DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Hospital Licensing Requirements

2) Code Citation: 77 Ill. Adm. Code 250

3)

Section Numbers:	Adopted Action:
250.100	Renumbered; Amended
250.105	Renumbered; Amended
250.120	Amended
250.150	Renumbered
250.160	Renumbered
250.260	Amended
250.310	Amended
250.450	Amended
250.710	Amended
250.1030	Amended
250.1830	Amended

4) Statutory Authority: Hospital Licensing Act [210 ILCS 85]

5) Effective Date of Rulemaking:

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 Proposal Published in Illinois Register: July 19, 2013 – 37 Ill. Reg. 11128

10) Has JCAR issued a Statement of Objections to these rules? No

11) Difference(s) 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 definition for physician's assistant, "Physician" and "only" were deleted, the strike-out was removed from "Physician's", and the second sentence of the definition was stricken.

2. Subsections 250.120(g)(1) and (2) were changed to read:

"1) When ownership and responsibility for the operation of the assets constituting the licensed entity are transferred from the licensee to another person or another legal entity (including a corporation, limited liability company, partnership, or sole proprietor) as part of an asset purchase or similar transaction;

2) A material change in a partnership that is caused by the removal, addition, or substitution of a partner;"

And a new subsection (h) and new subsection (i) were inserted:

"h) Prior to completing the transactions described in subsection (g)(1) or (g)(2), the new person, legal entity, or partnership shall apply for a new license in compliance with Section (6)(b) of the Act. The transaction shall not be complete until the Director issues a new license to the new person, legal entity, or partnership.

i) The transactions described in subsection (g) do not constitute a change in ownership when all of the entities that are parties to the transaction are under common control or ownership before and after the transaction is completed. In these transactions, the name of the corporation, its officers, its independent subsidiaries, and any other relevant information that the Department may require-shall be made available to the Department upon request."

And the rest of the Section was re-lettered accordingly.

3. In Section 250.310(e), "or distant-site entity" was inserted after "distant-site hospital".

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

1. In subsection 250.310(a)(2), "a hospital that participates in the Medicare" was changed to "an Illinois licensed hospital".

2. In subsection 250.310(a)(3), ", consisting of a group of licensed physicians," was inserted after "Entity".

3. In subsection 250.310(e)(1), "a Medicare-participating" was changed to "an Illinois licensed".

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 an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: The Hospital Licensing Requirements regulates hospitals in Illinois, including emergency services, patient safety, patient rights, obstetric care, and the health requirements for hospital personnel. Section 250.260 (Patients' Rights) is being amended to add statutory language from Public Act 97-0485, which provides minimum requirements for discrimination grievance procedures and a new statutory requirement for hospitals to post an anti-discrimination notice in emergency rooms.

Section 250.450 (Personnel Health Requirements) is being amended to insert a reference to the Department's Control of Tuberculosis Code and to delete a reference to the Department's Control of Communicable Diseases Code. Section 250.710 (Classification of Emergency Services) is being amended to add statutory language from PA 97-0667. This statutory language exempts long-term acute care hospitals from the requirement for each hospital to provide emergency services. Section 250.1030 (Policies and Procedures) is being amended to implement statutory language from PA 97-0122. This language enhances the existing safe patient handling language in Section 250.1030 by establishing minimum requirements for protecting patient dignity, self-determination, and choice. Section 250.1830 (General Requirements for All Obstetric Departments) is being amended to add statutory language from the Hospital Infant Feeding Act [210 ILCS 81].

Section 250.150 (Definitions) is being amended to add statutory definitions from PA 97-0122 and Section 250.160 is being amended to add references to federal statutes and regulations, and to add references to State statutes.

16) Information and questions regarding these adopted amendments shall be directed to:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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

(217) 782-2043
dph.rules@illinois.gov

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250
HOSPITAL LICENSING REQUIREMENTS

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250.100~~150~~ Definitions
250.105~~160~~ Incorporated and Referenced Materials
250.110 Application for and Issuance of Permit to Establish a Hospital
250.120 Application for and Issuance of a License to Operate a Hospital
250.130 Administration by the Department
250.140 Hearings
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250.230 Planning
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250.245 Failure to Initiate Criminal Background Checks
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250.265 Language Assistance Services
250.270 Manuals of Procedure
250.280 Agreement with Designated Organ Procurement Agencies
250.285 Smoking Restrictions
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250.440 Education Programs
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SUBPART E: LABORATORY

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250.510 Laboratory Services
250.520 Blood and Blood Components
250.525 Designated Blood Donor Program
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DEPARTMENT OF PUBLIC HEALTH

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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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250.2270 Admission, Transfer and Discharge Procedures
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250.APPENDIX A Codes and Standards (Repealed)
250.EXHIBIT A Codes (Repealed)
250.EXHIBIT B Standards (Repealed)
250.EXHIBIT C Addresses of Sources (Repealed)
250.ILLUSTRATION A Seismic Zone Map

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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

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

SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6, 1978; amended at 3 Ill. Reg. 17, p. 88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p. 233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296, effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982; amended at 7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221, effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983; amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931, effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1, 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232, effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990; amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328, effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1, 1993; amended at 18 Ill. Reg. 11945, effective July 22, 1994; amended at 18 Ill. Reg. 15390, effective October 10, 1994; amended at 19 Ill. Reg. 13355, effective September 15, 1995; emergency amendment at 20 Ill. Reg. 474, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3234, effective February 15, 1996; amended at 20 Ill. Reg. 10009, effective July 15, 1996; amended at 22 Ill. Reg. 3932, effective February 13, 1998; amended at 22 Ill. Reg. 9342, effective May 20, 1998; amended at 23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508,

effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective August 1, 1999; amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill. Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000; amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. 1547, effective January 15, 2003; amended at 27 Ill. Reg. 13467, effective July 25, 2003; amended at 28 Ill. Reg. 5880, effective March 29, 2004; amended at 28 Ill. Reg. 6579, effective April 15, 2004; amended at 29 Ill. Reg. 12489, effective July 27, 2005; amended at 31 Ill. Reg. 4245, effective February 20, 2007; amended at 31 Ill. Reg. 14530, effective October 3, 2007; amended at 32 Ill. Reg. 3756, effective February 27, 2008; amended at 32 Ill. Reg. 4213, effective March 10, 2008; amended at 32 Ill. Reg. 7932, effective May 12, 2008; amended at 32 Ill. Reg. 14336, effective August 12, 2008; amended at 33 Ill. Reg. 8306, effective June 2, 2009; amended at 34 Ill. Reg. 2528, effective January 27, 2010; amended at 34 Ill. Reg. 3331, effective February 24, 2010; amended at 34 Ill. Reg. 19031, effective November 17, 2010; amended at 34 Ill. Reg. 19158, effective November 23, 2010; amended at 35 Ill. Reg. 4556, effective March 4, 2011; amended at 35 Ill. Reg. 6386, effective March 31, 2011; amended at 35 Ill. Reg. 13875, effective August 1, 2011; amended at 36 Ill. Reg. 17413, effective December 3, 2012; amended at 38 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 250.100~~150~~ Definitions

~~The following terms shall have the meanings ascribed to them when used in this Part.~~

Abnormal Slide – a slide not having the characteristics of healthy tissue.

Act – the Hospital Licensing Act [210 ILCS 85].

Allied Health Personnel – persons other than medical staff members, licensed or registered by the State of Illinois or recognized by an organization acceptable to the Department and recognized to ~~so~~ function within their licensed, registered or recognized capacity by the medical staff and the governing authority of the hospital.

~~ASHRAE – the American Society of Heating, Refrigerating, and Air Conditioning Engineers.~~

~~ASTM – the American Society for Testing and Materials.~~

~~CGA – the Compressed Gas Association.~~

Control Materials – a sample in which the chemical composition and physical properties resemble the specimen to be analyzed on which sufficient analyses have been run to give a reasonably good approximation of the concentration of the constituent being assayed. The control materials are routinely analyzed along with patient specimens ~~in order~~ to determine the precision and accuracy of the analytical process used.

Demonstration of proficiency – a laboratory meeting the standards for acceptable proficiency testing as stated in Section 250.530 by means of on-site analysis of specimens sent to the laboratory by agencies approved by the Department for that purpose.

Dentist – any person licensed to practice dentistry as provided in the Illinois Dental Practice Act [225 ILCS 25].

Department – the Illinois Department of Public Health.

Drugs – the term "drugs" means and includes:

articles recognized in the official United States Pharmacopoeia, official National Formulary, or any supplement to either~~any~~ of them and being intended for and having for their main use the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals;

all other articles intended for and having for their main use the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals;

articles (other than food) having for their main use and intended to affect the structure or any function of the body of man or other animals; and

articles having for their main use and intended for use as a component or any articles specified in this definition~~above~~ but does not include devices or their components, parts or accessories.

Federally designated organ procurement agency – the organ procurement agency designated by the Secretary of the U.S. Department of Health and Human Services for the service area in which a hospital is located; except that in the case of a hospital located in a county adjacent to Wisconsin which currently contracts

with an organ procurement agency located in Wisconsin that is not the organ procurement agency designated by the U.S. Secretary of Health and Human Services for the service area in which the hospital is located, if the hospital applies for a waiver pursuant to 42 USC 1320b-8(a), it may designate an organ procurement agency located in Wisconsin to be thereafter deemed its federally designated organ procurement agency for the purposes of the~~*this*~~ *Act.* (Section 3(F) of the Act)

Hospital – the term "hospital" shall have the meaning ascribed in Section 3(A) of the Act.

Hospitalization – the reception or~~and/or~~ care of any person in any hospital either as an inpatient or as an outpatient.

House Staff Member – an individual who is a graduate of a medical, dental, osteopathic, or podiatric school; who is licensed as appropriate; who is appointed to the hospital's medical, osteopathic, dental, or podiatric graduate training program that~~, which~~ is approved or recognized in accordance with the statutory requirements applicable to the practitioner; and who is participating in patient care under the direction of licensed practitioners who have clinical privileges in the hospital and are members of the hospital's medical staff.

~~ICBO – the International Conference of Building Officials.~~

Licensed Practical Nurse – a person with a valid Illinois license to practice as a practical nurse under the Nurse Practice Act.

Medical Staff – an organized body composed of the following individuals granted the privilege by the governing authority of the hospital to practice in the hospital: persons who are graduates of a college or school approved or recognized by the Illinois Department of Financial and Professional Regulation, and who are currently licensed by the Department of Financial and Professional Regulation to practice medicine in all its branches; practice dental surgery; or, practice podiatric medicine in Illinois, regardless of the title of the degree awarded by the approving college or school.

Medicines – drugs or chemicals or preparations of drugs or chemicals~~thereof~~ in suitable form intended for and having for their main use the prevention, treatment, relief, or cure of diseases in man or animals when used either internally or externally.

~~NBS – the National Bureau of Standards.~~

~~NCRP – the National Council on Radiation Protection.~~

~~NFPA – the National Fire Protection Association.~~

Normal Slide – a slide having the characteristics of healthy tissue.

Nurse – a registered nurse or licensed practical nurse as defined in the Nurse Practice~~Illinois Nursing~~ Act~~ of 1987 [225 ILCS 65]~~.

Nursing Staff – registered nurses, licensed practical nurses, nursing assistants~~aides, orderlies,~~ and others who render~~rendering~~ patient care under the supervision of a registered professional nurse.

Patient Care Unit or ~~(~~Nursing Care Unit~~)~~ – an organized unit in which nursing services are provided on a continuous basis. This unit is a clearly defined administrative and geographic area to which specific nursing staff is assigned.

Pharmacist – a person who is licensed~~holds a certificate of registration~~ as a ~~registered~~ pharmacist under the Pharmacy Practice Act~~ of 1987 [225 ILCS 85]~~.

Pharmacy – the term "Practice of Pharmacy" includes, but is not limited to:

the soliciting of prescriptions;

the compounding of prescriptions;

the dispensing of any drug or medicine on a prescription;

the transfer of any drug or medicine from one container into another container that is to be delivered to or for the ultimate patient, on a prescription, or to or for the ultimate consumer, without a prescription; and

the placing of directions for use or other required labeling information on a container of any drug or medicine which is to be delivered to or for the ultimate consumer, without a prescription.

The term "pharmacy" or "a drug store" as referred to in Section 3 of the Pharmacy Practice Act~~ of 1987~~, means and includes that area licensed by the Department of Financial and Professional Regulation in which the practice of pharmacy is conducted. Any room or designated area where drugs and medicines are dispensed (including the repackaging for distribution to a nursing station or storage area) shall be considered to be a pharmacy and be licensed by the Department of Financial and Professional Regulation.

~~PHCC – the National Association of Plumbing, Heating and Cooling Contractors.~~

Physical Rehabilitation Facility – a licensed specialty hospital or clearly defined special unit or program of an acute care hospital providing physical rehabilitation services ~~as defined above~~ either through the facility's own staff members or when appropriate, through the mechanism of formal affiliations and consultations.

Physical Rehabilitation Services – a complete, intensive multi-disciplinary process of individualized, time-limited, goal-oriented services, including evaluation, restoration, personal adjustment, and continuous medical care under the supervision and direction of a physician "qualified by training and~~and/or~~ experience in physical rehabilitation." Physical rehabilitation has~~is made up of~~ two major components:~~;~~ inpatient and outpatient care. Both components involve the patient and, whenever possible, the family~~,~~ in establishing treatment goals and discharge plans, and consist~~consists~~ of the following scope of services available for inpatient care: physician, rehabilitation nursing, physical therapy, occupational therapy, speech therapy, audiology, prosthetic and orthotic services, as well as rehabilitation counseling, social services, recreational therapy, psychology, pastoral care, and vocational counseling. Basic scope of services for outpatient facilities shall~~should~~ include at least a physician, physical therapy, occupational therapy, speech therapy, vocational services, psychology and social service. The purpose of ~~such~~ multi-faceted services is to reduce the disability and dependency in activities of daily living while promoting optimal personal adjustment in ~~such~~ dimensions such as psychological, social, economic, spiritual and vocational.

Physician – a person licensed to practice medicine in all of its branches as provided in the Medical Practice Act of 1987~~ [225 ILCS 60]~~.

Physician's Assistant – a person authorized to practice under the Physician Assistant Practice Act of 1987~~ [225 ILCS 95]~~.~~ A Physician's Assistant is only authorized to practice upon the patients of his or her supervising physician.~~

Podiatrist – a person licensed to practice podiatry under the Podiatric Medical Practice Act of 1987 ~~[225 ILCS 100]~~.

Reference Materials – a sample in which the chemical composition and physical properties resemble the specimen to be analyzed on which sufficient analyses have been run to give a reasonably good approximation of the concentration of the constituent being assayed. The reference materials are routinely analyzed along with patient specimens ~~in order~~ to determine the precision and accuracy of the analytical process used.

Registered Nurse – a person with a valid Illinois license to practice as a registered professional nurse under the Nurse Practice~~Illinois Nursing~~ Act ~~of 1987~~.

Safe Lifting Equipment and Accessories – mechanical equipment designed to lift, move, reposition, and transfer patients, including, but not limited to, fixed and portable ceiling lifts, sit-to-stand lifts, slide sheets and boards, slings, and repositioning and turning sheets. (Section 6.25(a) of the Act)

Save Lifting Team – at least 2 individuals who are trained in the use of both safe lifting techniques and safe lifting equipment and accessories, including the responsibility for knowing the location and condition of such equipment and accessories. (Section 6.25(a) of the Act)

Standard Solution – a solution used for calibration in which the concentration is determined solely by dissolving a weighted amount of primary standard material in an appropriate amount of solvent.

Tissue bank – any facility or program operating in Illinois that is certified by the American Association of Tissue Banks or the Eye Bank Association of America and is involved in procuring, furnishing, donating, or distributing corneas, bones, or other human tissue for the purpose of injecting, transfusing or transplanting any of them into the human body. "Tissue bank" does not include a licensed blood bank. For the purposes of the~~*this*~~ *Act, "tissue" does not include organs.* (Section 3(G) of the Act)

~~UL – Underwriters' Laboratories, Inc.~~

(Source: Section 250.100 renumbered from Section 250.150 and amended at 38 Ill. Reg. _____, effective _____)

Section 250.105~~160~~ Incorporated and Referenced Materials

a) The following regulations and standards are incorporated in this Part:

1) Private and professional association standards:

A) American Society for Testing and Materials (ASTM), Standard No. E90-99 (2002): Standard Test Method for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions and Elements, which may be obtained from the American Society for Testing and Materials, 100 Barr Harbor Drive, West Conshohocken, Pennsylvania 19428-2959. (See Section 250.2420.)

B) The following standards of the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), which may be obtained from the American Society of Heating, Refrigerating, and Air-Conditioning Engineers, Inc., 1791 Tullie Circle, N.E., Atlanta, Georgia 30329: (See Section 250.2480.)

i) ASHRAE Handbook of Fundamentals (2005)~~;~~

ii) ASHRAE Handbook for HVAC Systems and Equipment (2004)~~;~~

iii) ASHRAE Handbook-HVAC Applications (2003)~~.~~

C) The following standards of the National Fire Protection Association (NFPA), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169:

i) NFPA 101 (2000): Life Safety Code~~;~~ (See Sections 250.2420, 250.2450, 250.2460, 250.2470, and 250.2490.)

ii) NFPA 10 (1998): Standards for Portable Fire Extinguishers~~;~~ (See Section 250.1980.)

iii) NFPA 13 (1999): Standards for the Installation of Sprinkler Systems; (See Sections 250.2490 and 250.2670.)

iv) NFPA 14 (2000): Standard for the Installation of Standpipe, Private Hydrants and Hose Systems; (See Sections 250.2490 and 250.2670.)

v) NFPA 25 (1998): Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems;

vi) NFPA 30 (1996): Flammable and Combustible Liquids Code; (See Section 250.1980.)

vii) NFPA 45 (1996): Standard on Fire Protection for Laboratories Using Chemicals;

viii) NFPA 54 (1999): National Fuel Gas Code;

ix) NFPA 70 (1999): National Electrical Code; (See Sections 250.2440 and 250.2500.)

x) NFPA 72 (1999): National Fire Alarm Code;

xi) NFPA 80 (1999): Standard for Fire Doors and Fire Windows; (See Section 250.2450.)

xii) NFPA 82 (1999): Standard on Incinerators and Waste and Linen Handling Systems and Equipment; (See Section 250.2440.)

xiii) NFPA 90A (1999): Standard for Installation of Air Conditioning and Ventilating Systems; (See Sections 250.2480 and 250.2660.)

xiv) NFPA 96 (1998): Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations; (See Section 250.2660.)

xv) NFPA 99 (1999): Standard for Health Care Facilities; (See Sections 250.1410, 250.1910, 250.1980, 250.2460,

250.2480, 250.2490 and 250.2660.)

xvi) NFPA 101-A (2001): Guide on Alternative Approaches to Life Safety~~;~~ (See Section 250.2620.)

xvii) NFPA 110 (1999): Standard for Emergency and Standby Power Systems~~;~~

xviii) NFPA 220 (1999): Standard on Types of Building Construction~~;~~ (See Sections 250.2470 and 250.2620.)

xix) NFPA 221 (1997): Standard for Fire Walls and Fire Barrier Walls~~;~~

xx) NFPA 241 (1996): Standard for Safeguarding Construction, Alteration and Demolition Operations~~;~~

xxi) NFPA 255 and 258 (2000): Standard Method of Test of Surface Burning Characteristics of Building Materials, and Recommended Practice for Determining Smoke Generation of Solid Materials~~;~~ (See Section 250.2480.)

xxii) NFPA 701 (1999): Standard Methods of Fire Tests for Flame Propagation of Textiles and Films~~.~~ (See Sections 250.2460 and 250.2650.)

D) American Academy of Pediatrics and American College of Obstetricians and Gynecologists, Guidelines for Perinatal Care, Sixth Edition (2007), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264)~~.~~ (See Section 250.1820.)

E) American College of Obstetricians and Gynecologists, Guidelines for Women's Healthcare, Third Edition (2007), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264)~~.~~ (See Section 250.1820.)

F) American Academy of Pediatrics (AAP), Red Book: Report of the Committee on Infectious Diseases, 28th Edition (2009), which may be obtained from the American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, Illinois 60007. (See Section 250.1820.)

G) American Academy of Pediatrics and the American Heart Association, 2011 American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) of Pediatric and Neonatal Patients: Neonatal Resuscitation Guidelines, which may be obtained from the American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, Illinois 60007, or at pediatrics.aappublications.org/cgi/reprint/117/5/e1029.pdf. (See Section 250.1830.)

H) National Association of Neonatal Nurses, Position Statement #3009 Minimum RN Staffing in NICUs, which may be obtained from the National Association of Neonatal Nurses, 4700 W. Lake Ave., Glenview, Illinois 60025, or at nann.org/pdf/08_3009_rev.pdf. (See Section 250.1830.)

I) National Council on Radiation Protection and Measurements (NCRP), Report 49: Structural Shielding Design and Evaluation for Medical Use of X-rays and Gamma Rays of Energies up to 10 MeV (1976) and NCRP Report 102: Medical X-Ray, Electron Beam and Gamma-Ray Protection for Energies Up to 50 MeV (Equipment Design, Performance and Use) (1989), which may be obtained from the National Council on Radiation Protection and Measurements, 7910 Woodmont Ave., Suite 800, Bethesda, Maryland 20814-3095. (See Sections 250.2440 and 250.2450.)

J) DOD Penetration Test Method MIL STD 282 (1995): Filter Units, Protective Clothing, Gas-mask Components and Related Products: Performance Test Methods, which may be obtained from Naval Publications and Form Center, 5801 Tabor Avenue, Philadelphia, Pennsylvania 19120. (See Section 250.2480.)

K) National Association of Plumbing-Heating-Cooling Contractors (PHCC), National Standard Plumbing Code (2003), which may be

obtained from the National Association of Plumbing-Heating-Cooling Contractors, 180 S. Washington Street, P.O. Box 6808, Falls Church, Virginia 22046 (703-237-8100).

L) The International Code Council, International Building Code (2000), which may be obtained from the International Code Council, 4051 Flossmoor Road, Country Club Hills, Illinois 60477-5795. (See Section 250.2420.)

M) American National Standards Institute, Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped (1968), which may be obtained from the American National Standards Institute, 25 West 433rd Street, 4th Floor, New York, New York 10036. (See Section 250.2420.)

N) Accreditation Council for Graduate Medical Education, Essentials of Accredited Residencies in Graduate Medical Education (1997), which may be obtained from the Accreditation Council for Graduate Medical Education, 515 North State Street, Suite 2000, Chicago, Illinois 60610. (See Section 250.315.)

O) The Joint Commission, 2006 Hospital Accreditation Standards (HAS), Standard PC.3.10, which may be obtained from the Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181. (See Section 250.1035.)

P) National Quality Forum, Safe Practices for Better Health Care (2009), which may be obtained from the National Quality Forum, 601 13th Street, NW, Suite 500 North, Washington DC 20005, or from www.qualityforum.org.

2) Federal Government Publications:

A) Department of Health and Human Services, United States Public Health Service, Centers for Disease Control and Prevention, "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007" and "Guidelines for Infection Control in Health Care Personnel, 1998, which may be obtained from National Technical Information Service (NTIS), U.S. Department of Commerce, 5285 Port Royal Road,

Springfield, Virginia 22161~~.~~ (See Section 250.1100.)

B) Department of Health and Human Services, United States Public Health Service, Centers for Disease Control and Prevention, "Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations − Animals in Health Care Facilities", "Morbidity and Mortality Weekly Report", June 6, 2003/Vol. 52/No. RR-10, which may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Road, MS K-95, Atlanta, Georgia 30333~~.~~

C) Department of Health and Human Services, United States Public Health Services, Centers for Disease Control and Prevention, "Guidelines for Hand Hygiene in Health-Care Settings", October 25, 2002, which may be obtained from the National Technical Information Services (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161~~.~~

D) Department of Health and Human Services, United States Public Health Service, Centers for Disease Control and Prevention, "Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008", which may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, Georgia 30333~~.~~

E) National Center for Health Statistics and World Health Organization, Geneva, Switzerland, "International Classification of Diseases", 10th Revision, Clinical Modification (ICD-10-CM) (1990), Version for 2007, which can be accessed at http://www.who.int/classifications/icd/en/~~.~~

3) Federal Regulations

A) 45 CFR 46.101, To What Does the Policy Apply? (October 1, 2012~~2010~~)~~.~~

B) 45 CFR 46.103(b), Assuring Compliance with this Policy − Research Conducted or Supported by any Federal Department or Agency (October 1, 2012~~2010~~)~~.~~

C) 42 CFR 482, Conditions of Participation for Hospitals (October 1, 2012~~2010~~)~~.~~

D) 21 CFR, Food and Drugs (April 1, 2012~~2010~~)~~.~~

E) 42 CFR 489.20, Basic Commitments (October 1, 2012)

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

c) The following statutes and State regulations are referenced in this Part:

1) State of Illinois statutes:

A) Hospital Licensing Act [210 ILCS 85]~~.~~

B) Illinois Health Facilities Planning Act [20 ILCS 3960]~~.~~

C) Medical Practice Act of 1987 [225 ILCS 60]~~.~~

D) Podiatric Medical Practice Act of 1987 [225 ILCS 100]~~.~~

E) Pharmacy Practice Act ~~of 1987~~ [225 ILCS 85]~~.~~

F) Physcian~~Physicians~~ Assistant Practice Act of 1987 [225 ILCS 95]~~.~~

G) Illinois Clinical Laboratory and Blood Bank Act [210 ILCS 25]~~.~~

H) X-ray Retention Act [210 ILCS 90]~~.~~

I) Safety Glazing Materials Act [430 ILCS 60]~~.~~

J) Mental Health and Developmental Disabilities Code [405 ILCS 5]~~.~~

K) Nurse Practice Act [225 ILCS 65]~~.~~

L) Health Care Worker Background Check Act [225 ILCS 46]~~.~~

M) MRSA Screening and Reporting Act [210 ILCS 83].

N) Hospital Report Card Act [210 ILCS 88].

O) Illinois Adverse Health Care Events Reporting Law of 2005 [410 ILCS 522].

P) Smoke Free Illinois Act [410 ILCS 82].

Q) Health Care Surrogate Act [755775 ILCS 40].

R) Perinatal HIV Prevention Act [410 ILCS 335].

S) Hospital Infant Feeding Act [210 ILCS 81].

T) Medical Patient Rights Act [410 ILCS 50]

U) Hospital Emergency Service Act [210 ILCS 80]

V) Illinois Anatomical Gift Act [775 ILCS 50]

W) Illinois Public Aid Code [305 ILCS 5]

X) Illinois Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 305]

Y) ID/DD Community Care Act [210 ILCS 47]

Z) Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 49]

AA) Veterinary Medicine and Surgery Practice Act of 2004 [225 ILCS 115]

BB) Alternative Health Care Delivery Act [210 ILCS 3]

2) State of Illinois administrative rules:

A) Department of Public Health, Illinois Plumbing Code (77 Ill. Adm. Code 890).

B) Department of Public Health, Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545)~~.~~

C) Department of Public Health, Control of Communicable Diseases Code (77 Ill. Adm. Code 690)~~.~~

D) Department of Public Health, Food Service Sanitation Code (77 Ill. Adm. Code 750)~~.~~

E) Department of Public Health, Public Area Sanitary Practice Code (77 Ill. Adm. Code 895)~~.~~

F) Department of Public Health, Maternal Death Review (77 Ill. Adm. Code 657)~~.~~

G) Department of Public Health, Control of Sexually Transmissible Infections~~Diseases~~ Code (77 Ill. Adm. Code 693)~~.~~

H) Department of Public Health, Control of Tuberculosis Code (77 Ill. Adm. Code 696)~~.~~

I) Department of Public Health, Health Care Worker Background Check Code (77 Ill. Adm. Code 955)~~.~~

J) Department of Public Health, Language Assistance Services Code (77 Ill. Adm. Code 940)~~.~~

K) Department of Public Health, Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640)~~.~~

L) Health Facilities and Services Review Board, Narrative and Planning Policies (77 Ill. Adm. Code 1100)~~.~~

M) Health Facilities and Services Review Board, Processing, Classification Policies and Review Criteria (77 Ill. Adm. Code 1110)~~.~~

N) Department of Public Health, Private Sewage Disposal Code (77 Ill. Adm. Code 905)~~.~~

O) Capital Development Board, Illinois Accessibility Code (71 Ill. Adm. Code 400)~~.~~

P) State Fire Marshal, Boiler and Pressure Vessel Safety (41 Ill. Adm. Code 120)~~.~~

Q) State Fire Marshal, Fire Prevention and Safety (41 Ill. Adm. Code 100)~~.~~

R) Illinois Emergency Management Agency, Standards for Protection Against Radiation (32 Ill. Adm. Code 340)~~.~~

S) Illinois Emergency Management Agency, Use of X-rays in the Healing Arts Including Medical, Dental, Podiatry, and Veterinary Medicine (32 Ill. Adm. Code 360)~~.~~

3) Federal Statutes~~Statute~~:

A) Health Insurance Portability and Accountability Act of 1996 (~~[~~110 USC 1936)~~]~~~~.~~

B) Emergency Medical Treatment & Labor Act [42 USC 1395dd]

(Source: Section 250.105 renumbered from Section 250.160 and amended at 38 Ill. Reg. _____, effective _____)

Section 250.120 Application for and Issuance of a License to Operate a Hospital

a) Applicant and Licensee. The applicant or licensee is the "person" as defined in Section 3(B) of the Act who establishes, conducts, operates and maintains a hospital, or proposes to do so, and who is responsible for meeting licensing requirements.

b) Hospitals to be Licensed. A license is required of all places that are hospitals ~~within the meaning of the word~~ as defined in Section 3 of the Act, providing that the~~such~~ place is not specifically excluded by the Act.

c) Places not to be Licensed~~licensed~~. The Act excludes the following:

1) *Any person or institution required to be licensed pursuant to the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013, or the ID/DD Community Care Act* ~~(Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 4151-101 et seq.) [210 ILCS 45]~~;

2) *Hospitalization or care facilities maintained by the State or any Department or agency thereof, where such Department or agency has authority under law to establish and enforce standards for the hospitalization or care facilities under its management and control;*

3) *Hospitalization or care facilities maintained by the federal government or agencies thereof;*

4) *Hospitalization or care facilities maintained by any university or college established under the laws of this State and supported principally by public funds raised by taxation;*

5) *Any person or facility required to be licensed pursuant to the Alcoholism and Other Drug Dependency Act* ~~(Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 6351-1 et seq. [20 ILCS 305]~~; ~~*or*~~

6) *Any facility operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination*; ~~(Section 3 of the Act)~~

7) *An Alzheimer's disease management center alternative health care model licensed under the Alternative Health Care Delivery Act; or*

8) *Any veterinary hospital or clinic operated by a veterinarian or veterinarians licensed under the Veterinary Medicine and Surgery Practice Act of 2004 or maintained by a State-supported or publicly funded university or college.* (Section (3)(A) of the Act)

d) Application for License

1) The application for a license shall be made to the Department on~~upon~~ forms provided by the Department~~it~~ and shall contain ~~such pertinent~~ information as the Department requires for the administration of the Act.

2) Applications on behalf of a corporation or association or governmental unit or agency shall be made and verified by any two officers of the corporation or association or governmental unit or agency~~thereof~~.

3) No fee shall be charged.

e) Issuance and Renewal of License. Licenses issued under the Act and this Part~~hereunder~~ shall be valid for a period of one year. The ~~renewal shall be made by the~~ Department will issue renewal licenses to those hospitals meeting licensing requirements as determined by an ongoing review of reports, surveys, and recommendations on file with the Department as related to the operation of the hospital.

f) License not Transferable~~transferable~~; Notification~~notification~~ of Change~~change~~ of Licensee~~licensee~~, Location~~location~~ or Name~~name.~~

1) The license is not transferable. Each license is separate and distinct and shall be issued to a specific licensee for a specific location. The Department shall be notified prior to any change in the licensee, the name, or the location of a hospital.

2) If the hospital's name is changed, a new license certificate will be issued upon notification to the Department of the change.

3) Prior to changing the location of a hospital, the hospital shall meet the requirements~~provisions~~ of Section 250.110 and this Section ~~shall be applicable~~.

4) A change in the legal identity of the licensee of a hospital constitutes the establishment of a new hospital, and the hospital shall meet the requirements~~provisions~~ of Section 250.110 and this Section ~~shall be applicable~~.

g) A change of ownership of a hospital occurs when one of the following transactions is completed:

1) When ownership and responsibility for the operation of the assets constituting the licensed entity are transferred from the licensee to another person or another legal entity (including a corporation, limited liability company, partnership or sole proprietor) as part of an asset purchase or

similar transaction;

2) A material change in a partnership that is caused by the removal, addition, or substitution of a partner;

3) In a corporation, when the licensee corporation merges into another corporation, or with the consolidation of two or more corporations, one of which is the licensee, resulting in the creation of a new corporation;

4) The leasing of all the hospital's operations to another corporation or partnership.

h) Prior to completing the transactions described in subsection (g)(1) or (g)(2), the new person, legal entity or partnership shall apply for a new license in compliance with Section (6)(b) of the Act. The transaction shall not be complete until the Director issues a new license to the new person, legal entity or partnership.

i) The transactions described in subsection (g) do not constitute a change in ownership when all of the entities that are parties to the transaction are under common control or ownership before and after the transaction is completed. In these transactions, the name of the corporation, its officers, its independent subsidiaries and any other relevant information that the Department may require shall be made available to the Department upon request.

j) Pursuant to subsection (g), the transfer of corporate stock or the merger of another corporation into the licensee corporation does not constitute a change of ownership if the licensee corporation remains in existence.

k)~~g)~~ License Category; Approval of Services~~.~~

1) Each license shall apply only to the categories of service offered by the hospital at the time the license is issued, and as reflected in the CON or COE issued by the Health Facilities and Services Review~~Planning~~ Board. A general~~General~~ license shall be issued for a hospital that offers a variety of categories of service. A specialized license (e.g., Psychiatric, Pediatric, Rehabilitation, Tuberculosis) shall be issued for a hospital that offers primarily that special category of service.

2) The license shall apply only to the number of beds and the clinical services operating at the time the license is issued. If a new clinical

service is to be initiated, or an existing service expanded or discontinued, the approval of the Department shall~~must~~ first be obtained. If a change in clinical service results in change of license category, then a new application for license shall be submitted to the Department and the hospital shall meet the requirements~~provisions~~ of Section 250.110 and this Section~~ shall apply~~.

l)~~h)~~ Provisional License. The Director may issue a provisional license to any hospital that~~which~~ does not substantially comply with the provisions of the Act and this Part provided that the~~he finds that such~~ hospital has undertaken changes and corrections that,~~which~~ upon completion, will render the hospital in substantial compliance with the provisions of the Act and this Part, and provided that the health and safety of the patients of the hospital will be protected during the period for which the~~such~~ provisional license is issued. The Director will~~shall~~ advise the licensee of the conditions under which such provisional license is issued, including the manner in which the hospital fails~~facilities fail~~ to comply with the provisions of the Act and this Part.~~, and~~ The Director also will advise the licensee of the time within which the changes and corrections necessary for the~~such~~ hospital ~~facilities~~ to substantially comply with the Act and this Part shall be completed.

m)~~i)~~ Separate Licenses. The Department may require a hospital that houses patients in more than one building to have separate licenses for one or more of the~~such~~ separate buildings.

n)~~j)~~ Posting of License. The license shall be posted where it may be readily ~~be~~ seen and read by the public.

o)~~k)~~ Notification of Closure~~closure~~ of Hospital~~hospital~~. The licensee shall notify the Department of the impending closure of the hospital~~,~~ at least 90 days prior to the~~such~~ closure. The hospital shall be responsible for the removal ~~and replacement~~ of patients and their placement in other hospitals. The hospital shall implement the policies for preservation of patient medical records and medical staff credentialing files in accordance with Section 250.1510(d)(2) and Section 250.310(a)(16).

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 250.150 Definitions (Renumbered)

(Source: Section 250.150 renumbered to Section 250.100 at 38 Ill. Reg. _____, effective _____)

Section 250.160 Incorporated and Referenced Materials (Renumbered)

(Source: Section 250.160 renumbered to Section 250.105 at 38 Ill. Reg. _____, effective _____)

SUBPART B: ADMINISTRATION AND PLANNING

Section 250.260 Patients' Rights

a) Policy on Patients' Rights

1) Hospitals shall adopt a written policy on patients' rights.

2) This policy shall be available to all patients and personnel upon request.

b) Patient Morale

1) Emotional and Attitudinal Support
Hospitals shall have a written plan for the provision of those components of total patient care that relate to the spiritual, emotional and attitudinal health of the patient, patients' families and hospital personnel.

2) Social Services
Hospitals shall have a written plan for providing social services ~~to those patients with social problems~~. This service may be provided through:

A) An organized social service within the hospital; or

B) A social worker employed on a part-time basis; or

C) Social work consultant services from a community agency.

c) *Patient Protection from Abuse*

1) For purposes of this subsection (c):

~~"~~*Abuse*~~"~~ – *means any physical or mental injury or sexual abuse*

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

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

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

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

2) *No administrator, agent, or employee of a hospital or a member of its medical staff may abuse a patient in the hospital.*

3) *Any hospital administrator, agent, employee, or medical staff member who has reasonable cause to believe that any patient with whom he or she has direct contact has been subjected to abuse in the hospital shall promptly report or cause a report to be made to a designated hospital administrator responsible for providing such reports to the Department as required by this* subsection (c).

4) *Retaliation against a person who lawfully and in good faith makes a report under this* subsection (c) *is prohibited.*

5) *Upon receiving a report under* subsection (c)(3), *the hospital shall submit the report to the Department within 24 hours* after *obtaining such report. In the event that the hospital receives multiple reports involving a single alleged instance of abuse, the hospital shall submit one report to the Department.*

6) *Upon receiving a report under this* subsection (c), *the hospital shall*

promptly conduct an internal review to ensure the alleged victim's safety. Measures to protect the alleged victim shall be taken as deemed necessary by the hospital's administrator and shall *include, but are not limited to, removing suspected violators from further patient contact during the hospital's internal review. If the alleged victim lacks decision-making capacity under the Health Care Surrogate Act and no health care surrogate is available, the hospital may contact the Illinois Guardianship and Advocacy Commission to determine the need for a temporary guardian of that person.*

7) *All internal hospital reviews shall be conducted by a designated hospital employee or agent who is qualified to detect abuse and is not involved in the alleged victim's treatment. All internal review findings* shall *be documented and filed according to hospital procedures and shall be made available to the Department upon request.*

8) *Any other person may make a report of patient abuse to the Department if that person has reasonable cause to believe that a patient has been abused in the hospital.*

9) *The report required under this* subsection (c) *shall include:*

A) *The name of the patient;*

B) *The name and address of the hospital treating the patient;*

C) *The age of the patient;*

D) *The nature of the patient's condition, including any evidence of previous injuries or disabilities; and*

E) *Any other information that the reporter believes might be helpful in establishing the cause of the reported abuse and the identity of the person believed to have caused the abuse.*

10) *Except for willful or wanton misconduct, any individual, person, institution, or agency participating in good faith in making a report or in making a disclosure of information concerning reports of abuse under this* subsection (c)*, shall have immunity from any liability, whether civil, professional, or criminal, that otherwise might result by reason of such*

actions.

11) *No administrator, agent, or employee of a hospital shall adopt or employ practices or procedures designed to discourage* or having the effect of discouraging *good faith reporting of patient abuse under this* subsection (c).

12) *Every hospital shall ensure that all new and existing employees are trained in the detection and reporting of abuse of patients and retrained at least every 2 years thereafter.*

13) *The Department shall investigate each report of patient abuse made under this* subsection (c) *according to the procedures of the Department, except that a report of abuse which indicates that a patient's life or safety is in imminent danger shall be investigated within 24 hours* after *such report. Under no circumstances may a hospital's internal review of an allegation of abuse replace an investigation of the allegation by the Department.*

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

15) *All patient identifiable information in any report or investigation under this* subsection (c) *shall be confidential and shall not be disclosed except as authorized by* the *Act or other applicable law.*

16) *Nothing in this* subsection (c) *relieves a hospital administrator, employee, agent, or medical staff member from contacting appropriate law enforcement authorities as required by law.*

17) *Nothing in this* subsection (c) *shall be construed to mean that a patient is a victim of abuse because of health care services provided or not provided by health care professionals.* ~~(Section 9.6 of the Act)~~

18) *Nothing in this* subsection (c) *shall require a hospital, including its employees, agents, and medical staff members, to provide any services to a patient in contravention of his or her stated or implied objection thereto*

upon grounds that such services conflict with his or her religious beliefs or practices, nor shall such a patient be considered abused under this Section for the exercise of such beliefs or practices. (Section 9.6 of the Act)

d) Patient Discrimination

1) *Discrimination Grievance Procedures. Upon receipt of a grievance alleging unlawful discrimination on the basis of race, color, or national origin, the hospital must investigate the claim and work with the patient to address valid or proven concerns in accordance with the hospital's grievance process. At the conclusion of the hospital's grievance process, the hospital shall inform the patient that such grievances may be reported to the Department if not resolved to the patient's satisfaction at the hospital level.* (Section 5.1 of the Medical Patient Rights Act)

2) *Emergency Room Anti-discrimination Notice. Every hospital shall post a sign next to or in close proximity of its sign required by* 42 CFR 489.20(q)(1) *stating the following: "You have the right not to be discriminated against by the hospital due to your race, color, or national origin if these characteristics are unrelated to your diagnosis or treatment. If you believe this right has been violated, please call* the Illinois Department of Public Health Central Complaint Registry, 1-800-252-4343." (Section 5.2 of the Medical Patient Rights Act)

(Source: Amended at 38 Ill. Reg. _____, effective _____)

SUBPART C: THE MEDICAL STAFF

Section 250.310 Organization

a) For the purposes of this Section only:

1) *Adverse Decision means a decision reducing, restricting, suspending, revoking, denying, or not renewing medical staff membership or clinical privileges.* (Section 10.4(b) of the Act)

2) A Distant-site Hospital is an Illinois licensed hospital.

3) A Distant-site Telemedicine Entity, consisting of a group of licensed

physicians, is defined as an entity that:

A) Provides telemedicine services;

B) Is not a Medicare-participating hospital; and

C) Provides contracted services in a manner that enables a hospital using its services to meet all applicable Medicare conditions of participation, particularly those requirements related to the credentialing and privileging of practitioners providing telemedicine services to the patients of a hospital. A distant-site telemedicine entity would include a distant-site hospital that does not participate in the Medicare program that is providing telemedicine services to a Medicare-participating hospital.

4) *Economic Factor means any information or reasons for decisions unrelated to quality of care or professional competency*. (Section 10.4(b) of the Act)

5) Non-simultaneously means that, while the telemedicine physician or practitioner still provides clinical services to the patient upon a formal request from the patient's attending physician, such services may involve after-the-fact interpretation of diagnostic tests in order to provide an assessment of the patient's condition and do not necessarily require the telemedicine practitioner to directly assess the patient in real time. This would be similar to the services provided by an on-site radiologist who interprets a patient's x-ray or CT scan and then communicates his or her assessment to the patient's attending physician who then bases his or her diagnosis and treatment plan on these findings.

6) *Privilege means permission to provide medical or other patient care services and permission to use hospital resources, including equipment, facilities and personnel that are necessary to effectively provide medical or other patient care services. This definition shall not be construed to require a hospital to acquire additional equipment, facilities, or personnel to accommodate the granting of privileges*. (Section 10.4(b) of the Act)

7) Simultaneously means that the clinical services (for example, assessment of the patient with a clinical plan for treatment, including any medical orders needed) are provided to the patient in real time by the telemedicine

physician or practitioner, similar to the actions of an on-site physician or practitioner.

8) Telemedicine means the provision of clinical services to patients by physicians and practitioners from a distance via electronic communications. The distant-site telemedicine physician or practitioner provides clinical services to the hospital patient either simultaneously, as is often the case with teleICU services, for example, or non-simultaneously, as may be the case with many teleradiology services.

b)~~a)~~ The medical staff shall be organized in accordance with written bylaws, rules and regulations approved by the governing board. The bylaws, rules and regulations shall specifically provide but not be limited to:

1) establishing written procedures relating to the acceptance and processing of initial applications for medical staff membership, granting and denying of medical staff reappointment, and medical staff membership or clinical privileges disciplinary matters in accordance with subsection (c)~~(b) of this Section~~ for county hospitals as defined in Section 15-1(c) of the Illinois Public Aid Code~~ [305 ILCS 5/15-1]~~, or subsection (d)~~(c)~~ of this Section for all other hospitals. The procedures for initial applicants at any particular hospital may differ from those for current medical staff members. However, the procedures at any particular hospital shall be applied equally to each practitioner eligible for medical staff membership as defined in Section 250.150~~ of this Part~~. The procedures shall provide that, *prior to the granting of any medical staff privileges to an applicant, or renewing a current medical staff member's privileges,* the hospital *shall request of the Director of the Department of Financial and Professional Regulation information concerning the licensure status and any disciplinary action taken against the applicant's or medical staff member's license.* This provision shall not apply to *medical personnel who enter a hospital to obtain organs and tissues for transplant from a deceased donor in accordance with the Illinois Anatomical Gift Act*~~ [755 ILCS 50]~~. This provision shall not apply to *medical personnel who have been granted disaster privileges pursuant to the procedures and requirements established* in this Section. (Section 10.4 of the Act);

2) identifying divisions and departments as are warranted (as a minimum, active and consulting divisions are required);

3) identifying officers as are warranted;

4) establishing committees as are warranted to assure the responsibility for such functions as pharmacy and therapeutics, infection control, utilization review, patient care evaluation, and the maintenance of complete medical records;

5) assuring that active medical staff meetings are held regularly, and that written minutes of all meetings are kept;

6) reviewing and analyzing the clinical experience of the hospital at regular intervals − the medical records of patients to be the basis for ~~such~~ review and analysis;

7) identifying conditions or situations that require consultation, including consultation between medical staff members in complicated cases;

8) examining tissue removed during operations by a qualified pathologist and requiring that the findings are made a part of the patient~~'~~'s medical record;

9) keeping completed medical records;

10) maintaining a Utilization Review Plan, which shall be in accordance with the Conditions of Participation for Hospitals in the Medicare Program;

11) establishing Medical Care Evaluation Studies;

12) establishing policies requiring a physician as first assistant to major or~~and/or~~ hazardous surgery, including written criteria to determine when an assistant is necessary;

13) assuring, through credentialing by the medical staff, that a qualified surgical assistant, whether a physician or non-physician, assists the operating surgeon in the operating room;

14) determining additional privileges that may be granted a staff member for the use of his/her employed allied health personnel in the hospital in accordance with policies and procedures recommended by the medical staff and approved by the governing authority. The policies and procedures shall include, at least, requirements that the staff member

requesting this additional privilege shall submit the following for review and approval by the medical staff and the governing authority of the hospital:

A) a curriculum vitae of the identified allied health personnel, and

B) a written protocol with a description of the duties, assignments and~~and/or~~ functions, including a description of the manner of performance within the hospital by the allied health personnel in relationship with other hospital staff;

15) establishing a mechanism for assisting medical staff members in addressing physical and mental health problems;

16) implementing a procedure for preserving medical staff credentialing files in the event of the closure of the hospital; ~~and~~

17) establishing a procedure for granting telemedicine privileges, based upon the privileging decisions of a distant-site hospital or telemedicine entity that has a written agreement that meets Medicare requirements; and

18)~~17)~~ establishing a procedure for granting disaster privileges.

A) When the emergency management plan has been activated and the hospital is unable to handle patients' immediate needs, it shall:

i) identify in writing the individuals responsible for granting disaster privileges;

ii) describe in writing the responsibilities of the individuals granting disaster privileges. The responsible individual is not required to grant privileges to any individual and is expected to make ~~such~~ decisions on a case-by-case basis at his or her discretion;

iii) describe in writing a mechanism to manage individuals who receive disaster privileges;

iv) include a mechanism to allow staff to readily identify individuals who receive disaster privileges;

v) require that medical staff address the verification process as a high priority and begin the verification process of the credentials and privileges of individuals who receive disaster privileges as soon as the immediate situation is under control.

B) The individual responsible for granting disaster privileges may grant disaster privileges upon presentation of any of the following:

i) a current picture hospital ID card;

ii) a current license to practice and a valid picture ID issued by a state, federal or regulatory agency;

iii) identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) or an Illinois Medical Emergency Response Team (IMERT);

iv) identification indicating that the individual has been granted authority to render patient care, treatment and services in disaster circumstances (~~such~~ authority having been granted by a federal, state or municipal entity); or

v) presentation by current hospital or medical staff members with personal knowledge regarding practitioner's identity.

C) *Any hospital and any employees of the hospital or others involved in granting privileges who~~that~~, in good faith, grant~~grants~~ disaster privileges, pursuant to Section 10.4 of the Act,~~Section 10.4 of the Act~~ to respond to an emergency shall not, as a result of their~~his, her, or its~~ acts or omissions, be liable for civil damages for granting or denying disaster privileges except in the event of willful and wanton misconduct, as that term is defined in Section 10.2 of* the *Act.*

D) *Individuals granted privileges who provide care in an emergency situation, in good faith and without direct compensation, shall not, as a result of their~~his or her~~ acts or omissions, except for acts or omissions involving willful and wanton misconduct, as that term is*

defined in Section 10.2 of the *Act, on the part of the person, be liable for civil damages.* (Section 10.4 of the Act)

c)~~b)~~ The medical staff bylaws for county hospitals as defined in Section 15-1(c) of the Illinois Public Aid Code shall include at least the following:

1) The procedures relating to evaluating individuals for staff membership, whether the practitioners are or are not currently members of the medical staff, shall include procedures for determining~~determination of~~ qualifications and privileges;~~,~~ criteria for evaluating~~evaluation of~~ qualifications;~~,~~ and procedures requiring information about current health status, current license status in Illinois, and biennial review of renewed license.

2) Written procedures that allow the medical staff to rely upon the credentialing and privileging decisions of a distant-site hospital or telemedicine entity as an option for recommending the privileging of telemedicine physicians.

3)~~2)~~ The procedure shall grant to current medical staff members at least: written notice of an adverse decision by the Governing Board; an explanation and reasons for an adverse decision; the right to examine and/or present copies of relevant information, if any, related to an adverse decision; an opportunity to appeal an adverse decision; and written notice of the decision resulting from the appeal. The procedures for providing written notice shall include timeframes for giving ~~such~~ notice.

d)~~c)~~ The medical staff bylaws for *all hospitals except county hospitals* shall include at least the following *provisions* for *granting, limiting, renewing, or denying medical staff membership and clinical staff privileges*:

1) *Minimum procedures for initial applicants for medical staff membership shall include the following:*

A) *Written procedures relating to the acceptance and processing of pre-applicants or~~initial~~ applicants for medical staff membership.*

B) *Written procedures to be followed in determining an applicant's qualifications for being granted medical staff membership and privileges.*

C) *Written criteria to be followed in evaluating an applicant's qualifications.*

D) *An evaluation of an applicant's current health status and current license status in Illinois.*

E) *A written response to each applicant that explains the reason or reasons for any adverse decision (including all reasons based in whole or in part on the applicant's medical qualifications or any other basis, including economic factors).*

F) Written procedures that allow the medical staff to rely upon the credentialing and privileging decisions of a distant-site hospital or telemedicine entity as an option for recommending the privileging of telemedicine physicians.

2) *Minimum procedures with respect to medical staff and clinical privilege determinations concerning current members of the medical staff shall include the following:*

A) A written *explanation of the reasons for an adverse decision including all reasons based on the quality of medical care or any other basis, including economic factors.*

B) *A statement of the medical staff member's right to request a fair hearing on the adverse decision before a hearing panel whose membership is mutually agreed upon by the medical staff and the hospital governing board. The hearing panel shall have independent authority to recommend action to the hospital governing board. Upon the request of the medical staff member or the hospital governing board, the hearing panel shall make findings concerning the nature of each basis for any adverse decision recommended to and accepted by the hospital governing board.*

i) *Nothing in* subsection (d)~~(c)~~(2)(B)~~ of this Section~~ *limits a hospital's or medical staff's right to summarily suspend, without a prior hearing, a person's medical staff membership or clinical privileges if the continuation of*

practice of a medical staff member constitutes an immediate danger to the public, including patients, visitors, and hospital employees and staff.

ii) *In the event that a hospital or the medical staff imposes a summary suspension, the Medical Executive Committee, or other comparable governance committee of the medical staff as specified in the bylaws, must meet as soon as is reasonably possible to review the suspension and to recommend whether it should be affirmed, lifted, expunged, or modified if the suspended physician requests such review.*

iii) *A summary suspension may not be implemented unless there is actual documentation or other reliable information that an immediate danger exists. This documentation or information must be available at the time the summary suspension decision is made and when the decision is reviewed by the Medical Executive Committee.*

iv) *If the Medical Executive Committee recommends that the summary suspension should be lifted, expunged, or modified, this recommendation must be reviewed and considered by the hospital governing board, or a committee of the board, on an expedited basis.*

v) *Nothing in this* subsection (d)~~(c)~~(2)(B) *shall affect the requirement that any requested hearing must be commenced within 15 days after the summary suspension and completed without delay unless otherwise agreed to by the parties.*

vi) *A fair hearing shall be commenced within 15 days after the suspension and completed without delay, except that, when the medical staff member's license to practice has been suspended or revoked by the* Department of Financial and Professional Regulation, *no hearing shall be necessary.*

vii) *Nothing in* subsection (d)~~(c)~~(2)(B)~~ of this Section~~ *limits a medical staff's right to permit, in the medical staff bylaws,*

summary suspension of membership or clinical privileges in designated administrative circumstances as specifically approved by the medical staff. This bylaw provision must specifically describe both the administrative circumstance that can result in a summary suspension and the length of the summary suspension. The opportunity for a fair hearing is required for any administrative summary suspension. Any requested hearing must be commenced within 15 days after the summary suspension and completed without delay. Adverse decisions other than suspension or other restrictions on the treatment or admission of patients may be imposed summarily and without a hearing under designated administrative circumstances as specifically provided for in the medical staff bylaws as approved by the medical staff.

viii) *If a hospital exercises its option to enter into an exclusive contract and that contract results in the total or partial termination or reduction of medical staff membership or clinical privileges of a current medical staff member, the hospital shall provide the affected medical staff member 60 days prior notice of the effect on his or her medical staff membership or privileges. An affected medical staff member desiring a hearing under* subsection (d)~~(c)~~(2)(B) ~~of this Section~~ *must request the hearing within 14 days after the date he or she is so notified. The requested hearing shall be commenced and completed (with a report and recommendation to the affected medical staff member, hospital governing board, and medical staff) within 30 days after the date of the medical staff member's request. If agreed upon by both the medical staff and the hospital governing board, the medical staff bylaws may provide for longer time periods.*

C) *All peer review used for the purpose of credentialing, privileging, disciplinary action, or other recommendations affecting medical staff membership or exercise of clinical privileges, whether relying in whole or in part on internal or external reviews, shall be conducted in accordance with the medical staff bylaws and applicable rules, regulations, or policies of the medical staff. If*

external review is obtained, any adverse report utilized shall be in writing and shall be made part of the internal peer review process under the bylaws. The report shall also be shared with a medical staff peer review committee and the individual under review. If the medical staff peer review committee or the individual under review prepares a written response to the report of the external peer review within 30 days after receiving such report, the governing board shall consider the response prior to the implementation of any final actions by the governing board which may affect the individual-''s medical staff membership or clinical privileges. Any peer review that involves willful or wanton misconduct shall be subject to civil damages as provided for under Section 10.2 of the *Act.*

D) A *statement of the member's right to inspect all pertinent information in the hospital's possession with respect to the decision.*

E) *A statement of the member's right to present witnesses and other evidence at the hearing on the decision.*

F) *The right to be represented by a personal attorney.*

G)~~F)~~ *A written notice and written explanation of the decision resulting from the hearing~~hearings~~.*

H)~~G)~~ *A written notice of a final adverse decision by the hospital governing board~~Hospital Governing Board~~.*

I)~~H)~~ *Notice given 15 days before implementation of an adverse medical staff membership or clinical privileges decision based substantially on economic factors. This notice shall be given after the medical staff member exhausts all applicable procedures under* subsection (d)~~(c)~~(2)(B)(viii) of this Section, *and under the medical staff bylaws in order to allow sufficient time for the orderly provision of patient care.*

J)~~I)~~ *Nothing in* subsection (d)~~(c)~~(2)~~ of this Section~~ *limits a medical staff member's right to waive, in writing, the rights provided in* subsection (d)~~(c)~~(2)(A) through -(I)~~(H)~~ ~~of this Section~~ *upon being*

granted privileges to provide telemedicine services or *the written exclusive right to provide particular services at a hospital, either individually or as a member of a group. If an exclusive contract is signed by a representative of a group of physicians, a waiver contained in the contract shall apply to all members of the group unless stated otherwise in the contract.* (Section 10.4(b) of the Act)

3) *Every adverse medical staff membership and clinical privilege decision based substantially on economic factors shall be reported to the Hospital Licensing Board before the decision takes effect. The reports shall not be disclosed in any form that reveals the identity of any hospital or physician. These reports shall be utilized to study the effects that hospital medical staff membership and clinical privilege decisions based upon economic factors have on access to care and the availability of physician services.* (Section 10.4(b) of the Act)

e) If a hospital enters into agreement for telemedicine services with a distant-site hospital or distant-site entity, the governing body of the hospital whose patients are receiving the telemedicine services may choose, in lieu of the hospital performing the credentialing and privileging requirements, to rely upon the credentialing and privileging decisions made by the distant-site hospital when making recommendations on privileges for the individual distant-site physicians providing the services. The hospital's governing body ensures, through its written agreement with the distant-site hospital, that the distant-site hospital meets the Medicare conditions of participation for credentialing and privileging of physicians. The agreement shall be in writing and shall verify:

1) That the distant-site hospital providing the telemedicine services is an Illinois licensed hospital;

2) That the individual distant-site physician is privileged at the distant-site hospital that provides the telemedicine services and provides to the hospital a current list of the distant-site physician's privileges;

3) That the individual distant-site physician holds a license issued or recognized by the State of Illinois; and

4) That, if the hospital conducts an internal review of the distant-site physician's performance, it provides the distant-site hospital with the

performance information for use in the distant-site hospital's periodic appraisal of the distant-site physician. At a minimum, this information shall include all adverse events that result from the telemedicine services provided by the distant-site physician to the hospital's patients and all complaints the hospital has received about the distant-site physician.

f) The hospital's governing body shall grant privileges to each telemedicine physician providing services at the hospital under an agreement with a distant-site hospital or telemedicine entity before the telemedicine physician may provide telemedicine services. The scope of the privileges granted to the telemedicine physician shall reflect the provision of the services offered via a telecommunications system.

g) When the hospital's governing body exercises the option to grant privileges based on its medical staff recommendations, which rely upon the privileging decisions of a distant-site telemedicine hospital or entity, the governing body may, but is not required to, maintain a separate file on each telemedicine physician. In lieu of maintaining a separate file on each telemedicine physician, the hospital may have a file on all telemedicine physicians providing services at the hospital under each agreement with a distant-site hospital or telemedicine entity, indicating which telemedicine services privileges the hospital has granted to each physician on the list. The file or files may be kept in a format determined by the hospital.

h)~~d)~~ Regardless of any other categories (divisions of the medical staff) having privileges in the hospital, the hospital shall have~~there shall be~~ an active staff, which shall include physicians and may also include podiatrists and dentists, properly organized, who perform all the organizational duties pertaining to the medical staff. These duties include:

1) Maintaining~~Maintenance of~~ the proper quality of all medical care and treatment of inpatients and outpatients in the hospital. Proper quality of medical care and treatment includes:

A) availability and use of accurate diagnostic testing for the types of patients admitted;

B) availability and use of medical, surgical, and psychiatric treatment for patients admitted;

C) availability and use of consultation, diagnostic tools and treatment modalities for the care of patients admitted, including the care needed for complications that may be expected to occur; and

D) availability and performance of auxiliary and associate staff with documented training and experience in diagnostic and treatment modalities in use by the medical staff and documented training and experience in managing complications that may be expected to occur.

2) Organization of the medical staff, including adoption of rules and regulations for its government (which require the approval of the governing body), election of its officers or recommendations to the governing body for appointment of the officers, and recommendations to the governing body upon all appointments to the staff and grants of hospital privileges.

3) Other recommendations to the governing body regarding matters within the purview of the medical staff.

i)~~e)~~ The medical staff may include one or more divisions in addition to the active staff, but this in no way modifies the duties and responsibilities of the active staff.

~~f)~~ ~~For the purpose of this Section only:~~

~~1)~~ ~~*Adverse decision means a decision reducing, restricting, suspending, revoking, denying, or not renewing medical staff membership or clinical privileges.*~~

~~2)~~ ~~*Economic factor means any information or reasons for decisions unrelated to quality of care or professional competency.*~~

~~3)~~ ~~*Privilege means permission to provide medical or other patient care services and permission to use hospital resources, including equipment, facilities and personnel that are necessary to effectively provide medical or other patient care services. This definition shall not be construed to require a hospital to acquire additional equipment, facilities, or personnel to accommodate the granting of privileges.* (Section 10.4(b) of the Act)~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)

SUBPART D: PERSONNEL SERVICE

Section 250.450 Personnel Health Requirements

a) Each hospital shall establish an employee health program that includes the following:

1) An~~an~~ assessment of the employee's health and immunization status at the time of employment;

2) Policies~~policies~~ regarding required immunizations; and

3) Policies~~policies~~ and procedures for the periodic health assessment of all personnel. These policies shall~~must~~ specify the content of the health assessment and the interval between assessments, and shall~~must~~ comply with~~ Section 690.720 (Tuberculosis) of~~ the Control of Tuberculosis Code~~Department's rules entitled "Control of Communicable Diseases Code" (77 Ill. Adm. Code 690~~).

b) Personnel absent from duty because of any communicable disease shall not return to duty until examined for freedom from any condition that might endanger the health of patients or employees.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICES

Section 250.710 Classification of Emergency Services

a) Each hospital, *except long-term acute care hospitals identified in Section 1.3 of* the Hospital Emergency Service *Act* and in subsection (c) of this Section (Section 1 of the Hospital Emergency Service Act), shall provide emergency services according to one of the following categories:

1)~~a)~~ Comprehensive Emergency Treatment Services

A)~~1)~~ At least one licensed physician shall be in the emergency department at all times.

B)~~2)~~ Physician specialists who represent~~specialist representing~~ the major specialties~~,~~ and sub-specialties, such as plastic surgery, dermatology~~,~~ and ophthalmology, ~~etc.,~~ shall be available within minutes.

C)~~3)~~ Ancillary services, including laboratory and x-ray, shall be staffed at all times. The pharmacy~~Pharmacy~~ shall be staffed or ~~"~~on call~~"~~ at all times.

2)~~b)~~ Basic Emergency Treatment Services

A)~~1)~~ At least one licensed physician shall be in the emergency department at all times.

B)~~2)~~ Physician specialists who represent~~representing~~ the specialties of medicine, surgery, pediatrics and obstetrics~~maternity~~ shall be available within minutes.

C)~~3)~~ Ancillary services, including laboratory, x-ray and pharmacy, shall be staffed or ~~"~~on call~~"~~ at all times.

3)~~c)~~ Standby Emergency Treatment Services

A)~~1)~~ A~~One of the~~ registered nurse~~nurses~~ on duty in the hospital shall be available for emergency services at all times.

B)~~2)~~ A licensed physician shall be ~~"~~on call~~"~~ to the emergency department at all times.

b) All hospitals, irrespective of the category of services provided, shall provide~~make adequate provision for rendering~~ immediate first aid and emergency care to persons requiring first aid emergency~~such~~ treatment on arrival at the hospital.

c) *General acute care hospitals designated by Medicare as long-term acute care hospitals are not required to provide hospital emergency services described in* this Section or *Section 1 of* the Hospital Emergency Service *Act. Hospitals defined in this* subsection (c) *may provide hospital emergency services at their option.*

1) *Any hospital defined in this* subsection (c) *that opts to discontinue*

emergency services shall:

A) *Comply with all provisions of the federal Emergency Medical Treatment & Labor Act (EMTALA);*

B) *Comply with all provisions required under the Social Security Act*;

C) *Provide annual notice to communities in the hospital's service area about available emergency medical services; and*

D) *Make educational materials available to individuals who are present at the hospital concerning the availability of medical services within the hospital's service area.*

2) *Long-term acute care hospitals that operate standby emergency services as of January 1, 2011 may discontinue hospital emergency services by notifying the Department. Long-term acute care hospitals that operate basic or comprehensive emergency services must notify the Health Facilities and Services Review Board and follow the appropriate procedures.* (Section 1.3 of the Hospital Emergency Service Act)

(Source: Amended at 38 Ill. Reg. _____, effective _____)

SUBPART I: NURSING SERVICE AND ADMINISTRATION

Section 250.1030 Policies and Procedures

a) For the purposes of this Section:

Health Care Worker means an individual providing direct patient care services who may be required to lift, transfer, reposition, or move a patient. A direct patient care provider is the same as a health care worker.

Safe Lifting Equipment and Accessories means mechanical equipment designed to lift, move, reposition, and transfer patients, including, but not limited to, fixed and portable ceiling lifts, sit-to-stand lifts, slide sheets and boards, slings, and repositioning and turning sheets.

Safe Lifting Team means at least 2 individuals who are trained in the use of both safe lifting techniques and safe lifting equipment and accessories, including the

responsibility for knowing the location and condition of such equipment and accessories. (Section 6.25 of the Act)

b)~~a)~~ Nursing policies and procedures shall be developed, reviewed periodically but at least once a year, and revised as necessary by nursing representatives in cooperation with appropriate representatives from administration, the medical staff, and other concerned hospital services or departments.

c)~~b)~~ The nursing policies and procedures shall be dated to indicate the time of the most recent review or revision.

d)~~c)~~ Written policies shall include, but not be limited to, the following:

1) Criteria pertaining to the performance of special procedures and the circumstances and supervision under which these may be performed by nursing personnel;~~.~~

2) Communication and implementation of diagnostic and therapeutic orders, including verbal orders, and the~~. The~~ responsibility and mechanism for nursing service to obtain clarification of orders when indicated;~~.~~

3) Administration of medication;~~.~~

4) Assignments for providing nursing care to patients;~~.~~

5) Documentation in patients' records by nursing personnel;~~.~~

6) Infection control, pursuant to Section 250.1100;~~.~~

7) *A policy to identify, assess, and develop strategies to control risk of injury to patients and nurses and other health care workers, associated with the lifting, transferring, repositioning, or movement of a patient. The policy shall establish a process that, at a minimum, includes all of the following:*

A) *Analysis of the risk of injury to patients and nurses and other health care workers posted by the patient handling needs of the patient populations served by the hospital and the physical environment in which the patient handling and movement occurs;*

B) *Education and training of nurses and other direct patient care*

providers in the identification, assessment, and control of risks of injury to patients and nurses and other health care workers during patient handling and on safe lifting policies and techniques and current lifting equipment;

C) *Evaluation of alternative ways to reduce risks associated with patient handling, including evaluation of equipment and the environment;*

D) *Restriction, to the extent feasible with existing equipment and aids, of manual patient handling or movement of all or most of a patient's weight except for emergency, life-threatening, or otherwise exceptional circumstances;*

E) *Collaboration with, and an annual report to, the nurse staffing committee;*

F) *Procedures for a nurse to refuse to perform or be involved in patient handling or movement that the nurse in good faith believes will expose a patient or nurse or other health care worker to an unacceptable risk of injury;*

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

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

I) *Fostering and maintaining patient safety, dignity, self-determination, and choice, including the following policies,*

strategies, and procedures:

i) *The existence and availability of a trained safe lifting team*;

ii) *A policy of advising patients of a range of transfer and lift options, including adjustable diagnostic and treatment equipment, mechanical lifts, and provision of a trained safe lifting team;*

iii) *The right of a competent patient, or guardian of a patient adjudicated incompetent, to choose among the range of transfer and lift options, subject to the provisions of* subsection (d)(7)(I)(v)*;*

iv) *Procedures for documenting, upon admission and as status changes, a mobility assessment and plan for lifting, transferring, repositioning, or movement of a patient, including the choice of the patient or patient's guardian among the range of transfer and lift options; and*

v) *Incorporation of such safe lifting procedures, techniques, and equipment as are consistent with applicable federal law*; (Section 6.25(b) of the Act)

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

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

e)d) A nursing procedure manual shall be developed to provide a ready reference on nursing procedures and a basis for standardization of procedures and equipment in the hospitaland copies shall be available on the patient care units, to the nursing staff and to other services and departments of the hospital, including members of the medical staff and students.

f)e) Copies of the nursingThe procedure manual shall be available on the patient care units, to the nursing staff and to other services and departments of the hospital, including members of the medical staff and studentsprovide a ready reference on nursing procedures and a basis for standardization of procedures and equipment in the hospital.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

SUBPART O: OBSTETRIC AND NEONATAL SERVICE

Section 250.1830 General Requirements for All Obstetric Departments

a) The temperature and humidity in the nurseries and in the delivery suite shall be maintained at a level best suited for the protection of mothers and infants as recommended by the Guidelines for Perinatal Care. Chilling of the neonate shall be avoided; a non-stable neonate shall, immediately after birth, be placed in a radiant heat source that is ready to receive the infant and that allows access for resuscitation efforts. The radiant heat source shall comply with the recommendations of the Guidelines for Perinatal Care. When the neonate has been stabilized, if the mother wishes to hold her newborn, a radiant heater or pre-warmed blankets shall be available to keep the neonate warm. Stable infants shall be placed, and remain, in direct skin-to-skin contact with their mother immediately after delivery to optimally support infant breastfeeding and to promote mother/infant bonding. Personnel shall be available who are trained to use the equipment to maintain a neutral thermal environment for the neonate. For general temperature and humidity requirements, see Section 250.2480(d)(1). In general, a temperature between 72 degrees and 76 degrees and relative humidity between 35% and 60% are acceptable.

b) Linens and Laundry: Linens shall be cleaned and disinfected in compliance with the Guidelines for Perinatal Care.

1) Nursery linens shall be washed separately from other hospital linens.

2) No new unlaundered garments shall be used in the nursery.

c) Sterilizing equipment, as required in Section 250.1090, shall be available. Sterilizing equipment may be provided in the obstetric department or in a central sterilizing unit, provided that flash sterilizing equipment or adequate sterile supplies and instruments are provided in the obstetric department.

d) Accommodations and Facilities~~facilities~~ for Obstetric Patients~~obstetric patients~~

1) The hospital shall identify specific rooms and beds, adjacent when possible to other obstetric facilities, as obstetric rooms and beds. These

rooms and beds shall be used exclusively for obstetric patients or for combined obstetric and clean gynecological service beds in accordance with Section 250.1820(g).

2) Patient rooms and beds that are adjacent to another nursing unit may be used for clean cases as part of the adjacent nursing unit. A corridor partition with doors is recommended to provide a separation between the obstetric beds and facilities and the non-obstetric rooms. The doors shall be kept closed except when in active use as a passageway.

3) Facilities shall be available for the immediate isolation of all patients in whom an infectious condition inimical to the safety of other obstetric and neonatal patients exist.

4) Labor rooms shall be convenient to the delivery rooms and shall have facilities for examination and preparation of patients. Each room used for labor, delivery and postpartum (see Section 250.1870) shall include a bathroom equipped with a toilet and a shower. The bathroom also shall include a sink, unless a sink is located in the patient room. The bathroom shall be directly accessible from the patient room without going through the corridor.

5) Delivery rooms shall be equipped and staffed to provide emergency resuscitation for infants pursuant to the recommendation of the American Academy of Pediatrics and ACOG and shall comply with the American Academy of Pediatrics/American Health Association's American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) of Pediatric and Neonatal Patients: Neonatal Resuscitation Guidelines.

6) If only one delivery room is available and in use, one labor room shall be arranged as an emergency delivery room and shall have a minimum clear floor area of 180 square feet.

7) The patient shall be kept under close observation until her condition is stabilized following delivery. Observations at established time intervals shall be recorded in the patient's medical record. A recovery area shall be provided. Emergency equipment and supplies shall be available for use in the recovery area.

e) Accommodations and Facilities~~facilities~~ for Infants~~infants~~

1) Level I nurseries:

A) A clean nursery or nurseries shall be provided, near the mothers' rooms, with adequate lighting and ventilation. A minimum of 30 square feet of floor area for each bassinet and 3 feet between bassinets shall be provided. Equipment shall be provided to prevent direct draft on the infants. Individual nursery rooms shall have a capacity of six to eight neonates or 12 to 16 neonates. The normal newborn infant care area in a smaller hospital shall limit room size to eight neonates, with a minimum of two rooms available to permit cohorting in the presence of infection.

B) Bassinets equipped to provide for the medical examination of the newborn infant and for the storage of necessary supplies and equipment shall be provided in a number to exceed obstetric beds by at least 20% to accommodate multiple births, extended stay, and fluctuating patient loads. Bassinets shall be separated by a minimum of 3 feet, measuring from the edge of one bassinet to the edge of the adjacent one.

C) A glass observation window shall be provided through which infants may be viewed.

D) Resuscitation equipment as described in subsection (e)(1)(E)(iii), and personnel trained to use it, shall be available in the nursery at all times.

E) Each nursery shall have necessary equipment immediately available to stabilize the sick infant prior to transfer. Equipment shall consist of:

i) A heat source capable of maintaining the core temperature of even the smallest infant at 98 degrees (an incubator, or preferably a radiant heat source);

ii) Equipment with the ability to monitor bedside blood sugar;

iii) A resuscitation tray containing equipment pursuant to the

American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) of Pediatric and Neonatal Patients: Neonatal Resuscitation Guidelines; and

iv) Equipment for delivery of 100% oxygen concentration, and the ability to measure delivered oxygen in fractional inspired concentrations (FI O_2) pursuant to AAP recommendations. The oxygen analyzer shall be calibrated and serviced according to the manufacturer's instructions at least monthly by the hospital's respiratory therapy department or other responsible personnel trained to perform the task.

F) Consultation and Referral Protocols shall comply with the Regionalized Perinatal Health Care Code.

2) Level II and Level III nurseries shall comply with the Regionalized Perinatal Health Care Code. Cribs shall be separated by 4 to 6 feet to allow for ease of movement of additional personnel, and to allow space for additional equipment used in care of infants in these areas. New buildings or additions or material alterations to existing buildings that affect the Level II with Extended Neonatal Capabilities nursery shall provide at least 70 square feet of space for each infant.

3) A Level III nursery shall provide~~be~~ 80 to 100 square feet of space for each infant.

4) Facilities shall be available for the immediate isolation of all newborn infants who have or are suspected of having an infectious disease.

5) When an infectious condition exists or is suspected of existing, the infant shall be isolated in accordance with policies and procedures established and approved by the hospital and consistent with recommended procedures of the Guidelines for Perinatal Care and the Control of Communicable Diseases Code.

f) The personnel requirements and recommendations set forth in Subpart D apply to the operation of the obstetric department, in addition to the following:

1) Each hospital shall have a staffing plan for nursing personnel providing care for obstetric and neonatal patients. The registered nursing components of the plan shall comply with Section 250.1130 of this Part, with requirements for the level of perinatal care, as designated in accordance with the Regionalized Perinatal Health Care Code, the Guidelines for Perinatal Care, the National Association of Neonatal Nurses' (NANN) Position Statement #3009 Minimum RN Staffing in NICUs, and the following parameters:

A) Nursing supervision by a registered nurse shall be provided for the entire 24-hour period for each occupied unit of the obstetric and neonatal services. This nurse shall have education and experience in obstetric and neonatal nursing.

B) At least one registered nurse trained in obstetric and nursery care shall be assigned to the care of mothers and infants at all times. To prepare for an unexpected delivery, at least one registered nurse or LPN trained to give care to newborn infants shall be assigned at all times to the nursery with duties restricted to the care of the infants. Infants shall never be left unattended.

C) A registered nurse shall be in attendance at all deliveries and shall be available to monitor the mother's general condition and that of the fetus during labor, for at least two hours after delivery, and longer if complications occur.

D) Nursing personnel providing care for obstetric and other patients shall be instructed on a continuing basis in the proper technique to prevent cross-infection. When it is necessary for the same nurse to care for both obstetric and non-obstetric patients in the gynecologic unit, proper technique shall be followed.

E) Obstetric and neonatal department nurses providing input to the hospital's nursing care committee pursuant to Section 250.1130~~ of this Part~~ shall, prior to proposing their recommendations for the hospital's written staffing plan, consider the staffing standards listed in subsection (f)(1)~~ of this Section~~.

F) Temporary relief from outside the obstetric and neonatal division by qualified personnel shall be permitted as necessary according to

appropriate infection control policy.

G) For each shift in the obstetric department, at least one of the registered nurses or LPNs shall also have certification or experience in lactation training, pursuant to the requirements of subsection (k).

2) Nursing staff – Level I requirements for occupied units. These units shall meet the following requirements in addition to General Care Requirements in Section 250.1830(f)(1).

A) At least two nursing personnel shall be assigned per shift. One shall be a registered nurse and one shall be a registered nurse or an LPN.

B) The capability to provide neonatal resuscitation in the delivery room shall be demonstrated by the current completion of a nationally recognized neonatal resuscitation program by medical, nursing and respiratory care staff or a hospital rapid response team, in accordance with the requirements of the Regionalized Perinatal Health Care Code.

C) Hospitals shall have the capability for continuous electronic maternal-fetal monitoring for patients, 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, in accordance with the Regionalized Perinatal Health Care Code.

3) Nursing staff – Level II requirements for occupied units. These units shall meet the requirements for Level I in subsection (f)(2). Nursery personnel may be shared with the Level I nursery as needed.

4) Nursing staff – Level II with Extended Neonatal Capabilities requirements for occupied units. In addition to the requirements in subsection (f)(3), the obstetric-newborn nursing services shall be directed by a full-time registered nurse experienced in perinatal nursing. Preference shall be given to registered nurses with a master's degree.

5) Nursing staff – Level III requirements for occupied units. These units shall meet the following requirements in addition to requirements in subsection (f)(3). 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 neonatal intensive care 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.

6) Medical personnel

A) Each hospital providing obstetric services shall have an organized obstetric staff with a chief of obstetric service. The chief's level of qualification and expertise shall be appropriate to the hospital's designated level of care. The responsibilities of the chief of obstetric services shall include the following requirements, as they relate to the care of obstetric patients:

i) General supervision of the care of the perinatal patients assigned to the unit;

ii) Establishment of criteria for admissions;

iii) Adherence to licensing requirements;

iv) Adoption, by the medical staff, of standards of practice and privileges;

v) Identification of clinical conditions and procedures requiring consultation;

vi) Arrangement of conferences, held at least quarterly, to review operations, complications and mortality;

vii) Assurance that the clinical records, consultations and reports are properly completed and analyzed; and

viii) Provision for exchange of information between medical, administrative and nursing staffs.

B) Each hospital providing pediatric services shall have an organized pediatric staff with a chief of pediatric service. The chief's level of qualification and expertise shall be appropriate to the hospital's designated level of care. The responsibilities of the chief of pediatric services shall include those listed in subsection (f)(6)(A) ~~of this Section~~, as they relate to the care of newborn infants.

C) Level I shall comply with the Regionalized Perinatal Health Care Code:

i) One physician shall be Chief of Obstetrical Care. He or she shall be a board certified or board qualified obstetrician~~obstetric~~. If this is not possible, a physician with experience and regular practice may be the Chief and be responsible for obstetrical care and available on a 24-hour basis, and a source of obstetric or maternal fetal medicine~~neonatology~~ consultation shall be documented when indicated.

ii) One physician shall be Chief of Pediatric Service. He or she shall be a board certified or board qualified pediatrician. If this is not possible, a physician with experience and regular practice may be the Chief and be responsible for pediatric care and available on a 24-hour basis, and a source of neonatology consultation shall be documented when indicated.

D) Level II shall comply with the Regionalized Perinatal Health Care Code:

A board certified obstetrician shall be Chief of Obstetrical Care. A board certified pediatrician shall be Chief of Neonatal Care. Obstetrical anesthesia shall be directed by a board certified anesthesiologist with experience and competence in obstetrical anesthesia. Hospital staff shall also include a pathologist and an "on call" radiologist 24 hours a day. Specialized medical and surgical consultation shall be readily available.

E) Level II With Extended Neonatal Capabilities: Staffing shall comply with the Regionalized Perinatal Health Care Code.

F) Level III: Staffing shall comply with the Regionalized Perinatal Health Care Code.

g) Practices and procedures for care of mothers and infants:

1) The hospital shall follow procedures approved by the infection control committee for the isolation of known or suspected cases of infectious disease in the obstetric department.

2) Patients with clean obstetric complications (regardless of month of gestation), such as pregnancy-induced hypertension for observation and treatment, placenta previa for observation or delivery, ectopic pregnancy, and hypertensive heart disease in a pregnant patient, may be admitted to the obstetric department and be subject to the same requirements as any other obstetric case. (See Section 250.1820(g)(6).)

3) The physician shall determine whether a prenatal serological test for syphilis and a test for HIV have been done on each mother and the results recorded. If no tests have been done before the admission of the patients, the tests shall be performed as soon as possible pursuant to the Perinatal HIV Prevention Act. Specimens for a syphilis test may be submitted in appropriate containers to an Illinois Department of Public Health laboratory for testing without charge. Mothers shall be tested for Group B streptococcus prior to delivery and for Hepatitis B prior to discharge of either mother or infant, pursuant to AAP recommendations.

4) No obstetric patient under the effect of an analgesic or an anesthetic, in the second stage of labor or delivery, shall be left unattended at any time.

5) Fetal lung maturity shall be established and documented prior to elective inductions and caesarean sections if the infant is at less than 39 weeks of gestation, or 38 weeks of gestation for twins. The hospital shall establish a written policy and procedure concerning the administration of oxytocic drugs.

A) Oxytocin shall be used for the contraction stress test only when qualified personnel, determined by the hospital staff and

administration, can attend the patient closely. Written policies and procedures shall be available to the team members assuming this responsibility.

B) The oxytocin solution shall be administered intravenously via a controlled infusion device, using both a primary intravenous solution and a secondary oxytocin solution.

C) Oxytocin shall be used for medical induction or stimulation of labor only when qualified personnel, determined by the hospital staff and administration, can attend the patient closely. Written policies and procedures shall be available to the team members assuming this responsibility. The following shall be included in these policies:

i) An attending physician shall evaluate the patient for induction or stimulation, especially with regard to indications.

ii) The physician or other individuals starting the oxytocin shall be familiar with its effect and complications and be qualified to identify both maternal and fetal complications.

iii) A qualified physician shall be immediately available as is necessary to manage any complication effectively.

iv) During oxytocin administration, the fetal heart rate; the resting uterine tone; and the frequency, duration and intensity of contractions shall be monitored electronically and recorded. Maternal blood pressure and pulse shall be monitored and recorded at intervals comparable to the dosage regimen; that is, at 30 to 60 minute intervals, when the dosage is evaluated for maintenance, increase or decrease. Evidence of maternal and fetal surveillance shall be documented.

6) Identification of infants:

A) While the neonate is still in the delivery room, the nurse in the delivery room shall prepare identical identification bands for both

the mother and the neonate, as outlined in the hospital's policy. Wrist bands alone may be used; however, it is recommended that both wrist and ankle bands be used on the neonate. The hospital shall not use foot-printing~~footprinting~~ and fingerprinting alone as methods of patient identification. The bands shall indicate the mother's admission number, the neonate's gender, the date and time of birth, and any other information required by hospital policy. Delivery room personnel shall review the bands prior to securing them on the mother and the neonate to ensure that the information on the bands is identical. The nurse in the delivery room shall securely fasten the bands on the neonate and the mother without delay as soon as he/she has verified the information on the identification bands. The birth records and identification bands shall be checked again before the neonate leaves the delivery room.

B) If the condition of the neonate does not allow the placement of identification bands, the identification bands shall accompany the neonate and shall be attached as soon as possible, as outlined in the hospital's policy. Identification bands shall not be left unattached and unattended in the nursery.

C) When the neonate is taken to the nursery, both the delivery room nurse and the admitting nursery nurse shall check the neonate's identification bands and birth records, verify the gender of the neonate, and sign the neonate's medical record. The admitting nurse shall complete the bassinet card and attach it to the bassinet.

D) When the neonate is taken to the mother, the nurse shall check the mother's and the neonate's identification bands, verify the gender of the neonate and verify that the information on the bands is identical.

E) The umbilical cord (cords, with multiple births) shall be identified according to hospital policy (e.g., by the use of a different number of clamps) so that umbilical cord blood specimens are correctly labeled. All umbilical cord blood samples shall be labeled correctly with an indication that these are a sample of the neonate's umbilical cord blood and not the blood of the mother.

F) The hospital shall develop a newborn infant security system. This system shall include instructions to the mother regarding safety precautions designed to avoid abduction. Electronic sensor devices may be included as well.

7) Within one hour after delivery, ophthalmic ointment or drops containing tetracycline or erythromycin shall be instilled into the eyes of the newborn infant as a preventive against ophthalmia neonatorum. The eyes shall not be irrigated.

8) A single parenteral dose of vitamin K-1, water soluble to 0.5-1.0 milligrams, shall be given to the infant, shortly after birth, but usually within the first hour after delivery, as a prophylaxis against hemorrhagic disorder in the first days of life.

9) Each infant shall be given complete individual crib-side~~cribside~~ care. The use of a common bath table is prohibited. Scales shall be adequately protected to prevent cross-infection.

10) Artificial feedings and formula changes shall not be instituted except by written order of the attending physician, pursuant to the requirements of the Hospital Infant Feeding Act.

11) Facilities for drug services. See Section 250.2130(a).

12) Newborn infants shall be transported from the delivery room to the nursery in a safe manner. Adequate support systems (heating, oxygen, suction) shall be incorporated into the transport units for infants (e.g., to x-ray). Chilling of the newborn and cross-infection shall be avoided. If travel is excessive and through other areas, special transport incubators may be required. The method of transporting infants from the nursery to the mothers shall be individual, safe and free from cross-infection hazards.

13) The stay of the mother and the infant in the hospital after delivery shall be planned to allow the identification of problems and to reinforce instructions in preparation for the infant's care at home. The mother and infant shall be carefully observed for a sufficient period of time and assessed prior to discharge to ensure that their conditions are stable. Healthy infants shall be discharged from the hospital simultaneously with the mother, or to other persons authorized by the mother, if the mother

remains in the hospital for an extended stay. Follow-up shall be provided for mothers and infants discharged within 48 hours after delivery, including a face-to-face encounter with a health care provider who will assess the condition of mother and infant and arrange for intervention if problems are identified.

14) When a patient's condition permits, an infant may be transferred from an intensive care nursery to the referring nursery or to another nursery that is nearest the home and at which an appropriate level of care may be provided. Transfers shall be conducted pursuant to the Regionalized Perinatal Health Care Code.

15) The hospital shall have a policy regarding circumcisions performed by a Mohel.

16) Circumcisions shall not be performed in the delivery room or within the first six hours after birth. A physician may order and perform a circumcision when the infant is over the age of six hours and, in the physician's professional judgment, is healthy and stable.

17) The hospital shall comply with the Guidelines for Perinatal Care and Guidelines for Women's Health Care (see Section 250.160).

h) Medical Records~~records~~

1) Obstetric records:

A) Adequate, accurate, and complete medical records shall be maintained for each patient. The medical records shall include findings during the prenatal period, which shall be available in the obstetric department prior to the patient's admission and shall include medical and obstetric history, observations and proceedings during labor, delivery and the postpartum period, and laboratory and x-ray findings.

B) Records shall be maintained in accordance with hospital medical records policies and procedures, including the applicable requirements of the Health Insurance Portability and Accountability Act and the minimum observations and laboratory tests outlined in Guidelines for Perinatal Care and Guidelines for

Women's Health Care. The physician director of the obstetric department shall require all physicians delivering obstetric care to send copies of the prenatal records, including laboratory reports, to the obstetric unit at or before 37 weeks of gestation, including updates from that time until admission.

2) Infant records. Accurate and complete medical records shall be maintained for each infant. The medical records shall include:

A) History of maternal health and prenatal course, including mother's HIV status, if known.

B) Description of labor, including drugs administered, method of delivery, complications of labor and delivery, and description of placenta and amniotic fluid.

C) Time of birth and condition of infant at birth, including the Apgar score at one and five minutes, the age at which respiration became spontaneous and sustained, a description of resuscitation if required, and a description of abnormalities and problems occurring from birth until transfer from the delivery room.

D) Report of a complete and detailed physical examination within 24 hours following birth; report of a physical examination within 24 hours before discharge and daily during any remaining hospital stay.

E) Physical measurements, including length, weight and head circumference at birth, and weight every day; temperature twice daily.

F) Documentation of infant feeding: intake, content, and amount if by formula.

G) Clinical course during hospital stay, including treatment rendered and patient response; clinical note of status at discharge.

3) The hospital shall keep a record of births that contains data sufficient to duplicate the birth certificate. The requirement may be met by:

A) retaining the yellow "hospital copy" of the birth certificate properly bound in chronological order, or

B) retaining this copy with the individual medical record.

i) Reports

1) Each hospital that provides obstetric and neonatal services shall submit a monthly perinatal activities report to its affiliated Administrative Perinatal Center.

2) Maternal death report

A) The hospital shall submit an immediate report of the occurrence of a maternal death to the Department, in accordance with the Department's rules titled Maternal Death Review. Maternal death is the death of any woman dying of any cause whatsoever while pregnant or within one year after termination of the pregnancy, irrespective of the duration of the pregnancy at the time of the termination or the method by which it was terminated. A death shall be reported regardless of whether the death occurred in the obstetric department or any other section of the hospital, or whether the patient was delivered in the hospital where death occurred, or elsewhere.

B) The filing of this report shall in no way preclude the necessity of filing a death certificate or of including the death on the Perinatal Activities Report.

3) The hospital shall comply with the laws of the State and the rules of the Department in the preparation and filing of birth, death and fetal death certificates.

4) Epidemic and communicable disease reporting

A) The hospital shall develop a protocol for the management and reporting of infections consistent with the Control of Communicable Diseases Code, the Perinatal HIV Prevention Act, Guidelines for Perinatal Care and Guidelines for Women's Health Care, and as approved by the infection control committee. These

policies shall be known to obstetric and nursery personnel.

B) The facility shall particularly address those infections specifically related to mothers and infants, including but not limited to, methicillin-resistant Staphylococcus Aureus occurring in infants under 61 days of age, ophthalmia neonatorum, and perinatal hepatitis B infection.

j) Infant Feeding Policy~~Breast milk~~

1) For the purposes of this subsection (j):

A) *Baby-Friendly Hospital Initiative means the voluntary program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) that recognizes hospitals that meet certain evaluation criteria regarding the promotion of breastfeeding.*

B) *Infant Nutrition Resource means breastfeeding education and infant formula safety and preparation.*

2) *Infant Feeding Policy Required*

A) *Every hospital that provides birthing services must adopt an infant feeding policy that promotes breastfeeding. In developing the policy, a hospital shall consider guidance provided by the Baby-Friendly Hospital Initiative.*

B) *An infant feeding policy adopted under this Section shall include guidance on the use of formula for medically necessary supplementation, if preferred by the mother, or when exclusive breastfeeding is contraindicated for the mother or for the infant.*

3) *Communication of Policy. A hospital shall routinely communicate the infant feeding policy to staff in the hospital's obstetric and neonatal areas, beginning with hospital staff orientation. The hospital shall also ensure that the policy and infant nutrition resources are posted in a conspicuous place in the hospital's obstetric or neonatal area or on the hospital's Internet or Intranet web site or on the Internet or Intranet web site of the health system of which the hospital is a part. The hospital shall make*

copies of the policy available to the Department upon request.

4) *Application of Policy. A hospital's infant feeding policy adopted under* the Hospital Infant Feeding *Act must apply to all mother-infant couplets in the hospital's obstetric and neonatal areas.* (Sections 5 through 20 of the Hospital Infant Feeding Act)

~~The hospital shall provide the mother with information regarding lactation, the nutritional benefits of breast milk and lactation support organizations within the area. The hospital shall include, at a minimum, a lactation support staff with certification or experience in lactation training. The lactation support staff shall attend annual continuing education in relation to lactation counseling and training.~~

k) Breast Milk and Formula

1) Pursuant to the requirements of subsection (j), the hospital shall provide the mother with information regarding lactation, the nutritional benefits of breast milk, and lactation support organizations within the area. The hospital staff shall include, at a minimum, lactation support staff with certification or experience in lactation training. The lactation support staff shall attend continuing education in relation to lactation counseling and training, consistent with hospital policy. At least one lactation support staff shall be on duty at all times in the obstetric department.

2) Pursuant to the requirements of subsection (j), the~~The~~ hospital shall have a policy for the preparation of formula by hospital staff when hospital-prepared formula is needed in place of commercially-prepared formula. Adequate space, equipment and procedures for processing, handling and storing commercially-prepared formula shall be provided.

A)~~1)~~ All hospitals providing obstetric or pediatric services that prepare their own formula shall provide a well-ventilated and well-lighted formula room, which shall be adequately supervised and used exclusively for the preparation of formulas.

B)~~2)~~ Equipment shall include hand-washing facilities with hot and cold running water with knee, foot or elbow controlled valves; a double-section sink for washing and rinsing bottles; facilities for storing cleaning equipment, refrigeration facilities; utensils in good condition for preparation of formulas; cupboard and work space

and a work table; an autoclave and a supply of individual formula bottles, nipples and protecting caps, adequate to prepare a 24-hour supply of formula and water for each infant. Procedures shall be established by the hospital and enforced.

l) Visiting Policy~~policy~~

1) The visiting requirements set forth in Subpart B shall apply to obstetric departments, except as modified in this subsection (l).

2) Each obstetric department shall have a visiting~~visting~~ policy that complies with the Guidelines for Perinatal Care and is approved by the hospital's infection control committee.

3) The visiting policy shall cover all programs in the obstetric department.

4) The visiting policy shall comply with the hospital's infection control policy and shall include signage instructing visitors to wash their hands.

m) *Every hospital shall demonstrate to the Department that the following* have been adopted:

1) *Procedures designed to reduce the likelihood that an infant patient will be abducted from the hospital. The procedures may include, but need not be limited to, architectural plans to control access to infant care areas, video camera observation of infant care areas, and procedures for identifying hospital staff and visitors.*

2) *Procedures designed to aid in identifying allegedly abducted infants who are recovered. The procedures may include, but need not be limited to, foot-printing~~footprinting~~ infants by staff who have been trained in that procedure, photographing infants, and obtaining and retaining blood samples for genetic testing.* (Section 6.15 of the Act)

(Source: Amended at 38 Ill. Reg. _____, effective _____)