records of the](#)

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Department of Public Health~~Freedom of Information~~ (2 Ill. Adm. Code 11271126) ~~—(See Section 640.90 (e)(3)).~~

c) Standards or Guidelines

~~1) Family Center Maternity/Newborn Care in Hospitals, American College of Obstetricians and Gynecologists (1978) (409 12th Street, SW, Washington, DC 20024). (See Sections 640.20, definition of "Family Centered Care")~~

~~1)2) Guidelines for Perinatal Care, American Academy of Pediatrics and American College of Obstetricians and Gynecologists (2007)(1988) (which may be obtained from the American Academy of Pediatrics AAP, 141 Northwest Point Road, P.O. 927, Elk Grove Village, Illinois 60009-092760204). (See Sections 640.20, definition of "Family Centered Care," and "Maternity or Neonatal Complications", and (Section 640.43(d)(2);~~

~~2) Vermont Oxford Network: VLBW (Very Low Birth Weight) Summary for Birth Years 2006-2008 (which may be obtained from the Vermont Oxford Network, 33 Kilburn Street, Burlington, Vermont 05401; www.vtoxford.org)~~

~~3) Fundamental Statistics in Psychology and Education, Guilford and Fruehler (1978) New York McGraw-Hill. (See Section 640.80(b)(3)(E))~~

d) All incorporations by reference of ~~federal regulations and~~ the standards of nationally recognized organizations refer to the ~~regulations and~~ standards on the date specified and do not include any ~~amendments or editions~~~~additions or deletions~~ subsequent to the date specified.

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

Section 640.30 Perinatal Advisory Committee

- a) The Perinatal Advisory Committee (PAC) is an advisory body to the Department in matters pertaining to the regionalization of perinatal health care. The purpose is to advise the Department on the establishment and implementation of policy.
- b) The duties of the PAC~~Perinatal Advisory Committee~~ shall be to advise the Department on and make recommendations concerning:

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- 1) ~~Health~~ policies and quality of care issues affecting perinatal health care services and implementation of the State's perinatal health care plan;
 - 2) ~~The~~ needs of perinatal health care consumers and providers ~~and consumers~~;
 - 3) ~~Methods~~ methods to seek a better understanding and wider support of regionalized perinatal health care within the local community;
 - 4) ~~Coordinating~~ coordinating and organizing regional networks or systems of perinatal health care;
 - 5) ~~Policies~~ policeies relating to planning, operating and maintaining regional networks or systems of perinatal health care;
 - 6) All proposals for rulemaking ~~all proposed rules~~ affecting the provision of perinatal health care services under the Act; and
 - 7) Hospitals ~~maternity hospitals~~ seeking designation or redesignation as described in Sections 640.40 through 640.70.
- c) The ~~PAC~~ Perinatal Advisory Committee shall consist of 22 members appointed by the Director of the Department and six ex-officio members as follows:
- 1) Members
 - A) ~~10~~ Ten licensed physicians;
 - B) Three hospital administrators;
 - C) Two registered nurses;
 - D) One ~~licensed~~ social worker;
 - E) One ~~registered~~ dietitian;
 - F) One ~~registered~~ respiratory care practitioner ~~therapist~~;

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- G) One health planner;
 - H) Two consumers or representatives of the general public interested in perinatal health care; [and](#)
 - I) One representative of a [certified](#) local health department;
- 2) Ex-Officio Members
- A) [One representative of the Illinois Department of Healthcare and Family Services; One representative of the Perinatal Association of Illinois;](#)
 - B) [One representative of the Illinois Department of Human Services; One representative of the Perinatal Centers of Illinois;](#)
 - C) One representative of the Consortium of Perinatal Network Administrators;
 - D) One representative of the Chicago Department of Public Health;
 - E) One representative of the Chicago Maternal and Child Health Advisory Committee of the Chicago Department of [Public](#) Health; [and](#)
 - F) One representative of the Genetic and Metabolic Diseases Advisory Committee of the Department.
- d) Physician membership on the [PACPerinatal Advisory Committee](#) shall consist of four obstetrician-gynecologists, to include [a](#) subspecialist in maternal/fetal medicine, four pediatricians, to include [a](#) subspecialist in neonatal/perinatal medicine; and two family practice physicians.
- e) Recommendations for physicians shall be solicited from the Illinois State Medical Society, the Illinois Section of the American College of Obstetricians and Gynecologists, the Illinois Chapter of the American Academy of Pediatrics, and the Illinois Chapter of the American Academy of Family Practice. Recommendations for hospital administrators and [a](#) health planner shall be solicited from the Illinois Hospital Association. Recommendations for nurses

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shall be solicited from the Illinois Nurses Association; the Illinois [Section, Association of Women's Health, Obstetric and Neonatal Nursing \(AWHONN\)](#); ~~the National Association of Neonatal Nurses; Nurses Section of the American College of Obstetricians and Gynecologists;~~ and the American College of Nurse-Midwives. Recommendations for [a](#) social worker, [a](#) dietitian and [a](#) respiratory ~~care practitioner~~[therapist](#) shall be solicited from the Illinois Perinatal Social Work Association, the Illinois Dietetics Association and the Illinois Society of Respiratory Care. Recommendations for [a](#) representative of a [certified](#) local health department shall be solicited from the Illinois Association of Public Health Administrators.

- f) Membership of the ~~PAC Perinatal Advisory Committee~~ shall be selected to be representative of the levels of perinatal care described in Section 640.40, as well as of the different settings in which perinatal care is provided, both geographic and institutional.
- g) Members of the ~~PAC Perinatal Advisory Committee~~ shall serve four-year terms. Ex-officio ~~Officio~~ members shall have no set term of service. Both members and ex-officio members shall have full voting privileges.

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

Section 640.40 Standards for Perinatal Care

- a) Levels of Perinatal Care
~~Within each regional perinatal network there shall be three levels of perinatal care, and within Level II there shall be two categories of perinatal care: Level I or general care; Level II or intermediate care, or Level II with Extended Capabilities; and Level III or intensive care. Hospital licensing requirements~~[Minimum licensing standards](#) for all ~~three~~ levels [of care](#) are described in Subpart O of the Hospital Licensing Requirements ~~(77 Ill. Adm. Code 250)~~. All hospitals ~~providing obstetrical and neonatal services~~ shall be designated in accordance with ~~the provisions of~~ this Part and [have](#) a letter of agreement with a designated ~~APC Perinatal Center~~. (Section 640.70 describes the minimum components for the letter of agreement.)
- 1) [Non-Birthing Center hospitals do not provide perinatal services, but have a functioning emergency department. All licensed general hospitals that operate an emergency department shall have a letter of agreement with an](#)

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APC for referral of perinatal patients, regardless of whether the hospital provides maternity or newborn services. The letter of agreement shall delineate, but is not limited to, guidelines for transfer/transport of perinatal patients to an appropriate perinatal care hospital; telephone numbers for consultation and transfer/transport of perinatal patients; educational needs assessment for emergency department staff, and provision of education programs to maintain necessary perinatal skills.

- 2) Level I hospitals provide care to low-risk pregnant women and newborns, operate general care nurseries and do not operate an NICU or an SCN;
- 3) Level II hospitals provide care to women and newborns at moderate risk, operate intermediate care nurseries and do not operate an NICU or an SCN.
- 4) Level II with Extended Neonatal Capabilities hospitals provide care to women and newborns at moderate risk and do operate an SCN but do not operate an NICU.
- 5) Level III hospitals care for patients requiring increasingly complex care and do operate an NICU.

b) Perinatal Network

Non-Birthing Center, Level I, Level II, Level II with Extended Neonatal Capabilities and Level III hospitals facilities shall function within the framework of a regionally integrated system of services, under the leadership of an APC, designed to maximize outcomes and to promote appropriate use of expertise and resources. Prenatal Recognition of high risk conditions, prenatal consultations, referrals, or transfers and recognition of high risk conditions are important to improve outcomes. Regional consultant relationships in maternal-fetal medicine and neonatologyneonatology referred to in this Part shall be detailed in the letter of agreement. The hospital shall ensure that staffStaff physicians and consultants are familiar withshall be cognizant of the standards and the guidelines in the letter of agreement.

- c) All hospitals shall inform the Department of any change in or loss of essential resources required by this Part within 30 days after the change and/or loss. The hospital shall then replace the required resource within 90 days. Failure to comply shall result in a review by the Department, with a potential loss of designation.

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- e) ~~Non-Maternity General Hospitals~~
All licensed general hospitals that may provide emergent or urgent care shall have a letter of agreement with a Perinatal Center for referral of perinatal patients, regardless of whether they provide maternity or newborn services. The letter of agreement shall delineate but not be limited to: guidelines for transfer/transport of perinatal patients to an appropriate perinatal care facility, telephone numbers for consultation and transfer/transport of perinatal patients, educational needs assessment for Emergency Room staff, and provision of education programs to maintain emergency perinatal skills.

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

Section 640.41 Level I – Standards for Perinatal Care

~~Level I:~~ To be designated as Level I, a hospital facility shall apply to the Department as described in Section 640.60 ~~of this Part; shall and~~ comply with all the conditions described in Subpart O of the Hospital Licensing Requirements ~~that (77 Ill. Adm. Code 250) which~~ are applicable to the level of care necessary for the patients served; and ~~in addition~~ shall comply with the following provisions ~~(specifies regarding standards of care for both mothers and neonates as well as support services to be provided shall be defined in the hospital's letter of agreement with its Perinatal Center):~~

a) Level I – General Provisions

- 1) The Maternity and Neonatal Service Plan ~~of the Level I facility~~ shall include:

- A) ~~A~~ letter of agreement between the hospital facility and its APC Perinatal Center establishing criteria for maternal and neonatal ~~regarding plans for prompt~~ consultation; criteria for maternal and neonatal transports; standards of care of mothers and neonates; and support services to be provided. (Section 640.70 establishes the minimum components for the letter of agreement.); with a maternal-fetal medicine subspecialist or neonatologist specific to high-risk women and those neonates with conditions or developmental disabilities requiring transfer, such as: acute surgical and cardiac difficulties, neonates born with handicapping conditions, managing high-risk pregnancies, genetic counseling,

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~~information, referral and counseling services for families of neonates born with a handicapping condition or for a high-risk mother or her spouse, and~~

B) ~~Continuing~~continuing education of staff in perinatal care; ~~and, including family centered care for neonates with handicapping conditions.~~

C) ~~Participation in the CQI program implemented by the APC. (Section 640.70 describes the minimum components for the letter of agreement.) This agreement must include participation in a Continuous Quality Improvement program as defined by the Department and as designed and implemented by the Perinatal Center.~~

2) The critical considerations in the care of patients anticipating delivery in these hospitals are as follows:

A) ~~The~~the earliest possible detection of the high-risk pregnancy (risk assessment); ~~and~~ consultation with a maternal-fetal medicine subspecialist or neonatologist as specified in the letter of agreement; ~~;~~ and transfer to the appropriate level of care; and

B) ~~The~~the availability of trained personnel and facilities to provide competent emergency obstetric and newborn care. Included in the functions of this hospital facility are the stabilization of patients with unexpected problems, initiation of neonatal and maternal transports, patient and community education, and data collection and evaluation.

3) The Level I hospital shall provide continuing education for medical, nursing, respiratory therapy, and other staff providing general perinatal services, with evidence of a yearly competence assessment appropriate to the patient population served.

4)3) The Level I hospital shall maintain a~~A~~ system of recording patient admissions, discharges, birth weight, outcome, complications, and transports ~~to must be maintained and~~ meet the ~~requirement~~requirements to support network ~~CQI~~Continuous Quality Improvement activities described

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~~in the hospital's letter of agreement with the APCAs developed by the Statewide Quality Council and must be consistent with that of the Perinatal Center.~~ The hospital shall comply with the reporting requirements of the State Perinatal Reporting System Adverse Pregnancy Outcomes Reporting System (77 Ill. Adm. Code 840).

b) Level I – Standards for Maternal Care

- 1) The maternal patient with an uncomplicated current pregnancy and no previous history ~~that suggests~~suggestive of potential difficulties is considered appropriate for Level I ~~hospitals; however, the hospital's letter of agreement shall establish the specific conditions for the Level I hospital facilities.~~
- 2) Other than those maternal patients identified in subsection (b)(1), pregnancies of fewer than 36 weeks gestation constitute potentially high-risk conditions for which the attending health care provider shall consult with a board-certified obstetrician or maternal-fetal medicine subspecialist to determine whether a transport or transfer to a higher level of care is needed. The letter of agreement shall specify policies for consultation and the hospital's obstetric policies and procedures for each of, but not limited to, the pregnancy conditions listed in Section 640 Appendix H. Exhibit A.~~All maternal patients other than those identified in subsection (b)(1) above constitute potentially high-risk conditions for which consultation with a maternal-fetal medicine subspecialist or neonatologist as specified in the letter of agreement is recommended. Consultation or transfer shall be considered for each of the following conditions:~~
 - A) Previous Pregnancy Problems:
 - i) ~~Premature infant~~
 - ii) ~~Perinatal death or mental retardation~~
 - iii) ~~Isoimmunization~~
 - iv) ~~Difficult deliveries~~
 - v) ~~Congenital malformations~~

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vi) ~~Mid-trimester loss~~

B) ~~Current Pregnancy Problems:~~

i) ~~Any medical disorder (e.g., diabetes mellitus, hemoglobinopathy, chronic hypertension, heart disease, renal disease)~~

ii) ~~Drug addiction~~

iii) ~~Multiple gestation~~

iv) ~~Intrauterine growth restriction~~

v) ~~Preterm labor less than or equal to 36 weeks~~

vi) ~~Postdate greater than or equal to 42 weeks~~

vii) ~~Third trimester bleeding~~

viii) ~~Abnormal genetic evaluation~~

ix) ~~Pregnancy induced hypertension~~

3) Hospitals shall have the capability for continuous electronic maternal-fetal monitoring for patients identified at risk, with staff available 24 hours a day, including physician and nursing, who are knowledgeable of electronic fetal monitoring use and interpretation. Physicians and nurses shall complete a competence assessment in electronic maternal-fetal monitoring every two years.

4) Hospitals shall provide caesarean section decision-to-incision capabilities within 30 minutes.

c) Level I – Standards for Neonatal Care

1) Neonatal~~The neonatal~~ patients greater than 36 weeks gestation or greater than 2500 grams without risk factors and infants with physiologic jaundice

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are generally considered appropriate for Level I ~~hospitals~~facilities; however, the ~~hospital's~~facilities' letter of agreement ~~shall~~must establish the specific conditions for Level I ~~hospitals~~facilities.

- 2) For all neonatal patients other than those identified in subsection (c)(1), consultation with a neonatologist is required to determine whether a transport to a higher level of care is needed. Consultation shall be specified in the letter of agreement and outlined in the hospital's pediatric policies and procedures for conditions including, but not limited to:~~All neonatal patients other than those identified in subsection (c)(1) above constitute neonatal conditions for which a neonatology consultation as specified in the letter of agreement by the attending physician is recommended. Consultation or transfer is recommended for each of the following conditions:~~
- ~~A)~~ A) Gestational age less than 36 weeks, birth weight less than 2500 grams
 - ~~B)~~ A)B) Small-for-gestational age (less than 10th percentile)
 - ~~C)~~ B)C) Documented sepsis~~Sepsis~~
 - ~~D)~~ C)D) Seizures
 - ~~E)~~ D)E) Congenital heart disease
 - ~~F)~~ E)F) Multiple congenital anomalies
 - ~~G)~~ F)G) Apnea
 - ~~H)~~ G)H) Respiratory distress
 - ~~I)~~ H)I) Neonatal asphyxia
 - ~~J)~~ I)J) Handicapping~~Infants identified as having handicapping~~ conditions or developmental disabilities ~~that~~which threaten life or subsequent development
 - ~~K)~~ J)K) Severe anemia

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~~K)L)~~ Hyperbilirubinemia, not due to physiologic cause

~~L)M)~~ Polycythemia

~~Specifies regarding consultation or transfer for each of these conditions must be detailed in the letter of agreement.~~

d) Level I – Resource Requirements

The following support services shall be available:

~~1)~~ ~~Capability for continuous electronic maternal-fetal monitoring for patients identified at risk with staff knowledgeable in its use and interpretation available with evidence of completion of a yearly competence assessment in electronic fetal monitoring.~~

~~1)2)~~ Blood bank technicians shall be on call and available within 30 minutes for performance of routine blood banking procedures.

~~2)3)~~ General anesthesia services shall be on call and available within 30 minutes to initiate caesarean sections.

~~4)~~ ~~Caesarean section capability within 30 minutes.~~

~~3)5)~~ Radiology services shall be service available within 30 minutes ~~notice~~.

~~4)6)~~ Clinical laboratory services shall include microtechnique for hematocrit, blood gases, and routine urinalysis within 15 minutes; glucose, blood urea nitrogen (BUN)BUN, creatinine, blood gases, routine urinalysis in 1 hour; complete blood count (CBC)CBC, routine blood chemistries, type, cross, Coombs' test; and bacterial smear within one hour~~6 hours~~; and capability for bacterial culture and sensitivity and viral culture.

~~5)7)~~ A physician for the program shall be designated to assume primary responsibility for initiating, supervising and reviewing the plan for management~~management~~ of distressed~~depressed~~ infants, ~~in the delivery room~~. Policies and procedures shall assign responsibility for identification and resuscitation of distressed neonates to individuals~~at least one~~

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~~individual~~ who have completed a nationally recognized neonatal resuscitation program and are both specifically trained and immediately available in the hospital at all times, such as another physician, a nurse with training and experience in neonatal resuscitation, or a licensed respiratory care practitioner. ~~Individuals assigned to perform neonatal resuscitation shall have documented evidence of current completion of a neonatal resuscitation course. It is further recommended that physicians and/or advanced practice nurses who care for newborns have documented evidence of completion of a neonatal resuscitation course.~~

- 8) ~~The Level I facility shall be responsible for provision of continuing education for medical, nursing, respiratory therapy, and other staff providing general perinatal services with evidence of a yearly competence assessment appropriate to the patient population served.~~

e) Application for Designation, Redesignation or Change in Network

- 1) To be designated or to retain designation, a hospital shall submit the required application documents to the Department. For information needed to complete any of the processes, see Section 640.50 (Designation and Redesignation of Non-Birthing Center, Level I, Level II, Level II with Extended Neonatal Capabilities, Level III Perinatal Hospitals, and Administrative Perinatal Centers) and Section 640.60 (Application for Hospital Designation and Redesignation as Non-Birthing Center, Level I, Level II, Level II with Extended Neonatal Capabilities, Level III Perinatal Hospital, and Administrative Perinatal Center, and Assurances Required of Applicants).
- 2) The following information shall be submitted to the Department to facilitate the review of the hospital's application for designation or redesignation:
- A) Appendix A (fully completed);
 - B) Resource Checklist (fully completed);
 - C) A proposed letter of agreement between the hospital and the APC (unsigned);

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- D) The curriculum vitae for all directors of patient care, i.e., obstetrics, neonatal, ancillary medical and nursing.
 - 3) When the information described in subsection (e)(2) is submitted, the Department will review the material for compliance with this Part. This documentation will be the basis for a recommendation for approval or disapproval of the applicant hospital's application for designation.
 - 4) The medical co-directors of the APC (or their designees), the medical directors of obstetrics and maternal and newborn care, and a representative of hospital administration from the applicant hospital shall be present during the PAC's review of the application for designation.
 - 5) The Department will make the final decision and inform the hospital of the official determination regarding designation. The Department's decision will be based upon the recommendation of the PAC and the hospital's compliance with this Part, and may be appealed in accordance with Section 640.45. The Department will consider the following criteria to determine if a hospital is in compliance with this Part:
 - A) Maternity and Neonatal Service Plan (Subpart O of the Hospital Licensing Requirements);
 - B) Proposed letter of agreement between the applicant hospital and its APC in accordance with Section 640.70;
 - C) Appropriate outcome information contained in Appendix A and the Resource Checklist (Appendices L, M, N and O);
 - D) Other documentation that substantiates a hospital's compliance with particular provisions or standards of perinatal care; and
 - E) Recommendation of Department program staff.
- e) Exceptions to Level I Standards of Care
- 1) Exceptions to the standards of care set forth in this Part may be necessary based on patient care needs, current practice, outcomes, and geography in the regional perinatal network. These exceptions are not intended to

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~~circumvent the Level II designation. The applicant facility or the Perinatal Center may seek the advice and consultation of the Department as well as the Perinatal Advisory Committee in regard to the conditions necessary for an exception.~~

- 2) ~~Exceptions to the standards of care of this Part may be granted when the facility requesting an exception demonstrates that the resources and quality of care (outcomes) are substantially equivalent to the resources and quality of care for any Level II facility. The resource requirements for these exceptions may be found in Section 640.42(d) for Level II facilities. The proposed exceptions shall be determined by the applicant facility and its Perinatal Center based primarily on outcomes.~~
- 3) ~~If the applicant facility and its Perinatal Center cannot reach agreement on any aspect of the exceptions to the standards of care of this Part, the applicant facility or Perinatal Center shall seek the advice and consultation of the Perinatal Advisory Committee (i.e., subcommittee on facility designation). Any exception to the standards of care of this Part shall be clearly defined in the proposed letter of agreement and approved by the Department before implementing the exceptions or patient care services being requested. The Department shall permit a period of testing or trial (probation) to demonstrate that the applicant facility's resources and quality of care (outcomes) are substantially equivalent to the resources and quality of care for any Level II facility.~~
- 4) ~~If a dispute between the applicant facility and its Perinatal Center cannot be resolved after consultation with the Perinatal Advisory Committee (i.e., subcommittee on facility designation), then the applicant facility, the Perinatal Center, or the Perinatal Advisory Committee shall submit the dispute to the Department for settlement. The Department shall review all of the relevant information and documentation that clearly substantiates the facility's compliance with particular provisions or standards of perinatal care and the recommendations of the Perinatal Advisory Committee in deciding or settling a dispute. The Department shall inform the applicant facility, the Perinatal Center and the Perinatal Advisory Committee of its decision or judgment.~~
- 5) ~~The following information shall be submitted to the Perinatal Advisory Committee (i.e., subcommittee on facility designation) to facilitate the~~

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~~review of the applicant facility's application for designation with exceptions to the standards of care of this Part:~~

- ~~A) A proposed letter of agreement (unsigned).~~
- ~~B) The curriculum vitae for all directors of patient care, i.e., OB, neonatal, nursing (OB and neonatal).~~
- ~~C) Appendices A and B (fully completed).~~
- ~~D) A letter from the Perinatal Center that includes the following information:~~
 - ~~i) List of the exceptions being requested.~~
 - ~~ii) Sufficient data/information to demonstrate that the quality of care (outcomes) of the applicant facility are substantially equivalent to the appropriate standards as outlined in subsection (c) of this Section.~~
 - ~~iii) A description of the monitoring system used when a consultation occurs between the attending physician at the referring hospital and the physician consultant at the Perinatal Center or Level III facility and it is determined that the mother or newborn infant should stay in the community hospital for care.~~
 - ~~iv) A description of any arrangements made between the applicant facility and the Perinatal Center to seek or insure quality improvement.~~
- ~~6) When the information described in Section 640.41(e) is submitted to the Perinatal Advisory Committee, it shall review the material for compliance with the Regionalized Perinatal Health Care Code, and shall make a recommendation for approval or disapproval of the applicant facility's application for designation with exceptions to the Department.~~
- ~~7) The medical co-directors of the Perinatal Center (or their designees) and the medical directors of obstetrics and maternal and newborn care and a~~

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~~representative of hospital administration from the applicant facility shall be present during the Perinatal Advisory Committee's review of the applicant facility's application for designation with exceptions.~~

- 8) ~~The Department shall review the submitted materials and any other documentation that clearly substantiates the facility's compliance with particular provisions or standards of perinatal care, including quality of care (outcomes) data/information and the recommendation of the Perinatal Advisory Committee, and shall make a recommendation to the Director of Public Health concerning the approval or disapproval of the applicant facility's application for designation with exceptions.~~
- 9) ~~The Director of Public Health shall make the final decision and inform the facility of the official determination regarding designation with exceptions to the standards of care of this Part. The Director's decision shall be based upon the recommendation of the Perinatal Advisory Committee and the facility's compliance with the Regionalized Perinatal Health Care Code, and may be appealed in accordance with Section 640.45. The Director of Public Health shall consider the following criteria or standards to determine if a facility is in compliance with the Code:~~
 - A) ~~Maternity and Neonatal Service Plan (Subpart O of the Illinois Hospital Licensing Requirements).~~
 - B) ~~Proposed letter of agreement between the applicant facility and its Perinatal Center in accordance with the provisions described in Section 640.70.~~
 - C) ~~Appropriate outcome information contained in Appendices A and B.~~
 - D) ~~Other documentation that clearly substantiates a facility's compliance with particular provisions or standards of perinatal care.~~
 - E) ~~Recommendation of Department program staff.~~

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

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Section 640.42 Level II and Level II with Extended Neonatal Capabilities – Standards for Perinatal Care

~~Level II:~~ To be designated as Level II or Level II with Extended Neonatal Capabilities, a hospital facility shall apply to the Department as described in Section 640.60 of this Part; shall ~~and~~ comply with all of the conditions described in Subpart O of the Hospital Licensing Requirements ~~that (77 Ill. Adm. Code 250) promulgated by the Department which~~ are applicable to the level of care necessary for the patients served; ~~and in addition~~ shall comply with the following provisions (specifics regarding standards of care for both mothers and neonates as well as resource requirements to be provided shall be defined in the hospital's letter of agreement with its APC Perinatal Center):

a) Level II and Level II with Extended Neonatal Capabilities – General Provisions

~~1) A Level II or Level II with Extended Neonatal Capabilities hospital shall; facility is to~~

- ~~1) Provide provide all services outlined for Level I (Section 640.41(a));~~
- ~~2) Provide as well as diagnosis and treatment of selected high-risk pregnancies and neonatal problems; ~~Both the obstetrical service and the neonatal service must achieve the applicable capability of a Level II or Level II with Extended Capabilities facility for the applicable Level II designation. Further standards for Level II facilities are set out in subsections (b) through (h) with subsections (f) through (h) specifically applying to facilities that are Level II with Extended Capabilities. Included in the functions of this facility are education of allied health professionals and~~~~
- ~~3) Accept acceptance of selected ~~maternal-fetal and~~ neonatal transports from Level I or other Level II hospitals as identified in the ~~letter~~ letters of agreement with the APC Perinatal Center; ~~and The letters of agreement should include participation in a Continuous Quality Improvement program as defined by the Department and implemented by the Perinatal Center.~~~~
- ~~4) 2) Maintain a system for recording patient admissions, discharges, birth weight, outcome, complications; and transports ~~must be maintained and must meet requirements~~ to support network CQI Continuous Quality~~

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~~Improvement program~~ activities described in the hospital's letter of agreement with the APC. The hospital shall comply with the reporting requirements of the State Perinatal Reporting System as developed by the Statewide Quality Council. The hospital must comply with the requirements of the Adverse Pregnancy Outcomes Reporting System (77 Ill. Adm. Code 840). For hospitals designated Level II with Extended Capabilities, participation in the Perinatal Reporting System is also required.

b) Level II – Standards for Maternal Care

- 1) The following maternal patients are considered to be appropriate for management and delivery by the primary physician at Level II hospitals facilities without requirement for a maternal-fetal medicine consultation; however, the hospital's letter of agreement shall establish the specific conditions for the Level II hospital:
 - A) Those listed for Level I (~~see~~See Section 640.41(b)(~~4~~));
 - B) Normal current pregnancy although obstetric history may suggest~~be suggestive of~~ potential difficulties;
 - C) Selected medical conditions controlled with medical treatment such as: mild chronic hypertension, thyroid disease, illicit drug use, urinary tract infection, and non-systemic steroid-dependent reactive airway disease;
 - D) Selected obstetric complications that present after 32 weeks gestation, such as: mild pre-eclampsia/pregnancy-induced hypertension, placenta previa, abruptio placenta, premature rupture of membranes or premature labor;
 - E) Other selected obstetric conditions that do not adversely affect maternal health or fetal well-being, such as: normal twin gestation, hyperemesis gravidium, suspected fetal macrosomia, or incompetent cervical os;
 - F) Gestational diabetes, Class A1 (White's criteria).

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- 2) ~~The attending health care provider shall consult~~For the following maternal conditions, consultation with a maternal-fetal medicine subspecialist, as detailed in the ~~letter~~letters of agreement ~~with the APC and outlined in the hospital's obstetric department policies and procedures, for each of, but not limited to, the current pregnancy conditions listed in Section 640.~~Appendix H.Exhibit B. Subsequent patient management and site of delivery shall be determined by mutual collaboration between the patient's physician and the maternal-fetal medicine subspecialist.~~with subsequent management and delivery at the appropriate facility as determined by mutual collaboration is recommended.~~
- A) ~~Current obstetric history suggestive of potential difficulties such as: intrauterine growth restriction, prior neonatal death, two or more previous preterm deliveries less than 34 weeks, a single previous preterm delivery less than 30 weeks, birth of a neonate with serious complications resulting in a handicapping condition, recurrent spontaneous abortion or fetal demise, family history of genetic disease;~~
- B) ~~Active chronic medical problems with known increase in perinatal mortality, such as: cardiovascular disease Class I and Class II, autoimmune disease, reactive airway disease requiring treatment with systemic corticosteroids, seizure disorder, controlled hyperthyroidism on replacement therapy, hypertension controlled on a single medication, idiopathic thrombocytopenia purpura, thromboembolic disease, malignant disease (especially when active), renal disease with functional impairment, human immunodeficiency viral infection (consultation may be with maternal-fetal medicine or infectious disease subspecialist);~~
- C) ~~Selected obstetric complications that present prior to 34 weeks gestation, such as: suspected intrauterine growth restriction, polyhydramnios, oligohydramnios, pre-eclampsia/pregnancy-induced hypertension, congenital viral disease, maternal surgical conditions, suspected fetal abnormality or anomaly, isoimmunization with antibody titers greater than 1:8, antiphospholipid syndrome;~~
- D) ~~Abnormalities of the reproductive tract known to be associated~~

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~~with an increase in preterm delivery, such as uterine anomalies or diethyl stilbesterol exposure;~~

- E) ~~Insulin dependent diabetes Class A2 and B or greater (White's criteria);~~

- 3) ~~For the following maternal conditions, referral to a maternal-fetal medicine subspecialist for evaluation shall occur. Subsequent patient management and site of delivery shall be determined by mutual collaboration between the patient's physician and the maternal-fetal medicine subspecialist:~~

- A) ~~Selected chronic medical conditions with a known increase in perinatal mortality, such as: cardiovascular disease with functional impairment (Class III or greater), respiratory failure requiring mechanical ventilation, acute coagulopathy, intractable seizures, coma, sepsis, solid organ transplantation, active autoimmune disease requiring corticosteroid treatment, unstable reactive airway disease, renal disease requiring dialysis or with a serum creatinine concentration greater than 1.5 mg%, active hyperthyroidism, hypertension that is unstable or requires more than one medication to control, severe hemoglobinopathy;~~
- B) ~~Selected obstetric complications that present prior to 32 weeks gestation (prior to 30 weeks gestation for Level II with extended capabilities), such as: multiple gestation with more than two fetuses, twin gestation complicated by demise, discordancy, or maldevelopment of one fetus or by fetal-fetal transfusion, premature labor unresponsive to first line tocolytics, premature rupture of membranes, medical and obstetrical complications of pregnancy possibly requiring induction of labor or non-emergent caesarean section for maternal or fetal indications, such as severe pre-eclampsia;~~
- C) ~~Isoimmunization with possible need for intrauterine transfusion;~~
- D) ~~Insulin dependent diabetes mellitus Classes C, D, R, F, or H (White's criteria);~~

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~~E) Suspected congenital anomaly or abnormality requiring an invasive fetal procedure, neonatal surgery or postnatal medical intervention to preserve life, such as: fetal hydrops, pleural effusion, ascites, persistent fetal arrhythmia, major organ system malformation-malfunction, or genetic condition.~~

3) Hospitals shall have the capability for continuous electronic maternal-fetal monitoring for patients identified at risk, with staff available 24 hours a day, including physician and nursing, who are knowledgeable of electronic maternal-fetal monitoring use and interpretation. Physicians and nurses shall complete a competence assessment in electronic maternal-fetal monitoring every two years.

c) Level II – Standards for Neonatal Care

1) The following neonatal patients are considered appropriate for Level II ~~hospitals~~facilities without a requirement for neonatology consultation:

A) Those listed for Level I: (see Section 640.41 ~~(c)(b)(1)~~);

B) Premature infants at 32 or more weeks gestation who are otherwise well;

~~C)B)~~ Infants with mildMild to moderate respiratory distress (not requiring ~~assistedmechanical~~ ventilation in excess of ~~six6~~ hours);

~~D)C)~~ Infants with suspectedSuspected neonatal sepsis, hypoglycemia responsive to glucose infusion, and asymptomatic neonates of diabetic mothers; and

~~E)D)~~ InfantsNursery care of infants with a birth weight greater than 1500 grams who are otherwise well.

~~E)~~ Nursery care of premature infants at 32 or more weeks gestation who are otherwise well.

2) The attending physician shall consult a neonatologist for~~For~~ the following neonatal conditions. Consultation shall be specified; neonatology consultation is recommended, as detailed in the letter of agreement with

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the APC and outlined in the hospital's pediatric department policies and procedures for conditions including, but not limited to;~~for each of the following:~~

~~A)~~ Premature birth with gestation less than 32 weeks, but greater than or equal to 30 weeks;

~~A)B)~~ Birth~~Infants with a birth~~ weight less than 1500 grams,~~but greater than 1250 grams;~~

~~B)C)~~ Infants with 10 minute Apgar scores of 5 or less;

~~C)D)~~ Handicapping~~Stable infants identified as having handicapping~~ conditions or developmental disabilities that threaten subsequent development in an otherwise stable infant.

3) Minimum conditions for transport shall be specified in the letter of agreement and outlined in the hospital's pediatric department policies and procedures for conditions including, but not limited to:~~Transfer shall occur upon recommendation of the Perinatal Center for each of the following neonatal conditions:~~

A) Premature birth that is less than 32~~30~~ weeks gestation;

B) Birth weight~~Birthweight~~ less than ~~or equal to 1500~~1250 grams;

C) Assisted~~Infants requiring mechanical~~ ventilation beyond the initial stabilization period of six~~6~~ hours;

~~D)~~ Infants who require a sustained inhaled oxygen concentration in excess of 50% in order to maintain a transcutaneous or arterial oxygen saturation greater than or equal to 92%;

~~D)E)~~ Congenital~~Infants with significant congenital~~ heart disease associated with cyanosis, congestive heart failure; or impaired peripheral blood flow;

~~E)F)~~ Major congenital~~Infants with major congenital~~ malformations requiring immediate comprehensive evaluation or neonatal

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surgery;

~~F)G)~~ ~~Neonatal~~~~Infants requiring neonatal~~ surgery ~~requiring~~~~with~~ general anesthesia;

~~G)H)~~ ~~Sepsis~~~~Infants with sepsis~~, unresponsive to therapy, associated with persistent shock or other organ system failure;

~~H)I)~~ ~~Uncontrolled~~~~Infants with uncontrolled~~ seizures;

~~I)J)~~ ~~Stupor~~~~Infants with stupor~~, coma, hypoxic ischemic encephalopathy Stage II or greater;

~~J)K)~~ ~~Double-volume~~~~Infants requiring double-volume~~ exchange transfusion;

~~K)L)~~ ~~Metabolic~~~~Infants with metabolic~~ derangement persisting after initial correction therapy;

~~L)M)~~ ~~Handicapping~~~~Infants identified as having handicapping~~ conditions that threaten life for which transfer can improve outcome.

d) Level II – Resource Requirements

Resources shall include all those listed for Level I (Section 640.41(d)) as well as the following:

- 1) Experienced blood bank technicians shall be immediately available in the hospital for blood banking procedures and identification of irregular antibodies. Blood component therapy shall be readily available.
- 2) Experienced radiology technicians shall be immediately available in the hospital with professional interpretation available 24 hours a day. Ultrasound capability shall be available 24 hours a day. In addition, Level I ultrasound and staff knowledgeable in its use and interpretation shall be available 24 hours a day.
- 3) Clinical laboratory services shall include microtechnique blood gases in 15 minutes; and electrolytes and coagulation studies within one~~an~~-hour.

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- 4) Personnel skilled in phlebotomy and intravenous (IV)~~I.V.~~ placement in the newborn shall be available 24 hours a day.
- ~~5)4)~~ Social work services provided by one ~~licensed medical~~ social worker, preferably with relevant experience and responsibility for perinatal patients, shall be available through the hospital social work department.
- ~~6)5)~~ Protocols for discharge planning, routine follow-up care, and developmental follow-up shall~~must~~ be established.
- ~~6)~~ ~~General anesthesia on call available within 30 minutes to initiate caesarean section.~~
- 7) A ~~licensed~~ respiratory care practitioner with experience in neonatal care shall be available.
- 8) One ~~registered~~ dietitian with experience in perinatal nutrition shall be available to plan diets to meet the needs of mothers and infants.
- 9) Capability to provide neonatal resuscitation in the delivery room shall be satisfied by current completion of a nationally recognized neonatal resuscitation program by medical, nursing and respiratory care staff or a hospital rapid response team. Continuous electronic maternal-fetal monitoring and staff knowledgeable in its use and interpretation, with evidence of completion of a yearly competence assessment in electronic fetal monitoring, shall be available 24 hours a day.
- ~~10)~~ ~~The Level II facility shall be responsible for provision of continuing education for medical, nursing, respiratory therapy and other staff providing general perinatal services with evidence of a yearly competence assessment appropriate to the patient population served.~~
- ~~11)~~ ~~A physician for the program shall be designated to assume primary responsibility for initiating, supervising and reviewing the plan for management of depressed infants in the delivery room. Policies and procedures shall assign responsibility for identification and resuscitation of distressed neonates to an individual who is both specifically trained and available in the hospital at all times, such as another physician, a nurse with training and experience in perinatal care, or respiratory therapist.~~

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~~Individuals assigned to perform neonatal resuscitation shall have documented evidence of current completion of a neonatal resuscitation course. It is further recommended that physicians and/or advanced practice nurses who care for newborns have documented evidence of a neonatal resuscitation course.~~

e) Application for Designation, Redesignation or Change in Network

- 1) To be designated or to retain designation, a hospital shall submit the required application documents to the Department. For information needed to complete any of the processes, see Section 640.50 and Section 640.60.
- 2) The following information shall be submitted to the Department to facilitate the review of the hospital's application for designation or redesignation:
 - A) Appendix A (fully completed);
 - B) Resource Checklist (fully completed) (Appendices L, M, N and O);
 - C) A proposed letter of agreement between the hospital and the APC (unsigned); and
 - D) The curriculum vitae for all directors of patient care, i.e., obstetrics, neonatal, ancillary medical care and nursing (both obstetrics and neonatal).
- 3) When the information described in subsection (e)(2) is submitted, the Department will review the material for compliance with this Part. This documentation will be the basis for a recommendation for approval or disapproval of the applicant hospital's application for designation.
- 4) The medical co-directors of the APC (or their designees), the medical directors of obstetrics and maternal and newborn care, and a representative of hospital administration from the applicant hospital shall be present during the PAC's review of the application for designation.

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- 5) The Department will make the final decision and inform the hospital of the official determination regarding designation. The Department's decision will be based upon the recommendation of the PAC and the hospital's compliance with this Part and may be appealed in accordance with Section 640.45. The Department will consider the following criteria or standards to determine if a hospital is in compliance with this Part:
- A) Maternity and Neonatal Service Plan (Subpart O of the Hospital Licensing Requirements);
 - B) Proposed letter of agreement between the applicant hospital and its APC, in accordance with Section 640.70;
 - C) Appropriate outcome information contained in Appendix A and the Resource Checklist;
 - D) Other documentation that substantiates a hospital's compliance with particular provisions or standards of perinatal care set forth in this Part; and
 - E) Recommendation of Department program staff.
- e) Exceptions to Level II—Standards of Care
- 1) Exceptions to the standards of care set forth in this Part may be necessary based on patient care needs, current practice, outcomes, and geography in the regional perinatal network. These exceptions are not intended to circumvent the Level II with Extended Capabilities designation. The applicant facility or the Perinatal Center may seek the advice and consultation of the Department as well as the Perinatal Advisory Committee in regard to the conditions necessary for an exception.
 - 2) Exceptions to the standards of care of this Part may be granted when the facility requesting an exception demonstrates that the resources and quality of care (outcomes) are substantially equivalent to the resources and quality of care for any Level II facility with Extended Capabilities. The resource requirements for these exceptions may be found in subsection (d) of this Section for Level II with Extended Capabilities standards. The proposed exceptions shall be determined by the applicant facility and its

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~~Perinatal Center based primarily on outcomes.~~

- 3) ~~If the applicant facility and its Perinatal Center cannot reach agreement on any aspect of the exceptions to the standards of care of this Part, the applicant facility or Perinatal Center shall seek the advice and consultation of the Perinatal Advisory Committee (i.e., subcommittee on facility designation). Any exception to the standards of care of this Part shall be clearly defined in the proposed letter of agreement and approved by the Department before implementing the exceptions or patient care services being requested. The Department shall permit a period of testing or trial (probation) to demonstrate that the applicant facility's resources and quality of care (outcomes) are substantially equivalent to the resources and quality of care for any Level II with Extended Capabilities facility.~~
- 4) ~~If a dispute between the applicant facility and its Perinatal Center cannot be resolved after consultation with the Perinatal Advisory Committee (i.e., subcommittee on facility designation), then the applicant facility, the Perinatal Center or the Perinatal Advisory Committee shall submit the dispute to the Department for settlement. The Department shall review all of the relevant information and documentation that clearly substantiates the facility's compliance with particular provisions or standards of perinatal care and the recommendations of the Perinatal Advisory Committee in deciding or settling a dispute. The Department shall inform the applicant facility, the Perinatal Center and the Perinatal Advisory Committee of its decision or judgment.~~
- 5) ~~The following information shall be submitted to the Perinatal Advisory Committee (i.e., subcommittee on facility designation) to facilitate the review of the applicant facility's application for designation with exceptions to the standards of care of this Part:~~
 - A) ~~A proposed letter of agreement (unsigned).~~
 - B) ~~The curriculum vitae for all directors of patient care, i.e., OB, neonatal, nursing (OB and neonatal).~~
 - C) ~~Appendices A and B (fully completed).~~
 - D) ~~A letter from the Perinatal Center that includes the following~~

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~~information:~~

- ~~i) List of the exceptions being requested.~~
 - ~~ii) Sufficient data/information to demonstrate that the quality of care (outcomes) of the applicant facility are substantially equivalent to the appropriate standards as outlined in subsection (c) of this Section.~~
 - ~~iii) A description of the monitoring system used when a consultation occurs between the attending physician at the referring hospital and the physician consultant at the Perinatal Center or Level III facility and it is determined that the mother or newborn infant should stay in the community hospital for care.~~
 - ~~iv) A description of any arrangements made between the applicant facility and the Perinatal Center to seek or insure quality improvement.~~
- ~~6) When the information described in subsection (c) is submitted to the Perinatal Advisory Committee, it shall review the material for compliance with the Regionalized Perinatal Health Care Code, and shall make a recommendation for approval or disapproval of the applicant facility's application for designation with exceptions to the Department.~~
 - ~~7) The medical co-directors of the Perinatal Center (or their designees) and the medical directors of OB and neonatology and a representative of hospital administration from the applicant facility shall be present during the Perinatal Advisory Committee's review of the applicant facility's application for designation with exceptions.~~
 - ~~8) The Department shall review the submitted materials and any other documentation that clearly substantiates the facility's compliance with particular provisions or standards of perinatal care, including quality of care (outcomes) information and the recommendation of the Perinatal Advisory Committee, and shall make a recommendation to the Director of Public Health concerning the approval or disapproval of the applicant facility's application for designation with exceptions.~~

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- 9) ~~The Director of Public Health shall make the final decision and inform the facility of the official determination regarding designation with exceptions to the standards of care of this Part. The Director's decision shall be based upon the recommendation of the Perinatal Advisory Committee and the facility's compliance with the Regionalized Perinatal Health Care Code, and may be appealed in accordance with Section 640.45. The Director of Public Health shall consider the following criteria or standards to determine if a facility is in compliance with the Code:~~

- ~~A) **Maternity and Neonatal Service Plan (Subpart O of the Illinois Hospital Licensing Requirements).**~~
- ~~B) Proposed letter of agreement between the applicant facility and its Perinatal Center in accordance with the provisions described in Section 640.70.~~
- ~~C) Appropriate outcome information contained in Appendices A and B.~~
- ~~D) Other documentation that clearly substantiates a facility's compliance with particular provisions or standards of perinatal care.~~
- ~~E) Recommendation of Department program staff.~~

- f) Level II with Extended Neonatal Capabilities – Standards for Special Care Nursery~~Neonatal Intensive Care~~ Services

- 1) The following patients are considered appropriate for Level II with Extended Neonatal Capabilities hospitals~~facilities~~ with SCN~~neonatal intensive care~~ services:

- A) Those listed in subsection (c) of this Section~~for Level II care~~;
- B) Infants with Nursery care of low birth weight infants greater than 1250 grams;
- C) Premature~~Nursery care of premature~~ infants of 30 or more

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~~weeks~~weeks gestation;

D) Infants on ~~assisted~~mechanical ventilation.

- 2) For each of the following neonatal conditions, ~~a~~ consultation ~~shall occur~~ between the Level II with Extended Neonatal Capabilities attending physician and the ~~APC~~Perinatal Center or Level III neonatologist ~~is required. The~~is required. It is expected that the attending neonatologist at the Level II with Extended Neonatal Capabilities ~~hospital facility~~ and the attending neonatologist at the ~~APC~~Perinatal Center or Level III ~~hospital facility~~ shall determine, ~~by mutual collaboration~~, the most appropriate ~~hospital facility~~ to continue patient care ~~by mutual collaboration~~. The Level II ~~hospital facility~~ with Extended Neonatal Capabilities shall develop a prospective plan for patient care for those infants who remain at the ~~Level II hospital facility with Extended Capabilities. Both the letter of agreement with the APC and the hospital's department of pediatrics' policies and procedures shall identify conditions that might require transfer to a Level III hospital, including, but not limited to: The plan shall include the following criteria that would trigger subsequent transfer to a Perinatal Center or Level III facility:~~

A) Premature birth that is less than 30 weeks gestation;

B) Birth weight less than or equal to 1250 grams;

C) Conditions listed in subsections (c)(3)(C) through (L) of this Section. Infants with significant congenital heart disease associated with cyanosis, congestive heart failure, or impaired peripheral blood flow;

~~D) Infants with major congenital malformations requiring immediate comprehensive evaluation or neonatal surgery;~~

~~E) Infants requiring neonatal surgery with general anesthesia;~~

~~F) Infants with sepsis, unresponsive to therapy, associated with persistent shock or other organ system failure;~~

~~G) Infants with uncontrolled seizures;~~

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- ~~H) Infants with stupor, coma, hypoxic ischemic encephalopathy Stage II or greater;~~
- ~~I) Infants requiring double volume exchange transfusion;~~
- ~~J) Infants with metabolic derangement persisting after initial correction therapy;~~
- ~~K) Infants identified as having handicapping conditions that threaten life for which transfer can improve outcome.~~

g) Level II with Extended Neonatal Capabilities – Resource Requirements

- 1) Resources shall include all those listed in Section 640.41(d) for Level I care and in Section 640.42(d) for Level II care, as well as the following:
 - A) Obstetric activities shall be directed and supervised by a full-time board-certified obstetrician ~~or a subspecialty obstetrician certified by the American Board of Obstetrics and Gynecology in the subspecialty of maternal and fetal medicine~~ or a licensed osteopathic physician with equivalent training and experience and certification~~certified~~ by the American Osteopathic Board of Obstetricians and Gynecologists.
 - B) Neonatal activities shall be directed and supervised by a full-time pediatrician certified by the American Board of Pediatrics Sub-Board of Neonatal/Perinatal Medicine or ~~ana-licensed~~ osteopathic physician with equivalent training and experience and certification~~certified~~ by the American Osteopathic Board of Pediatricians.
 - C) The directors of obstetric and neonatal services shall ensure the back-up supervision of their services when they are unavailable.
 - D) The obstetric-newborn nursing services shall be directed by a full-time nurse experienced in perinatal nursing, preferably with a master's degree.

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- E) The pediatric-neonatal respiratory therapy services shall be directed by a full-time ~~licensed~~ respiratory care practitioner with at least ~~three~~3 years experience in all aspects of pediatric and neonatal respiratory therapy, ~~preferably~~ with a bachelor's degree and ~~one successful~~ completion of the neonatal/pediatric specialty examination of the National Board for Respiratory Care.
- F) Preventive services shall be designated to prevent, detect, diagnose and refer or treat conditions known to occur in the high risk newborn, such as: cerebral hemorrhage, visual defects (retinopathy of prematurity), and hearing loss, and to provide appropriate immunization of high-risk newborns.
- G) A ~~designated~~ person shall be designated to coordinate the local health department community nursing follow-up referral process, to direct discharge planning, to make home care arrangements, to track discharged patients, and to collect outcome information. The community nursing referral process shall consist of notifying the high-risk infant follow-up nurse in whose jurisdiction the patient resides. The Illinois Department of Human Services will~~shall~~ identify and update referral resources for the area served by the unit.
- H) Each Level II hospital with Extended Neonatal Capabilities shall develop, with the help of the APC, Develop a referral agreement with a neonatal follow-up clinic to provide neuro-developmental assessment and outcome data on the neonatal population. Hospital~~Institutional~~ policies and procedures shall~~will~~ describe the at-risk population and referral procedure to be followed. ~~Infants will be scheduled to be seen at regular intervals. Neurodevelopmental assessments will be communicated to the primary care physicians. Referrals will be made for interventional care in order to minimize neurologic sequelae. A system shall be established to track, record, and report neurodevelopmental outcome for the population, as required to support network CQI activities as developed by the Statewide Quality Council.~~
- I) If the Level II hospital facility with Extended Neonatal Capabilities transports neonatal patients, the hospital shall comply~~they must~~

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~~comply~~ with Guidelines for Perinatal Care, American Academy of Pediatrics and American College of Obstetricians and Gynecologists~~the Level III transport resource requirements delineated in Section 640.43(c).~~

- 2) To provide for ~~assisted~~mechanical ventilation of newborn infants beyond immediate stabilization, the Level II ~~hospital~~facility with Extended Neonatal Capabilities shall also provide the following:
- A) ~~Effective July 1, 2011, a~~A ~~pediatrician~~physician or advanced practice nurse whose professional staff privileges granted by the hospital specifically include the management of critically ill infants and newborns receiving assisted ventilation; or an active candidate or board-certified neonatologist shall be in the hospital the entire time the infant is receiving assisted ventilation. If infants are receiving on-site assisted ventilation care from an advanced practice nurse or a physician who is not a neonatologist, an active candidate or board-certified neonatologist shall be available on call to assist in the care of those infants as needed. experienced in the management of mechanically ventilated infants present in the hospital during the entire time that the infant receives mechanical ventilation.
- B) Suitable ~~backup~~back-up systems and plans shall be in place~~planning~~ to prevent and respond appropriately to sudden power outage, oxygen system failure, and interruption of medical grade compressed air delivery.
- C) Nurses caring for ~~mechanically ventilated~~ infants who are receiving assisted ventilation shall have documented competence and experience in the care of ~~those mechanically ventilated~~ infants.
- D) A ~~licensed~~ respiratory care practitioner with documented competence and experience in the care of ~~mechanically ventilated~~ infants who are receiving assisted ventilation shall~~must~~ also be available to the nursery during the entire time that the infant receives ~~assisted~~mechanical ventilation.

h) Application for Designation, Redesignation or Change in Network

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- 1) To be designated or to retain designation, a hospital shall submit the required application documents to the Department. For information needed to complete any of the processes, see Section 640.50 and Section 640.60.
- 2) The following information shall be submitted to the Department to facilitate the review of the hospital's application for designation or redesignation:
 - A) Appendix A (fully completed);
 - B) Resource Checklist (fully completed) (Appendices L, M, N and O);
 - C) A proposed letter of agreement between the hospital and the APC (unsigned); and
 - D) The curriculum vitae for all directors of patient care, i.e., obstetrics, neonatal, ancillary medical, and nursing (both obstetrics and neonatal).
- 3) When the information described in subsection (h)(2) is submitted, the Department will review the material for compliance with this Part. This documentation will be the basis for a recommendation for approval or disapproval of the applicant hospital's application for designation.
- 4) The medical co-directors of the APC (or their designees), the medical directors of obstetrics and maternal and newborn care, and a representative of hospital administration from the applicant hospital shall be present during the PAC's review of the application for designation.
- 5) The Department will make the final decision and inform the hospital of the official determination regarding designation. The Department's decision will be based upon the recommendation of the PAC and the hospital's compliance with this Part, and may be appealed in accordance with Section 640.45. The Department shall consider the following criteria or standards to determine if a hospital is in compliance with this Part:

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- A) Maternity and Neonatal Service Plan (Subpart O of the Hospital Licensing Requirements);
 - B) Proposed letter of agreement between the applicant hospital and its APC in accordance with Section 640.70;
 - C) Appropriate outcome information contained in Appendix A and the Resource Checklist;
 - D) Other documentation that substantiates a hospital's compliance with particular provisions or standards of perinatal care set forth in this Part; and
 - E) Recommendation of Department program staff.
- h) Exceptions to Level II with Extended Capabilities—Standards of Care
 - 1) Exceptions to the standards of care set forth in this Part may be necessary based on patient care needs, current practice, outcomes and geography in the regional perinatal network. These exceptions are not intended to circumvent the Level III designation. The applicant facility or the Perinatal Center may seek the advice and consultation of the Department as well as the Perinatal Advisory Committee in regard to the conditions necessary for an exception.
 - 2) Facilities may request an exception to care for some subgroup of neonates listed in subsection (e)(2). The exceptions to the standards of care of this Part may be granted when the facility requesting an exception demonstrates that the resources and quality of care (outcomes) are substantially equivalent to the resources and quality of care for any Perinatal Center or Level III facility. The resource requirements for these exceptions may be found in Section 640.43(e) for Level III. The proposed exceptions shall be determined by the applicant facility and its Perinatal Center based primarily on outcomes.
 - 3) If the applicant facility and its Perinatal Center cannot reach agreement on any aspect of the exceptions to the standards of care of this Part, the applicant facility or Perinatal Center shall seek the advice and consultation of the Perinatal Advisory Committee (i.e., subcommittee on facility

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~~designation) to settle the dispute. Any exception to the standards of care of this Part shall be clearly defined in the proposed letter of agreement and approved by the Department before implementing the exceptions or patient care services being requested. The Department shall permit a period of testing or trial (probation) to demonstrate that the applicant facility's resources and quality of care (outcomes) are substantially equivalent to the resources and quality of care for any Perinatal Center or Level III facility.~~

- 4) ~~If a dispute between the applicant facility and its Perinatal Center cannot be resolved after consultation with the Perinatal Advisory Committee (i.e., subcommittee on facility designation), then the applicant facility, the Perinatal Center or the Perinatal Advisory Committee shall submit the dispute to the Department for settlement. The Department shall review all of the relevant information and documentation that clearly substantiates the facility's compliance with particular provisions or standards of perinatal care and the recommendations of the Perinatal Advisory Committee in deciding or settling a dispute. The Department shall inform the applicant facility, the Perinatal Center and the Perinatal Advisory Committee of its decision or judgment.~~
- 5) ~~The following information shall be submitted to the Perinatal Advisory Committee (i.e., subcommittee on facility designation) to facilitate the review of the applicant facility's application for designation with exceptions to the standards of care of this Part:~~
 - A) ~~A proposed letter of agreement (unsigned).~~
 - B) ~~The curriculum vitae for all directors of patient care, i.e., OB, neonatal, nursing (OB and neonatal).~~
 - C) ~~Appendices A and B (fully completed).~~
 - D) ~~A letter from the Perinatal Center that includes the following information:~~
 - i) ~~List of the exceptions being requested.~~
 - ii) ~~Sufficient information to demonstrate that the quality of~~

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~~care (outcomes) of the applicant facility are substantially equivalent to the appropriate standards as outlined in subsection (c) of this Section.~~

- ~~iii) A description of the monitoring system used when a consultation occurs between the attending physician at the referring hospital and the physician consultant at the Perinatal Center or Level III facility and it is determined that the mother or newborn infant should stay in the community hospital for care.~~
- ~~iv) A description of any arrangements made between the applicant facility and the Perinatal Center to seek or insure quality improvement.~~

- ~~6) When the information described in subsection (c) is submitted to the Perinatal Advisory Committee, it shall review the material for compliance with the Regionalized Perinatal Health Care Code, and shall make a recommendation for approval or disapproval of the applicant facility's application for designation with exceptions to the Department.~~
- ~~7) The medical co-directors of the Perinatal Center (or their designees) and the medical directors of OB and neonatology and a representative of hospital administration from the applicant facility shall be present during the Perinatal Advisory Committee's review of the applicant facility's application for designation with exceptions.~~
- ~~8) The Department shall review the submitted materials and any other documentation that clearly substantiates the facility's compliance with particular provisions or standards of perinatal care, including quality of care (outcomes) information, and the recommendation of the Perinatal Advisory Committee, and shall make a recommendation to the Director of Public Health concerning the approval or disapproval of the applicant facility's application for designation with exceptions.~~
- ~~9) The Director of Public Health shall make the final decision and inform the facility of the official determination regarding designation with exceptions to the standards of care of this Part. The Director's decision shall be based upon the recommendation of the Perinatal Advisory Committee and the~~

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~~facility's compliance with the Regionalized Perinatal Health Care Code, and may be appealed in accordance with Section 640.45. The Director of Public Health shall consider the following criteria or standards to determine if a facility is in compliance with the Code:~~

- ~~A) Maternity and Neonatal Service Plan (Subpart O of the Illinois Hospital Licensing Requirements).~~
- ~~B) Proposed letter of agreement between the applicant facility and its Perinatal Center under the provisions described in Section 640.70.~~
- ~~C) Appropriate outcome information contained in Appendices A and B.~~
- ~~D) Other documentation that clearly substantiates a facility's compliance with particular provisions or standards of perinatal care.~~
- ~~E) Recommendation of Department program staff.~~

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

Section 640.43 Level III – Standards for Perinatal Care

~~Level III:~~ To be designated as Level III, a hospital facility shall apply to the Department for designation; ~~and shall comply with all of the conditions prescribed in this Part described for intensive (Level III) perinatal care; of this Part and shall comply with all of the conditions prescribed described in Subpart O of the Hospital Licensing Requirements (77 Ill. Adm. Code 250) promulgated by the Department which are~~ applicable to the level of care necessary for the patients served; ~~and in addition~~ shall comply with the following provisions (specifics regarding standards of care for both mothers and neonates as well as resource requirements to be provided shall be defined in the hospital's letter of agreement with its APC ~~their Perinatal Center~~):

a) Level III – General Provisions

- 1) A Level III hospital facility shall provide all services outlined for Level I and II (Sections 640.41(a) and 640.42(a)), general, intermediate and special intensive care, as well as diagnosis and treatment of high-risk pregnancy and neonatal problems. Both the obstetrical and neonatal

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services ~~shall~~must achieve Level III capability for Level III designation. The hospital shall ~~and must~~ provide for the education of allied health professionals and ~~shall accept~~acceptance of selected maternal ~~fetal~~ and neonatal transports from Level I ~~or Level II~~ and Level II with Extended Neonatal Capabilities hospitals facilities.

- 2) The Level III hospital facility shall make available a range of technical and subspecialty consultative support such as pediatric anesthesiology, ophthalmology, pediatric surgery, genetic services, intensive cardiac services and intensive neurosurgical services.
- 3) To qualify as a Level III hospital facility, these standards and resource requirements are necessary to ensure adequate competence in the management of certain high-risk patients. These criteria will be assessed by reviewing the resources and outcomes of each hospital's facility's admissions, and which admissions include patients who are subsequently transferred, for the ~~three~~2 most recent calendar years, combined, for which data are available. ~~The facility must demonstrate an adequate patient base to achieve an NICU average daily census to maintain the resources, expertise, and outcomes required.~~
- 4) A Level III hospital facility that elects not to provide all of the advanced level~~these~~ services shall have established policies and procedures for transfer of these mothers and infants to a hospital facility that can provide the service needed.
- 5) ~~Perinatal outcome statistics for the Level III facility must be substantially equivalent to those of the Perinatal Center and other designated Level III facilities.~~
- 6) ~~This agreement should include participation in a CQI program as defined by the Department and implemented by the Perinatal Center.~~
- 5)7) The Level III hospital shall maintain a system for recording patient admissions, discharges, birth weight, outcome, complications, and transports ~~to must be maintained and must~~ meet requirements to support network CQI activities described in the hospital's letter of agreement with the APC as developed by the Statewide Quality Council. The hospital ~~shall~~must comply with the reporting requirements of the State Perinatal

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~~Reporting System. Adverse Pregnancy Outcomes Reporting System (77 Ill. Adm. Code 840).~~

b) Level III – Standards of Care

- 1) The Level III ~~hospital~~facility shall have a policy requiring general obstetricians and newborn care physicians to obtain consultations from or transfer care to the appropriate subspecialists as outlined in the standards for Level II.
- 2) The Level III hospital shall accept all medically eligible Illinois residents. Medical eligibility is to be determined by the obstetric or neonatal director or his/her designee based on the Criteria for High-Risk Identification (Guidelines for Perinatal Care, American Academy of Pediatrics and American College of Obstetricians and Gynecologists).
- 3) The Level III hospital shall provide or facilitate emergency transportation of patients referred to the hospital in accordance with guidelines for inter-hospital care of the perinatal patient (Guidelines for Perinatal Care)). If the Level III hospital is unable to accept the patient referred, the APC Level III hospital shall arrange for placement at another Level III hospital or appropriate Level II or Level II hospital with Extended Neonatal Capabilities.
- 4) The Level III hospital shall have a clearly identifiable telephone number, facsimile number or other electronic communication, either a special number or a specific extension answered by unit personnel, for receiving consultation requests and requests for admissions. This number shall be kept current with the Department and with the Regional Perinatal Network.
- 5) The Level III hospital shall provide and document continuing education for medical, nursing, respiratory therapy, and other staff providing general, intermediate and intensive care perinatal services.
- 6) The Level III hospital shall provide caesarean section decision-to-incision capabilities within 30 minutes.

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- 7) The Level III hospital shall provide data relating to its activities and shall comply with the requirements of the State Perinatal Reporting System.
- 8) The medical co-directors of the Level III hospital shall be responsible for developing a system ensuring adequate physician-to-physician communication. Communication with referring physicians of patients admitted shall be sufficient to report patient progress before and at the time of discharge.
- 9) Hospitals shall have the capability for continuous electronic maternal-fetal monitoring for patients identified at risk, with staff available 24 hours a day, including physician and nursing, who are knowledgeable of electronic maternal-fetal monitoring use and interpretation. Physicians and nurses shall complete a competence assessment in electronic maternal-fetal monitoring every two years.
- 10) The Level III hospital, in collaboration with the APC, shall establish policies and procedures for the return transfer of high-risk mothers and infants to the referring hospital when they no longer require the specialized care and services of the Level III hospital.
- 11) The Level III hospital shall provide backup systems and plans shall be in place to prevent and respond to sudden power outage, oxygen system failure and interruption of medical grade compressed air delivery.
- 12) The Level III hospital shall provide or develop a referral agreement with a developmental follow-up clinic to provide neuro-developmental services for the neonatal population. Hospital policies and procedures shall describe the at-risk population and the referral procedure to be followed for enrolling the infant in developmental follow-up. Infants shall be scheduled for assessments at regular intervals. Neuro-developmental assessments shall be communicated to the primary care physicians. Referrals shall be made for interventional care in order to minimize neurologic sequelae. A system shall be established to track, record and report neuro-developmental outcome data for the population, as required to support network COI activities.
- 13) Neonatal surgical services shall be available 24 hours a day.

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c) Level III – Resource Requirements

- 1) Obstetric activities shall be directed and supervised by a full-time subspecialty obstetrician certified by the American Board of Obstetrics and Gynecology in the subspecialty of Maternal and Fetal Medicine, or an osteopathic physician with equivalent training and experience and certification by the American Osteopathic Board of Obstetricians and Gynecologists. The director of the obstetric services shall ensure the backup supervision of his or her services by a physician with equivalent credentials.
- 2) Neonatal activities shall be directed and supervised by a full-time pediatrician certified by the American Board of Pediatrics sub-board of neonatal/perinatal medicine, or a licensed osteopathic physician with equivalent training and experience and certification by the American Osteopathic Board of Pediatricians/Neonatal-Perinatal Medicine. The director of the neonatal services shall ensure the backup supervision of his or her services by a physician with equivalent credentials.
- 3) An administrator/manager with a master's degree shall direct, in collaboration with the medical directors, the planning, development and operation of the non-medical aspects of the Level III hospital and its programs and services.
 - A) The obstetric and newborn nursing services shall be directed by a full-time nurse experienced in perinatal nursing, with a master's degree.
 - B) Half of all neonatal intensive care direct nursing care hours shall be provided by registered nurses who have two years or more of nursing experience in a Level III NICU. All NICU direct nursing care hours shall be provided or supervised by registered nurses who have advanced neonatal intensive care training and documented competence in neonatal pathophysiology and care technologies used in the NICU. All nursing staff working in the NICU shall have yearly competence assessment in neonatal intensive care nursing.

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- 4) Obstetric anesthesia services under the direct supervision of a board-certified anesthesiologist with training in maternal, fetal and neonatal anesthesia shall be available 24 hours a day. The directors of obstetric anesthesia services shall ensure the backup supervision of their services when they are unavailable.
- 5) Pediatric-neonatal respiratory care services shall be directed by a full-time respiratory care practitioner with a bachelor's degree.
 - A) The respiratory care practitioner responsible for the NICU shall have at least three years of experience in all aspects of pediatric and neonatal respiratory care at a Level III NICU and completion of the neonatal/pediatrics specialty examination of the National Board for Respiratory Care.
 - B) Respiratory care practitioners with experience in neonatal ventilatory care shall staff the NICU according to the respiratory care requirements of the patient population, with a minimum of one dedicated neonatal respiratory care practitioner for newborns on assisted ventilation, and with additional staff provided as necessary to perform other neonatal respiratory care procedures.
- 6) A physician for the program shall assume primary responsibility for initiating, supervising and reviewing the plan for management of distressed infants in the delivery room. Hospital policies and procedures shall assign responsibility for identification and resuscitation of distressed neonates to individuals who are both specifically trained and immediately available in the hospital at all times. Capability to provide neonatal resuscitation in the delivery room may be satisfied by current completion of a neonatal resuscitation program by medical, nursing and respiratory care staff or a rapid response team.
- 7) A board-certified or active candidate obstetrician shall be present and available in the hospital 24 hours a day. Maternal-fetal medicine consultation shall be available 24 hours a day.
- 8) Medical director-neonatal: to direct the neonatal portion of the program. Neonatal activities shall be directed and supervised by a full-time pediatrician certified by the American Board of Pediatrics Sub-Board of

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Neonatal/Perinatal Medicine or a licensed osteopathic physician with equivalent training and experience and certified by the American Osteopathic Board of Pediatricians/Neonatal-Perinatal Medicine. The directors of the neonatal services shall ensure the back-up supervision of their services when they are unavailable.

- 9) Neonatal surgical services shall be supervised by a board-certified surgeon or active candidate in pediatric surgery appropriate for the procedures performed at the Level III hospital.
- 10) Neonatal surgical anesthesia services under the direct supervision of a board-certified anesthesiologist with extensive training or experience in pediatric anesthesiology shall be available 24 hours a day.
- 11) Neonatal neurology services under the direct supervision of a board-certified or active candidate pediatric neurologist shall be available for consultation in the NICU 24 hours a day.
- 12) Neonatal radiology services under the direct supervision of a radiologist with extensive training or experience in neonatal radiographic and ultrasound interpretation shall be available 24 hours a day.
- 13) Neonatal cardiology services under the direct supervision of a pediatric board-certified or active candidate by the American Board of Pediatrics sub-board of pediatric cardiology shall be available for consultation 24 hours a day. In addition, cardiac ultrasound services and pediatric cardiac catheterization services by staff with specific training and experience shall be available 24 hours a day.
- 14) A board-certified or active candidate ophthalmologist with experience in the diagnosis and treatment of the visual problems of high-risk newborns (e.g., retinopathy of prematurity) shall be available for appropriate examinations, treatment and follow-up care of high-risk newborns.
- 15) Pediatric sub-specialists with specific training and extensive experience or subspecialty board certification or active candidacy (where applicable) shall be available 24 hours a day, including, but not limited to, pediatric urology, pediatric otolaryngology, neurosurgery, pediatric cardiothoracic surgery

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and pediatric orthopedics appropriate for the procedures performed at the Level III hospital.

- 16) Genetic counseling services shall be available for inpatients and outpatients, and the hospital shall provide for genetic laboratory testing, including, but not limited to, chromosomal analysis and banding, fluorescence in situ hybridization (FISH), and selected allele detection.
- 17) The Level III hospital shall designate at least one person to coordinate the community nursing follow-up referral process, to direct discharge planning, to make home care arrangements, to track discharged patients, and to ensure appropriate enrollment in a developmental follow-up program. The community nursing referral process shall consist of notifying the follow-up nurse in whose jurisdiction the patient resides of discharge information on all patients. The Illinois Department of Human Services will identify and update referral resources for the area served by the unit. The hospital shall establish a protocol that defines the educational criteria necessary for commonly required home care modalities, including, but not limited to, continuous oxygen therapy, electronic cardio-respiratory monitoring, technologically assisted feeding and intravenous therapy.
- 18) One or more full-time social workers with perinatal/neonatal experience shall be available to the Level III hospital.
- 19) One registered pharmacist with experience in perinatal pharmacology shall be available for consultation on therapeutic pharmacology issues 24 hours a day.
- 20) One dietitian with experience in perinatal nutrition shall be available to plan diets and education to meet the special needs of high-risk mothers and neonates in both inpatient and outpatient settings.
- ~~1) The Level III facility shall be responsible for provision of continuing education for medical, nursing, respiratory therapy, and other staff providing general, intermediate, and intensive care perinatal services with evidence of a yearly competence assessment appropriate to the patient population served.~~
- ~~2) The Level III facility shall accept all medically eligible Illinois residents.~~

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~~Medical eligibility is to be determined by the obstetrical or neonatal director or his/her designee based on the Department's standards for "Criteria for High-Risk Identification (Guidelines for Perinatal Care, American Academy of Pediatrics and American College of Obstetricians and Gynecologists)." If the facility is unable to accept the patient referred, the unit shall arrange for admission to another Level III facility or appropriate Level II facility.~~

- 3) ~~The Level III facility shall provide or arrange emergency transportation of patients referred to the unit in accordance with guidelines for interhospital care of the perinatal patient (Guidelines for Perinatal Care, American Academy of Pediatrics and American College of Obstetricians and Gynecologists). Decisions relating to transportation shall be made by the appropriate neonatal or obstetric medical director or his/her designee. The director shall determine:~~
 - A) ~~When to dispatch transportation from the facility or to use transportation facilities from the referring hospital;~~
 - B) ~~When to use ground or air transportation;~~
 - C) ~~The kind of vehicle to be used;~~
 - D) ~~The staff who should accompany the patient (nurse, house staff, attending physician, respiratory therapist, or other related personnel) assuring that the staff selected is trained and prepared in emergency obstetrics or neonatology. The facility shall provide any staff attendants required to transport the patient when the trip is dispatched from the facility.;~~
 - E) ~~Whether transportation can be delayed;~~
 - F) ~~Priorities of need;~~
 - G) ~~Recommendations for support care to stabilize the patient until transport.~~
- 4) ~~Medical director-neonatal: to direct the neonatal portion of the program. Neonatal activities shall be directed and supervised by a full-time~~

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~~pediatrician certified by the American Board of Pediatrics Sub Board of Neonatal/Perinatal Medicine or a licensed osteopathic physician with equivalent training and experience and certified by the American Osteopathic Board of Pediatricians/Neonatal-Perinatal Medicine. The directors of the neonatal services shall ensure the back-up supervision of their services when they are unavailable.~~

- 5) ~~Medical director-obstetrics: to direct the obstetric portion of the program. Level III obstetric activities shall be directed and supervised by a full-time subspecialty obstetrician certified by the American Board of Obstetrics and Gynecology in the subspecialty of Maternal and Fetal Medicine or a licensed osteopathic physician with equivalent training and experience and certified by the American Osteopathic Board of Obstetricians and Gynecologists. Obstetric anesthesia services under the direct supervision of a board-certified anesthesiologist with training in maternal, fetal and neonatal anesthesia shall be available 24 hours a day. The directors of the obstetric services shall ensure the back-up supervision of their services when they are unavailable.~~
- 6) ~~An administrator/manager with a master's degree: to direct, in collaboration with the medical directors, the planning, development and operations of the non-medical aspects of the Level III facility and its programs and services.~~
- 7) ~~Continuing education for health professionals.~~
- 8) ~~Reporting program information: the Level III facility shall provide data relating to its activities and report information as required by the Department. Admission data, mortality, morbidity and other required data shall be reported on all admissions to this unit. This will include full compliance with the Adverse Pregnancy Outcomes Reporting System and the Perinatal Tracking System.~~
- 9) ~~The Level III facility shall have a clearly identifiable telephone and facsimile number, either a special number or a specific extension answered by unit personnel for receiving consultation requests and requests for admissions. This number shall be kept current with the Department and with the regional perinatal network.~~

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- 10) ~~The medical co-directors of the Perinatal Center shall be responsible for developing a system ensuring adequate physician-to-physician communications. Communications with referring physicians of patients admitted shall be sufficient to report patient progress before and at time of discharge.~~
- 11) ~~Continuous electronic maternal-fetal monitoring and staff knowledgeable in its use and interpretation shall be available 24 hours a day. In addition, the Level III facility shall provide appropriate ultrasound available on the OB floor.~~
- 12) ~~The Level III facility shall designate at least one person to coordinate the community nursing follow-up referral process, to direct discharge planning, to make home care arrangements, to track discharged patients, to ensure appropriate enrollment in a developmental follow-up program, and to collect outcome information. The community nursing referral process shall consist of notifying the follow-up nurse, in whose jurisdiction the patient resides, of discharge information on all patients. The Department shall identify and update referral resources for the area served by the unit.~~
- 13) ~~The Level III facility shall establish policies and procedures for the referral or transport of high-risk mothers and infants who require specialized care or services not currently available at the Level III facility to the appropriate facility that can provide the service needed.~~
- 14) ~~The Level III facility shall establish policies and procedures for the return transfer of high-risk mothers and infants to the referring facility when they no longer require the specialized care and services of the Level III facility.~~
- 15) ~~The pediatric-neonatal respiratory therapy services shall be directed by a full-time licensed respiratory care practitioner with at least three years experience in all aspects of pediatric and neonatal respiratory therapy, preferably with a bachelor's degree and one successful completion of the neonatal/pediatrics specialty examination of the National Board for Respiratory Care.~~
- 16) ~~A physician for the program shall be designated to assume primary responsibility for initiating, supervising and reviewing the plan for management of depressed infants in the delivery room. Policies and~~

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~~procedures shall assign responsibility for identification and resuscitation of distressed neonates to individuals who are both specifically trained and available in the hospital at all times, such as another physician, a nurse with training and experience in neonatal resuscitation or licensed respiratory care practitioner. Individuals assigned to perform neonatal resuscitation shall have documented evidence of current completion of a neonatal resuscitation course. It is further recommended that physicians and/or advanced practice nurses who care for newborns have documented evidence of completion of a neonatal resuscitation course.~~

- ~~17) To provide for mechanical ventilation of newborn infants beyond the immediate stabilization, a physician or advanced practice nurse experienced in the management of mechanically ventilated infants must be present in the hospital during the entire time that the infant receives mechanical ventilation. The Level III facility shall provide suitable backup systems and planning to prevent and respond appropriately to sudden power outage, oxygen system failure, and interruption of medical-grade compressed air delivery.~~
- ~~18) To care for the high risk pregnancy and for resulting infants whose birth weight is less than 1250 grams or whose gestational age is less than 30 weeks, the Level III facility shall have the perinatal leadership detailed above as well as the following resources:~~
 - ~~A) A board certified or active candidate obstetrician shall be present and available in house, 24 hours a day. Maternal fetal medicine consultation must be available 24 hours a day. Obstetric anesthesia services under the direct supervision of a board certified anesthesiologist with extensive training or experience in maternal, fetal and neonatal anesthesia shall be available 24 hours a day.~~
 - ~~B) Preventive services designated to prevent, detect, diagnose and treat conditions known to occur in the high risk newborn, such as: cerebral hemorrhage, visual defects (retinopathy of prematurity), and hearing loss, and to provide appropriate immunization of high-risk newborns.~~
 - ~~C) A board certified or active candidate ophthalmologist with experience in the diagnosis and treatment of the visual problems of~~

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~~high-risk newborns (retinopathy of prematurity) shall be available to the nursery for appropriate examinations, treatment and follow-up care of high risk newborns.~~

- ~~D) Neonatal surgical (general), neonatal surgical anesthesia, and neonatal radiologic services detailed in subsections (c)(19)(A), (B), (C), and (D) of this Section.~~
- ~~E) Half of all neonatal intensive care direct nursing care hours shall be provided by licensed registered nurses who have two years or more nursing experience in a Level III neonatal intensive care unit. All neonatal intensive care direct nursing care hours shall be provided or supervised by licensed registered nurses who have advanced neonatal intensive care training and documented competence in neonatal pathophysiology and care technologies used in the Neonatal Intensive Care Unit. Evidence of current completion of a neonatal resuscitation course and a yearly competence assessment in neonatal intensive care nursing shall be required of all nursing staff working in the NICU.~~
- ~~F) Licensed respiratory care practitioners with experience in neonatal ventilatory care shall staff the NICU according to the respiratory care requirements of the patient population with a minimum of one dedicated neonatal licensed respiratory care practitioner for newborns on mechanical ventilators with additional staff provided as necessary to perform other neonatal respiratory care procedures. All direct respiratory care hours shall be provided or supervised by licensed respiratory care practitioners with 2 years or more neonatal ventilatory care experience at a Level III Neonatal Intensive Care Unit. Evidence of completion of a neonatal resuscitation course and a yearly competence assessment in neonatal respiratory pathophysiology and respiratory care technology are required of all staff providing respiratory care in the NICU.~~
- ~~G) Provide or develop a referral agreement with a follow-up clinic to provide neuro-developmental outcome data on the neonatal population. Institutional policies and procedures will describe the at-risk population and the referral neonatal procedure to be~~

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~~followed. Infants will be scheduled for assessments at regular intervals. Neurodevelopmental assessments will be communicated to the primary care physicians. Referrals will be made for interventional care in order to minimize neurologic sequelae. A system shall be established to track, record, and report neurodevelopmental outcome data for the population, as required to support network CQI activities as developed by the Statewide Quality Council.~~

- ~~H) A protocol shall be established that defines the educational criteria necessary for commonly required home care modalities, including but not limited to continuous oxygen therapy, electronic cardiorespiratory monitoring, technologically assisted feeding and intravenous therapy.~~
 - ~~I) One registered pharmacist with experience in perinatal pharmacology shall be available for consultation on therapeutic pharmacology issues 7 days a week.~~
 - ~~J) One or more full-time licensed medical social workers with relevant experience shall be dedicated to the Level III perinatal facility. Time allotment should be based on the size of the unit and characteristics and needs of the patient population.~~
- 19) ~~In order to provide comprehensive neonatal surgical services, including but not limited to infants with congenital anomalies or congenital heart disease, the Level III facility shall provide the following resources:~~
- ~~A) Neonatal surgical services shall be available 24 hours a day and shall be supervised by a surgeon board certified or board eligible in pediatric surgery appropriate for the procedures performed at the Level III facility.~~
 - ~~B) Surgical specialists with specific training and extensive experience and/or subspecialty board certification or active candidacy (where applicable) shall be available 24 hours a day in the following subspecialties: pediatric urology, pediatric otolaryngology, neurosurgery, pediatric cardiothoracic surgery, pediatric orthopedies appropriate for the procedures performed at the Level~~

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~~III facility.~~

- ~~C) Neonatal surgical anesthesia services under the direct supervision of a board-certified anesthesiologist with extensive training or experience in pediatric anesthesiology shall be available 24 hours a day.~~
 - ~~D) Neonatal radiology services under the direct supervision of a radiologist with extensive training or experience in neonatal radiographic and ultrasound interpretation shall be available 24 hours a day.~~
 - ~~E) Neonatal neurology services under the direct supervision of a board-certified or active candidate pediatric neurologist shall be available for consultation in the intensive care nursery 24 hours a day.~~
 - ~~F) Neonatal cardiology services under the direct supervision of a pediatrician board-certified or active candidate by the American Board of Pediatrics sub-board of pediatric cardiology shall be available to consult in the nursery 24 hours a day. In addition, cardiac ultrasound services and pediatric cardiac catheterization services by staff with specific training and experience shall be available as needed 24 hours a day.~~
 - ~~G) The neonatal intensive care nursing and respiratory care resource requirements listed in subsections (c)(15) and (18) of this Section, respectively.~~
 - ~~H) Genetic counseling services for inpatients and outpatients and appropriate provisions for genetic laboratory testing, including but not limited to chromosomal analysis and banding, FISH, and selected allele detection.~~
- 20) ~~The obstetric newborn nursing services shall be directed by a full-time nurse experienced in perinatal nursing preferably with a master's degree.~~
- 21) ~~One or more full-time licensed medical social workers with relevant experience shall be dedicated to the Level III perinatal facility. Time~~

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~~allotment will be based on the size of the unit and characteristics and needs of the patient population.~~

- 22) ~~Respiratory therapists with experience in neonatal care should be available with staffing based on the respiratory care requirements of the patient population (minimum of 1 respiratory therapist for every 4 patients on mechanical ventilators with additional staff provided as necessary to perform other respiratory care procedures).~~
- 23) ~~One registered dietitian with experience in perinatal nutrition and a certified diabetic educator shall be available to plan diets to meet the special needs of high-risk mothers and neonates in both inpatient and outpatient settings.~~

d) Application for Hospital Designation, Redesignation or Change in Network

- 1) To be designated or to retain designation, a hospital shall submit the required application documents to the Department. For information needed to complete any of the processes, see Section 640.50 and Section 640.60.
- 2) The following information shall be submitted to the Department to facilitate the review of the hospital's application for designation or redesignation:
- A) Appendix A (fully completed);
- B) Resource Checklist (fully completed) (Appendices L, M, N and O);
- C) A proposed letter of agreement between the hospital and the APC (unsigned); and
- D) The curriculum vitae for all directors of patient care, i.e., obstetrics, neonatal, ancillary medical, and nursing (both obstetrics and neonatal).
- 3) When the information described in subsection (d)(2) is submitted, the Department will review the material for compliance with this Part. This

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documentation will be the basis for a recommendation for approval or disapproval of the applicant hospital's application for designation.

- 4) The medical co-directors of the APC (or their designees), the medical directors of obstetrics and maternal and newborn care, and a representative of hospital administration from the applicant hospital shall be present during the PAC's review of the application for designation.

- 5) The Department will make the final decision and inform the hospital of the official determination regarding designation. The Department's decision will be based upon the recommendation of the PAC and the hospital's compliance with this Part, and may be appealed in accordance with Section 640.45. The Department will consider the following criteria to determine if a hospital is in compliance with this Part:

- A) Maternity and Neonatal Service Plan (Subpart O of the Hospital Licensing Requirements);
- B) Proposed letter of agreement between the applicant hospital and its APC in accordance with Section 640.70;
- C) Appropriate outcome information contained in Appendix A and the Resource Checklist;
- D) Other documentation that substantiates a hospital's compliance with particular provisions or standards of perinatal care set forth in this Part; and
- E) Recommendation of Department program staff.

d) ~~Exceptions to Level III—Standards of Care~~

- 1) ~~Exceptions to the standards of care set forth in this Part may be necessary based on patient care needs, current practice, outcomes, and geography in the regional perinatal network. These exceptions are not intended to circumvent the Level III capabilities designation. The applicant facility or the Perinatal Center may seek the advice and consultation of the Department as well as the Perinatal Advisory Committee in regard to the conditions necessary for an exception.~~

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- 2) ~~Exceptions to the standards of care of this Part may be granted when the facility requesting an exception demonstrates that the resources and quality of care (outcomes) are substantially equivalent to the resources and quality of care for any Level III facility or Perinatal Center in its Regional Perinatal Network. The proposed exceptions shall be determined by the applicant facility and its Perinatal Center based primarily on outcomes.~~
- 3) ~~If the applicant facility and its Perinatal Center cannot reach agreement on any aspect of the exceptions to the standards of care of this Part, the applicant facility or Perinatal Center shall seek the advice and consultation of the Perinatal Advisory Committee (i.e., subcommittee on facility designation). Any exception to the standards of care of this Part shall be clearly defined in the proposed letter of agreement and approved by the Department before implementing the exceptions or patient care services being requested. The Department shall permit a period of testing or trial (probation) to demonstrate that the applicant facility's resources and quality of care (outcomes) are substantially equivalent to the resources and quality of care for any Level III facility.~~
- 4) ~~If a dispute between the applicant facility and its Perinatal Center cannot be resolved after consultation with the Perinatal Advisory Committee (i.e., subcommittee on facility designation), then the applicant facility, the Perinatal Center or the Perinatal Advisory Committee shall submit the dispute to the Department for settlement. The Department shall review all of the relevant information and documentation that clearly substantiates the facility's compliance with particular provisions or standards of perinatal care and the recommendations of the Perinatal Advisory Committee in deciding or settling a dispute. The Department shall inform the applicant facility, the Perinatal Center and the Perinatal Advisory Committee of its decision or judgment.~~
- 5) ~~The following information shall be submitted to the Perinatal Advisory Committee (i.e., subcommittee on facility designation) to facilitate the review of the applicant facility's application for designation with exceptions to the standards of care of this Part:~~
 - A) ~~A proposed letter of agreement (unsigned).~~

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- B) ~~The curriculum vitae for all directors of patient care, i.e., OB, neonatal, nursing (OB and neonatal).~~
- C) ~~Appendices A and B (fully completed).~~
- D) ~~A letter from the Perinatal Center that includes the following information:~~
 - i) ~~List of the exceptions being requested.~~
 - ii) ~~Sufficient data/information to demonstrate that the quality of care (outcomes) of the applicant facility are substantially equivalent to the appropriate standards as outlined in this Section.~~
 - iii) ~~A description of the monitoring system used when a consultation occurs between the attending physician at the referring hospital and the physician consultant at the Perinatal Center or Level III facility and it is determined that the mother or newborn infant should stay in the community hospital for care.~~
 - iv) ~~A description of any arrangements made between the applicant facility and the Perinatal Center to seek or insure quality improvement.~~
- 6) ~~When the information described is submitted to the Perinatal Advisory Committee, it shall review the material for compliance with the Regionalized Perinatal Health Care Code, and shall make a recommendation for approval or disapproval of the applicant facility's application for designation with exceptions to the Department.~~
- 7) ~~The medical co-directors of the Perinatal Center (or their designees) and the medical directors of OB and neonatology and a representative of hospital administration from the applicant facility shall be present during the Perinatal Advisory Committee's review of the applicant facility's application for designation with exceptions.~~
- 8) ~~The Department shall review the submitted materials and any other~~

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~~documentation that clearly substantiates the facility's compliance with particular provisions or standards of perinatal care, including quality of care (outcomes) information and the recommendation of the Perinatal Advisory Committee, and shall make a recommendation to the Director of Public Health concerning the approval or disapproval of the applicant facility's application for designation with exceptions.~~

- 9) ~~The Director of Public Health shall make the final decision and inform the facility of the official determination regarding designation with exceptions to the standards of care of this Part. The Director's decision shall be based upon the recommendation of the Perinatal Advisory Committee and the facility's compliance with the Regionalized Perinatal Health Care Code, and may be appealed in accordance with Section 640.45. The Director of Public Health shall consider the following criteria or standards to determine if a facility is in compliance with the Code:~~

- ~~A) Maternity and Neonatal Service Plan (Subpart O of the Illinois Hospital Licensing Requirements).~~
- ~~B) Proposed letter of agreement between the applicant facility and its Perinatal Center in accordance with the provisions described in Section 640.70.~~
- ~~C) Appropriate outcome information contained in Appendices A and B.~~
- ~~D) Other documentation that clearly substantiates a facility's compliance with particular provisions or standards of perinatal care.~~
- ~~E) Recommendation of Department program staff.~~

- e) ~~The Department, in conjunction with the Perinatal Advisory Committee, shall develop a plan for the evaluation of the Regionalized Perinatal Health Care Code to include, but not be limited to, morbidity and birthweight-specific mortality indicators. A report shall be prepared annually.~~
- f) ~~The Department shall develop a plan wherein the degree of compliance with these standards is determined on a periodic basis not to exceed three years.~~

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- g) ~~The standards identified throughout this Section do not apply to infants who, after having completed initial therapy, are transferred back to the referring hospital for continuing care. The capability of the hospital to provide necessary services for such infants is to be determined by mutual consent with the Perinatal Center and the issue addressed in the letter of agreement.~~

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

Section 640.44 Administrative Perinatal Center

~~a) To be designated as an APCa Perinatal Center, a hospital facility shall submit an application apply to the Department for a grant to provide financial support to assist the Department in the implementation and oversight of the Regionalized Perinatal Health Care Program; the designation, and shall comply with all of the conditions described for intensive (Level III) perinatal care in Section 640.43; and shall comply with all of the conditions described in Subpart O of the Hospital Licensing Requirements. The APC (77 Ill. Adm. Code 250) promulgated by the Department which are applicable to the level of care necessary for the patients served, and in addition shall comply with the following:~~

a) Administrative Perinatal Center – General Provisions

- 1) ~~An APCa Perinatal Center shall be a university or university-affiliated hospital, having Level III hospital designation. An APC may be composed of one or more institutions. The APC shall be facility responsible for the administration and implementation of the Department's regionalized perinatal health care program, including but not limited to:~~

- ~~A) Continuingeducation for health care professionals;—A Perinatal Center may be composed of one or more institutions.~~
- B) Leadership and implementation of CQI projects, including morbidity and mortality reviews at regional network hospitals;
- C) Maternal and neonatal transport services;
- D) Consultation services for high-risk perinatal patients;
- E) Follow-up developmental assessment programs; and

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- F) Laboratory facilities and services available to regional network hospitals.
- 2) An APC shall~~A Perinatal Center must~~ be capable of providing the highest level of care within a regional network appropriate to maternal and neonatal high-risk patients. The following services shall be available:
- A) Consultants in the various medical-pediatric-surgical subspecialties including, but not limited to, cardiac, neurosurgery, genetics, and other support services;
 - B) Follow-up developmental assessment program;
 - C) Maternal and neonatal transport services; and
 - D) Laboratory facilities available to the hospitals within the regional perinatal network.
- b) The Department will designate an APC within~~Within~~ each regional perinatal network ~~there shall be a Perinatal Center designated by the Department~~ to be responsible for the administration and implementation of the Department's Regionalized Perinatal Health Care Program.
- c) The ~~APC Perinatal Center~~ will be responsible for providing leadership in the design and implementation of the Department's Continuous Quality Improvement (CQI Program, including) program. This will include the establishment and regularly scheduled meetings~~maintenance~~ of a regional quality improvement structure (Regional Quality Council), for the implementation of the Department's Quality Improvement in Perinatal Program, (QIPP).
- d) The APC shall establish a Joint Mortality and Morbidity Review Committee with the affiliated regional network hospitals. The Committee shall review all perinatal deaths and selected morbidity, including, but not limited to, transports of neonates born with handicapping conditions, or developmental disabilities, or unique medical conditions. This review shall also include a periodic comparison of total perinatal mortality and the numbers attributable to categories of complications. Membership on the Committee shall include, but not be limited to, pediatricians, obstetricians, family practice physicians, nurses, quality assurance, pathology, and

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hospital administration staff and representatives from the hospital's APC. The network administrator shall prepare a yearly synopsis of the Regional Perinatal Network's perinatal deaths. This synopsis shall include statistical information, as well as an identification of the factors contributing to deaths that are identified as potentially avoidable. The synopsis shall be shared with the Regional Quality Council. The Council shall develop, for the Network, an action plan to address issues of preventability. The Council's action plan shall be forwarded to the Department. The membership of the Council shall include representatives from all levels and disciplines of perinatal health care providers.

e)d) Perinatal Program Oversight Agency Review

- 1) The Department shall work in conjunction with the APCs to conduct site visits at network hospitals to assure develop a plan that has the degree of compliance with this PartSection's standards determined on a periodic basis not to exceed three years.
- 2) The requirements of standards identified throughout this PartSection do not apply to infants who, after having completed initial therapy, are transferred back to the referring hospital for continuing care. The capability of the hospital to provide necessary services for these infants shallis to be determined by mutual consent with the APCPerinatal Center and the issue addressed in the letter of agreement.
- 3) APCs shall provide information to the Department no less frequently than quarterly. These reports shall include, but not be limited to, network education activities; network meetings; overview of CQI activities; schedule of mortality and morbidity review meetings; and schedule of proposed and completed network hospital site visits. The Department shall develop a methodology for incorporating perinatal outcomes information into the perinatal facility designation, redesignation, and exception processes. The Department shall seek input on the development of this methodology from the Perinatal Advisory Committee. This input shall include, but not necessarily be limited to, the identification and selection of indicators, defining standards for each level of care and the methodology for applying the standards to the designation, redesignation and/or exception processes.

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

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Section 640.45 Department of Public Health Agency Actiona) Department Review

- 1) The Department will develop a plan for determining the degree of compliance with this Part on a periodic basis not to exceed three years.
- 2) During the site visit, the hospital will receive a determination of substantial compliance or substantial failure.

b) Department Oversight

The Department may deny designation or redesignation or revoke designation of any hospital that~~Any designated facility which~~ fails to achieve substantial compliance~~comply~~ with the requirements for its designation~~may have its application for designation or redesignation set forth in this Part denied or its designation revoked by the Department.~~ The Department ~~will~~shall consider the following factors ~~relevant~~ in deciding whether to deny designation or redesignation or to revoke designation~~failure to comply with the requirements for designation will result in denial or revocation:~~

- 1) Failure to complete the letter of agreement within 90 days after receipt of the official site visit report~~;~~
- 2) Failure to have and to comply with an approved Maternity~~Maternal~~ and Neonatal Service Plan~~;~~
- 3) Failure to complete the site visit and accompanying site visit report documentation, i.e., Standardized Perinatal Site Visit Protocol and Outcome Oriented Data~~;~~
- 4) Failure to comply~~Applicant facility has not demonstrated compliance~~ with all of the requirements of this Part for the level of designation.
- 5) Failure to participate~~Applicant facility has failed to demonstrate adequate participation in~~ and comply with continuous Quality Improvement (CQI programs)~~activities~~, including the Regional Quality Council or other programs designed or implemented by the APC~~implemented by the Perinatal Center~~ or the Department~~;~~

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- 6) Failure to notify the Department of the loss of, or change in, an essential resource required for its level of designation;
- b) ~~The circumstances under which an application or designation may be denied or revoked include:~~
- 1) ~~failure to comply with the requirements for designation has been noted by the Department; and~~
- 2) ~~when the institution has been notified by the Department as to the specific item or items not in compliance with the requirements for designation, and when the institution has not corrected the matter within a reasonable period of time (90 days);~~
- c) The Department will notify the hospital within 30 days after the site visit as to whether the hospital has achieved substantial compliance with this Part. The notification will include specific requirements with which substantial compliance has not been achieved. If the hospital has not achieved substantial compliance within 90 days after having received the notice, the Department will deny or revoke the designation. If progress toward substantial compliance is being made, per written documentation of the APC, the Department will continue to work with the hospital and its APC to achieve designation.
- d)e) The ~~provisions of the~~ Illinois Administrative Procedure Act ~~[5 ILCS 100]~~ and the Department's ~~Rules of Practice and Procedure~~ infor Administrative Hearings ~~(77 Ill. Adm. Code 100)~~ shall apply to all hearings challenging Department decisions, including those related to designation, redesignation, and denial or revocation of designation.

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

Section 640.50 Designation and Redesignation of Non-Birthing Center, Level I, Level II, Level II with Extended Neonatal Capabilities, ~~and~~ Level III Perinatal Hospitals and Administrative Perinatal Centers~~Facilities~~

- a) The hospital~~facility~~ shall declare by means of a letter of intent to the Department and the affiliated APC that it seeks designation as a hospital with no OB services, or as a facility for the delivery of general perinatal care ~~(Level I), or intermediate~~

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~~perinatal care (Level II, or Level II with Extended Neonatal Capabilities), or intensive care (Level III) in a one-of-the Regional Perinatal Network Networks of the Illinois Perinatal Health Care Program.~~

- b) The Department ~~will~~shall acknowledge the letter of intent.
- c) The ~~APC Perinatal Center~~ shall arrange a site visit to the applicant ~~hospital facility~~. ~~The hospital shall prepare the designation/redesignation documents in accordance with Section 640.60.~~ The site visit team for Level I, II, II with Extended Neonatal Capabilities, and III perinatal ~~hospitals facilities~~ shall consist of ~~five~~5 members: three from the ~~APC Perinatal Center~~ of the ~~hospital's Regional Perinatal Network hospital network~~, including the Directors of Neonatology and Maternal-Fetal Medicine or their designees and ~~the Perinatal Network Administrator~~; a representative of nursing; one representative from the PAC; and one representative of the Department. The site visit team shall review the capabilities of the applicant ~~hospital facility~~ based on the requirements outlined in the letter of agreement between the applicant ~~hospital facility~~ and the ~~APC Perinatal Center~~. The site visit team shall complete the Standardized Perinatal Site Visit Protocol (see Appendix A) ~~and Outcome Oriented Data (see Appendix B)~~ and submit these materials to the medical directors of the ~~hospital facility~~ visited for their review and comment within 30 days ~~after from~~ the date of the site visit. ~~The APC shall collaborate with the Department to develop a summary site visit report within 60 days after the site visit. This report shall be sent to the hospital within 90 days after the site visit.~~
- d) The Department ~~will~~shall coordinate the site visit for ~~APCs Perinatal Centers~~. The team shall consist of ~~five~~5 members: one Director of Neonatology, ~~one Director of~~ Maternal-Fetal Medicine and ~~one Perinatal Network Administrator~~ Nursing from a non-contiguous Center; one representative from the PAC; and one representative of the Department. ~~The Department shall collaborate with the site visit team to develop a summary site visit report within 60 days after the site visit. This report shall be forwarded to the hospital within 90 days after the site visit. The site visit team shall complete the Standardized Perinatal Site Visit Protocol and Outcome Oriented Data and submit these materials to the Perinatal Center for their review and comment within 30 days from the date of the site visit.~~
- e) ~~The complicated site visit report shall then be forwarded to the Department within 60 days from the date of the site visit. Department staff shall be available for technical and administrative consultation concerning the site visit.~~

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- f) ~~The Department, having received the information requested concerning the applicant facility, the site visit report and the letter of agreement between the applicant facility and the Perinatal Center, shall submit these materials to the Perinatal Advisory Committee for review. The applicant facility may request to appear or may be asked to appear before the Perinatal Advisory Committee during its review of the application.~~
- g) ~~When the information described in Section 640.60 is submitted to the Perinatal Advisory Committee, it shall review the material, and the report of the site visit, for compliance with the Regionalized Perinatal Health Care Code; and shall make a recommendation for approval or disapproval of the facility's application for designation to the Department.~~
- e)h) The Department will~~shall~~ review the submitted materials, any other documentation that clearly substantiates a hospital's facility's compliance with particular provisions or standards for perinatal care, and the recommendation of the PAC, Perinatal Advisory Committee, and ~~shall make a recommendation to the Director of Public Health concerning designation of the facility as an affiliated perinatal facility (Level I, Level II, Level II with Extended Capabilities, Level III) to a designated Perinatal Center in the Statewide Regionalized Perinatal Health Care Program.~~
- f)i) The Department will~~Director of Public Health shall~~ make the final decision and inform the hospital facility of the official determination regarding designation. The Department's Director's decision will~~shall~~ be based upon the recommendation of the PAC Perinatal Advisory Committee and the hospital's facility's compliance with this Part, the Regionalized Perinatal Health Care Code, and may be appealed in accordance with Section 640.45. A 12-month to 18-month follow-up review will be scheduled for any increase in hospital designation to assess compliance with the requirements of this Part that are applicable to the new level of designation. The Department~~Director of Public Health~~ shall consider the following criteria ~~or standards~~ to determine if a hospital facility is in compliance with this Part; the Code:
- 1) Maternity and Neonatal Service Plan (Subpart O of the Hospital Licensing Requirements);

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- 2) Proposed letter of agreement between the applicant hospital and its APC in accordance with Section 640.70;
- 3) Appropriate outcome information contained in Appendix A and the Resource Checklist (Appendices L, M, N and O);
- 4) Other documentation that substantiates a hospital's compliance with particular provisions or standards of perinatal care set forth in this Part; and
- 5) Recommendation of Department program staff.
- ~~1) Confirmation of an approved Maternity and Neonatal Service Plan at the level of care for which the facility is seeking designation.~~
- ~~2) An approved letter of agreement between the applicant facility and its Perinatal Center in accordance with the provisions described in Section 640.70.~~
- ~~3) A completed Standardized Site Visit Protocol and Outcome Orientated Data report in accordance with the provisions described in Section 640.50(e)-(e).~~
- ~~4) Other documentation that clearly substantiates a facility's compliance with particular provisions or standards for perinatal care.~~
- ~~5) Recommendation of Department program staff.~~

~~g)j)~~ The Department will review all~~All~~ designations at least~~shall be reviewed by the Department~~ every three years ~~or when the Department may deem necessary~~ to assure that the designated ~~hospitals~~facilities continue to comply with the requirements of the perinatal plan. Circumstances ~~that~~which may influence the Department to review a ~~hospital's~~facility's designation ~~more frequently~~other than every three years could include:

- 1) A hospital's desire~~When a hospital wanted~~ to expand or reduce services;-
- 2) Poor perinatal outcomes;-

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- 3) Change in APCPerinatal Center or Network affiliation:-
- 4) Change in Availability of human resources that would have an impact on the hospital's ability to comply with the required resources for the level of designation; or to complete Department site visit.
- 5) An APCWhen a Perinatal Center finds and the Department concurs or determines that a hospital is not appropriately participating in and complying with Continuous Quality Improvement (CQI) programsactivities and/or the Quality Improvement in Perinatal Program (QIPP).

hk) Existing designations shall be effective until redesignation is accomplished.

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

Section 640.60 ApplicationInformation for HospitalFacility Designation orand Redesignation as a Non-Birthing Center, Level I, Level II, Level II with Extended Neonatal Capabilities, and Level III Perinatal HospitalFacilities and Administrative Perinatal Center, and Assurances Required of Applicants

- a) Applicant hospitalsfacilities shall provide the Department withthe following information based on standards and resources for the applicable level of designation. The information shall include, but not be limited to the following (see Appendix A):which may be included in its Maternity and Neonatal Service Plan or letter of agreement:
 - 1) A definition of the geographic area the hospitalfacility currently serves or plans to serve.
 - 2) A physical description of the hospitalphysical facility, compliance with Subpart O of the Hospital Licensing Requirements77 Ill. Adm. Code 250, and a description of the maternity and nursery units currently in place or in preparation for operation should the hospitalfacility be designated.
 - 3) A physical description of the hospital'sfacility's staffing in accordance with this Part those additional standards or designation described in the Regionalized Perinatal Health Care Code as follows:

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- A) Social work and nutrition services shall be available through a hospital department for Level II and Level III designation.
 - B) Names, titles and contact numbers shall be provided for the Director or Chairman of Maternal-Fetal Medicine, Neonatology, Obstetrics, Pediatrics and Neonatal Services, Chief Nursing Supervisor, Nursing Supervisor of Maternity Unit; names and contact ~~numbers~~^{number} of medical staff members in maternal-fetal medicine, obstetrics and gynecology, neonatology, ~~obstetric~~^{OB} anesthesiology, family practice, anesthesiology; listing of anesthesiologists, staff for respiratory therapy, nurse-midwives, and involved house staff.
 - C) A description of the current nurse/patient ratios in the nursery, delivery room, postpartum floor and intermediate or intensive care newborn nurseries for all shifts.
 - D) A description of the qualifications of nursing personnel involved in the newborn nursery, delivery room and postpartum area.
 - E) A description of the staff plans to assure that maternity/nursery staff are trained and prepared to stabilize infants prior to transfer, and are available 24 hours a day.
- 4) A description giving evidence that the ~~hospital's~~^{facility's} laboratory, X-ray and respiratory therapy equipment and capabilities meet all of the conditions described in 77 Ill. Adm. Code 250, Subpart O of the Hospital Licensing Requirements and are available 24 hours a day in-house.
- A) ~~Continuous Evidence is required that continuous~~ electronic maternal-fetal monitoring ~~shall be~~^{is} available, and staff ~~with~~^{shall be} knowledge in its use and interpretation ~~shall be~~^{is} available 24 hours a day for Level I, Level II, Level II with Extended Neonatal Capabilities, and Level III designation applicants.
 - B) Level III and ~~APCs~~^{Perinatal Center} shall provide Level II ultrasound available on the ~~obstetric~~^{OB} floor.
 - C) Level I ultrasound and staff knowledgeable in its use and

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interpretation shall be available at Level II ~~hospitals~~facilities on a 24-hour-a-day basis.

- 5) A description of the capabilities for or capabilities planned for (giving the start-up time); emergency neonatology surgery, listing specialists such as surgeons, trained or support staff for neonates, and a description of the capabilities for caesarean section and start-up time.
- 6) A description of the present plan for identification of high-risk maternity and neonatal patients and agreements for consultation with the ~~APC Perinatal Center~~ in cases of maternity and neonatal complications and neonates with handicapping conditions. This description shall include plans and agreements for providing:
 - A) Management of acute surgical or cardiac difficulties;
 - B) Genetic counseling ~~if should~~ a genetically related condition ~~is be~~ diagnosed in the neonate, or ~~if should~~ a parent or a known carrier ~~requests there request such~~ services;
 - C) Information, counseling and referral to another health care provider for parents of neonates with handicapping conditions or developmental disabilities to ensure informed consent for treatment;
 - D) Counseling and referral services to another health care provider to assist these patients in obtaining habilitation and rehabilitation services;
 - E) A description of the types of patients the ~~hospital~~facility will care for and the types of patients it will refer to the ~~APC Perinatal Center~~.
- 7) A description of the history and current level of involvement with ~~CQI Continuous Quality Improvement~~ activities as designed and implemented by the ~~APC Perinatal Center~~.
- 8) All of the information required for ~~hospital~~facility designation or redesignation to the ~~APC Perinatal Center~~ with which it is seeking

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affiliation.

- b) The following [proceduresguidelines](#) shall govern the review of perinatal [hospitals facilities](#) applying for designation or redesignation:
- 1) Hospitals applying for perinatal designation or redesignation shall provide all [of](#) the information contained in [the](#) Standardized Perinatal Site Visit Protocol (Appendix A) [and the Resource Checklist \(see Appendices L, M, N and O\).](#)~~and Outcome Oriented Data (Appendix B).~~
 - 2) ~~The completed written documentation The completed Standardized Perinatal Site Visit Protocol and Outcome Oriented Data~~ shall be submitted to the Department [three weeks in advance of the scheduled site visit, along with the site visit report, and the letter of agreement.](#)
 - 3) The [Department will send the completed site visit documentation Standardized Perinatal Site Visit Protocol and Outcome Oriented Data shall be sent by the Department to the PAC members,](#) no less than [two weeksone week](#) in advance of the [PAC](#) meeting, to facilitate [PACtheir](#) review of the applicant [hospitalfacility](#).
 - 4) A representative of the [APCPerinatal Center and representatives of the hospital for which the application is being considered](#) shall be present at the PAC meeting to respond to questions or concerns of PAC members regarding the [hospital'sfacility's](#) application for designation or redesignation. The representative may also be asked to present an oral summary of the applicant [hospital'sfacility](#) and the [APC'sPerinatal Center's](#) reasons for recommending/not recommending designation or redesignation to the PAC. [A 12- to 18- month follow-up will be scheduled for any increase in designation to assess compliance with the new level of designation.](#)
 - 5) The Department [will request thatshall ask](#) the [APCPerinatal Center to](#) conduct a follow-up site visit to the [hospitalfacility for review for designation or redesignation](#) if the initial site visit is more than [six6](#) months prior to submission [to the PAC for review by PAC for designation or redesignation.](#) ~~ApprovalIn such cases, approval~~ shall be contingent upon receiving the findings of the follow-up site visit.

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c) The following procedure shall be followed to change network affiliation for an individual hospital:

1) The hospital requesting a change in affiliation shall submit a written request to the Department. The existing APC shall provide information for the site visit and review, as requested. The receiving APC shall conduct the site visit in preparation for a change in network.

2) Representatives from the hospital and receiving APC shall appear before the PAC and shall present appropriate documentation as described in Appendix A.

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

Section 640.70 Minimum Components for Letters of ~~Agreement~~Agreements Between ~~Non-Birthing Center~~, Level I, Level II, Level II with Extended ~~Neonatal~~ Capabilities, or Level III Perinatal ~~Hospitals~~Facilities and Their ~~Administrative~~ Perinatal Center

The following components, at a minimum, shall be addressed in a letter of agreement between the applicant ~~hospital~~facility and its ~~APC~~Perinatal Center:

- a) A description of how maternal and neonatal patients with ~~potential complications~~problems, including handicapping conditions or developmental disabilities, will be identified.
- b) A description of the types of maternal and neonatal cases in which consultation from the ~~APC~~Perinatal Center or Level III ~~hospital~~facility ~~shall~~will be sought and from which patients ~~shall~~will be selected for transfer. This description shall address those high-risk mothers or neonates with:
~~1)Handicapping conditions, developmental disabilities, or medical conditions that are life threatening and require transport to a Perinatal Center or a Level III facility. 2) handicapping~~Handicapping conditions, developmental disabilities, or medical conditions that may require additional medical and surgical treatment and support services, but would not, however, require transport to ~~an APCa~~Perinatal Center or Level III ~~hospital~~facility.
- c) A description of how the ~~APC~~Perinatal Center or Level III ~~hospital~~facility will report ~~a patient's~~patients' progress to the referring physicians, and the criteria for return of ~~the patient~~patients from the ~~APC~~Perinatal Center or Level III

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hospital facility to an affiliated hospital facility closer to the patient's~~patients'~~ home.

- d) A description of the methods for transporting high-risk mothers and neonates with physiological support in transit.
- e) A description of the information, counseling and referral services available within the local community and the regional network for parents or potential parents of neonates with handicapping conditions or developmental disabilities.
- f) A description of the professional educational outreach program for the regional network, including how efforts will be coordinated.
- g) ~~A provision requiring the establishment of a Joint Mortality and Morbidity Review Committee to review all perinatal deaths and selected morbidity. The review shall include the births of children born with handicapping conditions or developmental disabilities, utilizing criteria of case selection developed by the PAC to determine the appropriateness of diagnosis and treatment of neonates born with a handicapping condition or developmental disability and the adequacy of procedures to prevent such disabilities or the loss of life (Section 3(g) of the Act). This review shall also include a periodic comparison of total perinatal mortality and the relative numbers attributable to various categories of complications. Membership on the Committee should include pediatricians, obstetricians and representation from their designated Perinatal Center. Membership on the Committee may also include general family practitioners, with specified support staff of the hospital. A yearly synopsis of the Perinatal Network's perinatal deaths will be prepared by the Network Administrator. This synopsis will include statistical information, as well as an identification of the factors contributing to deaths assigned a disposition of potentially avoidable. The synopsis will be shared with the Regional Quality Council. An action plan to address issues of preventability will be developed, for the Network, by the Regional Quality Council. The Regional Quality Council's action plan will be forwarded to the State Wide Quality Council. The membership of the Regional Quality Council shall include representatives from all levels and disciplines of perinatal healthcare providers.~~
- gh) A description of the regional perinatal network's program for medical and home nursing follow-up, describing systems of liaisons, with a letter of agreement from the agency providing the home nursing follow-up services.

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- hi) A description of the methodologies used to monitor, evaluate, and improve the quality of health care services provided ~~by~~under the auspices of the applicant ~~hospital facility~~, including ~~a clear set of~~ expectations of both the ~~APC Perinatal Center~~ and applicant ~~hospital facility~~ on joint participation in ~~CQI~~continuous quality improvement activities.
- ij) A ~~requirement that the hospital shall provide~~stipulation requiring the provision of information, counseling and referral services to another health care provider to parents or potential parents of neonates with handicapping conditions or developmental disabilities upon the identification of the handicapping conditions and developmental disabilities, to assist in obtaining habilitation, rehabilitation, and special education services.
- jk) A ~~requirement for provision requiring~~ evaluation and consultation with the ~~APC Perinatal Center~~ or Level III ~~hospital facility~~ and referral to the ~~APC Perinatal Center~~ or Level III ~~hospital facility~~, when determined appropriate by the perinatal conditions or developmental disabilities, within 24 hours after the identification of the conditions (specific conditions ~~shall~~must be defined in the letter of agreement).
- kl) A ~~requirement that provision requiring the establishment of~~ procedures for referral to appropriate state and local education service agencies of children having an identified handicapping condition or developmental disability requiring evaluation and assessment under such agencies shall be established. The procedures shall include ~~a provision for~~ obtaining parental consent prior to release of information to the appropriate state and local educational service agencies.

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

Section 640.80 Regional Perinatal Networks – Composition and Funding

- a) Regional Perinatal Networks, as defined in Section 640.20, may include any number and combination of ~~hospitals providing hospital-based~~ maternity and newborn ~~services facilities functioning~~ at one of the ~~three~~ levels of perinatal care, according to policies and practices described in their letters of agreement. Where more than one Level III ~~hospital facility~~ provides services within a Regional Perinatal Network~~regional perinatal network~~, a letter of agreement with the ~~APC Perinatal Center~~ shall describe how each will participate in the provision of

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services included in Section 640.40~~(e)~~ of this Part. Regional Perinatal Networks~~Such regional perinatal networks~~ may also include other agencies, institutions and individuals providing a complete range of perinatal health services, including preconceptional, prenatal, perinatal and family follow-up care services, as part of the regional network.

- b) The Department will~~may~~ allocate funds for perinatal health services provided through Regional Perinatal Networks.

~~1) Sections 630.30 through 630.70 of the Department's "Maternal and Child Health Services Code" (77 Ill. Adm. Code 630) describes categories of maternal and child health services project activity that are eligible for funding. Requirements for Maternal and Child Health (MCH) Project grant applications are included in 77 Ill. Adm. Code 630.80 through 630.200.~~

- 12) Funds will~~available to the Department for funding of regional perinatal networks may~~ be awarded to Regional Perinatal Networks under the following mechanisms:

A) The Department will~~may~~ provide grants to designated APCs~~Perinatal Centers~~ responsible for the administration and implementation of the Department's regionalized perinatal health care program. Under this option, the APC~~"Perinatal Center"~~ is the applicant for Maternal and Child Health (MCH) Project funds and will apply as specified in the Department of Human Services' Maternal and Child Health Services Code (77 Ill. Adm. Code 630.30 through 630.70).

~~B) The Department may provide grants to regional perinatal networks acting through a Regional Perinatal Management Group representing all participants in the regional network for systems management and perinatal services, including providers of preconceptional, prenatal, and family follow-up care, as well as providers of hospital-based perinatal care services. Under this option the "Regional Perinatal Management Group" is the applicant for MCH Project funds and will apply as specified in 77 Ill. Adm. Code 630 and this Part.~~

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- ~~BE)~~ Grant applications by regional perinatal networks may include services and responsibilities assigned to ~~APCs~~Perinatal Centers and Level III ~~hospitals~~facilities in Section 640.40(c) of this Part in addition to the perinatal care services included in 77 Ill. Adm. Code 630.30 through 630.70.
- ~~D)~~ ~~The Department may reimburse Perinatal Centers, providers of high-risk services at Level III facilities and health care agencies providing follow-up services where no local health department exists through contracts developed directly with these agencies, institutions and individuals for costs incurred in providing perinatal care services.~~
- 23) Preventive Services
- ~~A)~~ A portion of funds available to the Department for funding regional perinatal networks shall be targeted for preventive services.~~Preventive Services. These funds may be distributed or allocated to perinatal centers or regional perinatal networks according to a needs-based formula. The formula for determining the Preventive Services allocation is based upon the following need factors:~~
- ~~i)~~ ~~Number of live births by Regional Perinatal Network~~
 - ~~ii)~~ ~~Fetal death rate by Regional Perinatal Network (Number of fetal deaths per 1,000 live births plus fetal deaths)~~
 - ~~iii)~~ ~~Low birthweight rate by Regional Perinatal Network (Number of live births less than 2500 grams per 1,000 live births)~~
 - ~~iv)~~ ~~Low or no prenatal care rate by Regional Perinatal Network (Number of live births to females receiving prenatal care during the third trimester or no care per 1,000 live births)~~
 - ~~v)~~ ~~Number of hospitals in Regional Perinatal Network~~
- ~~B)~~ ~~The rates, based on occurrences at hospital of birth are calculated~~

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~~for each Regional Perinatal Network using vital statistics for the latest three years combined for which data is available. Total live births for these years also are considered. The most current Regional Perinatal Network affiliation is used to aggregate the occurrences and determine the number of hospitals in each network.~~

- C) ~~The formula gives equal importance to each of the five need factors. Higher rates and absolute numbers indicate greater need. The values of each factor for each Regional Perinatal Network are standardized (Z-scores),* transformed into stanine scores,** and summed. The sum represents each Regional Perinatal Network's need indicator score. The indicator score is summed across all networks, and each network's relative proportion to that total is computed.~~
- D) ~~The resulting percentage for each Regional Perinatal Network is applied to the total Preventive Services funds available to determine the allocation for each Regional Perinatal Network.~~
- E) ~~* denotes Standardized Score (z Score)~~

$$z = \frac{X - \overline{X}}{\text{s.d.}}$$

Where z = ~~The standardized score for a particular perinatal network on a particular need factor~~

X = ~~The rate/number for a particular perinatal network on a particular need factor~~

\overline{X} = ~~The mean for a particular need factor~~

s.d. = ~~The standard deviation for a particular need indicator~~ ~~** denotes Transformation of Z-scores to stanines.~~

Greater than $+ 1.75 = 9$
 $+1.75$ to $+ 1.5 = 8$

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~~+1.25 to + 0.25 = 7~~
~~+0.75 to + 0.25 = 6~~
~~+0.25 to - 0.75 = 5~~
~~-0.25 to - 1.25 = 4~~
~~-0.75 to - 1.75 = 3~~
~~-1.25 to - 1.75 = 2~~
~~less than - 1.75 = 1~~

~~(Guilford and Fruchter Fundamental
 Statistics in Psychology and Education.
 New York: McGraw-Hill)~~

- 4) ~~Requirements for Perinatal Centers and Level III facilities are included in Section 640.40(e) of this Part and include standards for medical eligibility for services.~~

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

Section 640.85 Exceptions to Part 640

- a) A hospital may request an exception to the standards of care set forth in this Part in accordance with this Section. Exceptions are not intended to circumvent Level designations. The hospital or the APC may seek the advice and consultation of the Department, as well as the PAC, in regard to the requirements for an exception.
- b) Exceptions to the standards of care set forth in this Part may be granted when the hospital requesting an exception demonstrates that the resources and quality of care (outcomes) are substantially equivalent to the resources and quality of care for a facility at the next highest level of designation, as indicated by the resource requirements set forth in this Part. If the hospital and its APC agree on the proposed exception, a proposed letter of agreement shall be submitted to the Department for review and approval. The Department's review will be based on compliance with this Part, patient care needs, current practice, outcomes, and geography in the regional perinatal network.
- c) If the hospital and its APC do not agree on any aspect of the proposed exception, the hospital or the APC shall consult the Subcommittee on Facility Designation (SFD) of the PAC.

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- d) The following information shall be submitted to the SFD:
- 1) A proposed letter of agreement (unsigned);
 - 2) The curriculum vitae for all directors of patient care, i.e., obstetrics, neonatal, nursing (obstetrics and neonatal);
 - 3) Appendix A of this Part (fully completed); and
 - 4) A letter from the APC that includes the following information:
 - A) The exceptions being requested;
 - B) Information demonstrating that the quality of care (outcomes) of the hospital is substantially equivalent to the standards of this Part for the next highest level of designation for the proposed exceptions;
 - C) A description of the monitoring system used when consultation between the attending physician at the hospital and the physician consultant at a higher level hospital determines that a mother or newborn infant should remain in the hospital rather than being transferred to the higher level hospital;
 - D) A description of any arrangements made between the hospital and the APC to seek or ensure quality improvement;
 - E) A copy of the hospital's Maternity and Neonatal Service Plan (Subpart O of the Illinois Hospital Licensing Requirements); and
 - F) The PAC's recommendation concerning the exception.
- e) The medical co-directors of the APC (or their designees) and the medical directors of obstetrics and maternal and newborn care and a representative of hospital administration from the applicant hospital shall participate (either in person or electronically) in the SFD's review of the application.
- f) Exceptions agreed to between hospital and the SFD shall be defined in a proposed letter of agreement and submitted to the Department for review and approval.

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The Department's review will be based on compliance with this Part, patient care needs, current practice, outcomes, and geography in the regional perinatal network.

- g) If the SFD is not able to make a decision on the exception, the SFD shall submit the request for an exception to the Department, including all of the information submitted to the SFD in accordance with subsection (d) and the SFD's recommendation concerning the exception.
- h) The Director of Public Health shall make the final decision regarding approval of the exception and the letter of agreement. The Director's decision shall be based upon the recommendations of the APC and the SFD and the documentation required in subsection (d) to determine the facility's compliance with this Part. The Director's decision may be appealed in accordance with Section 640.45. The Department shall inform the hospital, the APC and the SFD of the decision.

(Source: Added at 35 Ill. Reg. 2583, effective January 31, 2011)

Section 640.90 State Perinatal Reporting System

- a) Purpose
The Department will maintain a State Perinatal Reporting System to follow selected high-risk perinatal patients; to ~~ensure~~insure that those patients are assessed at appropriate intervals, receive intervention as needed, and are referred for needed support services.
- b) Identification and Referral of High-~~Risk~~risk Maternal Patients:

 - 1) Each designated ~~APC~~Perinatal Center and Level III ~~hospital~~facility ~~that~~which provides obstetrical care shall establish criteria and procedures for identifying high-risk pregnant and postpartum patients. A statement describing ~~the~~sueh criteria and procedures shall be on file and shall be provided to the Department on request.
 - 2) ~~Each designated Perinatal Center and Level III facility shall prepare and distribute a Maternal Discharge Record (see Appendix C), to be provided by the Department, for each high-risk pregnancy or postpartum patient treated in the facility who requires public health nursing follow-up. If a patient is readmitted during the same or subsequent pregnancies and is~~

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~~deemed to be high risk, another Maternal Discharge Record shall be prepared and distributed if public health nursing follow-up is needed.~~

- ~~23)~~ The hospital's Perinatal Review Committee ~~established pursuant to Section 640.70~~, or other committee established for the purpose of internal quality control or medical study for the purpose of reducing morbidity or mortality or improving patient care, shall collect and submit the ~~required~~ information ~~required in subsection (b)(1)~~ to the Department. These data will be considered confidential under Section 8-2101 of the Code of Civil Procedure ~~[735 ILCS 5/8-2101]~~.
- ~~4)~~ ~~The Maternal Discharge Record shall be completed and distributed within seven days after the patient's discharge from the facility. Instructions for proper completion of the Maternal Discharge Record are contained in Appendix C. Additional pages may be attached when there is insufficient space on the form for all needed information.~~
- ~~5)~~ ~~Copies of the Maternal Discharge Record shall be distributed as follows:~~
- ~~A) The original form (white copy) of the Maternal Discharge Record shall be sent to the Department of Public Health, 535 West Jefferson, Springfield, Illinois 62761;~~
 - ~~B) The yellow copy shall be sent to the Local Health Department or other local health agency designated by the Department to provide follow-up services in the county or area in which the patient resides;~~
 - ~~C) The pink copy shall be retained by the reporting facility.~~
- ~~6)~~ ~~The hospital staff is encouraged to contact the designated local health agency by telephone when there is a need for additional information to be communicated to the local health nurse, or when a pre-discharge visit by the local health nurse is needed.~~
- ~~7)~~ ~~The Department will provide to the hospitals a list of Local Health Departments and other local health agencies designated to provide follow-up services to high-risk maternal patients. The list will be updated as needed, at least annually.~~

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c) Identification of Perinatal Patients

- 1) ~~All~~The Department requires that all Illinois hospitals licensed to provide obstetrical and newborn services shall report information on all perinatal patients. The Department requests, but does not require, reports on perinatal patients from hospitals outside Illinois, ~~except the (The~~ Department does request reports from the St. Louis ~~APCs~~perinatal centers ~~or, and~~ hospitals maintained by the federal government ~~Federal Government~~ or other governmental agencies within the United States.)
- 2) Each hospital ~~shall~~will prepare a Perinatal Report record (see Appendix IH), to be provided by the Department, for patients meeting one of the following conditions:
 - A) Live-birth; ~~or~~;
 - B) Diagnosed prior to discharge from newborn hospitalization as a perinatal or neonatal death.
- 3) ~~AGENCY NOTE:~~ Women ~~who~~that present with spontaneous abortion, ectopic pregnancy or ~~hydatidiform~~hydatid mole are perinatal patients and ~~shall~~must be reported. ~~The~~In addition, the products of induced abortions shall not be reported to the State Perinatal Reporting System.
- 4) ~~AGENCY NOTE:~~ Fetal death (gestation greater than 20 weeks) is considered a reportable perinatal outcome. ~~These and will be included in the Perinatal Reporting System. However,~~ fetal deaths do not have to be reported through the State Perinatal Reporting System, because ~~they~~these ~~deaths~~ are already reported and compiled in the Department's ~~Departments's~~ Vital Records database.
- 53) Every hospital shall provide representatives of the Department with access to information from all medical, pathological, and other ~~pertinent~~ records and logs related to reportable registry information. The mode of access and the time during which this access will be provided shall be by mutual agreement between the hospital and the Department.
- 64) The State Perinatal Reporting System also will be complemented with

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information from the Department's Vital Records live birth database under the Vital Records Act ~~[410 ILCS 535]~~, the Adverse Pregnancy Outcomes Reporting System under the Illinois Health and Hazardous Substances Registry Act ~~[410 ILCS 525]~~ and other Maternal and Child Health Reports and submissions.

- 75) The State Perinatal Reporting System consists of two forms of reporting. This reporting shall be on the forms provided by the Department or through electronic means that meets the exact specifications of the Department's data processing system. Complete perinatal reporting information ~~shall~~must be reported to the Department within 14 days after infant discharge, regardless of the method of reporting.
- 6) ~~The Perinatal Report record shall be distributed in the following manner:~~
- A) ~~Two copies of the Perinatal Reporting System record must be sent to the Department of Public Health's Office of Epidemiology and Health Systems Development, 605 West Jefferson, Springfield, Illinois 62761.~~
 - B) ~~A pink copy may be retained by the reporting facility.~~
 - C) ~~A copy must be forwarded to the Local Health Nurse.~~
 - D) ~~A copy must be forwarded to the Primary Care Physician.~~
- d) Report of Local Health Nurse
- 1) ~~The Local Health Department or other designated local health agency providing follow-up services to high-risk infants shall prepare and distribute a Report of Local Health Nurse for each visit made; a Report shall also be distributed when a case is closed without a visit.~~
 - 2) ~~Copies of the Report of Local Health Nurse shall be distributed as follows:~~
 - A) ~~The original form (white copy) of the Report of Local Health Nurse shall be sent to the Department of Public Health, 535 West Jefferson, Springfield, IL 62761.~~

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- B) ~~The canary copy shall be sent to the hospital which referred the patient for follow-up services.~~
- C) ~~The pink copy shall be retained at the appropriate Local Health Nurse Agency.~~
- D) ~~The goldenrod copy shall be sent to the patient's primary care physician.~~
- 3) ~~The Local Health Department or other designated local health agency providing follow-up services to high-risk pregnant and postpartum women should send a copy of the progress notes to the referring hospital.~~

de) Availability of Information

- 1) The patient and ~~hospital~~facility-identifying information submitted to the Department or certified local health ~~department~~agency under the Act and this Part shall be privileged and confidential and shall not be available for disclosure, inspection or copying under the Freedom of Information Act or the State Records Act, except as described in this Section. These data shall also be considered confidential under Section 8-2101 of the Code of Civil Procedure.
- 2) Aggregate ~~summaries~~summary and reports of follow-up activities may be provided upon request to hospitals, to APCs~~Perinatal Centers~~, and to the certified local health ~~department~~agency designated by the Department to provide follow-up services to the patients. ~~These~~Such reports may contain information provided by the referring hospital and information provided by the follow-up certified local health department~~agency~~. Patient or ~~hospital~~facility specific data provided to the appropriate designee under this Section ~~are~~is confidential and shall be handled in accordance with ~~the provisions of~~ the Illinois Health Statistics Act ~~[410 ILCS 520]~~ and Section 9 of the Hospital Licensing Act ~~[210 ILCS 85/9]~~. These data shall also be considered confidential under Section 8-2101 of the Code of Civil Procedure ~~[735 ILCS 5/8-2101]~~.
- 3) All reports issued by the Department in which the data ~~are~~is aggregated so that no patient or reporting ~~hospital~~facility may be identified shall be available to the public pursuant to Access to Public Records of the

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~~Department of Public Health~~~~the Department's Freedom of Information rules (2 Ill. Adm. Code 1126)~~ and the Freedom of Information Act ~~[5 ILCS 140]~~.

~~ef)~~ Quality Assurance and Continuous Quality Improvement

- 1) Reporting ~~entities~~facilities (i.e., hospitals, certified local health departments~~Local Health Departments~~, and managed care entities (~~MCEs~~MCE), ~~and designated local health agencies~~) shall be subject to review by the Department to assess the timeliness, correctness and completeness of the reports submitted by the entity~~facility~~.
- 2) Reporting ~~entities~~facilities (i.e., hospitals, certified local health departments~~Local Health Departments~~ and ~~MCEs~~, ~~managed care entities (MCE)~~, ~~and designated community health agencies~~) shall supply additional information to the Department at the Department's request when additional information ~~is~~when needed to confirm the accuracy of reports previously submitted, or to clarify information previously submitted. The Department ~~will~~shall not request data that are more than two years old.
- 3) ~~Monthly reports will be compiled by the Department, listing all hospital referrals to each health department/agency. The reports will be used for audits and assistance to health departments.~~
- 4) ~~Managed Care Entities must submit their Quality Assurance Plan (QAP) to the Department for review and use in state-wide Quality Improvement in Perinatal program efforts.~~

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

Section 640.100 High-Risk Follow-up Program

The Illinois Department of Human Services manages the high-risk follow-up program in accordance with the Maternal and Child Health Services Code (77 Ill. Adm. Code 630).

- a) ~~Local Health Nursing Follow-up for the High Risk Mother~~
 - 1) ~~Purpose~~
~~Home visits to families of high risk/pregnant and postpartum women have~~

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~~a two-fold purpose: assessment of the woman and the family/environment and facilitation of early intervention for identified problems.~~

2) ~~Agencies to Provide Services~~

A) ~~All Local Health Departments should provide follow-up services to residents of their counties.~~

B) ~~The Department may contract with a local health agency or county nurse to provide follow-up services to residents of areas without a Local Health Department.~~

3) ~~Eligibility for Services~~

~~Any pregnant or postpartum patient identified as high-risk by a Level III hospital and referred to a Local Health Department or other designated local health agency should be offered follow-up services. The patient may decline such services.~~

4) ~~Services to be Provided~~

A) ~~Home visits to high-risk pregnant women should be scheduled as often as the client's condition warrants or as requested by the attending physician. A post-discharge visit should be made as soon as possible after discharge. Additional visits may be made during the postpartum period (i.e., 6 weeks following the date of delivery) for pregnancy-related conditions as indicated or as requested by the attending physician. If additional visits are for chronic health conditions (e.g., chronic hypertension, CVA, advanced cardiac disease), the patient should be referred to the licensed home health agency in the area for long-term follow-up.~~

B) ~~Local health agencies which provide services must adhere to the provisions of the Maternal and Child Health Services Code (77 Ill. Adm. Code 630).~~

b) ~~Local Health Nursing Follow-up for High-risk Infants~~

1) ~~Purpose~~

~~The purpose of the infant follow-up program is to minimize disability in~~

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~~high-risk infants by identifying as early as possible conditions requiring further evaluation, diagnosis, and treatment and by assuring an environment that will promote optimal growth and development.~~

2) ~~Agencies to Provide Services~~

A) ~~All Local Health Departments should provide follow-up services to residents of their counties.~~

B) ~~The Department may contract with a local health agency to provide follow-up services to residents of areas without a Local Health Department.~~

3) ~~Eligibility for Services~~

~~Any infant eligible for the Adverse Pregnancy Outcomes Reporting System (APORS) and referred to a Local Health Department or other designated local health agency should be offered follow-up services. The family may decline such services.~~

4) ~~Services to be Provided~~

A) ~~A minimum of 6 visits should be made by the follow-up nurse: as soon as possible after newborn hospital discharge, and at infant chronological ages 2, 6, 12, 18, and 24 months. Infants and their families having actual or potential health problems identified by the nurse should be visited more frequently for health monitoring, teaching, counseling and/or referral for appropriate services. Occasionally, when an infant is receiving services at the health department, a follow-up visit may be conducted by the nurse at that time.~~

B) ~~Follow-up services should include:~~

i) ~~Health History including: prenatal and natal history; parental concerns; family history of genetic disease or unexplained mental retardation; compliance with medical regimen, if any, including medications, treatments, and visits to the physician; infant care, including nutrition, elimination, and sleep activity; and family/infant~~

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~~interaction, family coping and parental knowledge of injury prevention.~~

- ~~ii) Physical assessment, developmental assessment, and age specific anticipatory guidance based on the American College of Obstetricians and Gynecologists guidelines or current recommendations of the State that are found in subsection (b)(5) of this Section.~~
- ~~iii) Based on the results of the health history and physical assessment, the nurse will identify problems and nursing diagnoses and arrange for intervention. Intervention may include: counseling the family as to the importance of regular primary health care by the family physician, pediatrician, or clinic; encouraging scheduled return visits to Perinatal Center; family teaching/counseling by the follow-up nurse; referral to the physician or other screening, diagnostic or support services depending on the nature of the problem; and follow-up on referrals.~~

- ~~5) Local health agencies must adhere to the provisions of the Maternal and Child Health Services Code (77 Ill. Adm. Code 630) and the Department's High Risk Infant Tracking Supplement for Local Health Departments, which may be obtained from the Department's Office of Family Health.~~

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

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Section 640.APPENDIX A Standardized Perinatal Site Visit ProtocolStandardized Perinatal Site Visit Protocol

Components of site visit tool – information to be completed by applicant hospital prior to site visit and reviewed and approved at time of site visit by site visit team.

HOSPITAL: _____ CITY: _____, Illinois

Level of Designation Applied for: Level I _____ Level II _____ Level II with Extended Neonatal Capabilities _____ Level III _____ Administrative Perinatal Center _____

ADMINISTRATIVE PERINATAL CENTER: _____

DATE OF SITE VISIT: _____

GEOGRAPHIC AREA SERVED (Provide description):

MEMBERS (titles and affiliated institutions) OF SITE VISIT TEAM:

I. HOSPITAL DATA

Please use data from most recent three calendar years

A. MATERNAL DATA

| | <u>200</u> | <u>200</u> | <u>201</u> | |
|--|------------|------------|------------|---|
| <u>1. Number of Obstetrical Beds:</u> | | | | <u>Current</u> <u>RN/Patient</u> <u>ratio</u> |
| <u>a. Ante-partum</u> | | | | |
| <u>b. Labor / Delivery LDR</u> | | | | |
| <u>C/Section Rooms</u> | | | | |
| <u>Delivery Rooms (LDR, see above)</u> | | | | |
| <u>c. LDRP</u> | | | | |

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| | | | | |
|--|-----------|-----------|-----------|-------------------------------|
| <u>d. Pospartum</u> | | | | <u>(mother/baby couplets)</u> |
| <u>2. Total Number of Women Delivering</u> | | | | |
| <u>3. Number of Vaginal Deliveries:</u> | | | | |
| <u>Spontaneous</u> | | | | |
| <u>*Forceps</u> | | | | |
| <u>*Vacuum Extraction</u> | | | | |
| <u>4. Number of C/Sections – add percents-#/%</u> | | | | |
| <u>Total</u> | <u>/%</u> | <u>/%</u> | <u>/%</u> | |
| <u>Primary</u> | <u>/%</u> | <u>/%</u> | <u>/%</u> | |
| <u>Repeat</u> | <u>/%</u> | <u>/%</u> | <u>/%</u> | |
| <u>5. Number of Vaginal Births After Cesarean (VBAC) – add percent – #/%</u> | | | | |
| <u>6. Number of inductions</u> | | | | |
| <u>+7. Number of augmentations</u> | | | | |

* Use final delivery modality

+ Augmentation – stimulation of contractions when spontaneous contractions have failed to progress dilation or descent

B. NEONATAL DATA

| | | | | |
|--|------------|------------|------------|---------------------------------|
| <u>1. Number of nursery beds:</u> | <u>200</u> | <u>200</u> | <u>201</u> | <u>Current RN/Patient Ratio</u> |
| <u>Normal newborn</u> | | | | |
| <u>Intermediate/Special care</u> | | | | |
| <u>NICU/Level III only</u> | | | | |
| <u>2. Average daily census in the Special Care Nursery* (Level II or II with extended neonatal capabilities)</u> | | | | |

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| | | | | |
|---|--|--|--|--|
| <u>3. Average daily census in the NICU (Level III only)</u> | | | | |
|---|--|--|--|--|

* Provide explanation of how average daily census in Special Care Nursery was calculated.

C. LIVE BIRTH DATA

1. Birth Weight Specific Data – indicate # born & died in each category (example 10/2)
(Use Electronic Birth Certificate data for live births) (add percent for LBW and VLBW in shaded areas)

| | | | |
|---|------------|------------|------------|
| | <u>200</u> | <u>200</u> | <u>201</u> |
| <u>< 500 grams</u> | <u>/</u> | <u>/</u> | <u>/</u> |
| <u>500 – 749</u> | <u>/</u> | <u>/</u> | <u>/</u> |
| <u>750 – 999</u> | <u>/</u> | <u>/</u> | <u>/</u> |
| <u>1000 – 1249</u> | <u>/</u> | <u>/</u> | <u>/</u> |
| <u>1250 – 1499</u> | <u>/</u> | <u>/</u> | <u>/</u> |
| <u>Percent for VLBW</u> | | | |
| <u>1500 – 1999</u> | <u>/</u> | <u>/</u> | <u>/</u> |
| <u>2000 – 2499</u> | <u>/</u> | <u>/</u> | <u>/</u> |
| <u>Percent for LBW</u> | | | |
| <u>2500 – 2999</u> | <u>/</u> | <u>/</u> | <u>/</u> |
| <u>3000 – 3499</u> | <u>/</u> | <u>/</u> | <u>/</u> |
| <u>3500 – 3999</u> | <u>/</u> | <u>/</u> | <u>/</u> |
| <u>4000 – 4499</u> | <u>/</u> | <u>/</u> | <u>/</u> |
| <u>4500 – 4999</u> | <u>/</u> | <u>/</u> | <u>/</u> |
| <u>5000 Plus</u> | <u>/</u> | <u>/</u> | <u>/</u> |
| <u>Total Live Births/Neonatal Deaths</u> | | | |

2. Incidence of Neonatal complications (Occurrences at hospital of birth)

| | | | |
|-----------------------------------|------------|------------|------------|
| <u>Use <1500 gram VON data</u> | <u>200</u> | <u>200</u> | <u>201</u> |
| <u>Necrotizing enterocolitis</u> | | | |

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| | | | |
|--|--|--|--|
| Retinopathy of prematurity | | | |
| Intraventricular hemorrhage – Grade III | | | |
| Grade IV | | | |
| Peri-ventricular leukomalacia | | | |
| Broncho-pulmonary dysplasia | | | |
| *Use all babies for categories below | | | |
| Respiratory Distress Syndrome (ICD 9 code 769) | | | |
| Persistent Pulmonary Hypertension of the Newborn (ICD 9 code 747.83) | | | |
| Meconium Aspiration Syndrome (ICD 9 code 770.1) | | | |
| Neonatal Surgeries | | | |
| Seizures (ICD 9 code 779.0) | | | |
| Infections (7 ICD 9 code 771.81) | | | |
| 5 minute Apgar <7 (exclude infants <500 grams) | | | |

[* If in expanded VON, use VON data for "all babies" categories](#)

D. FETAL DEATHS

[Birth weight Specific Data – # per weight category](#)

| | | | |
|-------------------------------|---------------------|---------------------|---------------------|
| | 200 | 200 | 201 |
| <500 grams | | | |
| 500 – 749 | | | |
| 750 – 999 | | | |
| 1000 – 1249 | | | |
| 1250 – 1499 | | | |
| 1500 – 1999 | | | |

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| | | | |
|----------------------------------|--|--|--|
| | | | |
| <u>2000 – 2499</u> | | | |
| <u>2500 – 2999</u> | | | |
| <u>3000 – 3499</u> | | | |
| <u>3500 – 3999</u> | | | |
| <u>4000 – 4499</u> | | | |
| <u>4500 – 4999</u> | | | |
| <u>5000 Plus</u> | | | |
| <u>Total Fetal Deaths</u> | | | |

E. MORTALITY DATA

| | | | |
|---|------------|------------|------------|
| | <u>200</u> | <u>200</u> | <u>201</u> |
| <u>1. Maternal Deaths</u> (Hospital of Delivery) (attach table with individual dispositions, factors and cause of death) <u>Pregnancy Related</u> <u>Non-pregnancy Related</u> | | | |
| <u>2. Perinatal Deaths</u> (attach summary table with dispositions and factors per year for 3 years) <u>a. Fetal Deaths (FD)</u> <u>b. Neonatal Deaths (ND)</u> | | | |
| <u>*3. Mortality Rates</u> (all births) <u>a. Fetal Mortality Rate (FD/total births X 1000)</u> <u>b. Neonatal Mortality Rate (ND/total live births X 1000)</u> <u>c. Perinatal Mortality Rate (FD + ND/total births X 1000)</u> <u>d. Vermont Oxford Standard Mortality Rate</u> | | | |

* Question #3, only for Level III institutions

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F. TRANSPORT DATA

| | <u>200</u> | <u>200</u> | <u>201</u> |
|---|------------|------------|------------|
| <u>1. Number of maternal transfers/transports/transports</u> (Do not include return transfers/transports) | | | |
| <u>Into institution</u> | | | |
| <u>Out of institution</u> | | | |

| | <u>200</u> | <u>200</u> | <u>201</u> |
|--|------------|------------|------------|
| <u>2. Number of neonatal transfers</u> (Do not include return transfers/transports) | | | |
| <u>Into institution</u> | | | |
| <u>Out of institution</u> | | | |

3. Provide maternal and neonatal transport information for the most current calendar year (for Perinatal Centers, provide transport information by hospital, by gestational age and by year for 3 years).

II. OB HEMORRHAGE DOCUMENTATION

List OB Hemorrhage cases from the previous calendar year (patients sent to ICU or received 3 or greater units of blood products).

III. RESOURCE REQUIREMENTS

Complete attached Resource Checklist for the appropriate level of care – current level and level being applied for if different.

IV. ADMINISTRATIVE PERINATAL CENTERS

- A. Provide documentation of educational activities sponsored by the Administrative Perinatal Center for network hospitals and local health departments.
- B. Provide evidence of morbidity and mortality reviews with network hospitals.
- C. Provide written documentation of Regional Perinatal Network CQI Activities.

Components of site visit tool—information to be completed by applicant facility prior to site visit and reviewed and approved at time of site visit.

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~~(By site visit team)~~~~Initial/Date~~**~~I. PROGRAM DOCUMENTATION:~~**~~/ Updated maternity service plan with current staffing pattern appropriate for level of care.~~~~/ Documentation of orientation program for nursing staff.~~~~/ Documentation of ongoing continuing education program.~~~~/ Documentation of Continuous Quality Improvement (CQI) Activities.~~~~/ Updated, comprehensive procedure manual.~~~~/ Appropriate resources checklist.~~**~~H. STAFF PERFORMANCE:~~**~~/ Chart review (site visit team).~~~~/ Discussion of patient care with staff selected at random by the site visit team.~~**~~III. COMMENTS:~~**

~~Director of Site Visit Team:~~ _____~~Title:~~ _____

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

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Section 640.APPENDIX B Outcome Oriented Data: Perinatal Facility Designation/Redesignation (Repealed)

Section 640.EXHIBIT A Outcome Oriented Data Form (Repealed)

Level of Designation Applied for: Level I _____ Level II _____
 Level II (with extended capabilities) _____
 Level III Perinatal Center _____

HOSPITAL: _____ CITY: _____

~~DESCRIPTION OF GEOGRAPHIC AREA SERVED:~~

~~PERINATAL CENTER:~~ ~~DATE OF SITE VISIT:~~

~~MEMBERS (titles and affiliated institution) OF SITE VISIT TEAM:~~

~~Please use data from previous 3 calendar years: YEAR~~

I. STATISTICS

A. Maternal Data

~~1. Number of obstetrical beds:~~

a. Antepartum

~~b. Labor/Delivery~~

~~LDR/DRP~~

C/Section Rooms

Delivery Rooms

e. ~~Intensive Care Beds~~

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| | | | | |
|----|--|--|--|--|
| | d. Postpartum | | | |
| 2. | Total number of deliveries: | | | |
| 3. | Percent of vaginal deliveries: | | | |
| | Spontaneous | | | |
| | Forceps | | | |
| | Vacuum Extraction | | | |
| 4. | Percent of C/Sections: | | | |
| | % Primary | | | |
| | % Repeat | | | |
| 5. | Number of VBACs: | | | |
| | Attempts | | | |
| | Successes | | | |
| 6. | Percent of inductions: | | | |
| 7. | Percent of augmentations: | | | |
| 8. | Outcomes for Maternal Admissions with the following diagnosis: | | | |
| | Diabetes | | | |
| | # of maternal admission | | | |
| | # transferred out for delivery | | | |
| | # discharged undelivered | | | |
| | # of neonatal deaths | | | |
| | # of fetal deaths | | | |
| | # of neonates transferred to a higher level facility | | | |
| | Chronic Hypertension | | | |
| | # of maternal admissions | | | |
| | # transferred out for delivery | | | |
| | # discharged undelivered | | | |
| | # of neonatal deaths | | | |
| | # of fetal deaths | | | |
| | # of neonates transferred to a | | | |

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~~higher level facility~~**B. Neonatal Data**~~1. Number of nursery beds:~~~~Normal Newborn~~~~Intermediate / Special
care~~~~NICU / Level III~~~~Average daily census in
the Special Care Nursery~~~~(Level II or II with
extended capabilities or
Level III intermediate)~~~~Average daily census
in the NICU (Level III)~~**C. Fetal Mortality**~~1. Birthweight Specific Data:~~~~<500 grams~~~~501-750~~~~751-1000~~~~1001-1250~~~~1251-1500~~~~1501-2000~~~~2001-2500~~~~2501-3000~~~~3001-3500~~~~3501-4000~~

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| | | | | |
|---------------------------|---|--|--|--|
| | | | | |
| | 4001-4500 | | | |
| | 4501-5000 | | | |
| | 5001-PLUS | | | |
| 2. | Live Birth Data: | | | |
| <500 grams: | Number of infants born | | | |
| | Number of infants ventilated | | | |
| | beyond six hours | | | |
| | Number of ventilated | | | |
| | infants survived | | | |
| | Ventilator days (total) | | | |
| | Oxygen days (total) | | | |
| | Length of stay (days) | | | |
| 501-750 grams | Number of infants born | | | |
| | Number of infants ventilated | | | |
| | beyond six hours | | | |
| | Number of ventilated infants | | | |
| | survived | | | |
| | Ventilator days (total) | | | |
| | Oxygen days (total) | | | |
| | Length of stay (days) | | | |
| 751-1000 grams: | Number of infants born | | | |
| | Number of infants ventilated | | | |
| | beyond six hours | | | |
| | Number of ventilated infants | | | |
| | survived | | | |
| | Ventilator days (total) | | | |
| | Oxygen days (total) | | | |
| | Length of stay (days) | | | |
| 1001-1250 grams: | Number of infants born | | | |
| | Number of infants ventilated | | | |
| | beyond six hours | | | |
| | Number of ventilated infants | | | |
| | survived | | | |

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| | | | | |
|-----------------------------|--|------------------|------------------|------------------|
| | Ventilator days (total) | _____ | _____ | _____ |
| | Oxygen days (total) | _____ | _____ | _____ |
| | Length of stay (days) | _____ | _____ | _____ |
| 1251-1500 grams: | Number of infants born | _____ | _____ | _____ |
| | Number of infants ventilated beyond six hours | _____ | _____ | _____ |
| | Number of ventilated infants survived | _____ | _____ | _____ |
| | Ventilator days (total) | _____ | _____ | _____ |
| | Oxygen days (total) | _____ | _____ | _____ |
| | Length of stay (days) | _____ | _____ | _____ |
| 1501-2000 grams: | Number of infants born | _____ | _____ | _____ |
| | Number of infants ventilated beyond six hours | _____ | _____ | _____ |
| | Number of ventilated infants survived | _____ | _____ | _____ |
| | Ventilator days (total) | _____ | _____ | _____ |
| | Oxygen days (total) | _____ | _____ | _____ |
| | Length of stay (days) | _____ | _____ | _____ |
| 2001-2500 grams: | Number of infants born | _____ | _____ | _____ |
| | Number of infants ventilated beyond six hours | _____ | _____ | _____ |
| | Number of ventilated infants survived | _____ | _____ | _____ |
| | Ventilator days (total) | _____ | _____ | _____ |
| | Oxygen days (total) | _____ | _____ | _____ |
| | Length of stay (days) | _____ | _____ | _____ |
| 2501-3000 grams: | Number of infants born | _____ | _____ | _____ |
| | Number of infants ventilated beyond six hours | _____ | _____ | _____ |
| | Number of ventilated infants survived | _____ | _____ | _____ |
| | Ventilator days (total) | _____ | _____ | _____ |
| | Oxygen days (total) | _____ | _____ | _____ |
| | Length of stay (days) | _____ | _____ | _____ |

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| | | | | |
|------------------|--|------------------|------------------|------------------|
| 3001-3500 grams: | Number of infants born | _____ | _____ | _____ |
| | Number of infants ventilated beyond six hours | _____ | _____ | _____ |
| | Number of ventilated infants survived | _____ | _____ | _____ |
| | Ventilator days (total) | _____ | _____ | _____ |
| | Oxygen days (total) | _____ | _____ | _____ |
| | Length of stay (days) | _____ | _____ | _____ |
| | | | | |
| 3501-4000 grams: | Number of infants born | _____ | _____ | _____ |
| | Number of infants ventilated beyond six hours | _____ | _____ | _____ |
| | Number of ventilated infants survived | _____ | _____ | _____ |
| | Ventilator days (total) | _____ | _____ | _____ |
| | Oxygen days (total) | _____ | _____ | _____ |
| | Length of stay (days) | _____ | _____ | _____ |
| | | | | |
| 4001-4500 grams: | Number of infants born | _____ | _____ | _____ |
| | Number of infants ventilated beyond six hours | _____ | _____ | _____ |
| | Number of ventilated infants survived | _____ | _____ | _____ |
| | Ventilator days (total) | _____ | _____ | _____ |
| | Oxygen days (total) | _____ | _____ | _____ |
| | Length of stay (days) | _____ | _____ | _____ |
| | | | | |
| 4501-5000 grams: | Number of infants born | _____ | _____ | _____ |
| | Number of infants ventilated beyond six hours | _____ | _____ | _____ |
| | Number of ventilated infants survived | _____ | _____ | _____ |
| | Ventilator days (total) | _____ | _____ | _____ |
| | Oxygen days (total) | _____ | _____ | _____ |
| | Length of stay (days) | _____ | _____ | _____ |
| | | | | |
| 5001 PLUS: | Number of infants born | _____ | _____ | _____ |
| | Number of infants ventilated beyond six hours | _____ | _____ | _____ |
| | | | | |
| | | | | |

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| | | | |
|---------------------------------------|-------|-------|-------|
| Number of ventilated infants survived | _____ | _____ | _____ |
| Ventilator days (total) | _____ | _____ | _____ |
| Oxygen days (total) | _____ | _____ | _____ |
| Length of stay (days) | _____ | _____ | _____ |

Incidence of Neonatal Complications:

| | | | |
|--|-------|-------|-------|
| Pulmonary air leaks | _____ | _____ | _____ |
| Necrotizing enterocolitis | _____ | _____ | _____ |
| Retinopathy of Prematurity | _____ | _____ | _____ |
| Intraventricular hemorrhage | _____ | _____ | _____ |
| Grade I & II | _____ | _____ | _____ |
| Grade III & IV | _____ | _____ | _____ |
| Periventricular leukomalacia | _____ | _____ | _____ |
| Bronchopulmonary dysplasia | _____ | _____ | _____ |
| Neonatal Sepsis | _____ | _____ | _____ |
| Respiratory Distress Syndrome | _____ | _____ | _____ |
| Persistent Pulmonary Hypertension of the Newborn | _____ | _____ | _____ |
| Meconium Aspiration Syndrome | _____ | _____ | _____ |
| Neonatal Surgeries | _____ | _____ | _____ |
| Seizures | _____ | _____ | _____ |
| 5 minute Apgar <7 | _____ | _____ | _____ |

D. OUTCOME STATISTICS

All neonatal deaths are to be counted by the hospital of birth regardless of place of death. Neonates born in emergency rooms are to be counted by the hospital of birth.

1. Maternal Deaths:

(Attach documentation of joint case review meeting and assigned disposition of mortality for each death.)

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~~(Standardized Neonatal Mortality Rate and Standardized Perinatal Mortality Rate. This information should be obtained from the most current Perinatal Health Status Reports.)~~

2. Standardized Neonatal Mortality Rate: _____

3. Standardized Perinatal Mortality Rate: _____
~~(Attach documentation of joint case review meetings and assigned disposition of the mortalities. Give synopsis of action taken on deaths disposed as potentially avoidable.)~~

H. STAFF

A. ~~List the names and titles of directors/chairperson:
 Attach CV of Medical Directors; where appropriate identify subspecialty board).~~

| | <i>Full Time</i> | <i>Board Certified</i> | <i>Sub-board Certified</i> |
|----------------------------|----------------------|----------------------------|--------------------------------|
| Maternal—Fetal _____ | Y/N | Y/N | Y/N |
| Neonatology _____ | Y/N | Y/N | Y/N |
| Obstetric _____ | Y/N | Y/N | |
| FP/GP _____ | Y/N | Y/N | |
| Anesthesia _____ | Y/N | Y/N | |
| Obstetric Anesthesia _____ | Y/N | Y/N | |

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| | | | | |
|--|--|------------|------------|------------|
| | <u>Pediatric</u> | <u>Y/N</u> | <u>Y/N</u> | |
| | <u>OB/Gyn Residency Program</u> <u>(if applicable)</u> | <u>Y/N</u> | | |
| | <u>Pediatric Residency Program</u> <u>(if applicable)</u> | <u>Y/N</u> | | |
| | <u>Perinatal Fellowship Program</u> | <u>Y/N</u> | | |
| | <u>Neonatal Fellowship program</u> | <u>Y/N</u> | | |
| | <u>Pediatric Surgery</u> | <u>Y/N</u> | <u>Y/N</u> | <u>Y/N</u> |
| | <u>Pediatric Neurosurgery</u> | <u>Y/N</u> | <u>Y/N</u> | |
| | <u>Pediatric Radiology</u> | <u>Y/N</u> | <u>Y/N</u> | |
| | <u>Pediatric Cardiology</u> | <u>Y/N</u> | <u>Y/N</u> | <u>Y/N</u> |
| | <u>Pediatric Cardiac Surgery</u> | <u>Y/N</u> | <u>Y/N</u> | |
| | <u>Pediatric Anesthesiology</u> | <u>Y/N</u> | <u>Y/N</u> | |
| | <u>Pediatric Ophthalmology</u> | <u>Y/N</u> | <u>Y/N</u> | |

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~~Pediatric Nephrology~~ _____~~Y/N~~~~Y/N~~~~Y/N~~~~Pediatric Medical Genetics~~ _____~~Y/N~~~~Y/N~~~~Pediatric Orthopedics~~ _____~~Y/N~~~~Y/N~~~~Pediatric Otolaryngology~~ _____~~Y/N~~~~Y/N~~~~Pediatric Pulmonology~~ _____~~Y/N~~~~Y/N~~~~Y/N~~~~Pediatric Hematology~~ _____~~Y/N~~~~Y/N~~~~Y/N~~~~Pediatric Endocrinology~~ _____~~Y/N~~~~Y/N~~~~Y/N~~~~Pediatric Gastroenterology~~ _____~~Y/N~~~~Y/N~~~~Y/N~~~~B. Staff Available~~~~On-Call~~~~In-House 24 hours/day~~~~Obstetrics~~ _____~~Neonatology~~ _____~~OB Anesthesia~~ _____~~Maternal / Fetal~~ _____

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~~C. Nursing~~

~~(List the names, titles, and credentials of nursing staff, as required for this section, with privileges in the Departments of Obstetrics and Pediatrics. Attach CB of Director of Nursing.)~~

~~Director of Nursing (Maternal / Child Nursing)~~

~~Director of Nursing (NICU / NBN)~~

~~Certified Nurse Midwife / Midwives~~

~~Clinical Specialist/Nurse Practitioners—Neonatal and Obstetrics~~

~~Transport Coordinators~~

~~Neonatal~~ ~~Y~~ ~~N~~

~~Maternal / Fetal~~ ~~Y~~ ~~N~~

~~Allied Health Staff~~

~~Radiology Director~~ ~~Y~~ ~~N~~

~~Genetics Director~~ ~~Y~~ ~~N~~

~~Respiratory Therapy Director~~ ~~Y~~ ~~N~~

~~Licensed Social Worker~~ ~~Y~~ ~~N~~

~~Registered Dietitian~~ ~~Y~~ ~~N~~

~~Director of Laboratory~~ ~~Y~~ ~~N~~

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| | | | |
|------------------------------------|--------------|--------------|--|
| Family Care Coordinator | Y | N | |
|------------------------------------|--------------|--------------|--|

| | | | |
|---------------------------------|--------------|--------------|--|
| Dedicated Pharmacist | Y | N | |
|---------------------------------|--------------|--------------|--|

D. ~~Transport Statistics~~~~YEARS~~

- ~~1. Number of maternal transfers/transport~~~~s do not include~~
~~return transfers/transport~~~~s):~~

~~into institution~~~~out of institution~~~~in Network~~~~out of Network~~

- ~~2. Number of neonatal transfers (do not include return~~
~~transfers):~~

~~into institution~~~~out of institution~~~~in Network~~~~out of Network~~

- ~~3. Number of in-born infants less than~~

~~1250 grams transferred out (state~~
~~disposition of above infants not~~
~~transferred):~~E. ~~Transfer Information (Please attach the information requested in this section):~~

- ~~1. Maternal:~~

- ~~a. List conditions for which maternal patients were transferred (latest year~~
~~only):~~

- ~~b. List hospitals to which maternal patients were transferred (latest year~~

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~~only):~~

~~e. Number of maternal transfer patients refused and reasons for refusal:~~

~~2. Neonatal:~~

~~a. List conditions for which neonates were transferred (latest year only):~~

~~b. List hospitals to which neonates were transferred (latest year only):~~

~~c. Number of neonatal transfer patients refused and reasons for refusal (latest year only):~~

~~F. Anesthesia~~

~~1. Is 24-hour anesthesia available in house? Y N~~

~~If yes, who (anesthesiologist, nurse anesthetist) _____~~

~~If anesthesia is on-call, response time? _____~~

~~2. Location C/Section performed _____ in OR suite on obstetrical level
 _____ in OR suite on surgery level~~

~~3. Length of time required for start-up of C/Section _____~~

~~G. Education~~

~~1. Documentation of in-service education programming provided: Y N
 Brief description, dates, and attendance:~~

~~2. Documentation of fetal monitoring and neonatal resuscitation programs provided. Brief description, dates, and attendance:~~

~~3. Documentation of C/Section Reviews:~~

~~H. Developmental Follow-up Program~~

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~~Briefly describe your developmental follow-up program, and include the name of the Director of this program and the length of follow-up.~~

~~Explain arrangements for integrating Early Intervention Programs with the discharge planning process and developmental follow-up program.~~

~~I. Continuous Quality Improvement (CQI)~~

~~Briefly describe CQI Activities specific to Maternal/Fetal/Neonatal Medicine.~~

~~J. Perinatal Centers~~

- ~~1. Provide documentation of educational activities sponsored by the Center for Network hospital and community health agencies.~~
- ~~2. Provide documentation of morbidity and mortality reviews with Network hospitals.~~
- ~~3. Provide documentation of Network Continuous Quality Improvement (CQI) activities.~~

(Source: Repealed at 35 Ill. Reg. 2583, effective January 31, 2011)

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**Section 640.APPENDIX B Outcome Oriented Data: Perinatal Facility Designation/
Redesignation (Repealed)****Section 640.EXHIBIT B Data Collection Exception Form (Repealed)****Sample Data Collection Form for Hospitals Serving "Exception" Cases**

Both maternal and neonatal data should be supplied for either a maternal or neonatal exception. However, if a maternal exception is transported to another hospital for delivery, the data relevant to the neonate will not be provided by the referring hospital.

| Cases | | Maternal Data | | Neonatal Admitting Data | | | | Neonatal Outcome | | | |
|--------------------|--------------|-------------------------------|--------------------------------------|-------------------------|--------------------------------------|---------------|--------------------------------------|---|---|----------|------------------------------|
| Name and Record #s | Admission: | Maternal Dx and Risk Factors: | Perinatal Center/ Level III Contact? | Birth | | GA—Weight— | Perinatal Center/ Level III Contact? | Vent care?* | D/C Problem List/Referral and Follow-up Plan: | D/C Date | If death, H & H Disposition: |
| Baby | Date Time | | Name Date Time | Date Time | | Admitting Dx: | Name Date Time | Hours_____ or Days_____ (*positive —pressure) | | | |
| Mother | | | Transport? Date Time To Where? | APGARS | 1 min____ 5 min____ 10 min____ | | Transport? Date Time To Where? | | | | |
| | | | | | | | | | | | |

(Source: Repealed at 35 Ill. Reg. 2583, effective January 31, 2011)

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Section 640.APPENDIX C Maternal Discharge Record **(Repealed)**Section 640.EXHIBIT A Maternal Discharge Record Form **(Repealed)**

State of Illinois
Department of Public Health
MATERNAL DISCHARGE RECORD
PERINATAL TRACKING SYSTEM

ONLY DISCHARGING HOSPITAL
COMPLETES.

COMPLETE ONLY ON PATIENTS REQUIRING REFERRAL

Medicaid Recipient #

Medicaid Pending ☐ Yes

☐ No

Social Security #

*Required

| | | | | | |
|--|--|--|--|--|---|
| REFERRING HOSPITAL AND CITY* | | CODE* | MED-REC #* | CORNERSTONE # | |
| DATE OF ADMISSION* | RACE* <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ORIENTAL <input type="checkbox"/> OTHER | HISPANIC* <input type="checkbox"/> YES <input type="checkbox"/> NO | | COUNTY OF RESIDENCE* | CODE* |
| PATIENT'S LAST NAME* | FIRST NAME* | M-I | DATE OF BIRTH* | | |
| HUSBAND'S LAST NAME | | FIRST NAME | | | |
| PATIENT'S MAIDEN NAME | | MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED | | PATIENT'S TELEPHONE NUMBER | |
| PATIENT'S STREET ADDRESS—APT. NUMBER* | CITY | | | STATE | ZIP CODE |
| GRAVIDA* ____ | PARA* F____P____A____L____ | BLOOD TYPE ____GRP____RH | HBsAG STATUS <input type="checkbox"/> POS. <input type="checkbox"/> NEG. | EDC* ____/____/____ | PRENATAL CARE BEGAN ____WKS. GEST. |
| PRENATAL VISITS ____# OF VISITS | | | | | |
| REPRODUCTIVE HISTORY CHECK APPROPRIATE NUMBERS | | REASONS FOR REFERRAL | | | |
| 1. _____ C/SECTION WITH COMPLICATIONS 2. _____ INFANT WITH CONGENITAL ANOMALIES 3. _____ NEONATAL DEATH 4. _____ SIDS 5. _____ STILLBORN 6. _____ OTHER (SPECIFY) _____ _____ _____ | | 1. _____ ABRUPTIO—CHRONIC 2. _____ ALCOHOL ABUSE 3. _____ ASTHMA 4. _____ CANCER 5. _____ CHRONIC DISEASE (SPECIFY) _____ 6. _____ CHRONIC RENAL DISEASE 7. _____ CONVULSIVE DISORDER 8. _____ DIABETES 9. _____ DRUG ABUSE (SPECIFY) _____ 10. _____ FETAL ANOMALY 11. _____ FETAL DEATH IN UTERO 12. _____ HEART DISEASE 13. _____ HEMOGLOBINOPATHY INCLUDING SICKLE CELL 14. _____ HYPEREMESIS 15. _____ HYPERTENSION 16. _____ IDIOPATHIC THROMBOCYTOPENIA 17. _____ PURPURA (ITCP) 17. _____ INCOMPETENT CERVIX 18. _____ INTRAUTERINE GROWTH RESTRICTION 19. _____ MULTIPLE GESTATION 20. _____ NO-PRENATAL CARE 21. _____ PRE-ECLAMPSIA 22. _____ REMATURE LABOR 23. _____ PREMATURE RUPTURE OF MEMBRANE 24. _____ PREVIA 25. _____ PSYCHIATRIC DISORDER 26. _____ PULMONARY EMBOLUS 27. _____ PYELONEPHRITIS 28. _____ RH SENSITIZATION 29. _____ SEXUALLY TRANSMITTED DISEASE 30. _____ SIGNIFICANT SOCIAL PROBLEMS 31. _____ TEEN PREGNANCY 32. _____ THROMBO-EMBOLIC DISEASE 33. _____ VIOLENCE, FAMILY 34. _____ OTHER _____ | | | |
| DISCHARGE DATE* | BLOOD PRESSURE ____/____ | HEIGHT FT.____IN.____ | WEIGHT (CURRENT)____(lbs) | | FAMILY PLANNING* |
| | | | | <input type="checkbox"/> N/A <input type="checkbox"/> REFERRED <input type="checkbox"/> BEGAN <input type="checkbox"/> NOT INTERESTED | |
| PATIENT DELIVER DURING THIS ADMISSION* <input type="checkbox"/> YES <input type="checkbox"/> NO | TYPE & DATE OF DELIVERY* <input type="checkbox"/> VAGINAL <input type="checkbox"/> C-SECTION <input type="checkbox"/> OTHER _____ DATE ____/____/____ | | WAS INFANT AT HIGH RISK* <input type="checkbox"/> YES <input type="checkbox"/> NO | | INFANTS CONDITION SEX <input type="checkbox"/> Male <input type="checkbox"/> Female BIRTH WEIGHT*____(gms) APGARS ____/____ |
| MAJOR TREATMENT OF MOTHER DURING HOSPITALIZATION & DISCHARGE TREATMENT/DIAGNOSIS/MEDICATIONS | | | | | |
| OTHER CONCERNS: | | | | | |

CLIENT

MEDICAL

SOCIAL

FOLLOW UP

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| | | | | | |
|--|--|---|--|-----------------------------------|--|
| PHYSICIAN PROVIDING FOLLOW-UP CARE: * (INC. ADDRESS & PHONE #) | | HOSPITAL NURSE CONTACT | | TELEPHONE | |
| REFERRAL TO COMMUNITY SERVICES* | | IF YES TO: | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> WIC <input type="checkbox"/> HOME HEALTH <input type="checkbox"/> SOCIAL SERVICE AGENCY <input type="checkbox"/> PRENATAL ED <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> DCFS <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____ | | | |
| CONTACT PERSON'S NAME | | RELATIONSHIP TO PATIENT* | | TELEPHONE NUMBER* (____) _____ | |
| STREET ADDRESS | | CITY | | STATE ZIP CODE | |
| 2 ND CONTACT PERSON'S NAME | | RELATIONSHIP TO PATIENT | | TELEPHONE NUMBER* (____) _____ | |
| PATIENT INFORMED OF PUBLIC HEALTH NURSE VISIT? | | PUBLIC HEALTH NURSE AGENCY NAME | | CODE ADDRESS | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

SEND ORIGINALS: DEPARTMENT OF PUBLIC HEALTH
535 WEST JEFFERSON
SPRINGFIELD, IL 62761

SIGNATURE* _____

COPIES: YELLOW—LOCAL HEALTH NURSE PINK—FACILITY
IL444-4210 (N-10-98)

DATE* _____

(Source: Repealed at 35 Ill. Reg. 2583, effective January 31, 2011)

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Section 640.APPENDIX C Maternal Discharge Record (Repealed)**Section 640.EXHIBIT B Instructions for Completing Maternal Discharge Record (Repealed)**

~~The following Section describes the data elements to complete the Maternal Discharge Record.~~

~~Medicaid Recipient Number: Enter client's existing Medicaid recipient number.~~

~~Medicaid Pending: Check box (yes) if Medicaid has been applied for and is pending.~~

~~Social Security Number: Enter clients social security number.~~

~~Referring Hospital Name and City: Enter the name and city of the discharging hospital.~~

~~Hospital Code: Enter the code of the referring hospital.~~

~~Medical Record Number: Enter the patient number used by your hospital which number is unique to this patient. This number is usually assigned by the business office.~~

~~Cornerstone Number: IDPH/Local Health Agency use.~~

~~Date of Admission: Enter the date the patient was admitted to the hospital.~~

~~Race: Check the appropriate box. If a patient does not consider herself as belonging to any of the three racial groups, type or write the preferred designation alongside "Race."~~

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|---|---|
| Hispanic: | Check the appropriate box. Indicate “Hispanic” if the patient identifies herself with that ethnic group. NOTE: Mark both “Race” and “Hispanic” for all Hispanic patients. Hispanic persons may belong to any race. |
| County of Residence: | Print the name of the county in which the patient resides. |
| County Code: | Enter the county code, if known. |
| Patient’s Last Name, First Name, M.I.: | Print the name of the patient. |
| Date of Birth: | Enter the birth date of the patient. |
| Husband’s Last Name, First Name: | Print the name of the patient’s husband if she is married. |
| Patient’s Maiden Name: | Print the maiden name of the patient. Enter the maiden name even when it is identical with the last name. |
| Marital Status: | Check the appropriate box. |
| Patient’s Telephone Number: | Enter the Patient’s home telephone number, including area code. |
| Patient’s Street Address: | Enter apartment number, if any, house number, street, city, state and zip code of the patient. |
| Gravida: | Enter the total number of pregnancies, including the present pregnancy. |

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| Para: | F: Number of full term births P: Number of premature births A: Number of abortions, spontaneous and induced L: Number of living children |
| Blood Type: | Enter the blood group (O, A, B, or AB) and the RH type (positive or negative). |
| HbsAG Status: | Indicate positive or negative for hepatitis B surface antigen. When positive, or reactive, indicates HBV infected at the present time with the ability to pass the disease to other people. |
| EDC: | Enter the estimated month, day, and year of confinement. |
| Prenatal Care Began: | Enter the number of completed weeks of gestation at which the patient began prenatal care. If prenatal records are not available, enter the estimated weeks of gestation based on patient recall. |
| Prenatal Visits: | Enter the total number of prenatal visits the patient had. |
| Reproductive History: | Check the box or boxes for all items that apply. |
| Reasons for Referral: | Check the box or boxes for all items that apply. |
| Discharge Date: | Enter the month, day, and year the patient was discharged from the hospital. |
| Blood Pressure: | Enter the blood pressure of the patient at discharge. |

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| Height: | Enter the height in feet and inches of the patient. |
| Weight: | Enter the weight in pounds of the patient at discharge. |
| Family Planning: | Check the appropriate box. |
| Patient Delivered During This Admission: | Check the appropriate box. |
| Type and Date of Delivery: | If the patient delivered during this admission, indicate the date of delivery and whether the delivery, was a vaginal delivery, caesarean section, or other, i.e., ectopic, hydatidiform mole. |
| Was Infant High Risk: | If the patient delivered during this admission, indicate whether the infant required care other than normal newborn. |
| Infant's Condition: | If the patient delivered during this admission, indicate the infant's sex, birth weight and APGAR scores. |
| Major Treatment During Hospitalization: | List all major medical and/or surgical treatments that the patient underwent while hospitalized (i.e., C-Section, mechanical ventilation, etc.). |
| Discharge Treatments/ Diagnosis/Medications: | Briefly describe any treatments and medications (i.e., prescriptions, diet, restricted activity) prescribed for the patient at discharge. |
| Other Concerns: | Enter any additional information that may assist the local health nurse in providing appropriate follow-up services to this patient. |

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| Physician Providing Follow-up Care: | Physician providing follow-up care to mother, include address and telephone number. |
| Hospital Nurse Contact: | Enter name and telephone number of hospital nurse who can answer questions, if necessary. |
| Referral to Community Services: | If the patient has been referred to any community service agency, check appropriate box(es). |
| Contact Person's Name: | Print the name of a friend, relative or other person with a stable address who would know how to get in touch with the patient. |
| Relationship: | Describe the relationship (friend, mother, pastor, etc.) of the contact person to the patient. |
| Telephone Number: | Enter the telephone number of the contact person. |
| Street Address, City, Zip Code: | List the complete address of the contact person. |
| Second Contact Person, Relationship and Telephone Number: | Print name of another contact person who lives at a different address than above. Include name, relationship, and telephone number. |
| Patient Informed of LHN Visit: | If the patient has been informed that a local public health nurse will visit her home, check the "Yes" box, otherwise check the "No" box. |

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| Local Health Nurse Agency Name: | Enter the name of the local health nurse agency to which the patient was referred for follow-up services. The Department will provide a list of the agencies and the areas they serve. |
|--|---|

| | |
|--|------------------------|
| Local Health Nurse Agency Code: | Enter code. |
|--|------------------------|

| | |
|--|--|
| Street Address, City, Zip Code: | Complete address of LHN agency. |
|--|--|

| | |
|-----------------------|--|
| Signature: | The person completing the medical information should sign the form. |
|-----------------------|--|

| | |
|------------------|--|
| Date: | Enter date the form is completed. |
|------------------|--|

(Source: Repealed at 35 Ill. Reg. 2583, effective January 31, 2011)

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Section 640.APPENDIX F Report of Local Health Nurse, Infant (Repealed)**Section 640.EXHIBIT A Local Health Nurse, Infant Form (Repealed)**

| Infant Report | | Report of Local Health Nurse—Illinois Department of Public Health | | | |
|--|--|---|---|--|----------|
| Infant, Last Name | Infant, First Name | Sex M / F / U | Birth date / / | Cornerstone I.D. # | |
| Patient I.D. # | Infant Classification <input type="checkbox"/> APORS <input type="checkbox"/> Genetics <input type="checkbox"/> Both | | | | |
| Street Address | | Apt. No. | City | | Zip Code |
| Local Health Agency | | | Agency Code | | |
| Hospital of Delivery | | Reporting Hospital | | Reporting Hospital Code | |
| Chronological Age <input type="checkbox"/> <input type="checkbox"/> wks. <input type="checkbox"/> <input type="checkbox"/> mos. | | Corrected Age <input type="checkbox"/> <input type="checkbox"/> wks. <input type="checkbox"/> <input type="checkbox"/> mos. | | | |
| Mother, Last Name | | Mother, First Name | | Mother, Maiden Name | |
| Date of Visit / / | Visit No. 0 1 2 3 4 5 6 7 8 9 10 | | | | |
| Date Case Closed / / | Case Closed <input type="checkbox"/> With Visit <input type="checkbox"/> Without Visit | | | | |
| Reason for Closure (Circle One) | 1. Completed Program 4. Refused Visit 7. Other _____ 2. Infant Died 5. Services No _____ 3. Unable to Locate Longer Needed _____ 6. Moved _____ | | | | |
| Discharge/Diagnoses/Additional: (Please Print) | | ICD-9 Code (for IDPH use only) | | Drug Toxicity — If yes, check all that apply: | |
| 1. _____ | | _____ | | <input type="checkbox"/> 0 Opioid <input type="checkbox"/> 4 Mixed | |
| 2. _____ | | _____ | | <input type="checkbox"/> 1 Barbiturate <input type="checkbox"/> 5 Not stated | |
| 3. _____ | | _____ | | <input type="checkbox"/> 2 Cocaine <input type="checkbox"/> 6 Other: _____ | |
| 4. _____ | | _____ | | _____ | |
| 5. _____ | | _____ | | _____ | |
| <input type="checkbox"/> Newborn Screening <input type="checkbox"/> Genetic Screening <input type="checkbox"/> Genetic Counseling <input type="checkbox"/> Physical Assessment | | | | | |
| Additional Data | | | | | |
| Height _____ ins. Weight _____ lbs. _____ oz. | | | Head Circumference _____ cms. | | |
| Hearing <input type="checkbox"/> Normal <input type="checkbox"/> Suspect <input type="checkbox"/> Impaired <input type="checkbox"/> In Treatment | | | Denver II <input type="checkbox"/> Normal | | |
| Vision <input type="checkbox"/> Normal <input type="checkbox"/> Suspect <input type="checkbox"/> Impaired <input type="checkbox"/> Corrected With Surgery | | | _____ <input type="checkbox"/> Suspect | | |
| _____ <input type="checkbox"/> Corrected With Lens <input type="checkbox"/> Legally Blind | | | _____ <input type="checkbox"/> Untestable | | |
| Support Service Referrals (check all that apply) | | | | | |
| <input type="checkbox"/> Audiology testing <input type="checkbox"/> Genetic counseling/diagnosis <input type="checkbox"/> Social services | | | | | |

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|--|---|--|
| <input type="checkbox"/> Department of Children and Family Services (DCFS) | <input type="checkbox"/> Home health | <input type="checkbox"/> Support group |
| <input type="checkbox"/> Developmental testing | <input type="checkbox"/> Nutritional services | <input type="checkbox"/> WIC / nutrition |
| <input type="checkbox"/> Division of Specialized Care for Children | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Physical therapy | _____ |

Send original to Illinois Department of Human
Services, Office of Family Health, 535 W. Jefferson
St., Springfield, Illinois

Signature of Nurse completing this form

Canary — Reporting Hospital
Pink — Local Health Agency
Goldenrod — Primary Care Physician

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

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Section 640.APPENDIX F Report of Local Health Nurse, Infant (Repealed)**Section 640.EXHIBIT B Instructions for Completing the Report of Local Health Nurse, Infant (Repealed)**~~INSTRUCTIONS FOR COMPLETION OF INFANT REPORT
OF LOCAL HEALTH NURSE~~

~~Please Note: This form is only for statistical/tracking information for Illinois Department of Public Health (IDPH). The Cornerstone Physical Assessment—Child and Denver II will be the assessment tools.~~

~~Infant's last name: Last name of infant.~~

~~Infant's first name: First name of infant.~~

~~Sex: male/female/unknown Unknown indicates sexual ambiguity~~

~~Birth Date: Infant's date of birth.~~

~~Cornerstone ID #: Number assigned to infant by Cornerstone~~

~~Patient ID number: The patient number given by the hospital to each infant which number is unique to each admission. Found on the Infant Discharge Record (IDR).~~

~~Infant Classification:~~

~~APORS: Check box if infant discharge record (APORS) received from hospital.~~

~~Genetics: Check box if referred to genetics/for genetics services.~~

~~Both: Check box if both APORS and Genetics.~~

~~Street address, apartment, city, zip code: Address of infant: house number, street, apartment, city, zip code.~~

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|-------------------------------------|---|
| Local health agency: | Name of health department or agency responsible for providing high risk follow-up. |
| Agency code: | IDPH code number of health department or agency responsible for providing high risk follow-up. |
| Hospital of delivery: | Hospital of infant's birth. Reporting hospital: Hospital providing the highest level of care and responsible for completing Infant Discharge Record. |
| Reporting hospital code: | IDPH code number of reporting hospital. |
| Chronological age: | Age of infant in weeks (during the first year of life) then in months, calculated from date of birth. |
| Corrected age: | Age of infant in weeks based on gestational age at birth (see (IDR). To determine corrected age at time of visit, subtract the gestational age from 40 weeks, then subtract this difference from the chronological age (weeks) at the time of the visit. |
| Mother, last name: | Last name of mother. |
| Mother, first name: | First name of mother. |
| Mother, maiden name: | Maiden name of mother. |
| Date of visit: | Date of visit to family by Local Health Nurse. |
| Visit number: | Number of times infant has been seen by Local Health Nurse. |
| Date case closed: | Enter date the Local Health Nurse closed the case for follow-up. |
| Case closed with visit: | Home visit made at closure. |
| without visit: | Closed without a home visit |

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|--|---|
| Reason for closure: | Circle appropriate reason case closed for all infants closed with and without visit. |
| Completed program: | Infant received 6 visits or more during the first 24 months of life. |
| Infant died: | Infant died after discharge from hospital. |
| Unable to locate: | Three unsuccessful attempts were made to locate infant. Attempts may include telephone contact; seeking the client in the home, clinic, school; and least preferable, by mail. |
| Refused visit: | Family refused home visit by nurse. |
| Services no longer needed: | Infant has minor anomaly (i.e., skin tag, anomaly of nails) that does not require follow-up. |
| Moved: | Family has moved out of area served by local health department. Refer to health department in other area. |
| Other: | Case closed for reason other those listed above. Specify reason. |
| Discharge diagnoses/additional: | Record up to 5 diagnoses: IDR diagnoses first, then additional diagnoses, if any. |
| ICD-9 Code: | For IDPH use only. IDPH will enter ICD-9 Code for each diagnosis. |
| Drug toxicity: | Check box if infant was diagnosed with drug toxicity. |
| Opioid: | If positive for drug toxicity, check all that have been identified. |
| Barbiturate: | |

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~~Cocaine:~~~~Cannabis:~~~~Mixed:~~~~Not stated:~~~~Other:~~~~Include drug if known.~~~~Newborn screening:~~~~Check box if newborn genetic/metabolic screening has been completed.~~~~Genetic screening:~~~~Check box if infant was screened later for any genetic-assessed condition.~~~~Genetic counseling:~~~~Check box if family received information concerning genetics.~~~~Physical assessment:~~~~Check box if you (the nurse visiting the family) completed a physical assessment on this visit. The Cornerstone physical assessment is expected on each visit, and will be documented on your agency's records.~~~~Additional data:~~~~Height:~~~~Height measured in inches.~~~~Weight:~~~~Weight measured in pounds and ounces.~~~~Head circumference:~~~~Circumference of head measured in centimeters.~~~~Hearing:~~~~Based on gross evaluation during physical exam or as a result of formal testing.~~~~normal:~~~~Within normal limits.~~~~suspect:~~~~Possible visual impairment.~~~~impaired:~~~~Definite impairment.~~

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~~in treatment:~~ ~~Active treatment for hearing impairment; or corrected with treatment.~~

~~Vision:~~ ~~Based on gross evaluation during physical exam or as a result of formal testing.~~

~~normal:~~ ~~Within normal limits.~~

~~suspect:~~ ~~Possible visual impairment.~~

~~impaired:~~ ~~Definite impairment.~~

~~corrected with surgery:~~

~~corrected with lens:~~

~~legally blind:~~ ~~Determined by formal testing.~~

~~Denver II:~~

~~normal:~~ ~~No delays and a maximum of one caution.~~

~~suspect:~~ ~~Two or more cautions and one or more delays.~~

~~untestable:~~ ~~Refusal scores on one or more items completely to the left of the age line or on more than one item intersected by the age line on the 75% to 90% area. Prescreen in 1 to 2 weeks.~~

~~Support service referrals:~~ ~~Infant referred to one or more services. Check as many as apply.~~

~~Audiology testing
Department of Children and Family
Services (DCFS)~~

~~Developmental testing~~

~~Division of Specialized Care for Children~~

~~Early Intervention~~

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~~Genetic counseling/diagnosis~~

~~Home Health~~

~~Nutritional services~~

~~Occupational therapy~~

~~Physical therapy~~

~~Social services~~

~~Support group~~

~~WIC/nutrition~~

~~Other~~

~~Please specify.~~

~~Signature of Nurse completing this form.~~

~~Send original copy of form to:~~

~~Illinois Department of Public Health
535 West Jefferson Street
Springfield, IL 62761~~

~~Copies—Canary copy: reporting hospital~~

~~Pink copy: local health agency~~

~~Goldenrod copy: primary care physician~~

(Source: Repealed at 35 Ill. Reg. 2583, effective January 31, 2011)

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Section 640.APPENDIX G Sample Letter of Agreement

_____ (~~name~~Name of Administrative Perinatal Center) is recognized and designated by the Illinois Department of Public Health as a Level III Administrative Perinatal Center providing obstetrical and neonatal care. In order to serve as a Non-Birthing Hospital, Level I, II, II with Extended Neonatal Capabilities or III, affiliated with an Administrative Perinatal Center~~perinatal facility~~ designated by the Illinois Department of Public Health, _____ (~~name~~Name and address of hospital) agrees to affiliate with the above Administrative Perinatal Center.

This agreement is consistent with the ~~Adopted Rules of the~~ Illinois Department of Public Health, Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640).

Components for Letter of Agreement

- I. Introductory Remarks: The Administrative Perinatal Center may list items of organization of the Center.
- II. Administrative Perinatal Center Obligations
 - A. A 24-hour obstetrical and neonatal "hot-line" for immediate consultation, referral or transport of perinatal patients is available.

| Obstetrical | Neonatal |
|---|---|
| Hospital Telephone # | Hospital Telephone # |
| | |
 - B. The Administrative Perinatal Center ~~shall~~will accept all medically eligible obstetrical/neonatal patients.
 - C. If the above named Administrative Perinatal Center is unable to accept a referred maternal or neonatal patient because of bed unavailability, that Center ~~shall~~will assist in arranging for admission of the patient to another hospital~~facility~~ capable of providing the appropriate level of care.
 - D. Transportation of neonatal patients remains the responsibility of the Administrative Perinatal Center. Decisions regarding transport and mode of transport will be made by the Administrative Perinatal Center neonatologist in collaboration with the referring health care provider~~physician~~.

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- E. Transportation of the obstetrical patient remains the responsibility of the (Level I, Level II, Level II with Extended Neonatal Capabilities or Level III hospital facility). Decisions regarding transport, transfer and mode of transport or transfer shall will be made by the Administrative Perinatal Center maternal-fetal Maternal-Fetal medicine Medicine physician in collaboration with the referring health care provider physician.
- F. The maternal-fetal medicine Maternal-Fetal Medicine physician of the Administrative Perinatal Center, in collaboration with the referring health care provider, shall physician will decide whether to have an obstetrical patient stabilized before transfer, kept in the affiliated unit or transferred immediately. The best possible alternatives and the staff needed for transport shall will be determined.
- G. The Administrative Perinatal Center shall distribute written Written protocols for the mechanism of referral/transfer/transport will be distributed by the Perinatal Center to the affiliated hospital physician, administration and nursing service. Protocols are This is to include a mechanism for data recording of the time, date and circumstances of transfer so that this information can be utilized as part of the morbidity and mortality reviews. (See Appendix A.)
- H. The Administrative Perinatal Center shall send a A-written summary of patient management and outcome will be sent by the Perinatal Center to the referring health care provider physician of record and to the hospital hospital's chart.
- I. The Administrative Perinatal Center shall will conduct quarterly periodic mortality and morbidity conferences at _____ Hospital.
1. The Administrative conference will be conducted by the Perinatal Center's Perinatal Network Administrator, maternal-fetal medicine Maternal-Fetal Medicine physician, neonatologist, nursing coordinator and/or obstetrical and neonatal nurse educators shall conduct the conference.
 2. _____ Hospital shall will prepare written summaries of cases and statistics for discussion, to be available to the Administrative Perinatal Center at least one week prior to the conference.
 3. The content of the review will be determined by the Regional Quality

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~~Council Perinatal Management Group~~ of each Regional Perinatal Network ~~shall determine the content of the review.~~ The review ~~shall~~must include, but not be limited to, stillbirths, neonatal deaths, maternal and/or neonatal transports.

- J. The Administrative Perinatal Center ~~shall~~will transfer patients back to the referring hospital when medically feasible, in accordance with physician to physician consultation.
- K. The Administrative Perinatal Center ~~shall~~will develop and offer Perinatal Outreach ~~Education programs~~Educations program at a reasonable cost to include the following:
1. On-site consultation by Administrative Perinatal Center physicians and nurse educators as needed.
 2. Periodic obstetrical and neonatal needs assessment of _____ Hospital.
 3. Provide _____ Hospital with protocols for patient management.
 4. Develop Continuing Medical Education programs for obstetricians, pediatricians and family practitioners either at _____ Hospital or at the Administrative Perinatal Center site.
 5. Mini-Fellowships at the Administrative Perinatal Center for _____ Hospital physicians and nurses.
 6. Programs based on needs assessment by outreach nurse educators at _____ Hospital for obstetrical and neonatal nursing staff.
- L. The Administrative Perinatal Center ~~shall~~will establish, maintain and coordinate the educational programs offered ~~by and~~ for all Non-Birthing Centers, Level I, Level II, Level II with Extended Neonatal Capabilities, and Level III ~~hospitals~~Hospitals that it serves, for which they serve.
- M. The Administrative Perinatal Center shall develop a Regional Quality Council, ~~Perinatal Management Group~~, including, but not limited to, representatives of each

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hospital in the Regional Perinatal Network. This group shall meet at least quarterly to plan management strategies, evaluate morbidity and mortality reviews, evaluate the effectiveness of current programs and services and ~~to~~ set future goals. The Regional Quality Council~~Perinatal Management Group~~ shall determine the data collection system to be used by the Regional Perinatal Network.

III. _____ Hospital Obligations

- A. _____ Hospital shall~~will~~ utilize the "hot-line" established by the Administrative Perinatal Center for consultation, referral and transport.
- B. _____ Hospital shall~~will~~ transfer to _____ Administrative Perinatal Center obstetrical and neonatal patients who require the services of the Administrative Perinatal Center, including, but not limited to, patients outlined in the Regionalized Perinatal Health Care Code~~perinatal rules and regulations (See Appendix H, Exhibits A and B) for patients to be included for consultation, treatment or transfer).~~
- C. _____ Hospital (level of care) shall~~will~~ usually care for the following maternal and neonatal patients. (See Appendix H, Exhibits B and C)
- D. _____ Hospital shall~~will~~ develop an ongoing in-house continuing educational program for the obstetrical and neonatal medical staff and other disciplines as needed.
- E. _____ Hospital shall~~will~~ participate in continuing educational programs for both nurses and physicians developed by the _____ Administrative Perinatal Center. Cost to be shared.
- F. _____ Hospital shall~~will~~ designate representatives to serve on the _____ Regional Quality Council~~Perinatal Management Group~~.
- G. _____ Hospital shall~~will~~ establish a Perinatal Development Committee composed of medical and nursing representatives from both neonatal and obstetrical areas, administration and any other individuals deemed appropriate.
- H. _____ Hospital shall~~will~~ maintain and share such statistics as the _____ Regional Quality Council~~Perinatal Management Group~~

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may deem appropriate.

- I. _____ Hospital ~~shall~~ develop or to utilize programs at
_____ Administrative Perinatal Center for follow-up of neonates
with handicapping conditions.

IV. Joint Responsibilities

- A. This agreement will be valid for ~~three years~~one year, at which time it may be renewed or re-negotiated.
- B. If either _____ Hospital or the _____
Administrative Perinatal Center ~~wishes~~wish to change an individualized portion
of this agreement, either may initiate the discussion. If a change in the agreement
is reached, ~~the change~~it must be reviewed by the Department Perinatal Advisory
Committee. If the _____ Hospital wishes to make a change and
_____ Administrative Perinatal Center is not in agreement,
_____ Hospital can request a hearing by the Department Perinatal
Advisory Committee.
- C. If any of the institutions wants to terminate the agreement, written notification
~~shall~~must be given to the Department and other participating institutions six
months in advance.

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 640.APPENDIX H Written Protocol for Consultation~~Referral~~/Transfer/Transport

**Section 640.EXHIBIT A Level I: Patients for consultation with _____ (Level
III hospital~~facility~~ or Administrative Perinatal Center)**

1) Maternal Conditions

A) Previous Pregnancy Problems:

- i) Premature infant
- ii) Perinatal death or mental retardation
- iii) Isoimmunization
- iv) Difficult deliveries
- v) Congenital malformations
- vi) Mid-trimester loss

B) Current Pregnancy Problems:

- i) Any medical disorder (e.g., diabetes mellitus, hemoglobinopathy, chronic hypertension, heart disease, renal disease)
- ii) Drug addiction
- iii) Multiple gestation
- iv) Intrauterine growth retardation
- v) Preterm labor less than or equal to 36 weeks
- vi) Postdate greater than or equal to 42 weeks
- vii) Third trimester bleeding
- viii) Abnormal genetic evaluation

DEPARTMENT OF PUBLIC HEALTH

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ix) Pregnancy induced hypertension

2) Neonatal Conditions

- A) Gestation less than or equal to 36 weeks, weight less than or equal to 2500 grams
- B) Small-for-gestational age (less than 10th percentile)
- C) Sepsis
- D) Seizures
- E) Congenital heart disease
- F) Multiple congenital anomalies
- G) Apnea
- H) Respiratory distress
- I) Neonatal asphyxia
- J) Handicapping ~~Infants identified as having handicapping~~ conditions or developmental disabilities that ~~which~~ threaten life or subsequent development
- K) Severe anemia
- L) Hyperbilirubinemia, not due to physiologic cause
- M) Polycythemia

3) Consultation and transfer to a Level III or Administrative Perinatal Center shall occur for the following conditions:

- A) Premature labor or premature birth less than 34 weeks gestation.
- B) Birth weight ~~Birthweight~~ less than or equal to 2000 grams.

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NOTICE OF ADOPTED AMENDMENTS

4) ~~Exceptions:~~

- A) ~~Exceptions to the standards of care set forth in this Part may be necessary based on patient care needs, current practice, outcomes, and geography in the regional perinatal network.~~
- B) ~~Exceptions to the standards of care of this Part may be granted when the facility requesting an exception demonstrates that the staffing, equipment and quality of care (outcomes), are substantially equivalent to the standards and quality of care for any Level II or Level III facility in their Regional Perinatal Network.~~
- C) ~~Such exceptions shall be negotiated between the applicant facility and their Perinatal Center. The applicant facility or the Perinatal Center shall seek the advice and consultation of the Department, as well as the Perinatal Advisory Committee, to facilitate negotiations regarding exceptions to these standards of care. Any exception to the standards of care of this Part must be defined in the letter of agreement.~~
- D) ~~The Department shall review all letters of agreement and modification of letters of agreement. The Department shall use the criteria described in Section 640.41(e)(2) in order to approve or deny approval of any provision of or any letter of agreement.~~

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 640.APPENDIX H Written Protocol for Consultation~~Referral~~/Transfer/Transport

Section 640.EXHIBIT B Level II: Patients for consultation with or transfer to
_____ (Level III hospital~~facility~~ or Administrative Perinatal Center)

1) Maternal Conditions (Consultation)

- A) Essential hypertension on medication.
- B) Chronic Renal disease.
- C) Chronic medical problems with known increase in perinatal mortality or morbidity.
- D) Prior birth of neonate with serious complication resulting in a handicapping condition.
- E) Abnormalities of the reproductive tract known to be associated with an increase in preterm delivery.
- F) Previous delivery of preterm infant 34 weeks gestation.
- G) Insulin~~-~~dependent diabetes Class B or greater.

2) Maternal Conditions (Transfer)

- A) Patients from the above consultation list, for whom transfer is~~which~~ deemed advisable by mutual collaboration between the maternal-fetal medicine~~Maternal-Fetal Medicine~~ physician at the Level III hospital~~facility~~ and the obstetrician at the referring office of the hospital.
- B) Isoimmunization with possible need for intrauterine transfusion.
- C) Suspected congenital anomaly compatible with life.
- D) Insulin-dependent diabetes mellitus.
- E) Cardiopulmonary disease with functional impairment.

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- F) Multiple gestation, with exception of twins.
 - G) Premature labor prior to 32 weeks.
 - H) Premature rupture of membranes prior to 32 weeks.
 - I) Medical and obstetrical complication of pregnancy, possibly requiring induction of labor or cesarean section for maternal or fetal conditions prior to 32 weeks gestation.
 - J) Severe pre-eclampsia or eclampsia.
- 3) Neonatal Conditions (Consultation or transfer): Specify whether consultation or transfer will ~~occur~~be done for each of the following:
- A) Gestation less than 32 weeks or less than 1800 grams.
 - B) Sepsis unresponsive to therapy.
 - C) Uncontrolled seizures.
 - D) Significant congenital heart disease.
 - E) Major ~~congenital~~congenital malformations requiring surgery.
 - F) Assisted ventilation required~~Infants requiring ventilation~~ after initial stabilization (greater than 6 hours).
 - G) Oxygen~~Infants with oxygen~~ requirements in excess of 50% (greater than 6 hours).
 - H) 10~~Infants with ten~~-minute Apgar scores of 5 or less.
 - I) Major~~All neonates requiring major~~ surgery.
 - J) Exchange~~Infants requiring exchange~~ transfusion.
 - K) Persistent metabolic derangement (e.g., hypocalcemia, hypoglycemia, metabolic acidosis).

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- L) ~~Handicapping~~ Infants identified as having handicapping conditions or developmental disabilities ~~that~~ which threaten life or subsequent development.
- 4) Consultation and transfer to a Level III hospital or Administrative Perinatal Center shall occur for the following conditions:
 - A) Premature labor or premature birth less than 34 weeks gestation.
 - B) Birth weight ~~Birthweight~~ less than or equal to 2000 grams.
 - C) Assisted ~~Mechanical~~ ventilation beyond the initial stabilization period (6 hours).
- 5) Exceptions:
 - A) ~~Exceptions to the standards of care set forth in this Part may be necessary based on patient care needs, current practice, outcomes, and geography in the regional perinatal network.~~
 - B) ~~Exceptions to the standards of care of this part may be granted when the facility requesting an exception demonstrates that the staffing, equipment and quality of care (outcomes), are substantially equivalent to the standards and quality of care for any Level II or Level III facility in their Regional Perinatal Network.~~
 - C) ~~Such exceptions shall be negotiated between the applicant facility and their Perinatal Center. The applicant facility or the Perinatal Center may seek the advice and consultation of the Department, as well as the Perinatal Advisory Committee, to facilitate negotiations regarding exceptions to these standards of care. Any exception to the standards of care of this part must be defined in the letter of agreement.~~
 - D) ~~The Department shall review all letters of agreement and modification of letters of agreement. The Department shall use the criteria described in Section 640.41(e)(2) in order to approve or deny approval of any provision of or any letter of agreement.~~

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

| **Section 640.APPENDIX H** Written Protocol for Consultation~~Referral~~/Transfer/Transport

| **Section 640.EXHIBIT C** Level I: Maternal and ~~neonatal~~ **Neonatal** patients to be cared for at _____ hospital (Level III hospital~~facility~~ or Administrative Perinatal Center)

1) Maternal

The maternal patient with an uncomplicated current pregnancy.

2) Neonatal

The neonatal patient greater than 34 weeks gestation or greater than 2000 grams without risk factors and infants with physiologic jaundice.

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 640.APPENDIX H Written Protocol for ConsultationReferral/Transfer/Transport

**Section 640.EXHIBIT D Level II: Maternal and neonatal patients to be cared for at
_____ hospital (Level III hospitalfacility or Administrative Perinatal Center)**

1) Maternal

- A) The maternal patient with uncomplicated current pregnancy.
- B) Patient with normal~~Normal~~ current pregnancy, although previous history may suggest~~be suggestive of~~ potential difficulties.
- C) Patient with selected~~Selected~~ medical conditions, such as mild hypertension or controlled thyroid disease, when~~where~~ there is no increase in perinatal morbidity.
- D) Patient with selected~~Selected~~ obstetric complications such as pre-eclampsia or premature labor greater than 34 weeks.
- E) Patient with an incompetent cervix~~Incompetent~~.
- F) Patient with gestational diabetes~~Gestational~~.

2) Neonatal

- A) Patients~~Neonatal patients~~ greater than 34 weeks gestation or greater than 1800 grams without risk factors.
- B) Patients with mild~~Mild~~ to moderate respiratory distress (not requiring assisted~~mechanical~~ ventilation in excess of 6 hours).
- C) Patients with suspected~~Suspected~~ neonatal sepsis, hypoglycemia, neonates of diabetic mothers and post-asphyxia without life-threatening sequelae.
- D) Premature~~Nursing care of premature~~ infants greater than 1800 grams who are otherwise~~other wise~~ well.

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 640.APPENDIX I Perinatal Reporting System Data Elements

1. Child's First Name
2. Child's Middle Name
3. Child's Last Name
4. Child's Suffix
5. AKA
6. Child's Date of Birth
7. Child's Time of Birth
8. Sex
 - A. Male
 - B. Female
 - C. Ambiguous
9. Child of Hispanic Origin~~Race~~
 - A. Yes
 - Cuban
 - Mexican
 - Puerto Rican
 - B. No
 - ~~A.~~ ~~White~~
 - ~~B.~~ ~~Black~~
 - ~~C.~~ ~~Asian~~
 - ~~D.~~ ~~Other~~

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NOTICE OF ADOPTED AMENDMENTS

10. ~~Race~~Hispanie

~~A.~~ Asian

~~B.~~ Black

~~C.~~ Caucasian

~~D.~~ Native American

~~E.~~ Other

~~A.~~ Yes

~~B.~~ No

~~C.~~ N/A

11. Place of Birth

12. City of Birth

13. County of Birth

14. Mother's First Name

15. Mother's Middle Name

16. Mother's Last Name

17. Mother's Maiden Name

18. Mother's Social Security Number

19. Mother's Date of Birth

20. Mother's Street Number

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NOTICE OF ADOPTED AMENDMENTS

21. Mother's Street Name
22. Mother's Street Direction
23. Mother's Street Type
24. Mother's Street Location
25. Mother's City
26. Mother's County
27. Mother's Zip Code
28. Mother's State
29. Mother's Telephone
30. Mother's Age
31. Mother's Birthplace
 - A. _____ State
 - B. _____ County
32. Mother of Hispanic Origin
 - A. Yes
Cuban
Mexican
Puerto [Rican](#)~~Riceo~~
 - B. No
33. Mother's Race
 - [A. Asian](#)

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NOTICE OF ADOPTED AMENDMENTS

B. Black

C. Caucasian

D. Native American

E. Other

~~A.~~ ~~American Indian~~

~~B.~~ ~~Black~~

~~C.~~ ~~White~~

34. Mother's Education (specify highest grade completed~~completion~~)

35. Mother's Occupation

36. Mother's Business/Industry

37. Mother Employed During Pregnancy

A. Yes

B. No

C. Record Not Available (N/A)

D. Not Stated

38. Marital~~Marital~~ Status

A. Married

B. Not Married

39. Father's Last Name

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NOTICE OF ADOPTED AMENDMENTS

40. Father's Middle Name

41. Father's First Name

42. Father of Hispanic Origin

- A. Yes
Cuban
Mexican
Puerto Rican

B. No

43. Father's Race

A. Asian

B. Black

C. Caucasian

D. Native American

E. Other

~~A. Indian American~~

~~B. Black~~

~~C. White~~

44. Father's Education (specify highest grade completed)

45. Father's Age

46. Father's Occupation

47.
Father's Business/Industry

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NOTICE OF ADOPTED AMENDMENTS

48. Father Employed
- A. Yes
 - B. No
 - C. Record N/A
 - D. Not Stated
49. Pregnancy History
50. Plurality (# this Birth)
- If greater than 1, Birth Order of this Birth
51. Previous Live Births
52. Number Live Births Now Living
53. Number Live Births Now Dead
54. Date of Last Live Birth
55. Previous Terminations
56. Number of Other Terminations
57. Date of Last Other Termination
- | 58. Date of Last Normal Menses
59. Month Prenatal Care Began
60. Number of Prenatal Care Visits
- | 61. 1 Minute Apgar~~APGAR~~ Score

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NOTICE OF ADOPTED AMENDMENTS

62. 5 Minute ~~Apgar~~APGAR Score
63. Estimate of Number of Gestation Weeks
64. Mother Transferred In Prior to Delivery
- A. Yes
- B. Name of HospitalFacility _____
Location of HospitalFacility _____
- C. No
65. Infant Transferred (Out)
- A. Yes
- B. Name~~Names~~ of HospitalFacility _____
Location of HospitalFacility _____
- C. Transfer Code
- D. No
66. Reporting Hospital
67. Reporting Hospital City
68. Tobacco Use During Pregnancy
- A. Smoked during pregnancy
Average cigarettes per day _____
- B. Stopped smoking during pregnancy
- ~~C. Smoked during pregnancy~~
- C.D. Does not smoke

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

| ~~D.F.~~ Record N/A

| ~~E.F.~~ Not Stated

69. Alcohol Use During Pregnancy

- A. Yes
Average number drinks per day _____
- B. No
- C. Record N/A
- D. Not Stated

70. Mother's Weight Gain

- A. Yes
Pounds _____
- B. No
- C. Record N/A
- D. Not Stated

71. Mother's Weight Loss

- A. Yes
Pounds _____
- B. No
- C. Record N/A
- D. Not Stated

72. Medical Risk Factors for this Pregnancy

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

- A. Anemia
 - B. Cardiac Disease
 - C. Acute or Chronic Lung Disease
 - D. Diabetes
 - E. Genital Herpes
 - F. Hydramnios/[Oligohydramnios](#)~~Oligohydramines~~
 - G. Hemoglobinopathy
 - H. Hypertension, Chronic
 - I. Hypertension, [Pregnancy-related](#)~~Pregnancy-related~~
 - J. Eclampsia
 - K. Incompetent Cervix
 - L. Previous Infant 4000 + Grams
 - M. Previous Preterm or [Small-for-Gestational-Age \(SGA\)](#)~~SGA~~ Infant
 - N. Renal Disease
 - O. Rh Sensitization
 - P. Uterine Bleeding
 - Q. None
 - R. Other, Specify
73. Obstetric Procedures

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NOTICE OF ADOPTED AMENDMENTS

A. Amniocenteses~~Aminocentesis~~

B. Electronic Fetal Monitoring
 Internal
 External
 Both
 Neither
 Record N/A
 Not Stated

C. Induction of Labor

D. Stimulation of Labor
~~K.~~ Yes
 Pitocin _____
 Oxytocin _____

~~L.~~ No
~~M.~~ Record N/A
~~N.~~ Not Stated

E.Q. Tocolysis

E.P. Ultrasound

G.Q. None

H.R. Other, Specify

74. Complications of Labor and/or Delivery

- A. Febrile
- B. Meconium
- C. Premature Rupture
- D. Abruptio Placenta
- E. Placenta Previa

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NOTICE OF ADOPTED AMENDMENTS

- F. Other Excessive ~~Bleeding~~bleeding
- G. Seizures ~~During Labor~~during labor
- H. Precipitous ~~Labor~~labor
- I. Prolonged ~~Labor~~labor
- J. Dysfunctional ~~Labor~~labor
- K. Breech/Malpresentation
- L. Cephalopelvic Disportion
- M. Cord Prolapse
- N. Anesthetic ~~Complication~~complications
- O. Fetal Distress
- P. None
- Q. Other, Specify

75. Method of Delivery

- A. ~~Spontaneous~~Spontaneous Vaginal
- B. Mid – Low Forceps
- C. Vacuum Extraction
- D. Vaginal Breech
- E. ~~Caesarean~~Caesarean Section Primary
- F. ~~Caesarean~~Caesarean Section Repeat

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NOTICE OF ADOPTED AMENDMENTS

G. Other ~~Typetype~~

H. Record N/A

I. Not Stated

J. Vaginal ~~Birth~~ After Previous ~~Caesarean~~ Section (~~VBAC~~)

K. Other ~~Caesarean~~ Section

76. Abnormal Conditions of Newborn

77. Anemia

78. Birth Injury

79. Fetal Alcohol Syndrome

80. Hyaline Membrane Disease

81. Meconium Aspiration Syndrome

82. Assisted Ventilation > 30 min.

83. Assisted Ventilation = 30 min.

84. Seizures

85. ~~Human Immunodeficiency Virus (HIV)~~None

86. Other, Specify

87. Congenital Anomalies of ~~Newborn~~Child

88. ~~Anencephalous~~Anacephalus

89. ~~Congenital Syphilis~~

90. ~~Hypothyroidism~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

91. [Adrenogenital Syndrome](#)

92. [Inborn Errors of Metabolism](#)

93. [Cystic Fibrosis](#)

94. [Immune Deficiency Disorder](#)

95. [Retinopathy of Prematurity](#)

96. [Chorioretinitis](#)

97. [Strabismus](#)

98. [Intrauterine Growth Restriction](#)

99. [Cerebral Lipidoses](#)

~~100.89.~~ Spina Bifida/Meningocele

~~101.90.~~ Hydrocephalus

~~102.91.~~ Microcephalus

~~103.92.~~ Other CNS Anomalies, Specify _____

~~104.93.~~ Heart Malformations, Specify _____

~~105.94.~~ Other Circulatory/Respiratory Anomalies, Specify _____

~~106.95.~~ Rectal Atresia/Stenosis

~~107.96.~~ Tracheoesophageal Fistula/Esophageal Atresia

~~108.97.~~ Omphalocele/Gastrochisis

~~109.98.~~ Other Gastrointestinal Anomaly

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NOTICE OF ADOPTED AMENDMENTS

- | ~~110.99.~~ Malformed Genitalia
- | ~~111.100.~~ Renal Agenesis
- | ~~112.101.~~ Other Urogenital Anomaly, Specify _____
- | ~~113.102.~~ Cleft Lip/Palate, Specify _____
- | ~~114.103.~~ Polydactyly/Syndactyly/~~Adactyly~~~~Adetyly~~
- | ~~115.104.~~ Club Foot
- | ~~116.105.~~ Diaphragmatic Hernia
- | ~~117.106.~~ Other ~~Musculoskeletal~~~~Musuloskeletal~~/Integumental Anomaly
- | ~~118.107.~~ ~~Down's~~~~Downs~~ Syndrome
- | ~~119.108.~~ Other Chromosomal Anomaly, ~~Specify~~ _____ ~~Specify~~
- | ~~120.109.~~ None
- | ~~121.110.~~ Other, Specify _____
- | ~~122.111.~~ Transfusion
- | ~~123.112.~~ Anesthesia
 - A. Local/Pudenal
 - B. Regional
 - C. General
- | ~~124.113.~~ Umbilical Cord Blood Gases Tested
 - A. Yes
 - B. No

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

- | ~~125.114.~~ Small-for-Gestational-Age ([SGA](#))
- | ~~126.115.~~ Infection of Newborn Acquired Before Birth
- | ~~127.116.~~ Infection of Newborn Acquired During Birth
- | ~~128.117.~~ Infection of Newborn Acquired After Birth
- | ~~129.118.~~ Hereditary Hemolytic Anemias
- | ~~130.119.~~ Hemolytic Diseases of the Newborn
- | ~~131.120.~~ Due to Rh Incompatibility Only
- | ~~132.121.~~ Due to ABO Incompatibility
- | ~~133.122.~~ Due to Other Causes
- | ~~134.123.~~ Drug Toxicity or Withdrawal
 - A. Yes, Specify _____
 - B. No
- | ~~135.124.~~ Highest Bilirubin, [Total](#) _____
- | ~~136.125.~~ Admit to Designated Patient Unit
 - A. Yes
 - B. No
- | ~~137.126.~~ Genetic Screenings Conducted
- | ~~138.127.~~ Rh Determination
 - A. Mother's Blood Type _____ Rh Factor _____
Immune Globulin Given

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

- | [B.](#) Yes
- | [C.](#) No
- | [139.128.](#) Hepatitis B – Surface Antigen
 - A. Positive
 - B. Negative
- | [140.129.](#) Non-Obstetrical Infections
 - A. Syphilis
 - B. Gonorrhea
 - C. Rubella
 - D. Other
- | [141.130.](#) Obstetrical Infections
 - A. Antepartum
Amnionitis/Chorionamnionitis
Urinary Tract Infection
 - B. Postpartum
Endometritis
Infection of Wound
Urinary Tract Infection
- | [142.131.](#) Mother admitted [within](#) 72 hours [after](#) delivery
 - A. Precipitous Delivery
 - B. Planned Home Birth
- | [143.132.](#) Drug Use During Pregnancy

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

A. Cocaine

B. Heroin

C. Marijuana

D. Other Street ~~Drugs~~ Drug(s)

E. None

F. Record N/A

G. Not Stated

~~144.133.~~ Transfusion

~~145.134.~~ Prenatal Screening Conducted for

A. Gestational Diabetes
(Blood Glucose Tolerance Test)

B. Congenital/Birth Defects

A. Maternal Alpha Feta Protein

B. Chromosomal

C. Other

~~146.135.~~ Number of Days Maintained on Ventilation Before Transfer to Level III Center-Days

~~147.136.~~ Prenatal Ultrasound

A. Yes

B. No

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

C. Record N/A

D. Not Stated

| [148.137.](#) Chorionic Villus Sampling| [149.138.](#) Were Newborn Screening Tests Conducted?

A. Yes

B. No

| [150.139.](#) Mother Transferred Out to Another Hospital After Delivery Destination Hospital Code| [151.140.](#) Mother Transferred From Emergency Room| [152.141.](#) Infant Transferred In Transfer Code| [153.142.](#) Consult [Administrative](#) Perinatal Center [or Another Level III](#)| [154.143.](#) Infant MaternalA. A. Yes, [with](#) ~~W~~/Transfer

B. B. Yes, No Transfer

C. C. No Consultation

D. D. Not Stated

| [155.144.](#) Mother Died In Hospital| [156.145.](#) Fetal Death| [157.146.](#) Infant Died in Hospital| [158.147.](#) Extrauterine Pregnancy

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NOTICE OF ADOPTED AMENDMENTS

- | ~~159.148.~~ Ectopic Pregnancy
- | ~~160.149.~~ Admission Date – Infant
- | ~~161.150.~~ Admission Date – Maternal
- | ~~162.151.~~ Discharge Date – Infant
- | ~~163.152.~~ Discharge Date – Maternal
- | ~~164.153.~~ Payment Method
- A. Yes
- Medicaid
- Medicaid HMO
- HMO
- Medicare
- CHAMPUS
- Title V
- | Health ~~Insurance~~ ~~Ins.~~
- | Self Pay
- | ~~Record N/A~~
- | Not Stated
- | ~~Health Ins./S/~~
- Other, Specify _____
- B. No
- | ~~165.154.~~ Were prenatal records available prior to delivery?
- A. Yes
- B. No
- | ~~166.155.~~ Maternal Diagnosis (Specify up to 8 Diagnoses)
- | ~~167.156.~~ Mother's Medical Record Number _____

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

~~168.157.~~ Infant Diagnoses (Including Congenital Anomalies); Specify up to 8
Diagnoses~~diagnosis~~

~~169.158.~~ Infant Released to:

A. Home

B. Other Hospital Name and Location _____

C. Long Term Care Name and Location _____

D. Other Child Care Agency Name and Location _____

~~170.159.~~ Infant Patient ID

~~171.160.~~ Infant Medical Record Number _____

~~172.161.~~ Referrals

A. Community Social Services

B. [Division of Specialized Services for Children \(DSCC\)](#)

~~C.~~ [DCFS](#)

[C.](#) [Department of Healthcare and Family Services \(HFS\)](#)

[D.](#) [Department of Children and Family Services \(DCFS\)](#)

~~E.D.~~ Other, Specify _____

~~F.E.~~ None

~~G.F.~~ Early Intervention program

~~H.G.~~ Other _____

~~173.162.~~ Feedings

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

| | |
|-------------------------------------|---|
| 174.163. | Breast Fed fed |
| 175.164. | Bottle |
| 176.165. | Tube |
| 177.166. | Formula |
| 178.167. | Frequency |
| 179.168. | Amount |
| 180.169. | Infant Medications |
| 181.170. | Birth Weight |
| 182.171. | Birth Head Circumference |
| 183.172. | Birth Length |
| 184.173. | Discharge Weight |
| 185.174. | Discharge Head Circumference |
| 186.175. | Discharge Length |
| 187.176. | Infant Discharge Treatment |
| 188.177. | Other Concerns |
| 189.178. | RN Contact at Hospital – Phone Number |
| 190.179. | Relative/Friend |
| 191.180. | Relationship |
| 192.181. | Address/Phone # |

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

| ~~193.182.~~ Family ~~Informed~~~~informed~~ of ~~Local Health Nurse~~~~LHN~~ Visit

A. Yes

B. No

| ~~194.183.~~ Primary Care Physician's Name –

| ~~195.184.~~ Mother Gravida Para F_ P_ A_ L_

| ~~196.185.~~ Signature

| ~~197.186.~~ Title

| ~~198.187.~~ Report Date

~~188. Other Infant Diagnoses~~

~~189. Congenital Syphilis~~

~~190. Hypothyroidism~~

~~191. Adrenogenital Syndrome~~

~~192. Inborn Errors of Metabolism~~

~~193. Cystic Fibrosis~~

~~194. Immune Deficiency Disorder~~

~~195. Leukemia~~

~~196. Constitutional Aplastic Anemia~~

~~197. Coagulation Defects~~

~~198. Neurofibromatosis~~

~~199. Retinopathy of prematurity~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

- 200. Chorioretinitis
- 201. Strabismus
- 202. Endocardial Fibroelastosis
- 203. Occlusion of Cerebral Arteries
- 204. Intrauterine Growth Retardation
- 205. Cerebral Lipidoses

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 640.APPENDIX J Guideline for Application Process for Designation, Redesignation or Change in Designation**Initial Process:**

The hospital administration shall:

Send a Letter of Intent for change in status to the Department and affiliated Administrative Perinatal Center 6 to 12 months before expected review by the PAC.

Prepare appropriate documents for site visit. Required documents and assistance with preparation are available through affiliate Administrative Perinatal Center. The site visit team will include, but not be limited to, Co-Directors of Administrative Perinatal Center and Network Administrator, Perinatal Advisory Committee and Department. The Department will assign the additional representatives required.

Send information three weeks in advance of the scheduled site visit to:

Illinois Department of Public Health
Perinatal Program Administrator
535 West Jefferson
Springfield, Illinois 62761

Assemble appropriate representation from the hospital on the day of the site visit to be available to present an overview of the hospital and to answer questions from the site visit team. Hospital representatives should include at a minimum:

- Hospital administration
- Chair of OB/GYN
- Chair of Family Practice, if appropriate
- Chair of Pediatrics
- Director of Anesthesiology
- Director of Maternal-Fetal Medicine, if appropriate
- Director of Neonatology, if appropriate
- Director of Nursing

Once the site visit has been completed and the hospital and Administrative Perinatal Center are satisfied that the application is complete, the Administrative Perinatal Center will contact the Department in writing to schedule application review before the Perinatal Advisory Committee.

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On the day of the review, the following representatives must be present from the hospital to be reviewed:

- Hospital administration
- Chair of OB/GYN
- Chair of Family Practice, if appropriate
- Chair of Pediatrics
- Director of Maternal-Fetal Medicine, if appropriate
- Director of Neonatology, if appropriate
- Director of Nursing
- Co-Directors of Affiliate Perinatal Network
- Network Administrator from Affiliate Perinatal Network
- Other personnel as identified by hospital, Perinatal Advisory Committee or Sub-Committee

After reviewing the application, the PAC will present a formal outline of the issues and recommendations to the Department.

After review of the recommendations and deliberations, the Department will send a formal letter as to the status of the hospital.

The hospital and the Administrative Perinatal Center will work together to address the recommendation in the follow-up letter.

The Administrative Perinatal Center will be responsible for monitoring any indicators or required changes that are identified by the PAC.

In preparation for re-review, the hospital and Administrative Perinatal Center will prepare information only on issues addressed in the follow-up letter.

The Administrative Perinatal Center will contact the Department to schedule the re-review meeting.

The Administrative Perinatal Center will send appropriate documents, identified in the follow-up letter, to the Department three weeks before the re-review is scheduled.

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Only representatives from the Administrative Perinatal Center shall attend the re-review meeting to answer any questions the review committee may have concerning the identified items. Hospital representatives may attend the meeting if they choose.

The Illinois Department of Public Health will send a formal follow-up letter to the hospital and the Administrative Perinatal Center concerning the outcome of the meeting and any follow-up instructions.

(Source: Added at 35 Ill. Reg. 2583, effective January 31, 2011)

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Section 640.APPENDIX K Elements for Submission for Designation, Redesignation or Change in Designation**Level III Review**

- [Appendix A](#)
- [Resource Checklist for Level III](#)
- [Evaluation letter from Administrative Perinatal Center](#)
- [Vita for co-directors](#)
- [Credentials for Obstetric \(OB\)/Family Practice \(FP\) physicians, Advance Practice Nurses \(APN\), Neonatology & Anesthesia](#)
- [Copy of OB/Peds Departmental Rules](#)
- [Maternal-Fetal Medicine \(MFM\), Neonatology Consultation/referral tool/QA reports for 3 months](#)
- [Mortality and Morbidity \(M&M\) statistics and description of the process/participation](#)
- [Transport statistics, both into and out of hospital](#)
- [Listing of educational classes](#)
- [Description of educational classes](#)
- [Description of CQI](#)
- [3 months of call schedules for OB, Maternal-Fetal Medicine and Neonatology \(current and last 2 actual or 3 proposed schedules\)](#)

Level II with Extended Neonatal Capabilities Review

- [Appendix A](#)
- [Resource Checklist for Level II with Extended Neonatal Capabilities](#)
- [Evaluation letter from Administrative Perinatal Center](#)
- [Vita for Director of Neonatology, Maternal-Fetal Medicine \(MFM\), if appropriate](#)
- [Credentials for Obstetricians/Family Practice physicians, Advanced Practice Nurses \(APN\), Neonatology & Anesthesia](#)
- [Copy of OB/Peds Departmental Rules](#)
- [Consultation/referral tool/QA reports for 3 months](#)
- [Mortality and Morbidity \(M&M\) statistics and description of process/participation](#)
- [Transport statistics, both into and out of hospital](#)
- [Listing of educational classes](#)
- [Description of CQI](#)
- [3 months of call schedules for OB, MFM and Neonatology as appropriate](#)

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Level II Review

- [Appendix A](#)
- [Resource Checklist for Level II](#)
- [Evaluation letter from Administrative Perinatal Center](#)
- [Credentials for Obstetrics \(OB\)/Family Practice \(FP\) physicians, Advance Practice Nurses \(APN\), Neonatology & Anesthesia](#)
- [Copy of OB/Peds Departmental Rules](#)
- [Consultation/referral tool/QA reports for 3 months](#)
- [Mortality and Morbidity \(M&M\) statistics and description of process/participation](#)
- [Transport statistics – out of hospital](#)
- [Listing of educational classes](#)
- [Description of CQI](#)

Level I Review

- [Appendix A](#)
- [Resource Checklist for Level I](#)
- [Evaluation letter from Administrative Perinatal Center](#)
- [Credentials for Obstetrics \(OB\)/Family Practice \(FP\) physicians, Advance Practice Nurses \(APNs\), Neonatology & Anesthesia](#)
- [Mortality and Morbidity \(M&M\) statistics and description of process/participation](#)
- [Transport statistics – out of hospital](#)
- [Listing of educational classes](#)
- [Description of CQI](#)

Administrative Perinatal Center

- [Network description](#)
- [Educational programs](#)
- [Network projects](#)
- [Discussion with representatives from Regional Network Hospitals](#)
- [Network participation](#)
- [Network evaluation](#)
- [Network challenges](#)
- [Network M&M statistics](#)
- [University integration](#)

(Source: Added at 35 Ill. Reg. 2583, effective January 31, 2011)

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Section 640.APPENDIX L Level I Resource Checklist**Level I Resource Checklist**
Briefly describe institutional compliance:

1. The hospital shall provide continuing education for medical, nursing, respiratory therapy and other staff who provide general perinatal services, with evidence of a yearly competence assessment appropriate to the population served.

RECOMMENDATIONS:

2. The hospital shall provide documentation of participation in Continuous Quality Improvement (CQI) implemented by the Administrative Perinatal Center.

RECOMMENDATIONS:

3. The hospital shall provide documentation of the health care provider's risk assessment and consultation with a maternal-fetal medicine sub-specialist or neonatologist as specified in the letter of agreement and hospital's policies and procedures, and transfer to the appropriate level of care.

RECOMMENDATIONS:

4. The hospital shall provide documentation of the availability of trained personnel and facilities to provide competent emergency obstetric and newborn care.

RECOMMENDATIONS:

5. The hospital shall maintain a system of recording admissions, discharges, birth weight, outcome, complications and transports to meet the requirement to support CQI activities described in the hospital's letter of agreement with the Administrative Perinatal Center. The hospital shall comply with the reporting requirements of the State Perinatal Reporting System.

RECOMMENDATIONS:

6. The hospital shall provide documentation of the capability for continuous electronic maternal-fetal monitoring for patients identified at risk with staff available 24 hours a day, including physicians and nursing, who are knowledgeable of electronic fetal

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monitoring use and interpretation. Staff shall complete a competence assessment in electronic maternal-fetal monitoring every two years.

RECOMMENDATIONS:

7. The hospital shall have the capability of performing caesarean sections (C-sections) within 30 minutes of decision-to-incision.

RECOMMENDATIONS:

8. The hospital shall have blood bank technicians on call and available within 30 minutes for performance of routine blood banking procedures.

RECOMMENDATIONS:

9. The hospital shall have general anesthesia services on call and available under 30 minutes to initiate C-section.

RECOMMENDATIONS:

10. The hospital shall have radiology services available within 30 minutes.

RECOMMENDATIONS:

11. The hospital shall have the following clinical laboratory resources available:

Microtechniques for hematocrit, within 15 minutes; glucose, blood urea nitrogen (BUN), creatinine, blood gases, routine urine analysis, complete blood count, routine blood chemistries, type & cross, Coombs test, bacterial smear within 1 hour; and capabilities for bacterial culture and sensitivity and viral culture.

RECOMMENDATIONS:

12. The hospital shall designate a physician to assume primary responsibility for initiating, supervising and reviewing the plan for management of distressed infants. Policies and procedures shall assign responsibility for the identification and resuscitation of distressed neonates to individuals who have successfully completed a neonatal resuscitation program and are both specifically trained and immediately available in the hospital at all times.

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RECOMMENDATIONS:

13. The hospital shall be responsible for assuring that staff physicians and consultants are aware of standards and guidelines in the letter of agreement.

RECOMMENDATIONS:

14. The hospital shall provide documentation of health care provider participation in Joint Mortality and Morbidity reviews.

RECOMMENDATIONS:

(Source: Added at 35 Ill. Reg. 2583, effective January 31, 2011)

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Section 640.APPENDIX M Level II Resource Checklist**Level II Resource Checklist**
Briefly describe institutional compliance:

The Level II hospital shall provide all of the services outlined for Level I general care.

1. The hospital shall provide continuing education for medical, nursing, respiratory therapy and other staff who provide general perinatal services, with evidence of a yearly competence assessment appropriate to the population served.

RECOMMENDATIONS:

2. The hospital shall provide documentation of participation in Continuous Quality Improvement (CQI) implemented by the Administrative Perinatal Center.

RECOMMENDATIONS:

3. The hospital shall provide documentation of the health care provider's risk assessment and consultation with a maternal-fetal medicine sub-specialist or neonatologist as specified in the letter of agreement and hospital's policies and procedures, and transfer to the appropriate level of care.

RECOMMENDATIONS:

4. The hospital shall provide documentation of the availability of trained personnel and facilities to provide competent emergency obstetric and newborn care.

RECOMMENDATIONS:

5. The hospital shall maintain a system of recording admissions, discharges, birth weight, outcome, complications and transports to meet the requirement to support CQI activities described in the hospital's letter of agreement with the Administrative Perinatal Center. The hospital shall comply with the reporting requirements of the State Perinatal Reporting System.

RECOMMENDATIONS:

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6. The hospital shall provide documentation of the capability for continuous electronic maternal-fetal monitoring for patients identified at risk with staff available 24 hours a day, including physicians and nursing, who are knowledgeable of electronic fetal monitoring use and interpretation. Staff shall complete a competence assessment in electronic maternal-fetal monitoring every two years.

RECOMMENDATIONS:

7. The hospital shall have the capability of performing caesarean sections within 30 minutes of decision to incision.

RECOMMENDATIONS:

8. The hospital shall have experienced blood bank technicians immediately available in the hospital for blood banking procedures and identification of irregular antibodies. Blood component therapy shall be readily available.

RECOMMENDATIONS:

9. The hospital shall have general anesthesia services on call and available under 30 minutes to initiate C-section.

RECOMMENDATIONS:

10. The hospital shall have experienced radiology technicians immediately available in the hospital with professional interpretation available 24 hours a day. Ultrasound capability shall be available 24 hours a day. In addition, Level I ultrasound and staff knowledgeable in its use and interpretation shall be available 24 hours a day.

RECOMMENDATIONS:

11. The hospital shall have the following clinical laboratory resources available:

Micro-techniques for hematocrit and blood gases within 15 minutes; glucose, blood urea nitrogen (BUN), creatinine, blood gases, routine urine analysis, electrolytes and coagulation studies, complete blood count, routine blood chemistries, type & cross, Coombs' test, bacterial smear within 1 hour; and capabilities for bacterial culture and sensitivity and viral culture.

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RECOMMENDATIONS:

12. The hospital shall designate a physician to assume primary responsibility for initiating, supervising and reviewing the plan for management of distressed infants. Policies and procedures shall assign responsibility for the identification and resuscitation of distressed neonates to individuals who have successfully completed a neonatal resuscitation program and are both specifically trained and immediately available in the hospital at all times.

RECOMMENDATIONS:

13. The hospital shall ensure that personnel skilled in phlebotomy and IV placement in newborns are available 24 hours a day.

RECOMMENDATIONS:

14. Social worker services shall be provided by one social worker, with relevant experience and responsibility for perinatal patients, and available through the hospital social work department.

RECOMMENDATIONS:

15. The hospital shall ensure that protocols for discharge planning, routine follow-up care, and developmental follow-up are established.

RECOMMENDATIONS:

16. The hospital shall ensure that a licensed respiratory care practitioner with experience in neonatal care is available 24 hours a day.

RECOMMENDATIONS:

17. The hospital shall ensure that a dietitian with experience in perinatal nutrition is available to plan diets to meet the needs of mothers and infants.

RECOMMENDATIONS:

18. The hospital shall ensure that staff physicians and consultants are aware of standards and guidelines in the letter of agreement.

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RECOMMENDATIONS:

19. The hospital shall provide documentation of health care provider participation in Joint Mortality and Morbidity reviews.

(Source: Added at 35 Ill. Reg. 2583, effective January 31, 2011)

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Section 640.APPENDIX N Level II with Extended Neonatal Capabilities Resource Checklist**Level II with Extended Neonatal Capabilities Resource Checklist****Briefly describe institutional compliance:**

1. The hospital shall provide documentation that the obstetrical activities are directed and supervised by a full-time board-certified obstetrician or a licensed osteopathic physician with equivalent training and experience and certification by the American Osteopathic Board of Obstetricians and Gynecologists.

RECOMMENDATIONS:

2. The hospital shall provide documentation that the neonatal activities are directed and supervised by a full-time pediatrician certified by the American Board of Pediatrics Sub-Board of Neonatal/Perinatal Medicine or a licensed osteopathic physician with equivalent training and experience and certification by the American Osteopathic Board of Pediatricians.

RECOMMENDATIONS:

3. The directors of obstetrics and neonatal services shall ensure back-up supervision of their services when they are unavailable.

RECOMMENDATIONS:

4. The hospital shall provide documentation that the obstetric-newborn nursing service is directed by a full-time nurse experienced in perinatal nursing, preferably with a master's degree.

RECOMMENDATIONS:

5. The hospital shall provide documentation that the pediatric-neonatal respiratory therapy services are directed by a full-time licensed respiratory care practitioner with a bachelor's degree.

RECOMMENDATIONS:

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6. The hospital shall provide documentation that the practitioner responsible for the Special Care Nursery has at least three years experience in all aspects of pediatric and neonatal respiratory therapy and completion of the neonatal/pediatric specialty examination of the National Board for Respiratory Care.

RECOMMENDATIONS:

7. Preventive services shall be designed to prevent, detect, diagnose and refer or treat conditions known to occur in the high-risk newborn, such as cerebral hemorrhage, visual defects (retinopathy of prematurity) and hearing loss, and to provide appropriate immunization of high-risk newborns.

RECOMMENDATIONS:

8. The hospital shall ensure that a person is designated to coordinate the local health department community nursing follow-up process, to direct discharge planning, to make home care arrangements, to track discharged patients, and to collect outcome information. The community nursing referral process shall consist of notifying the high-risk follow-up nurse in whose jurisdiction the patient resides. The Illinois Department of Human Services will identify and update referral resources for the area served by the unit.

RECOMMENDATIONS:

9. The hospital shall provide documentation that the Level II hospital with Extended Neonatal Capabilities has developed, with the assistance of the Administrative Perinatal Center, a referral agreement with a neonatal follow-up clinic to provide neuro-developmental assessment and outcome data on the neonatal population. Institutional policies and procedures shall describe the at-risk population and referral procedure to be followed.

RECOMMENDATIONS:

10. The hospital shall ensure that if the Level II hospital with Extended Neonatal Capabilities transports neonatal patients, the hospital complies with Guidelines for Perinatal Care, American Academy of Pediatrics and American College of Obstetricians.

RECOMMENDATIONS:

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To provide for assisted ventilation of newborn infants beyond immediate stabilization:

1. The hospital shall provide documentation that a pediatrician or advanced practice nurse, whose professional staff privileges granted by the hospital specifically include the management of critically ill infants and newborns receiving assisted ventilation, a pediatrician receiving post-graduate training in a neonatal-perinatal medicine fellowship program accredited by the Accreditation Council of Graduate Medical Education or an active candidate or board-certified neonatologist is present in the hospital the entire time that the infant is receiving assisted ventilation. If infants are receiving on-site assisted ventilation care from an advance practice nurse or a physician who is not a neonatologist, a board-certified neonatologist or active candidate neonatologist shall be available on call to assist in the care of those infants as needed.

RECOMMENDATIONS:

2. The hospital shall provide suitable backup systems and planning to prevent and respond appropriately to sudden power outage, oxygen system failure, and interruption of medical grade compressed air delivery.

RECOMMENDATIONS:

3. The hospital shall provide documentation that the nurses caring for infants who are receiving assisted ventilation have documented competence and experience in the care of such infants.

RECOMMENDATIONS:

4. The hospital shall provide documentation that the licensed respiratory care practitioner has documented competence and experience in the care of the infants who are receiving assisted ventilation and is also available to the Special Care Nursery during the entire time that the infant receives assisted ventilation.

RECOMMENDATIONS:

(Source: Added at 35 Ill. Reg. 2583, effective January 31, 2011)

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Section 640.APPENDIX O Level III Resource Checklist**Level III Resource Checklist****Briefly describe institutional compliance:**

The Level III hospital shall provide all of the services outlined for Level I and Level II general, intermediate and special care, as well as diagnosis and treatment of high-risk pregnancy and neonatal problems. Both the obstetrical and neonatal services shall achieve Level III capability for Level III designation.

Level III General Provisions

1. The hospital shall provide documentation of participation in Continuous Quality Improvement (CQI) implemented by the Administrative Perinatal Center.

RECOMMENDATIONS:

2. The hospital shall provide documentation of health care provider participation in Joint Morbidity & Mortality Reviews.

RECOMMENDATIONS:

3. The hospital shall have the following clinical laboratory resources available:

Microtechniques for hematocrit and blood gases within 15 minutes; glucose, blood urea nitrogen (BUN), creatinine, blood gases, routine urine analysis, electrolytes and coagulation studies, complete blood count, routine blood chemistries, type & cross, Coombs test, bacterial smear within one hour; and capabilities for bacterial culture and sensitivity and viral culture.

RECOMMENDATIONS:

4. The hospital shall ensure that experienced radiology technicians are immediately available in the hospital with professional interpretation available 24 hours a day. Ultrasound capability shall be available 24 hours a day with additional ultrasound availability on the OB floor and staff knowledgeable in its interpretation.

RECOMMENDATIONS:

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5. The hospital shall provide blood bank technicians immediately available in the hospital for blood banking procedures and identification of irregular antibodies. Blood components shall be readily available.

RECOMMENDATIONS: _____

6. The hospital shall ensure that personnel skilled in phlebotomy and IV placement in newborns are available 24 hours a day.

RECOMMENDATIONS: _____

Level III Standards

1. The Level III hospital shall provide documentation of a policy requiring health care professionals, in both obstetrics and pediatrics, to obtain consultation from or transfer of care to the maternal-fetal medicine or neonatology sub-specialists as outlined in the standards for Level II.

RECOMMENDATIONS: _____

2. The Level III hospital shall accept all medically eligible Illinois residents. Medical eligibility is to be determined by the obstetrical or neonatal director or his/her designee based on the Criteria for High-Risk Identification (Guidelines for Perinatal Care, American Academy of Pediatrics and American College of Obstetricians and Gynecologists).

RECOMMENDATIONS: _____

3. The Level III hospital shall provide or facilitate emergency transportation of patients referred to the hospital in accordance with guidelines for inter-hospital care of the perinatal patient (Guidelines for Perinatal Care, American Academy of Pediatrics and American College of Obstetricians and Gynecologists). If the Level III hospital is unable to accept the patient referred, the Administrative Perinatal Center shall arrange for placement at another Level III hospital or appropriate Level II or Level II hospital with Extended Neonatal Capabilities.

RECOMMENDATIONS: _____

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4. The Level III hospital that elects not to provide all of the advanced level services shall have established policies and procedures for transfer of these mothers and infants to a hospital that can provide the service needed as outlined in the letter of agreement.

RECOMMENDATIONS:

5. The Level III hospital shall have a clearly identifiable telephone number, facsimile number and/or other electronic communication, either a special number or a specific extension answered by unit personnel, for receiving consultation requests and requests for admissions. This number shall be kept current with the Department and with the Regional Perinatal Network.

RECOMMENDATIONS:

6. The Level III hospital shall provide and document continuing education for medical, nursing, respiratory therapy, and other staff providing general, intermediate and intensive care perinatal services.

RECOMMENDATIONS:

7. The Level III hospital shall provide caesarean section decision-to-incision within 30 minutes.

RECOMMENDATIONS:

8. The hospital shall provide data relating to activities and shall comply with the requirements of the State Perinatal Reporting System.

RECOMMENDATIONS:

9. The medical co-directors of the Level III hospital shall be responsible for developing a system ensuring adequate physician-to-physician communication. Communication with referring physicians of patients admitted shall be sufficient to report patient progress before and at the time of discharge.

RECOMMENDATIONS:

10. The hospital shall provide documentation of the capability for continuous electronic maternal-fetal monitoring for patients identified at risk with staff available 24 hours a

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day, including physicians and nursing, who are knowledgeable of electronic fetal monitoring use and interpretation. Staff shall complete a competence assessment in electronic maternal-fetal monitoring every two years.

RECOMMENDATIONS:

11. The Level III hospital, in collaboration with the Administrative Perinatal Center, shall establish policies and procedures for the return transfer of high-risk mothers and infants to the referring hospital when they no longer require the specialized care and services of the Level III hospital.

RECOMMENDATIONS:

12. The Level III hospital shall provide suitable backup systems and planning to prevent and respond to a sudden power outage, oxygen system failure, and interruption of medical grade compressed air delivery.

RECOMMENDATIONS:

13. The Level III hospital shall provide or develop a referral agreement with a follow-up clinic to provide neuro-developmental services for the neonatal population. Hospital policies and procedures shall describe the at-risk population and the referral procedure to be followed for enrolling the infant in developmental follow-up. Infants shall be scheduled for assessments at regular intervals. Neuro-developmental assessments shall be communicated to the primary physicians. Referrals shall be made for interventional care in order to minimize neurological sequelae. A system shall be established to track, record and report neuro-developmental outcome data for the population, as required to support network CQI activities.

RECOMMENDATIONS:

14. Neonatal surgical services shall be available 24 hours a day.

RECOMMENDATIONS:**Level III Resource Requirements**

1. The Level III hospital shall provide documentation that obstetrical activities shall be directed and supervised by a full-time subspecialty obstetrician certified by the American

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Board of Obstetrics and Gynecology in the subspecialty of maternal-fetal medicine or a licensed osteopathic physician with equivalent training and experience and certification by the American Osteopathic Board of Obstetricians and Gynecologists. The director of obstetric services shall ensure the back-up supervision of his or her services by a physician with equivalent credentials.

RECOMMENDATIONS:

2. The Level III hospital shall provide documentation that neonatal activities shall be directed and supervised by a full-time pediatrician certified by the American Board of Pediatrics Sub-Board of Neonatal/Perinatal Medicine or a licensed osteopathic physician with equivalent training and experience and certification by the American Osteopathic Board of Pediatricians/Neonatal-Perinatal Medicine. The director shall ensure the back-up supervision of his or her services by a physician with equivalent credentials.

RECOMMENDATIONS:

3. The Level III hospital shall provide documentation that an administrator/manager with a master's degree shall direct, in collaboration with the medical directors, the planning, development and operation of the non-medical aspects of the Level III hospital and its programs and services.

RECOMMENDATIONS:

4. The Level III hospital shall provide documentation that the obstetric and newborn nursing services are directed by a full-time nurse experienced in perinatal nursing with a master's degree.

RECOMMENDATIONS:

5. The Level III hospital shall provide documentation that half of all neonatal intensive care direct nursing care hours are provided by registered nurses who have had two years or more nursing experience in a Level III NICU. All NICU direct nursing care hours shall be provided or supervised by licensed registered nurses who have advanced neonatal intensive care training and documented competence in neonatal pathophysiology and care technologies used in the NICU. All nursing staff working in the NICU shall have yearly competence assessment in neonatal intensive care nursing.

RECOMMENDATIONS:

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6. The Level III hospital shall provide documentation that obstetrical anesthesia services, under the supervision of a board-certified anesthesiologist with training in maternal, fetal and neonatal anesthesia, are available 24 hours a day. The director of obstetric anesthesia shall ensure the back-up supervision of his or her services when he or she is unavailable.

RECOMMENDATIONS:

7. The Level III hospital shall provide documentation that pediatric-neonatal respiratory therapy services are directed by a full time licensed respiratory care practitioner with a bachelor's degree.

RECOMMENDATIONS:

8. The Level III hospital shall provide documentation that the respiratory care practitioner responsible for the NICU has at least three years of experience in all aspects of pediatric and neonatal respiratory care at a Level III Neonatal Intensive Care Unit and completion of the neonatal/pediatrics specialty examination of the National Board for Respiratory Care.

RECOMMENDATIONS:

9. The Level III hospital shall provide documentation that respiratory care practitioners with experience in neonatal ventilatory care staff the NICU according to the respiratory care requirements of the patient population, with a minimum of one dedicated neonatal licensed respiratory care practitioner for newborns on assisted ventilation, and with additional staff provided as necessary to perform other neonatal respiratory care procedures.

RECOMMENDATIONS:

10. The Level III hospital shall provide documentation that a physician for the program assumes primary responsibility for initiating, supervising and reviewing the plan for management of distressed infants in the delivery room. Hospital policies and procedures shall assign responsibility for identification and resuscitation of distressed neonates to individuals who are both specifically trained and immediately available in the hospital at all times. Capability to provide neonatal resuscitation in the delivery room may be

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satisfied by current completion of a neonatal resuscitation program by medical, nursing and respiratory care staff or a rapid response team.

RECOMMENDATIONS:

11. The Level III hospital shall provide documentation that a board-certified or active candidate obstetrician is present and available in the hospital 24 hours a day. Maternal-fetal medicine consultation shall be available 24 hours a day.

RECOMMENDATIONS:

12. The Level III hospital shall provide documentation that a board-certified neonatologist, active candidate neonatologist or a pediatrician receiving postgraduate training in a neonatal-perinatal medicine fellowship program accredited by the Accreditation Council of Graduate Medical Education is present and available in the hospital 24 hours a day to provide care for newborns in the NICU.

RECOMMENDATIONS:

13. The Level III hospital shall provide documentation that neonatal surgical services are supervised by a board-certified surgeon or active candidate in pediatric surgery appropriate for the procedures performed at the Level III hospital.

RECOMMENDATIONS:

14. The Level III hospital shall provide documentation that neonatal surgical anesthesia services under the direct supervision of a board-certified anesthesiologist with extensive training or experience in pediatric anesthesiology are available 24 hours a day.

RECOMMENDATIONS:

15. The Level III hospital shall provide documentation that neonatal neurology services, under the direct supervision of a board-certified or active candidate pediatric neurologist, are available for consultation in the NICU 24 hours a day.

RECOMMENDATIONS:

16. The Level III hospital shall provide documentation that neonatal radiology services, under the direct supervision of a board-certified radiologist with extensive training or

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experience in neonatal radiographic and ultrasound interpretation, are available 24 hours a day.

RECOMMENDATIONS:

17. The Level III hospital shall provide documentation that neonatal cardiology services, under the direct supervision of an active candidate pediatrician or a pediatrician board-certified by the American Board of Pediatrics Sub-Board of Pediatric Cardiology, are available for consultation 24 hours a day. In addition, cardiac ultrasound services and pediatric cardiac catheterization services by staff with specific training and experience shall be available 24 hours a day.

RECOMMENDATIONS:

18. The Level III hospital shall provide documentation that a board-certified or active candidate ophthalmologist with experience in the diagnosis and treatment of the visual problems of high-risk newborns (retinopathy of prematurity) is available for appropriate examinations, treatment and follow-up care of high-risk newborns.

RECOMMENDATIONS:

19. The Level III hospital shall provide documentation that pediatric sub-specialists with specific training and extensive experience or subspecialty board certification or active candidacy (when applicable) are available 24 hours a day, including, but not limited to, pediatric urology, pediatric otolaryngology, neurosurgery, pediatric cardiothoracic surgery and pediatric orthopedics appropriate for the procedures performed at the Level III hospital.

RECOMMENDATIONS:

20. The Level III hospital shall provide documentation that genetic counseling services are available for inpatients and outpatients, and the hospital shall provide for genetic laboratory testing, including, but not limited to, chromosomal analysis and banding, fluorescence in situ hybridization (FISH), and selected allele detection.

RECOMMENDATIONS:

21. The Level III hospital shall designate at least one person to coordinate the community nursing follow-up referral process, to direct discharge planning, to make home care

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arrangements, to track discharged patients, and to ensure appropriate enrollment in a developmental follow-up program. The community nursing referral process shall consist of notifying the follow-up nurse in whose jurisdiction the patient resides of discharge information on all patients. The Illinois Department of Human Services will identify and update referral resources for the area served by the unit.

RECOMMENDATIONS:

22. The Level III hospital shall establish a protocol that defines educational criteria necessary for commonly required home care modalities, including, but not limited to, continuous oxygen therapy, electronic cardio-respiratory monitoring, technologically assisted feeding and intravenous therapy.

RECOMMENDATIONS:

23. The Level III hospital shall provide documentation that one or more full-time licensed medical social workers with perinatal/neonatal experience are dedicated to the Level III hospital.

RECOMMENDATIONS:

24. The Level III hospital shall provide documentation that one registered pharmacist with experience in perinatal pharmacology is available for consultation on therapeutic pharmacology issues 24 hours a day.

RECOMMENDATIONS:

25. The Level III hospital shall provide documentation that one dietitian with experience in perinatal nutrition is available to plan diets and education to meet the special needs of high-risk mothers and neonates in both inpatient and outpatient settings.

RECOMMENDATIONS:

(Source: Added at 35 Ill. Reg. 2583, effective January 31, 2011)