DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Emergency Medical Services, Trauma Center, Primary Stroke Center and Emergent Stroke Ready Hospital Code

2) Code Citation: 77 Ill. Adm. Code 515

3)

Section Numbers:	Proposed Action:
515.100	Amendment
515.210	Amendment
515.220	Amendment
515.250	Amendment
515.255	New Section
515.330	Amendment
515.445	Amendment
515.830	Amendment
515.3090	Amendment
515.4000	Amendment
515.4010	Amendment
515.4020	Amendment
515.5000	Amendment
515.5002	New Section
515.5004	New Section
515.5010	Amendment
515.5015	New Section
515.5016	New Section
515.5017	New Section
515.5020	Amendment
515.5030	Amendment
515.5040	Amendment
515.5050	Amendment
515.5060	Amendment
515.5070	Amendment
515.5080	Amendment
515.5083	New Section
515.5085	New Section
515.5087	New Section
515.5090	Amendment
515.APPENDIX K	Amendment
515.APPENDIX L	Amendment
515.APPENDIX N	Amendment
515.APPENDIX O	Amendment

515.APPENDIX P Amendment

4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]

5) A Complete Description of the Subjects and Issues Involved: This rulemaking implements P.A. 98-1001 which created the designation of Acute Stroke-Ready Hospitals and Comprehensive Stroke Centers and P.A. 98-0973 which modified terminology and provided for licensure of pre-hospital registered nurses, emergency communications registered nurses and emergency medical responders.

This rulemaking also amends provisions of the Part with respect to pediatric services. Pediatric amendments seek to allow existing physicians with many years of pediatric Emergency Room (ER) experience to continue to work in hospital emergency rooms that are designated as Emergency Department Approved for Pediatrics (EDAP); eliminate the waiver provisions with respect to board certified ER physicians; update the Part to current national pediatric medical standards; and permit healthcare professionals working in an out of state hospital (but close to the boarder) that participates in an Illinois EMS system to utilize qualified individuals licensed in the state where the facility is located and removes the requirement for dual licensing.

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

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

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

7) Will this rulemaking replace any emergency rulemaking currently in effect? No

8) Does this rulemaking contain an automatic repeal date? No

9) Does this rulemaking contain incorporations by reference? No

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate on units of local government.”

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12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Elizabeth Paton
Assistant General Counsel
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761

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13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Small and not for profit corporations will need to comply with the rules to become an EDAP, SEDP or Pediatric Critical Care Center (PCCC) recognized facility. Small and not for profit corporations will need to comply with the rules to become a comprehensive Stroke Center, Primary Stroke Center or an Acute Stroke-Ready Hospital recognized facility. This is a voluntary recognition.

B) Reporting, bookkeeping or other procedures required for compliance: Hospitals that voluntarily seek recognition will need to have policies and procedures in place and meet staff requirements.

C) Types of professional skills necessary for compliance: The facility will have to have certain qualifications for physicians, nurse practitioners physician assistance and nursing staff.

14) Regulatory Agenda on which this rulemaking was summarized: January 2015

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 515
EMERGENCY MEDICAL SERVICES, TRAUMA CENTER, COMPREHENSIVE STROKE CENTER, PRIMARY STROKE CENTER AND ACUTE STROKE-READY HOSPITAL~~EMERGENT STROKE READY HOSPITAL~~ CODE

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515.100 Definitions
515.125 Incorporated and Referenced Materials
515.150 Waiver Provisions
515.160 Facility, System and Equipment Violations, Hearings and Fines
515.165 Suspension, Revocation and Denial of Licensure
515.170 Employer Responsibility
515.180 Administrative Hearings
515.190 Felony Convictions

SUBPART B: EMS REGIONS

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515.200 Emergency Medical Services Regions
515.210 EMS Regional Plan Development
515.220 EMS Regional Plan Content
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515.240 Bioterrorism Grants
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515.300 Approval of New EMS Systems
515.310 Approval and Renewal of EMS Systems
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515.320 Scope of EMS Service
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515.340 EMS Medical Director's Course

515.350 Data Collection and Submission
515.360 Approval of Additional Drugs and Equipment
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515.390 Minimum Standards for Continuing Operation
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515.420 System Participation Suspensions
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515.500 Emergency Medical Technician-Basic Training
515.510 Emergency Medical Technician-Intermediate Training
515.520 Emergency Medical Technician-Paramedic Training
515.530 EMT Testing
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515.560 EMT-B Continuing Education
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515.600 EMT Inactive Status
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515.620 Felony Convictions (Renumbered)
515.630 Evaluation and Recognition of Military Experience and Education
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SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

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515.700 EMS Lead Instructor
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515.720 First Responder (Repealed)
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515.730 Pre-Hospital Registered Nurse
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515.800 Vehicle Service Provider Licensure
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515.845 Operation of Stretcher Vans
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515.975 Watercraft Medical Equipment and Drugs
515.980 Watercraft Communications and Dispatch Center
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515.2060 Trauma Patient Evaluation and Transfer
515.2070 Trauma Center Designation Delegation to Local Health Departments
515.2080 Trauma Center Confidentiality and Immunity
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515.2200 Suspension Policy for Trauma Nurse Specialist Certification

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SUBPART J: EMERGENCY MEDICAL SERVICES FOR CHILDREN

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515.3090 Pediatric Recognition of Hospital Emergency Departments and Inpatient Critical Care Services
515.4000 Facility Recognition Criteria for the Emergency Department Approved for Pediatrics (EDAP)

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515.4010 Facility Recognition Criteria for the Standby Emergency Department Approved for Pediatrics (SEDP)
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SUBPART K: COMPREHENSIVE STROKE CENTERS, PRIMARY STROKE CENTERS AND ACUTE STROKE-READY HOSPITALS~~EMERGENT STROKE READY HOSPITALS~~

515.5000 Definitions
515.5002 State Stroke Advisory Subcommittee
515.5004 Regional Stroke Advisory Subcommittee
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515.5015 Comprehensive Stroke Center (CSC) Designation
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515.5017 Suspension and Revocation of Comprehensive Stroke Center Designation
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515.5050 Acute Stroke-Ready Hospital (ASRH)~~Emergent Stroke Ready Hospital (ESRH)~~ Designation without National Certification
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515.APPENDIX A A Request for Designation (RFD) Trauma Center
515.APPENDIX B A Request for Renewal of Trauma Center Designation
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515.APPENDIX H Credentials of Emergency Department Physicians Level I and Level II

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515.APPENDIX I	Credentials of General/Trauma Surgeons Level I and Level II Pediatric Trauma Centers
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515.APPENDIX K	Application for Facility Recognition for Emergency Department with Pediatrics Capabilities
515.APPENDIX L	Pediatric Equipment Recommendations for Emergency Departments
515.APPENDIX M	Inter-facility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline
515.APPENDIX N	Pediatric Critical Care Center (PCCC)/Emergency Department Approved for Pediatrics (EDAP) Recognition Application
515.APPENDIX O	Pediatric Critical Care Center Plan
515.APPENDIX P	Pediatric Critical Care Center (PCCC) Pediatric Equipment/Supplies/Medications Requirements

AUTHORITY: Implementing and authorized by the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

SOURCE: Emergency Rule adopted at 19 Ill. Reg. 13084, effective September 1, 1995 for a maximum of 150 days; emergency expired January 28, 1996; adopted at 20 Ill. Reg. 3203, effective February 9, 1996; emergency amendment at 21 Ill. Reg. 2437, effective January 31, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5170, effective April 15, 1997; amended at 22 Ill. Reg. 11835, effective June 25, 1998; amended at 22 Ill. Reg. 16543, effective September 8, 1998; amended at 24 Ill. Reg. 8585, effective June 10, 2000; amended at 24 Ill. Reg. 9006, effective June 15, 2000; amended at 24 Ill. Reg. 19218, effective December 15, 2000; amended at 25 Ill. Reg. 16386, effective December 20, 2001; amended at 26 Ill. Reg. 18367, effective December 20, 2002; amended at 27 Ill. Reg. 1277, effective January 10, 2003; amended at 27 Ill. Reg. 6352, effective April 15, 2003; amended at 27 Ill. Reg. 7302, effective April 25, 2003; amended at 27 Ill. Reg. 13507, effective July 25, 2003; emergency amendment at 29 Ill. Reg. 12640, effective July 29, 2005, for a maximum of 150 days; emergency expired December 25, 2005; amended at 30 Ill. Reg. 8658, effective April 21, 2006; amended at 32 Ill. Reg. 16255, effective September 18, 2008; amended at 35 Ill. Reg. 6195, effective March 22, 2011; amended at 35 Ill. Reg. 15278, effective August 30, 2011; amended at 35 Ill. Reg. 16697, effective September 29, 2011; amended at 35 Ill. Reg. 18331, effective October 21, 2011; amended at 35 Ill. Reg. 20609, effective December 9, 2011; amended at 36 Ill. Reg. 880, effective January 6, 2012; amended at 36 Ill. Reg. 2296, effective January 25, 2012; amended at 36 Ill. Reg. 3208, effective February 15, 2012; amended at 36 Ill. Reg. 11196, effective July 3, 2012; amended at 36 Ill. Reg. 17490, effective December 3, 2012; amended at 37 Ill. Reg. 5714, effective April 15, 2013; amended at 37 Ill. Reg. 7128, effective May 13, 2013; amended at 37 Ill. Reg. 10683, effective June 25, 2013; amended at 37 Ill. Reg. 18883, effective November 12, 2013; amended

at 37 Ill. Reg. 19610, effective November 20, 2013; amended at 38 Ill. Reg. 9053, effective April 9, 2014; amended at 38 Ill. Reg. 16304, effective July 18, 2014; amended at 39 Ill. Reg. 13075, effective September 8, 2015; amended at 40 Ill. Reg. ______, effective ____________.

SUBPART A: GENERAL PROVISIONS

Section 515.100 Definitions

Act – the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

Acute Stroke-Ready Hospital or ASRH – *a hospital that has been designated by the Department as meeting the criteria for providing emergent stroke care. Designation may be provided after a hospital has been certified or through application and designation as* an Acute Stroke-Ready Hospital. (Section 3.116 of the Act)

Advanced Life Support Services or *ALS Services – an advanced level of pre-hospital and inter-hospital emergency care and non-emergency medical* ~~*care*~~*services that includes basic life support care, cardiac monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care, and other authorized techniques and procedures as outlined in the* National EMS Education Standards~~Advanced Life Support National Curriculum of the United States Department of Transportation~~ *and any modifications to that curriculum specified in* this Part. (Section 3.10 of the Act)

Aeromedical Crew Member or Watercraft Crew Member or Off-road Specialized Emergency Medical Services Vehicle (SEMSV) Crew Member – an individual, other than an EMS pilot, who has been approved by an SEMSV Medical Director for specific medical duties in a helicopter or fixed-wing aircraft, on a watercraft, or on an off-road SEMSV used in a Department-certified SEMSV Program.

Alternate EMS Medical Director or Alternate EMS MD – the physician who is designated by the Resource Hospital to direct the ALS/Advanced/ILS/BLS operations in the absence of the EMS Medical Director.

Alternate Response Vehicle – ambulance assist vehicles and non-transport vehicles as defined in Section 515.825.

Ambulance – any publicly or privately owned on-road *vehicle that is specifically*

designed, constructed or modified and equipped for*, and is intended to be used for, and is maintained or operated for*, *the emergency transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or the non-emergency medical transportation of persons who require the presence of medical personnel to monitor the individual's condition or medical apparatus being used on such individuals~~an individual~~*. (Section 3.85 of the Act)

Ambulance Service Provider and Vehicle Service Provider Upgrades – Rural Population – a practice that allows an ambulance, alternate response vehicle, specialized emergency medical services vehicle or vehicle service provider that serves a population of 7,500 or fewer to upgrade the level of service of the provider vehicle using pre-approved System personnel and equipment.

Ambulance Service Provider~~ or Ambulance Provider~~ – any individual, group of individuals, corporation, partnership, association, trust, joint venture, unit of local government or other public or private ownership entity that owns and operates a business or service using one or more ambulances or EMS vehicles for the transportation of emergency patients.

Applicant – an individual or entity applying for a Department-issued license or certification.

Associate Hospital – a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, fulfilling the same clinical and communications requirements as the Resource Hospital. This hospital has neither the primary responsibility for conducting training programs nor the responsibility for the overall operation of the EMS System program. The Associate Hospital must have a basic or comprehensive emergency department with 24-hour physician coverage. It shall have a functioning Intensive Care Unit or a Cardiac Care Unit.

Associate Hospital EMS Coordinator – the Paramedic~~EMT-Paramedic (EMT-P)~~ or Registered Nurse at the Associate Hospital who shall be responsible for duties in relation to the ALS, Intermediate Life Support, Advanced~~ (ILS)~~ or Basic Life Support~~ (BLS)~~ System, in accordance with the Department-approved EMS System Program Plan.

Associate Hospital EMS Medical Director – the physician at the Associate Hospital who shall be responsible for the day-to-day operations of the Associate Hospital in relation to the ALS, ILS, or BLS System, in accordance with the

Department-approved EMS System Program Plan.

Basic Emergency Department – a classification of a hospital emergency department where at least one physician is available in the emergency department at all times; physician specialists are available in minutes; and ancillary services, including laboratory, x-ray and pharmacy, are staffed or are "on-call" at all times in accordance with Section 250.710 of the Hospital Licensing Requirements.

Basic Life Support or BLS *Services – a basic level of pre-hospital and inter-hospital emergency care and non-emergency medical* *servicescare* *that includes airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding and splinting of fractures, as outlined* *in the National EMS Education Standards* ~~*in a Basic Life Support National Curriculum of the United States Department of Transportation*~~ *and any modifications to that curriculum* *standards* *specified in* this Part. (Section 3.10 of the Act)

Board Eligible in Emergency Medicine – completion of a residency in Emergency Medicine in a program approved by the Residency Review Committee for Emergency Medicine or the Council on Postdoctoral Training (COPT) for the American Osteopathic Association (AOA).

Certified Registered Nurse Anesthetist or CRNA – a licensed registered professional nurse who has had additional education beyond the registered professional nurse requirements at a school/program accredited by the National Council on Accreditation; who has passed the certifying exam given by the National Council on Certification; and who, by participating in 40 hours of continuing education every two years, has been recertified by the National Council on Recertification.

Child Abuse and Neglect – see the definitions of "abused child" and "neglected child" in Section 3 of the Abused and Neglected Child Reporting Act.

Child Life Specialist – A person whose primary role is to minimize the adverse effects of children's experiences by facilitating coping and the psychosocial adjustment of children and their families through the continuum of care.

Comprehensive Emergency Department – a classification of a hospital emergency department where at least one licensed physician is available in the emergency department at all times; physician specialists shall be available in minutes; ancillary services, including laboratory and x-ray, are staffed at all times; and the

pharmacy is staffed or "on-call" at all times in accordance with Section 250.710 of the Hospital Licensing Requirements.

Comprehensive Stroke Center or CSC – *a hospital that has been certified and has been designated as* a Comprehensive Stroke Center under Subpart K. (Section 3.116 of the Act)

CPR for Healthcare Providers – a course in cardiopulmonary resuscitation that meets or exceeds the American Heart Association course "BLS for Healthcare Providers".

Critical Care Transport or CCT – A Specialty Care Transport (SCT) level of inter-facility or 911 service that uses paramedic, pre-hospital registered nurse ~~(PHRN)~~ and, on occasion, specialized nursing staff to perform skills and interventions at levels above the usual and customary scope of paramedic practice within the State of Illinois. Advanced education, continuing education and special certifications are required. All Critical Care Transport Programs shall be under the direction of a Department-approved ALS EMS System.

Department or IDPH – *the Illinois Department of Public Health.* (Section 3.5 of the Act)

Director – *the Director of the Illinois Department of Public Health* or his/her designee. (Section 3.5 of the Act)

Door-to-_____ − The time from patient arrival at the health care facility until the specified result, procedure or intervention occurs.

Dysrhythmia – a variation from the normal electrical rate and sequences of cardiac activity, also including abnormalities of impulse formation and conduction.

Effective Radiated Power or ERP – the power gain of a transmitting antenna multiplied by the net power accepted by the antenna from the connected transmitter.

Electrocardiogram or EKG – a single lead graphic recording of the electrical activity of the heart by a series of deflections that represent certain components of the cardiac cycle.

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Emergency – a medical condition of recent onset and severity that would lead a prudent laypersonlay person, possessing an average knowledge of medicine and health, to believe that urgent or unscheduled medical care is required. (Section 3.5 of the Act)

Emergency Communications Registered Nurse or ECRN – a registered professional nurse~~,~~ licensed under the Nurse Practice Act~~,~~ who has successfully completed supplemental education in accordance with this Part *and who is approved by an EMS Medical Director to monitor telecommunications from and give voice orders to EMS System personnel, under the authority of the EMS Medical Director and in accordance with System protocols.* (Section 3.80 of the Act) For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

Emergency Department Approved for Pediatrics or EDAP – a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.4000 of this Part as being capable of providing optimal emergency department care to pediatric patients 24 hours per day.

Emergency Medical Dispatcher or EMD *– a person who has successfully completed a training course in emergency medical dispatching ~~meeting or exceeding the National Curriculum of the United States Department of Transportation~~ in accordance with* this Part, *who accepts calls from the public for emergency medical services and dispatches designated emergency medical services personnel and vehicles.* (Section 3.70 of the Act)

Emergency Medical Dispatch Priority Reference System or EMDPRS – an EMS System's organized approach to the receipt, management and disposition of a request for emergency medical services.

Emergency Medical Services Personnel or EMS Personnel – includes Emergency Medical Responder, Emergency Medical Dispatcher, Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician-Intermediate, Paramedic, Emergency Communications Registered Nurse and Pre-Hospital Registered Nurse.

Emergency Medical Responder or EMR (AKA First Responder) – a person who has successfully completed a course of instruction for the Emergency Medical Responder as approved by the Department, who provides Emergency Medical

Responder services prior to the arrival of an ambulance or specialized emergency medical services vehicle, in accordance with the level of care established in the National EMS Educational Standards for Emergency Medical Responders as modified by the Department.

Emergency Medical Responder Services – a preliminary level of pre-hospital emergency care that includes cardiopulmonary resuscitation (CPR), monitoring vital signs and control of bleeding, as outlined in the Emergency Medical Responder curriculum of the National EMS Education standards and any modifications to that curriculum (standards) *specified in* this Part. (Section 3.10 of the Act)

Emergency Medical Services Personnel or EMS Personnel – persons licensed as an Emergency Medical Responder (First Responder), Emergency Medical Dispatcher, Emergency Medical Technician, Emergency Medical Technician-Intermediate, Advanced Emergency Medical Technician (A-EMT), Paramedic, Emergency Communications Registered Nurse, or Pre-Hospital Registered Nurse. (Section 3.5 or the Act)

Emergency Medical Services System or EMS System or System – *an organization of hospitals, vehicle service providers and personnel approved by the Department in a specific geographic area, which coordinates and provides pre-hospital and inter-hospital emergency care and non-emergency medical transports at a BLS, Advanced, ILS and/or ALS level pursuant to a System Program Plan submitted to and approved by the Department, and pursuant to the EMS RegionRegional Plan adopted for the EMS Region in which the System is located.* (Section 3.20 of the Act)

Emergency Medical Services System Survey – a questionnaire that provides data to the Department for the purpose of compiling annual reports.

Emergency Medical Technician Basic or EMT-B – a person who has successfully completed a course of instruction in basic life support as approvedprescribed by the Department, is currently licensed by the Department in accordance with standards prescribed by the *Act and* this Part *and practices within an EMS System.* (Section 3.50 of the Act)

Emergency Medical Technician-Coal Miner – for purposes of the Coal Mine Medical Emergencies Act, an EMT,EMT-B, A-EMT, EMT-I or ParamedicEMT-P who has received additional educationtraining emphasizing extrication from a

coal mine.

Emergency Medical Technician-Intermediate or EMT-I – a person who has successfully completed a course of instruction in intermediate life support as approved by the Department, is currently licensed by the Department in accordance with the standards prescribed inby the Act and this Part *and practices within an Intermediate or Advanced Life Support EMS System.* (Section 3.50 of the Act)

Emergency Medical Technician-Paramedic or EMT-P – a person who has successfully completed a course of instruction in advanced life support care as prescribed by the Department, is licensed by the Department in accordance with standards prescribed by the *Act and* this Part *and practices within an Advanced Life Support EMS System.* (Section 3.50 of the Act)

Emergent Stroke Care – emergency medical care that includes diagnosis and emergency medical treatment of suspected or known*suspected or known acute stroke patients.* (Section 3.116 of the Act)

Emergent Stroke Ready Hospital – a hospital that has been designated by the Department as meeting the criteria for providing emergency stroke care as set forth in the Act and Section 515.5060. (Section 3.116 of the Act)

EMS – emergency medical services.

EMS Administrative Director – the administrator, appointed by the Resource Hospital in consultation with the EMS Medical Director, in accordance with this Part, *responsible for the administration of the EMS System.* (Section 3.35 of the Act)with the approval of the EMS Medical Director, responsible for the administration of the EMS System.

EMSC – Emergency Medical Services for Children.

EMS Medical Director or EMS MD – the physician, appointed by the Resource Hospital, who has the responsibility and authority for total management of the EMS System.

EMS Lead Instructor – a person who has successfully completed a course of education as approvedprescribed by the Department in this Part, *and who is currently approved by the Department to coordinate or teach education, training*

and continuing education courses, in accordance with this Part. (Section 3.65 of the Act)

EMS Medical Director or EMS MD – the physician, appointed by the Resource Hospital, who has the responsibility and authority for total management of the EMS System.

EMS Regional Plan – a plan established by the EMS Medical Director's Committee in accordance with Section 3.30 of the Act.

EMS System Coordinator – an~~the designated~~ individual responsible to the EMS Medical Director and EMS Administrative Director for coordination of the educational and functional aspects of the System program.

EMS System Program Plan – the document prepared by the Resource Hospital and approved by the Department that describes the EMS System program and directs the program's operation.

~~*First Responder – a person who is at least 18 years of age, who has successfully completed a course of instruction in emergency medical responder as prescribed by the Department, who provides first response services prior to the arrival of an ambulance or specialized emergency medical services vehicle, in accordance with the level of care established in the emergency medical responder course.* (Section 3.60 of the Act)~~

~~*First Response Services – a preliminary level of pre-hospital emergency care that includes cardiopulmonary resuscitation (CPR), monitoring vital signs and control of bleeding, as outlined in the First Responder curriculum of the United States Department of Transportation and any modifications to that curriculum specified in* this Part. (Section 3.10 of the Act)~~

Fixed-Wing Aircraft – an engine-driven aircraft that is heavier than air, and is supported in-flight by the dynamic reaction of the air against its wings.

Full-Time – on duty a minimum of 36 hours~~, four days~~ a week.

Half-Duplex Communications – a radio or device that transmits and receives signals in only one direction at a time.

Health Care Facility – a hospital, nursing home, physician's office or other fixed

location at which medical and health care services are performed. It does not include "pre-hospital emergency care settings" that~~which~~ *utilize EMS Personnel~~EMTs~~ to render pre-hospital emergency care prior to the arrival of a transport vehicle, as defined in* the *Act* and this Part. (Section 3.5 of the Act)

Helicopter or Rotorcraft – an aircraft that is capable of vertical take offs and landings, including maintaining a hover.

Helicopter Shopping − the practice of calling various operators until a helicopter emergency medical services (HEMS) operator agrees to take a flight assignment, without sharing with subsequent operators that the previously called operators declined the flight, or the reasons why the flight was declined.

Hospital – *has the meaning ascribed to that term in* Section 3 of the *Hospital Licensing Act*. (Section 3.5 of the Act)

Hospitalist – a physician who primarily provides unit-based/in-hospital services.

In-Field Service Level Upgrade – a practice that allows the delivery of advanced care from a lower level service provider by a licensed higher level of care ambulance, alternate response vehicle, or specialized emergency medical services vehicle according to a pre-approved written plan approved by the local EMS Medical Director.

Instrument Flight Rules or IFR – the operation of an aircraft in weather minimums below the minimums for flight under visual flight rules (VFR). (See General Operating and Flight Rules, 14 CFR 91.115 through 91.129.)

Instrument Meteorological Conditions or IMC – meteorological conditions expressed in terms of visibility, distance from clouds and ceiling, which require Instrument Flight Rules.

Intermediate Life Support Services or *ILS Services – an intermediate level of pre-hospital and inter-hospital emergency care and non-emergency medical services~~care~~ that includes basic life support care~~,~~ plus intravenous cannulation and fluid therapy, invasive airway management, trauma care, and other authorized techniques and procedures as outlined in the Intermediate Life Support* national curriculum~~*National Curriculum*~~ *of the United States Department of Transportation and any modifications to that curriculum specified in* this Part. (Section 3.10 of the Act)

Level I Trauma Center – a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.2030 of this Part to provide optimal care to trauma patients and to provide all essential services in-house, 24 hours per day.

Level II Trauma Center – a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.2040 of this Part to provide optimal care to trauma patients, to provide some essential services available in-house 24 hours per day, and to provide other essential services readily available 24 hours a day.

Licensee – an individual or entity to which the Department has issued a license.

Limited Operation Vehicle – a vehicle which is licensed by the Department to provide basic, intermediate or advanced life support emergency or non-emergency medical services that are exclusively limited to specific events or locales. (Section 3.85 of the Act)

Local System Review Board – a group established by the Resource Hospital to hear appeals from EMS Personnel~~EMTs~~ or other providers who have been suspended or have received notification of suspension from the EMS Medical Director.

Mobile Radio – a two-way radio installed in an EMS vehicle, which may not be readily removed.

Morbidity – a negative outcome that is the result of the original medical or trauma condition or treatment rendered or omitted.

911 – an emergency answer and response system in which the caller need only dial 9-1-1 on a telephone or mobile device to obtain emergency services, including police, fire, medical ambulance and rescue.

Non-emergency Medical Care – medical care or monitoring~~services~~ rendered to patients whose conditions~~condition~~ do~~does~~ not meet the *Act's definition of emergency, before or during transportation of such patients to or from health care facilities visited for the purpose of obtaining medical or health care services that~~which~~ are not emergency in nature, using a vehicle regulated by* the *Act* and this Part. (Section 3.10 of the Act)

Nurse Practitioner – a person who is licensed as a nurse practitioner under the Nurse Practice Act. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

Off-Road Specialized Emergency Medical Services Vehicle or Off-Road SEMSV or Off-Road SEMS Vehicle – a motorized cart, golf cart, all-terrain vehicle (ATV), or amphibious vehicle that is not intended for use on public roads.

Paramedic or EMT-P *– a person who has successfully completed a course in advanced life support care as approved by the Department, is currently licensed by the Department in accordance with standards prescribed by* the Act *and* this Part *and practices within an Advanced Life Support EMS System.* (Section 3.50 of the Act)

Participating Hospital – a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, which is not a Resource Hospital or an Associate Hospital.

Pediatric Critical Care Center or PCCC – a hospital participating in an approved EMS System and designated by the Department as being capable of providing optimal critical and specialty care services to pediatric patients, and of providing all essential services either in-house or readily available 24 hours per day.

Pediatric Patient –patient from birth through 15 years of age.

Physician – any person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

Physician Assistant – a person who is licensed under the Physician Assistant Practice Act. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

Pilot or EMS Pilot – a pilot certified by the Federal Aviation Administration who has been approved by an SEMSV Medical Director to fly a helicopter or fixed-wing aircraft used in a Department-certified SEMSV Program.

Portable Radio – a hand-held radio that accompanies the user during the conduct of emergency medical services.

Pre-Hospital Care – those ~~emergency~~ medical services rendered to ~~emergency~~ patients for analytic, resuscitative, stabilizing, or preventive purposes, precedent to and during transportation of such patients to healthcare facilities. (Section 3.10(e) of the Act)~~*hospitals.*~~

Pre-Hospital Care Participants~~Provider~~ – Any EMS Personnel,~~a System Participant or any EMT-B, I, P, Ambulance,~~ Ambulance Service Provider, EMS Vehicle, Associate Hospital, Participating Hospital, EMS Administrative Director, EMS System Coordinator, Associate Hospital EMS Coordinator, Associate Hospital EMS Medical Director, ECRN, Resource Hospital, Emergency Dispatch Center or physician~~Physician~~ serving on an ambulance or non-transport vehicle or giving voice orders for~~over~~ an EMS System and who are subject to suspension by the EMS Medical Director of that System in accordance with the policies of the EMS System Program Plan approved by the Department.

Pre-Hospital Registered Nurse or ~~Pre-Hospital RN~~ ~~or~~ PHRN *– a registered professional nurse, with an unencumbered registered nurse license in the state in which he or she practices~~licensed under the Nurse Practice Act,~~ who has successfully completed supplemental education in accordance with* this Part *and who is approved by an Illinois EMS Medical Director to practice within an EMS System ~~as emergency medical services personnel~~ for pre-hospital and inter-hospital emergency care and non-emergency medical transports.* (Section 3.80 of the Act) For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

Primary Stroke Center or PSC *– a hospital that has been certified by a Department-approved, nationally recognized certifying body and designated as* a Primary Stroke Center *by the Department.* (Section 3.116 of the Act)

Regional EMS Advisory Committee – a committee formed within an Emergency Medical Services ~~(EMS)~~ Region to advise the Region's EMS Medical Directors Committee and to select the Region's representative to the State Emergency Medical Services Advisory Council, consisting of at least the members of the Region's EMS Medical Directors Committee, the Chair of the Regional Trauma Committee, the EMS System Coordinators from each Resource Hospital within

the Region, one administrative representative from an Associate Hospital within the Region, one administrative representative from a Participating Hospital within the Region, one administrative representative from the vehicle service provider which responds to the highest number of calls for emergency service within the Region, one administrative representative of a vehicle service provider from each System within the Region, one individual from each level of license provided by the *Act, ~~one Emergency Medical Technician (EMT)/Pre-Hospital RN from each level of EMT/~~one* Pre-Hospital *Registered Nurse~~RN~~ practicing within the Region, and one registered professional nurse currently practicing in an emergency department within the Region. Of the* two~~*two*~~ *administrative representatives of vehicle service providers, at least one shall be an administrative representative of a private vehicle service provider. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's EMS Advisory Committee.* (Section 3.25 of the Act)

Regional EMS Coordinator – the designee of the Chief, Division of Emergency Medical Services and Highway Safety, Illinois Department of Public Health.

Regional EMS Medical Directors Committee – a group *comprised of the Region's EMS Medical Directors, along with the medical advisor to a fire department vehicle service provider. For regions~~Regions~~ that include a municipal fire department serving a population of over 2,000,000 people, that fire department's medical advisor shall serve on the Committee. For other regions~~Regions~~, the fire department vehicle service providers shall select which medical advisor to serve on the Committee on an annual basis.* (Section 3.25 of the Act)

Regional Stroke Advisory Subcommittee – a subcommittee formed within each Regional EMS Advisory Committee to advise the Director and the Region's EMS Medical Directors Committee on the triage, treatment, and transport of possible acute stroke patients and to select the Region's representative to the State Stroke Advisory Subcommittee. (Section 3.116 of the Act) The composition of the Subcommittee shall be as set forth in Section 3.116 of the Act.

Regional Trauma Advisory Committee – a committee formed within an Emergency Medical Services~~ (EMS)~~ Region, to advise the Region's Trauma Center Medical Directors Committee, consisting of at least the Trauma Center Medical Directors and Trauma Coordinators from each trauma center~~Trauma Center~~ within the Region, one EMS Medical Director from a Resource Hospital within the Region, one EMS System Coordinator from another Resource Hospital

within the Region, one representative each from a public and private vehicle service provider which transports trauma patients within the Region, an administrative representative from each trauma centerTrauma Center within the Region, one EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, or PHRNEMT representing the highest level of EMS PersonnelEMT practicing within the Region, one emergency physician and one Trauma Nurse Specialist (TNS) currently practicing in a trauma centerTrauma Center. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's Trauma Advisory Committee. (Section 3.25 of the Act)

Registered Nurse or Registered Professional Nurse or RN – a person who is licensed as a professional nurse under the Nurse Practice Act. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

Resource Hospital – the hospital with the authority and the responsibility for an EMS System as outlined in the Department-approved EMS System Program Plan. The Resource Hospital, through the EMS Medical Director, assumes responsibility for the entire program, including the clinical aspects, operations and educational programs. This hospital agrees to replace medical supplies and provide for equipment exchange for participating EMS vehicles.

Rural Ambulance Service Provider – an ambulance service provider licensed under the *Act that serves a rural population of 7,500 or fewer inhabitants.* (Section 3.87(a) of the Act)

Rural In-Field Service Level Upgrade – a practice that allows the delivery of advanced care for a lower level service provider that serves a rural population of 7,500 or fewer inhabitants, through use of EMS System approved EMS personnel.

Rural Vehicle Service Provider – an entity that serves a rural population of 7,500 or fewer inhabitants and is licensed by the Department to provide emergency or non-emergency medical services in compliance with the *Act*, this Part *and an operational plan approved by the entity's EMS System, utilizing at least an ambulance, alternate response vehicle as defined by the Department in* this Part, *or specialized emergency medical services vehicle.* (Section 3.87(a) of the Act)

Screening – a preliminary procedure or assessment, such as a test or examination, to detect the most characteristic sign or signs of a disorder or condition that may

require further investigation (for example, assessing for potential abuse or neglect through interview responses and behavioral/physical symptom clues).

SEMSV Medical Control Point or Medical Control Point – the communication center from which the SEMSV Medical Director or his or her designee issues medical instructions or advice to the aeromedical, watercraft, or off-road SEMSV crew members.

SEMSV Medical Director or Medical Director – the physician appointed by the SEMSV Program who has the responsibility and authority for total management of the SEMSV Program, subject to the requirements of the EMS System of which the SEMSV Program is a part.

SEMSV Program or Specialized Emergency Medical Services Vehicle Program – a program operating within an EMS System, pursuant to a program plan submitted to and certified by the Department, using specialized emergency medical services vehicles to provide emergency transportation to sick or injured persons.

Special-Use Vehicle – any publicly or privately owned vehicle that is specifically designed, constructed or modified and equipped, and is intended to be used for, and is maintained or operated solely for, the emergency or non-emergency transportation of a specific medical class or category of persons who are sick, injured, wounded or otherwise incapacitated or helpless (e.g., high-risk obstetrical patients, neonatal patients). (Section 3.85 of the Act)

Specialized Emergency Medical Services Vehicle or SEMSV – a vehicle or conveyance, other than those owned or operated by the federal government, that is primarily intended for use in transporting the sick or injured by means of air, water, or ground transportation, that is not an ambulance as defined in the *Act. The term includes watercraft, aircraft and special purpose ground transport vehicles not intended for use on public roads.* (Section 3.85 of the Act) "Primarily intended", for the purposes of this definition, means one or more of the following:

Over 50 percent of the vehicle's operational (i.e., in-flight) hours are devoted to the emergency transportation of the sick or injured;

The vehicle is owned or leased by a hospital or ambulance provider and is used for the emergency transportation of the sick or injured;

The vehicle is advertised as a vehicle for the emergency transportation of the sick or injured;

The vehicle is owned, registered or licensed in another state and is used on a regular basis to pick up and transport the sick or injured within or from within this State; or

The vehicle's structure or permanent fixtures have been specifically designed to accommodate the emergency transportation of the sick or injured.

Standby Emergency Department – a classification of a hospital emergency department where at least one of the registered nurses on duty in the hospital is available for emergency services at all times, and a licensed physician is "on-call" to the emergency department at all times in accordance with Section 250.710 of the Hospital Licensing Requirements.

Standby Emergency Department Approved for Pediatrics or SEDP – a hospital participating in an approved EMS System and designated by the Department, pursuant to Section 515.4010 of this Part, as being capable of providing optimal standby emergency department care to pediatric patients and to have transfer agreements and transfer mechanisms in place when more definitive pediatric care is needed.

State EMS Advisory Council – a group that advises the Department on the administration of the Act and this Part whose members are appointed in accordance with Section 3.200 of the Act.

Stretcher Van – a vehicle used by a licensed stretcher van provider to transport non-emergency passengers in accordance with the Act and this Part.

Stretcher Van Provider – an entity licensed by the Department to provide non-emergency transportation of passengers on a stretcher in compliance with the *Act* and this Part*, utilizing stretcher vans.* (Section 3.86 of the Act)

Stroke Network – a voluntary association of hospitals, including a hospital with a board eligible or board certified neurosurgeon or neurologist, that may, among other activities, share stroke protocols; provide medical consultations on possible or known acute stroke patients or on inter-facility transfers of possible or known

acute stroke patients; or provide education specific to improving acute stroke care. Participating hospitals in a stroke network may be in-state or out-of-state.

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

Substantial Failure – the failure to meet requirements other than a variance from the strict and literal performance that results in unimportant omissions or defects given the particular circumstances involved.

Sustained Hypotension – two systolic blood pressures of 90 mmHg five minutes apart or, in the case of a pediatric patient, two systolic blood pressures of 80 mmHg five minutes apart.

System Participation Suspension – the suspension from participation within an EMS System of an individual or individual provider, as specifically ordered by that System's EMS Medical Director.

Telecommunications Equipment – a communication systemradio capable of transmitting and receiving voice and electrocardiogram (EKG) signals.

Telemetry – the transmission of data through a communication systemby wire, radio, or other means from remote sources to a receiving station for recording, interpretation and analysis.

Trauma – any significant injury which involves single or multiple organ systems. (Section 3.5 of the Act)

Trauma Category I – a classification of trauma patients in accordance with Appendix C and Appendix F of this Part.

Trauma Category II – a classification of trauma patients in accordance with Appendix C and Appendix F of this Part.

Trauma Center – a hospital which: within designated capabilities provides optimal care to trauma patients; participates in an approved EMS System; and is duly designated pursuant to the provisions of the *Act.* (Section 3.90 of the Act)

Trauma Center Medical Director – the trauma surgeon appointed by a

Department-designated Trauma Center who has the responsibility and authority for the coordination and management of patient care and trauma services at the Trauma Center. He or she must have 24-hour independent operating privileges and shall be board certified in surgery with at least one year of experience in trauma care.

Trauma Center Medical Directors Committee – a group composed *of the Region's Trauma Center Medical Directors.* (Section 3.25 of the Act)

Trauma Coordinator – a registered nurse working in conjunction with the Trauma Medical Director. The Trauma Coordinator is responsible for the organization of service and systems necessary for a multidisciplinary approach throughout the continuum of trauma care.

Trauma Nurse Specialist or TNS – a registered professional nurse licensed under the Nurse Practice Act who has successfully completed supplemental education and testing requirements as prescribed by the Department, and is licensed~~certified~~ in accordance with this Part. (Section 3.75 of the Act) For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric program, the professional shall have an unencumbered license in the state in which he or she practices.

Trauma Nurse Specialist Course Coordinator or TNSCC – a registered nurse appointed by the Chief Executive Officer of a hospital designated as a TNS Training Site, who meets the requirements of Section 515.750~~ of this Part~~.

Trauma Service – an identified hospital surgical service in a Level I or Level II Trauma Center functioning under a designated trauma director in accordance with Sections 515.2030(c) and 515.2040(c)~~ of this Part~~.

Unit Identifier – a number assigned by the Department for each EMS vehicle in the State to be used in radio communications.

Vehicle Service Provider – an entity licensed by the Department to provide emergency or non-emergency medical services in compliance with the *Act* and this Part *and an operational plan approved by its EMS System(s), utilizing at least ambulances or specialized emergency medical service vehicles (SEMSV).* (Section 3.85(a) of the Act)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Watercraft – a nautical vessel, boat, airboat, hovercraft or other vehicle that operates in, on or across water.

(Source: Amended at 40 Ill. Reg. ______, effective ____________)

SUBPART B: EMS REGIONS

Section 515.210 EMS Regional Plan Development

a) *Within six months after designation of an EMS Region, an EMS Region Plan addressing at least the information prescribed in* Section 515.220 ~~of this Part~~ *shall be submitted to the Department for approval. The plan shall be developed by the Region's EMS Medical Directors Committee with advice from the Regional EMS Advisory Committee; portions of the plan concerning trauma shall be developed jointly with the Region's Trauma Center Medical Directors or Trauma Center Medical Directors Committee, whichever is applicable, with advice from the Regional Trauma Advisory Committee, if such Advisory Committee has been established in the Region.* (Section 3.25(a) of the Act)

b) *Portions of the Plan concerning stroke shall be developed jointly with the Regional Stroke Advisory Subcommittee* as identified in Section 515.5004. (Section 3.25(a) of the Act) The Director will coordinate with and assist the EMS System Medical Directors and Regional Stroke Advisory Subcommittee within each EMS Region to establish *protocols* related to the *triage, treatment, and transport of possible acute stroke patients* by licensed emergency medical services providers. (Section 3.30(a)(9) of the Act)

c) The Regional Stroke Subcommittee shall provide updates to the Regional EMS Advisory Committee at the Regional EMS Advisory Committee's regularly scheduled meetings. The Plan shall also be updated at least annually to consider the most current nationally recognized standards of stroke care and to incorporate each Comprehensive Stroke Center, Primary Stroke Center or Acute Stroke-Ready Hospital ~~Emergent Stroke Ready Hospital~~ into the Region Plan.

d) *A Region's Trauma Center Medical Directors may choose to participate in the development of the EMS Region Plan through membership on the Regional EMS Advisory Committee, rather than through a separate Trauma Center Medical Directors Committee. If that option is selected, the Region's Trauma Center Medical Director shall also determine whether a separate Regional Trauma Advisory Committee is necessary for the Region.* (Section 3.25(b) of the Act)

e) *In the event of disputes over content of the Plan between the Region's EMS Medical Directors Committee and the Region's Trauma Center Medical Directors or Trauma Center Medical Directors Committee, whichever is applicable, the Director of the Illinois Department of Public Health shall intervene through a* review in accordance with Section 515.230. (Section 3.25(c) of the Act)

f) If after six months a Plan or portions of a Plan are not submitted, the Director will contact the EMS Medical Directors to seek input as to disputes, problems, or issues concerning areas not developed in the Plan. If necessary, the Director will contact members of the Regional EMS Advisory Committee to seek input into portions of the Plan that are not agreed upon. After consulting with the Committee and reviewing the plans submitted by the surrounding Regions, the Director will develop proposed policies and procedures for the Region. The Committee shall approve these policies within 30 days or submit its own policies to the Director for approval. If the Committee has not submitted a complete Plan after 30 days, the Region will implement the policies and procedures developed by the Director in its EMS Region Plan.

g) *Every 2 years, the members of the Region's EMS Medical Directors Committee shall rotate serving as Committee Chair, and select the Associate Hospital, Participating Hospital and vehicle service providers* that~~*which*~~ *shall send representatives to the Advisory Committee, and the EMS Personnel* ~~*EMTs/Pre-Hospital RN*~~ *and nurse who shall serve on the Advisory Committee.* (Section 3.25(d) of the Act) Each System in the Region must have at least one representative on the Committee.

h) *Every 2 years, the members of the Trauma Center Medical Directors Committee shall rotate serving as Committee Chair, and select the vehicle service providers, EMS Personnel*~~*EMT*~~*, emergency physician, EMS System Coordinator and TNS who shall serve on the Advisory Committee.* (Section 3.25(e) of the Act) It is recommended that the committee chair be held by Trauma Center Medical Directors of the Level I Trauma Centers in the Region.

(Source: Amended at 40 Ill. Reg. _______, effective ___________)

Section 515.220 EMS Regional Plan Content

a) *The EMS Medical Directors Committee* portion of the Regional Plan *shall address at least the following:*

1) *Protocols for inter-System/inter-Region patient transports, including* protocols for pediatric patients and pediatric patients with special health care needs, *identifying the conditions of emergency patients* that~~*which*~~ *may not be transported to the different levels of emergency department, based on their department classifications and relevant Regional considerations (e.g., transport times and distances);*

2) *Regional standing medical orders;*

3) *Patient transfer patterns, including criteria for determining whether a patient needs the specialized service of a trauma center, along with protocols for the bypassing of or diversion to any hospital, trauma center or* *regional*~~*Regional*~~ *trauma center,* Comprehensive Stroke Center, *Primary Stroke Center*, Acute Stroke-Ready Hospital *or Emergent Stroke Ready Hospital, which are consistent with individual System bypass or diversion protocols and protocols for patient choice or refusal;*

4) *Protocols for resolving* *regional*~~*Regional*~~ *or inter-System conflict;*

5) *An EMS disaster preparedness plan which includes the actions and responsibilities of all EMS participants within the Region* for care and transport of both the adult and pediatric population;

6) *Regional standardization of continuing education requirements;*

7) *Regional standardization of Do Not Resuscitate (DNR) policies, and protocols for power of attorney for health care;*

8) *Protocols for disbursement of Department grants* (Section 3.30(a)(1-8) of the Act);

9) *Protocols for the triage, treatment, and transport of possible acute stroke patients* developed jointly with the Regional Stroke Advisory Subcommittee (Section 3.30(a)(9) of the Act);

10) Protocols for stroke screening;

11) Development of protocols to improve and integrate EMS for children (or EMSC) into the current delivery of emergency services within the Region;

and

12) Development of a policy in regard to incidents involving school buses, which shall include, but not be limited to:

A) Assessment of the incident, including mechanism and extent of damage to the vehicle;

B) Passenger assessment/extent of injuries;

C) A provision for transporting all children with special healthcare needs and those with communication difficulties;

D) Age specific issues; and

E) Use of a release form for nontransports.

b) *The Trauma Center Medical Directors or Trauma Center Medical Directors Committee* portion of the Regional Plan *shall address at least the following:*

1) *The identification of regional trauma centers~~Regional Trauma Centers~~* and identification of trauma centers that specialize in pediatrics;

2) *Protocols for inter-System and inter-Region trauma patient transports, including identifying the conditions of emergency patients which may not be transported to the different levels of emergency department, based on their department classifications and relevant Regional considerations (e.g., transport times and distances);*

3) *Regional trauma standing medical orders;*

4) *Trauma patient transfer patterns, including criteria for determining whether a patient needs the specialized services of a trauma center, along with protocols for the bypassing of or diversion to any hospital, trauma center or regional~~Regional~~ trauma center which are consistent with individual System bypass or diversion protocols and protocols for patient choice or refusal* (These policies must include the criteria of Section 515.Appendix C.);

5) *The identification of which types of patients can be cared for by Level I*

and Level II Trauma Centers;

6) *Criteria for inter-hospital transfer of trauma patients,* including the transfer of pediatric patients;

7) *The treatment of trauma patients in each trauma center within the Region;*

~~8)~~ ~~*The establishment of a Regional trauma quality assurance and improvement subcommittee, consisting of trauma surgeons, which shall perform periodic medical audits of each trauma center's trauma services, and forward tabulated data from such reviews to the Department; and*~~

8)~~9)~~ *A program for conducting a quarterly conference which shall include at a minimum a discussion of morbidity and mortality between all professional staff involved in the care of trauma patients.* (Section 3.30(b)(1-9) of the Act)

A) This shall include but not be limited to all cases that have been deemed potentially preventable or preventable in the trauma center review using Resources for Optimal Care of the Injured Patient. This review should exclude trauma patients who were dead on arrival.

B) In addition, the review shall include all patients who were transferred more than two hours after time of arrival at the initial institution and who meet one or more of the following criteria at the receiving trauma center:

i) Admitted to an intensive care unit;

ii) Admitted to a bed with telemetry monitoring;

iii) Went directly to the operating room;

iv) Went to the operating room from the emergency department;

v) Discharged to a rehabilitation or skilled care facility;

vi) Died following arrival.

C) The Region shall include a review of morbidity/audit filters that have been determined by the Region.

D) Cumulative regionalRegional reports will be made available upon request from the Department; and.

9) *The establishment of a regional trauma quality assurance and improvement subcommittee, consisting of trauma surgeons,* that *shall perform periodic medical audits of each trauma center's trauma services, and forward tabulated data from* those *reviews to the Department.* (Section 3.30(b)(9) of the Act)

c) The Regional Stroke Advisory Subcommittee portion of the Region Plan shall address at least the following:

1) The identification of Comprehensive Stroke Centers, Primary Stroke Centers, Acute Stroke-Ready Hospitals and Emergent Stroke Ready Hospitals and their incorporation in the Region Plan and the System Program Plan;

2) In conjunction with the EMS Medical Directors, development of protocols for identifying and transporting acute stroke patients to the nearest appropriate facility capable of providing acute stroke care. These protocols shall be consistent with individual System bypass or diversion protocols and protocols for patient choice;

3) Regional stroke transport protocols recommended by the Regional Stroke Advisory Subcommittee and approved by the EMS Medical Directors Committee; and

4) With the EMS Medical Directors, joint development of acute stroke patient transfer patterns, including criteria for determining whether a patient needs the specialized services of a Comprehensive Stroke Center, Primary Stroke Center, Acute Stroke-Ready Hospital or Emergent Stroke Ready Hospital, along with protocols for the bypassing of, or diversion to, any hospital, which are consistent with individual inter-system bypass or diversion protocols and protocols for patient choice or refusal.

d) *The Director shall coordinate with and assist the EMS System Medical Directors*

and Regional Stroke Advisory Subcommittee within each EMS Region to establish protocols related to the assessment, treatment, and transport of possible acute stroke patients by licensed emergency medical services providers. These protocols shall include regional transport plans for the triage and transport of possible acute stroke patients to the most appropriate Comprehensive Stroke Center, Primary Stroke Center or Acute Stroke-Ready HospitalEmergent Stroke Ready Hospital, unless circumstances warrant otherwise. (Section 3.118.5(f) of the Act)

e) *The Region's EMS Medical Directors and Trauma Center Medical Directors Committees shall appoint any subcommittees which they deem necessary to address specific issues concerning Region activities.* (Section 3.30(c) of the Act)

f) Internal Disaster Plans

1) Each System hospital shall submit an internal disaster plan to the EMS Medical Directors Committee and the Trauma Center Medical Directors Committee.

2) The hospital internal disaster plan shall be coordinated with, or a part of, the hospital's overall disaster plan.

3) The plan shall be coordinated with local and State disaster plans.

4) The hospital internal disaster plan shall be developed by a hospital committee and shall at a minimum:

A) Identify the authority to implement the internal disaster plan, including the chain of command and how notification shall be made throughout the hospital;

B) Identify the critical operational elements required in the hospital in an internal disaster;

C) If the facility needs to go on bypass or resource limitation status, identify the person responsible for notification and the persons both outside and within the hospital who should be notified;

D) Identify a person or group responsible for ensuring that needed resources and supplies are available;

E) Identify a person to communicate with representatives from other agencies, organizations, and the EMS System;

F) Identify a person who is responsible for procuring all supplies required to manage the facility and return the facility to the pre-incident status;

G) Identify the plan and procedure for educating facility employees on their role and responsibilities during the disaster;

H) Designate a media spokesperson;

I) Establish a method for resource coordination between departments and individuals to address management of staff, patients and patient flow patterns;

J) Designate a person (safety officer) with responsibility for establishing safety policies to include, but not be limited to, decontamination operations, safety zones, site safety plans, evacuation parameters, and traffic patterns;

K) Designate a location where personnel, not actually committed to the incident, will report for assignments, as needed (i.e., a staging area);

L) Include notification procedures to EMS Systems, area ambulances, both public and private, and police and fire authorities of the type of incident that caused the hospital to implement its internal disaster plan and of any special instructions, e.g., use of a different driveway or entrance;

M) Establish a designated form of communication, both internal and external, to maintain two-way communication (e.g., Mobile Emergency Communications of Illinois (MERCI), ham radio, walkie talkies);

N) Include a policy to call in additional nursing staff when an identified staffing shortage exists;

O) Include the policy developed pursuant to Section 515.315(f);

P) *Include contingency plans for the transfer of patients to other facilities if an evacuation of the hospital becomes necessary due to a catastrophe, including but not limited to a power failure* (Section 3.30 of the Act); and

Q) Address biological and chemical incidents and the availability of decontamination.

(Source: Amended at 40 Ill. Reg. _______, effective ___________)

Section 515.250 Hospital Stroke Care Fund

a) When funding is available, the Director will annually distribute, through *matching grants*, moneys deposited into the Hospital Stroke Care Fund.~~, *a special fund of the State Treasury to encourage the establishment and retention of Primary Stroke Centers, Emergent Stroke Ready Hospitals* and stroke networks *throughout the State.*~~ The Director will provide funds to the following:

1) Illinois hospitals that have been certified as Comprehensive Stroke Centers, Primary Stroke Centers and Acute Stroke-Ready Hospitals or that seek certification or designation or both as Comprehensive Stroke Centers, Primary Stroke Centers and Acute Stroke-Ready Hospitals.~~*hospitals that have been certified* as *Primary Stroke Centers* or *that seek certification or designation or both as Primary Stroke Centers*~~ If certification or designation is not achieved within 12 months after receipt of the grant, all grant funds shall be returned to the Hospital Stroke Care Fund.

2) Illinois hospitals that have been designated as Acute Stroke-Ready Hospitals or that seek designation as Acute Stroke-Ready-Hospitals.~~*hospitals that have been designated* as *Emergent Stroke Ready Hospitals* or *that seek designation as Emergent Stroke Ready Hospitals.*~~ If designation is not achieved within 12 months after receipt of the grant, all grant funds shall be returned to the Hospital Stroke Care Fund.

~~3) Illinois *hospitals for the development,* expansion, or enhancement of, or quality improvement efforts for, *stroke networks* in Illinois. (Section 3.226 of the Act)~~

b) MoneyMoneys, including appropriations, donations and grants, shall be deposited into the fund and allocated according to the hospital needs in each region.collected by the Department pursuant to its authority to designate Primary Stroke Centers and Emergent Stroke Ready Hospitals shall be deposited in the Fund and shall be allocated according to the hospital needs within each EMS region and used solely for the purposes described in Section 3.117.5 of the Act. (Sections 3.117.5 and 3.226 of the Act)

c) Award of Funds

1) Any hospital licensed under the Hospital Licensing Act or operated under the University of Illinois Hospital Act may apply to the Department for funds.

2) Applications shall be made in a manner and form prescribed by the Department. The form and instructions, including timelines for application submission and approval, will be posted on the Department's website.

3) Each Regional Stroke Advisory Subcommittee shall forward to the Department matching grant recommendations that reflect a consensus of Comprehensive Stroke Centers, Primary Stroke Centers and Acute Stroke-Ready HospitalsEmergent Stroke Ready Hospitals, or other hospitals seeking certification or designation, within their EMS Region. The Department will consider the Subcommittee's recommendations when awarding matching grants to hospitals seeking to improve stroke care.

4) When applications exceed available funds, the Department *may consider prioritizing grant awards to hospitals in areas with the highest incidence of stroke, taking into account geographic diversity and health care disparities, where possible.* (Section 3.117.5(d) of the Act)

5) All grant funds awarded shall be used exclusively for the establishment and retention of Comprehensive Stroke Centers, Primary Stroke Centers, Acute Stroke-Ready HospitalsEmergent Stroke Ready Hospitals, stroke networks and improvement of stroke systems of care. Grant funds used for personnel costs shall be directly related to enhancement of stroke care. All grant funds are subject to the Illinois Grant Funds Recovery Act.

d) Subject to appropriation, the Director will award matching grants to:

1) *Hospitals for the acquisition and maintenance of necessary infrastructure, including personnel, equipment,* supplies~~*supplies*~~*, and pharmaceuticals for the* prevention~~*prevention*~~*, diagnosis, treatment* and management~~*and management*~~ *of acute stroke patients* (Section 3.117.5(a) of the Act);

2) *Hospitals to pay the fee for certifications* and re-certifications *by Department-approved, nationally recognized certifying bodies or to provide additional* certification, education or *training for directors of stroke care,* physicians, *hospital staff,* or emergency medical services personnel authorized under the Act (Section 3.117.5(a) of the Act);

3) *Comprehensive Stroke Centers, Primary Stroke Centers and Acute Stroke-Ready Hospitals*~~*Emergent Stroke Ready Hospitals*~~ *for developing or enlarging stroke networks, for stroke education, and to enhance the ability of the EMS System to respond to possible acute stroke patients* (Section 3.117.5(b) of the Act);~~.~~

4) *Hospitals that have been certified as Comprehensive Stroke Centers, Primary Stroke Centers or Acute Stroke-Ready Hospitals* (Section 3.226(b)(1) of the Act);

5) *Hospitals that seek certification or designation or both as Comprehensive Stroke Centers, Primary Stroke Centers or Acute Stroke-Ready Hospitals* (Section 3.226(b)(2) of the Act);

6) *Hospitals that have been designated Acute Stroke-Ready Hospitals* (Section 3.226(b)(3) of the Act);

7) *Hospitals that seek designation as Acute Stroke-Ready Hospitals* (Section 3.226(b)(4) of the Act); and

8) Grants will also be awarded *for the development of stroke networks* (Section 3.226(b)(5) of the Act).

e) *Interfund transfers from the Hospital Stroke Care Fund shall be prohibited.* (Section 3.226(d) of the Act)

(Source: Amended at 40 Ill. Reg. _______, effective ___________)

Section 515.255 Stroke Data Collection Fund

a) *The Stroke Data Collection Fund is created as a special fund in the State treasury for the purpose of receiving appropriations, donations and grants collected by the Department pursuant to Department designation of Comprehensive Stroke Centers, Primary Stroke Centers and Acute Stroke-Ready Hospitals.* ((Section 3.117.75 of the Act)

b) *Moneys in the fund shall be used by the Department to support the data collection provided for in Section 3.118 of* the *Act.*

c) *Any surplus funds beyond what are needed to support the data collection provided for in Section 3.118 of* the *Act shall be used by the Department to support the salary of the Department Stroke Coordinator or for other stroke-care initiatives, including administrative oversight of stroke care.* (Section 3.117.75(b) of the Act)

(Source: Added at 40 Ill. Reg. _______, effective___________)

SUBPART C: EMS SYSTEMS

Section 515.330 EMS System Program Plan

An EMS~~Emergency Medical Services (EMS)~~ System Program Plan shall contain the following information:

a) The name, address and fax number of the Resource Hospital;

b) The names and resumes of the following persons:

1) The EMS MD;~~,~~

2) The Alternate EMS MD;~~,~~

3) The EMS Administrative Director;~~,~~

4) The EMS System Coordinator;

c) The name, address and fax number of each Associate or Participating Hospital (see subsection (i));

d) The name and address of each ambulance provider participating within the EMS System;

e) A map of the EMS System's service area indicating the location of all hospitals and ambulance providers participating in the System;

f) Current letters of commitment from the following persons at the Resource Hospital, which describe the commitment of the writer and his or her office to the development and ongoing operation of the EMS System, and which state the writer's understanding of and commitment to any necessary changes, such as emergency department staffing and educational requirements:

   1) The Chief Executive Officer of the hospital;~~,~~

   2) The Chief of the Medical Staff;~~,~~ and

   3) The Director of the Nursing Services;

g) A letter of commitment from the EMS MD that describes the EMS MD's agreement to:

   1) Be responsible for the ongoing education of all System personnel, including ~~coordinating~~ didactic and clinical experience;

   2) Develop and authorize written standing orders (treatment protocols, standard operating procedures) ~~to be used in the EMS MD's absence~~ and certify that all involved personnel will be knowledgeable and competent in emergency care ~~and capable of providing treatment and using communications equipment once the program is operational~~;

   3) Be responsible for supervising all personnel participating within the System, as described in the System Program Plan;

   4) Develop or approve one or more patient care reports~~ambulance emergency run reports (run sheets)~~ covering all types of patient care responses~~of ambulance runs~~ performed by System ~~ambulance~~ providers;

   5) Ensure that the Department has access to all records, equipment and vehicles under the authority of the EMS MD during any Department

inspection, investigation or site survey;

6) Notify the Department of any changes in personnel providing pre-hospital care in accordance with the EMS System Program Plan approved by the Department;

7) Be responsible for the total management of the System, including the enforcement of compliance with the System Program Plan by all participants within the System;

8) Direct the applicant to the IDPH EMS website for access to an~~Ensure that a copy of the application for~~ independent renewal form for~~(a form supplied by the Department) is provided to~~ EMS Personnel~~every EMT-B, EMT-I or EMT-P~~ within the System who have~~has~~ not been recommended for relicensure~~re-licensure~~ by the EMS MD; and

9) Be responsible for compliance with the provisions of Sections 515.400 and 515.410~~ of this Part~~;

h) A description of the method of providing EMS services, which includes:

1) Single vehicle response and transport;

2) Dual vehicle response;

3) Level of first response vehicle;

4) Level of transport vehicle;

5) A policy that describes in-field service level upgrade, using advanced level EMS vehicle service providers;

6) A policy that describes ambulance service provider and vehicle service provider upgrade – rural population (optional);

7) Use of mutual aid agreements; and

8) Informing the caller requesting an emergency vehicle of the estimated time of arrival when this information is requested by the caller;

i) A letter of commitment from each Associate Hospital, Participating Hospital or Veterans Health Administration facility within the System, which includes the following:

1) Signed statements by the hospital's Chief Executive Officer, Chief of the Medical Staff and Director of the Nursing Service describing their commitments to the standards and procedures of the System;

2) A description of how the hospital will relate to the EMS System Resource Hospital, its involvement in the ongoing planning and development of the program, and its use of the education and continuing education aspects of the program;

3) Only at an Associate Hospital, a commitment to meet the System's educational standards for ECRNs;

4) An agreement to provide exchange of all drugs and equipment with all pre-hospital providers participating in the System or other EMS system whose ambulances transport to them;

5) An agreement to use the standard treatment orders as established by the Resource Hospital;

6) An agreement to follow the operational policies and protocols of the System;

7) A description of the level of participation in the training and continuing education of EMSpre-hospital personnel;

8) An agreement to collect and provide relevant data as determined by the Resource Hospital;

9) A description of the hospital's data collection and reporting methods and the personnel responsible for maintaining all data;

10) An agreement to allow the Department access to all records, equipment and vehicles relating to the System during any Department inspection, investigation or site survey;

11) If the hospital is a participant in another System, a description of how it

will interact within both Systems and how it will ensure that communications interference as a result of this dual participation will be minimized; and

12) The names and resumes of the Associate Hospital EMS MD and Associate Hospital EMS Coordinator;

j) A letter of commitment from each ambulance provider participating within the System, which indicates compliance with Section 515.810 of this Part;

k) Descriptions and documentation of each communications requirement provided in Section 515.400 of this Part;

l) The Program Plan shall consist of the EMS System Manual, which shall be made accessibleprovided to all System participants and shall include the following Sections:

1) Education and Training

A) Curricula for all educationContent and curricula of training programs for EMS Personnel offered or authorized within the System shall be consistent with national EMS education standards, including any necessary transitional or bridge education to align System personnel with the current national EMS education standards.EMT, Emergency Medical Dispatcher, First Responder, Pre-Hospital RN, ECRN and Lead Instructor candidates, including:

i) Entrance and completion requirements;

ii) Program schedules;

iii) Goals and objectives;

iv) Subject areas;

v) Didactic requirements, including skills laboratories;

vi) Clinical requirements; and

vii) Testing formats.

B) Education, testing and credentialing requirements for ECRN and PHRN.Training program for Pre-arrival Medical Instructions, if applicable, including:

i) Entrance and completion requirements;

ii) Description of course materials; and

iii) Testing formats.

C) Continuing education for EMS PersonnelEMTs, Pre-Hospital RNs, and ECRNs, including:

i) System requirements (hours, types of contentprograms, etc.);

ii) A plan for measurement of ongoing competency for all System participants (i.e., quality assurance)System program for System participants: types of activities covered (e.g., telemetry review, and morbidity and mortality conferences) and protocols for enrollment and completion;

iii) Requirements for approval of academic course work;

iv) Didactic programs offered by the System;

v) Clinical opportunities available within the System; and

vi) RecordkeepingRecord-keeping requirements for participants, which must be maintained at the Resource Hospital.

D) Renewal Protocols

i) System examination requirements for EMS PersonnelEMTs, Pre-Hospital RNs, ECRNs;

ii) Procedures for approval and the renewal of EMS PersonnelPre-Hospital RN and ECRN approvals;

iii) Requirements for submission of transaction cards for EMS PersonnelEMTs meeting renewal requirements; and

iv) Department renewal application forms for EMS PersonnelEMTs who have not met renewal requirements according to System records.

E) System participant education and information, including:

i) Distribution of System Manual amendments;

ii) In-services for policy and protocol changes;

iii) Methods for communicating updates on System and regionalRegional activities, and other matters of medical, legal and/or professional interest; and

iv) Locations of library/resource materials, forms, schedules, etc.

F) A plan that describes how Emergency Medical dispatch agencies and First Responders/Emergency Medical Responder participate within the EMS System Program Plan (see Sections 515.710 and 515.720 of this Part).

G) A System may require that up to one-half of the continuing education hours that are required toward relicensurere-licensure, as determined by the Department, be earned through attendance at system-requiredtaught courses.

H) A didactic continuing education offering/course that has received a State site code or has been approved by other Department approved national accrediting bodies shall be accepted by the System, subject only to the requirements of subsection (l)(1)(C).

2) Drugs and Equipment

A) A list of all drugs and equipment required for each type of System vehicle; and

B) Procedures for obtaining replacements at System hospitals.

3) Personnel Requirements for EMS PersonnelEMTs

A) Minimum staffing for each type and level of vehicle; and

B) Guidelines for EMS PersonnelEMT patient interaction.

4) In-Field Protocols, including medical-legal policies, but not limited to:

A) The Regional Standing Medical Orders;

B) System Standing Medical Orders as listed in Section 515.Appendix D, to include Department-approved protocols for medical treatment, including, but not limited to, burns, hypothermia, respiratory distress, shock, trauma, cardiac arrest, stroke and toxic exposure (e.g., Department-approved BLS medical treatment protocol, EMSC medical treatment protocol) at a minimum;

C) Appropriate interaction with law enforcement on the scene;

D) When and how to notify a coroner or medical examiner;

E) Appropriate interaction with an independent physician/nurse on the scene;

F) The use of restraints;

G) Consent for treatment of minors;

H) Patient choice and refusal regarding treatment, transport, or destination;

I) The duty to perform all services without unlawful discrimination;

J) Offering immediate and adequate information regarding services available to victims of abuse, for any person suspected to be a victim of domestic abuse;

K) Patient abandonment;

L) Emotionally disturbed patients;

M) Patient confidentiality and release of information;

N) Durable power of attorney for health care;

O) Do Not Resuscitate (DNR) orders (see Section 515.380);~~ and~~

P) A policy concerning the use of latex-free supplies; and~~.~~

Q) A policy that addresses the treatment, follow-up and transport of patients with suspected or diagnosed infectious diseases.

5) Communications standards and protocols, including:

A) The information contained in the System Program Plan relating to the requirements of Sections 515.410(a)(1), (2), (3) and (4) and 515.390(b) and (g);

B) Protocols ensuring that physician direction and voice orders to EMS vehicle personnel and other hospitals participating in the System are provided from the operational control point of the Resource or Associate Hospital;

C) Protocols ensuring that the voice orders via radio and using telemetry shall be given by or under the direction of the EMS MD or the EMS MD's designee, who shall be either an ECRN~~,~~ or physician; and

D) Protocols defining when an ECRN should contact a physician.

6) Quality improvement measures for both adult and pediatric patient care shall be performed on a quarterly basis and be available upon Department request; ambulance operation and System training activities, including, but not limited to, monitoring training activities to ensure that the instructions and materials are consistent with United States Department of Transportation training standards for EMTs and Section 3.50 of the Act; unannounced inspections of pre-hospital services; and peer review.

7) Data collection and evaluation methods that include:

A) The process that will facilitate problem identification, evaluation and monitoring in reference to patient care and/or reporting discrepancies from hospital and pre-hospital providers;

B) A copy of the pre-hospital reporting form; and

C) A sample of the information and data to be reported to the Department summarizing System activity (see Section 515.350).

8) Operational policies that delineate the respective roles and responsibilities of all providers in the System regarding the provision of emergency service, including:

A) Resource Hospital overrides (situations in which Associate Hospital orders are overruled by the Resource Hospital);

B) Infectious disease and disinfection procedures, including the policy on health care worker exposure to an infectious disease;~~significant exposure;~~

C) Reporting and documenting problems; and

D) Protocols for A-EMT/ILS/ALS System personnel to assess the condition of a patient being initially treated in the field by BLS personnel, for the purpose of determining whether a higher level of care is warranted and transfer of care of the patient to the A-EMT, ILS or ALS personnel is therefore appropriate. The protocols shall include a requirement that neither the assessment nor the transfer of care can be initiated if it would appear to jeopardize the patient's condition, and shall require that the activities of the System personnel be under the immediate direction of the EMS MD or designee.

9) Any procedures regarding disciplinary or suspension decisions and the review of those decisions that the System has elected to follow in addition to those required by the Act.

10) Any System policies regarding abuse of controlled substances or conviction of a felony crime by System personnel whether on or off duty.

11) The responsibilities of the EMS System Coordinator, as designated by the EMS MD, including, but not limited to, data evaluation, quality management, complaint investigation, supervision of allclinical, didactic and clinical education and field experiencesexperience training, and physician and nurse education as required.

12) Each EMS System shall develop an administrative policy that provides the IDPH Division of EMS and Highway Safety and its State Regional EMS Coordinator with notification the next business day when an Illinois licensed EMS crew member is killed in the line of duty.

13) The responsibilities of the EMS MD;

m) *Written protocols for the bypassing of or diversion to any hospital, trauma center or regional trauma center,* Comprehensive Stroke Center, Primary Stroke Center, Acute Stroke-Ready Hospital or Emergent Stroke Ready Hospital, *which provide that a person shall not be transported to a facility other than the nearest hospital, regional trauma center or trauma center*, Comprehensive Stroke Center, Primary Stroke Center, Acute Stroke-Ready Hospital or Emergent Stroke Ready Hospital *unless the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant facility, or the transport is in accordance with the System's protocols for patient choice or refusal.* (Section 3.20(c)(5) of the Act) The bypass status policy shall include criteria to address how the hospital will manage pre-hospital patients with life threatening conditions within the hospital's then-current capabilities while the hospital is on bypass status. In addition, a hospital can declare a resource limitation, which is further outlined in the System Plan, for the following conditions:

1) There are no critical or monitored beds available in the hospital; or

2) An internal disaster occurs in the hospital;

n) Bypass status may not be honored if three or more hospitals in a geographic area are on bypass status and transport time by an ambulance to the nearest facility exceeds 15 minutes;

o) Each hospital shall have a policy addressing peak census procedures, such as the model policy developed by the Department.

(Source: Amended at 40 Ill. Reg. ______, effective ____________)

Section 515.445 Pediatric Care

a) Upon the availability of federal funds for development of an emergency medical services for children (EMSC) program, the Department shall appoint an Advisory Board to advise the Department on all matters concerning emergency medical service for children and to develop and implement a plan to address identified pediatric areas of need. The Advisory Board shall assist in the formulation of policy that reflects~~to effect~~ the purposes of the Act and this Part. The Advisory Board shall consist of 26 members to be appointed by the Director for a term of three years. Membership of the Advisory Board shall include:

1) One practicing pediatrician, one pediatric critical care physician and one board certified pediatric emergency physician, to be recommended by the Illinois Chapter of the American Academy of Pediatrics;

2) One pediatric surgeon, to be recommended by the Illinois Chapter of the American College of Surgeons, or a trauma nurse manager/coordinator recommended by the Illinois Trauma Coordinators Coalition;

3) Two emergency physicians, one to be recommended by the Illinois Chapter of the American College of Emergency Physicians and one to be recommended by the National Association of EMS Physicians;

4) One family medicine~~practice~~ physician, to be recommended by the Illinois Chapter of the American Academy of Family Physicians;

5) Two registered nurses, one to be appointed upon recommendation of the American Nurses Association-Illinois (ANA-Illinois)~~Illinois Nurses Association~~ and one to be appointed upon recommendation of the Illinois State Council,~~Chapter of the~~ Emergency Nurses Association (ENA);

6) Two EMS Personnel~~emergency medical technicians~~ of differing levels, to be appointed, one each, upon recommendation of the Illinois EMT Association and Illinois Fire Fighters Association;

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7) An EMS Coordinator~~ recommended by the Northern Illinois and Southern Illinois EMS Coordinators Association~~;

8) A representative from each of the following: Division of Specialized Care for Children; Illinois State Police; Illinois Fire Chiefs Association; Illinois State Ambulance Association; Illinois State Medical Society; Illinois Department of Transportation; SAFEKIDS Coalition; Illinois Hospital Association; Metropolitan Chicago Healthcare Council; Illinois Department of Children and Family Services; a pediatric rehabilitation representative; a community organization; a child advocate group; and a parent representative;

9) A non-voting member from the Department's Division of Emergency Medical Systems and Highway Safety and the Department of Human Services' Division of Family Health. EMS Regional representation shall be through board members who serve as representatives of other designated constituencies. The~~Such~~ members shall have dual representation status in advising the Department, but shall retain one vote. The Department shall consider Regional representation when making advisory board appointments.

b) The Advisory Board members with medical backgrounds shall have expertise and interest in emergency or critical care medical services for children. Vacancies on the Advisory Board shall be filled for the unexpired term by appointment of the Director in the same manner as originally filled. The members of the Advisory Board shall serve without compensation, but shall be reimbursed for necessary expenses incurred in the performance of their duties, including travel expenses. A majority of the members of the Advisory Board shall constitute a quorum for the conduct of business of the advisory committee. A majority vote of the members present at a meeting at which a quorum is established shall be necessary to validate any action of the committee.

c) A majority of the members of the Advisory Board shall constitute a quorum for the conduct of the Board's business. A majority vote of the members present at a meeting at which a quorum is established shall be necessary to validate any action.

d) The Advisory Board shall act pursuant to bylaws that it adopts, which shall include the annual election of a Chair and Vice-Chair.

e) The Department, with the advice of the Advisory Board, shall address and establish through the EMSC program at least the following:

1) Initial and continuing education programs for emergency medical services personnel, which shall include training in the emergency care of infants and children;

2) Guidelines for referring children to the appropriate emergency or critical care medical facilities;

3) Guidelines for pre-hospital, hospital and other pediatric emergency or critical care medical service equipment;

4) Guidelines and protocols for pre-hospital and hospital facilities encompassing all levels of pediatric emergency medical services, hospital and pediatric critical care services, including, but not limited to, triage, stabilization, treatment, transfers and referrals;

5) Guidelines for hospital-based emergency departments appropriate for pediatric care to assess, stabilize, and treat critically ill infants and children and if necessary to prepare the child for transfer to a pediatric intensive care unit or pediatric trauma center;

6) Guidelines for pediatric intensive care units, pediatric trauma centers and intermediate care units fully equipped and staffed by appropriately trained critical care pediatric physicians, surgeons, nurses and therapists;

7) An inter-facility transfer system for critically ill or injured children;

8) Guidelines for pediatric rehabilitation units to ensure staffing by rehabilitation specialists and capabilities to provide any service required to assure maximum recovery from the physical, emotional and cognitive effects of critical illness and severe trauma;

9) Guidelines for the implementation of public education and injury prevention programs throughout the State in conjunction with local fire, public safety and school personnel;

10) Guidelines for the collection, analysis and dissemination of pediatric quality improvement information regarding ongoing improvements in the

EMSC program;

11) Guidelines and protocols for pre-hospital providers and hospital facilities for the treatment, documentation, reporting and professional interactions with family members, and for referrals to social, psychological and rehabilitation services in suspected cases of child maltreatment; and

12) Guidelines addressing pediatric disaster/all-hazards preparedness.

(Source: Amended at 40 Ill. Reg. ______, effective ____________)

SUBPART F: VEHICLE SERVICE PROVIDERS

Section 515.830 Ambulance Licensing Requirements

a) Vehicle Design

1) Each new vehicle used as an ambulance shall comply with the criteria established by the U.S. General Services Administration's Specification for Ambulance (KKK-A-1822F), with the exception of Section 3.16.2, Color, Paint and Finish.

2) *A licensed vehicle* shall be exempt *from subsequent vehicle design standards or specifications required by the Department* in this Part, *as long as* the *vehicle is continuously in compliance with the vehicle design standards and specifications originally applicable to that vehicle, or until* the *vehicle's title of ownership is transferred.* (Section 3.85(b)(8) of the Act)

3) The following requirements listed in Specification KKK-A-1822F shall be considered mandatory in Illinois even though they are listed as optional in that publication:

A) 3.7.7.1 Each vehicle will be equipped with either a battery charger or battery conditioner (see 3.15.3 item 7).

B) 3.8.5.2 Patient compartment checkout lights will be provided (see 3.15.3 item 9).

C) 3.12.1 An oxygen outlet will be provided above the secondary

patient (see 3.15.4 M9).

D) 3.15.4M3 Electric clock with sweep second hand will be provided.

b) Equipment Requirements – Basic Life Support Vehicles
Each ambulance used as a Basic Life Support vehicle shall meet the following equipment requirements, as determined by the Department by an inspection:

1) Stretchers, Cots, and Litters

A) Primary Patient Cot
Shall meet the requirements of sections 3.11.5, 3.11.8.1 of KKK-A-1822F.

B) Secondary Patient Stretcher
Shall meet the requirements of sections 3.11.5, 3.11.5.1, 3.11.8.1 of KKK-A-1822F.

2) Oxygen, portable
Shall meet the operational requirements of section 3.12.2 of KKK-A-1822-F.

3) Suction, portable

A) Shall meet the operational requirements of section 3.12.4 of KKK-A-1822F.

B) A manually operated suction device is acceptable if approved by the Department.

4) Medical Equipment

A) Squeeze bag-valve-mask ventilation unit with adult size transparent mask, and child size bag-valve-mask ventilation unit with child, infant and newborn size transparent masks

B) Lower-extremity traction splint, adult and pediatric sizes

C) Blood pressure cuff, one each, adult, child and infant sizes and gauge

D) Stethoscopes, two per vehicle

E) Pneumatic counterpressure trouser kit, adult size, optional

F) Long spine board with three sets of torso straps, 72" x 16" minimum

G) Short spine board (32" x 16" minimum) with two 9-foot torso straps, one chin and head strap or equivalent vest type (wrap around) per vehicle; extrication device optional

H) Airway, oropharyngeal – adult, child, and infant, sizes 0~~00~~-5

I) Airway, nasopharyngeal with lubrication, sizes 14~~12~~-34F

J) Two adult and two pediatric sized non-rebreather oxygen masks per vehicle

K) Two infant partial re-breather oxygen masks per vehicle

L) Three nasal cannulas, adult and child size, per vehicle

M) Bandage shears, one per vehicle

N) Extremity splints, adult, two long and short per vehicle

O) Extremity splints, pediatric, two long and short per vehicle

P) Rigid cervical collars – one pediatric, small, medium, and large sizes or adjustable size collars per vehicle. Shall be made of rigid material to minimize flexion, extension, and lateral rotation of the head and cervical spine when spine injury is suspected

Q) Patient restraints, arm and leg, sets

R) Pulse oximeter with pediatric and adult probes

S) AED or defibrillator that includes pediatric capability

5) Medical Supplies

A) Trauma dressing – six per vehicle

B) Sterile gauze pads – 20 per vehicle, 4 inches by 4 inches

C) Bandages, soft roller, self-adhering type, 10 per vehicle, 4 inches by 5 yards

D) Vaseline gauze – two per vehicle, 3 inches by 8 inches

E) Adhesive tape rolls – two per vehicle

F) Triangular bandages or slings – five per vehicle

G) Burn sheets – two per vehicle, clean, individually wrapped

H) Sterile solution (normal saline) – four per vehicle, 500 cc or two per vehicle, 1,000 cc plastic bottles or bags

I) Thermal absorbent blanket and head cover, aluminum foil roll or appropriate heat reflective material – minimum one

J) Obstetrical kit, sterile – minimum one, pre-packaged with instruments and bulb syringe

K) Cold packs, three per vehicle

L) Hot packs, three per vehicle, optional

M) Emesis basin – one per vehicle

N) Drinking water – one quart, in non-breakable container; sterile water may be substituted

O) Ambulance emergency run reports – 10 per vehicle, on a form prescribed by the Department or one that contains the data elements from the Department-prescribed form as described in Section 515.Appendix E or electronic documentation with paper backup

P) Pillows – two per vehicle, for ambulance cot

Q) Pillowcases – two per vehicle, for ambulance cot

R) Sheets – two per vehicle, for ambulance cot

S) Blankets – two per vehicle, for ambulance cot

T) CPR mask – one per vehicle, with safety valve to prevent backflow of expired air and secretions

U) Urinal

V) Bedpan

W) Remains bag, optional

X) Nonporous disposable gloves

Y) Impermeable red biohazard-labeled isolation bag

Z) Face protection through any combination of masks and eye protection and field shields

AA) Suction catheters – sterile, single use, two each, 6, 8, 10, 12, 14 and 18F, plus three tonsil tip semi-rigid pharyngeal suction tip catheters per vehicle; all shall have a thumb suction control port

BB) Child and infant or convertible car seats

CC) Current equipment/drug dosage sizing tape or pediatric equipment/drug age/weight chart

DD) Flashlight, two per vehicle, for patient assessment

EE) Current Illinois Department of Transportation Safety Inspection sticker in accordance with Section 13-101 of the Illinois Vehicle Code

FF) Illinois Poison Center telephone number

GG) Department of Public Health Central Complaint Registry telephone number posted where visible to the patient

HH) Medical Grade Oxygen

II) Ten disaster triage tags

JJ) State-approved Mass Casualty Incident (MCI) triage algorithms (START/JumpSTART)

c) Equipment Requirements – Intermediate and Advanced Life Support Vehicles
Each ambulance used as an Intermediate Life Support vehicle or as an Advanced Life Support vehicle shall meet the requirements in subsections (b) and (d) and shall also comply with the equipment and supply requirements as determined by the EMS Medical Director in the System in which the ambulance and its crew participate. Drugs shall include both adult and pediatric dosages. These vehicles shall have a current pediatric equipment/drug dosage sizing tape or pediatric equipment/drug dosage age/weight chart.

d) Equipment Requirements – Rescue and/or Extrication
The following equipment shall be carried on the ambulance, unless the ambulance is routinely accompanied by a rescue vehicle:

1) Wrecking bar, 24"

2) Goggles for eye safety

3) Flashlight – one per vehicle, portable, battery operated

4) Fire Extinguisher – two per vehicle, ABC dry chemical, minimum 5-pound unit with quick release brackets. One mounted in driver compartment and one in patient compartment

e) Equipment Requirements – Communications Capability
Each ambulance shall have reliable ambulance-to-hospital radio communications capability and meet the requirements provided in Section 515.400 ~~of this Part~~.

f) Equipment Requirements – Epinephrine

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A person currently licensed as an EMT-B, EMT-I, or EMT-P who has successfully completed a Department-approved course in the administration of epinephrine shall be required to carry epinephrine (both adult and pediatric doses) *with him or her* in the ambulance or drug box *as part of the EMT medical supplies whenever he or she is performing the duties of an emergency medical technician,* within the context of the EMS System plan. (Section 3.55(a-7) of the Act)

g) Personnel Requirements

1) Each Basic Life Support ambulance shall be staffed by a minimum of one EMT Basic, Intermediate, Paramedic or Pre-Hospital RN and one other EMT Basic, Intermediate, Paramedic, Pre Hospital RN or physician on all responses.

2) Each ambulance used as an Intermediate Life Support vehicle shall be staffed by a minimum of one Intermediate, Paramedic or Pre-Hospital RN and one other EMT Basic, Intermediate, Paramedic, Pre-Hospital RN or physician on all responses.

3) Each ambulance used as an Advanced Life Support vehicle shall be staffed by a minimum of one Paramedic or Pre-Hospital RN and one other EMT Basic, Intermediate, Paramedic, Pre-Hospital RN or physician on all responses.

h) Alternate Rural Staffing Authorization-

1) A Vehicle Service Provider *that serves a rural or semi-rural population of 10,000 or fewer inhabitants and exclusively uses volunteers or paid-on-call personnel or a combination* to provide patient care may apply for alternate rural staffing authorization to authorize the ambulance, Non-Transport Vehicle, Special-Use Vehicle, or Limited Operation Vehicle to be staffed by one EMT licensed at or above the level at which the vehicle is licensed, plus one First Responder/Emergency Medical Responder when two licensed Emergency Services Personnel are not available to respond. (Section 2.85(b)(3) of the Act)

2) The EMT licensed at or above the level at which the ambulance is licensed shall be the primary patient care provider in route to the health care facility.

3) The Vehicle Service Provider shall obtain the prior written approval for alternate rural staffing from the EMS MD. The EMS MD shall submit to the Department a request for an amendment to the existing EMS System plan that clearly demonstrates the need for alternate rural staffing in accordance with subsection (h)(4) and that the alternate rural staffing will not reduce the quality of medical care established by the Act and this Part.

4) A Vehicle Service Provider requesting alternate rural staffing authorization shall clearly demonstrate all of the following:

   A) That it has undertaken extensive efforts to recruit and train licensed EMS Personnel~~personnel~~;

   B) That, despite its exhaustive efforts, licensed EMS Personnel~~personnel~~ are not available; and

   C) That, without alternate rural staffing authorization, the rural or semi-rural population of 10,000 or fewer inhabitants served will be unable to meet staffing requirements as specified in subsection (g).

5) The alternate rural staffing authorization and subsequent authorizations shall include beginning and termination dates not to exceed 48 months. The EMS MD shall re-evaluate subsequent requests for authorization for compliance with subsections (h)(4)(A) through (C). Subsequent requests for authorization shall be submitted to the Department for approval in accordance with this Section.

6) Alternate rural staffing authorization may be suspended or revoked, after an opportunity for hearing, if the Department determines that a violation of this Part has occurred. Alternate rural staffing authorization may be summarily suspended by written order of the Director, served on the Vehicle Service Provider, if the Director determines that continued operation under the alternate rural staffing authorization presents an immediate threat to the health or safety of the public. After summary suspension, the Vehicle Service Provider shall have the opportunity for an expedited hearing.

7) Vehicle Service Providers that cannot meet the alternate rural staffing authorization requirements of this Section may apply through the EMS MD to the Department for a staffing waiver pursuant to Section 515.150.

i) Alternate Response Authorization

1) A Vehicle Service Provider that exclusively uses volunteers or paid-on-call personnel or a combination to provide patient care who are not required to be stationed with the vehicle may apply to the Department for alternate response authorization to authorize the ambulance, Non-Transport Vehicle, Special-Use Vehicle, or Limited Operation Vehicle licensed by the Department to travel to the scene of an emergency staffed by at least one licensed Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician-Intermediate, Paramedic or Pre-Hospital RN ("Emergency Services Personnel").

2) A Vehicle Service Provider operating under alternate response authorization shall ensure that a second licensed Emergency Services Personnel is on scene or in route to the emergency response location.

3) The Vehicle Service Provider shall demonstrate to the Department that it has safeguards to ensure that no patient will be transported with fewer than two EMTs, at least one of whom shall be licensed at or above the level of the license for the vehicle, unless the Vehicle Service Provider is approved for alternate rural staffing authorization.

4) Alternate response authorization may be suspended or revoked, after an opportunity for hearing, if the Department determines that a violation of this Part has occurred. Alternate response authorization may be summarily suspended by written order of the Director, served on the Vehicle Service Provider, if the Director determines that continued operation under the alternate response authorization presents an immediate threat to the health or safety of the public. After summary suspension, the licensee shall have the opportunity for an expedited hearing (see Section 515.180).

j) Alternate Response Authorization – Secondary Response Vehicles

1) A Vehicle Service Provider that uses volunteers or paid-on-call personnel or a combination to provide patient care, and staffs its primary response vehicle with personnel stationed with the vehicle, may apply for alternate response authorization for its secondary response vehicles. The secondary or subsequent ambulance, Non-Transport Vehicle, Special-Use Vehicle, or

Limited Operation Vehicle licensed by the Department at the BLS, ILS or ALS level, when personnel are not stationed with the vehicle, may respond to the scene of an emergency when the primary vehicle is on another response. The vehicle shall be staffed by at least one licensed Emergency Services Personnel.

2) A Vehicle Service Provider operating under the alternate response authorization shall ensure that a second licensed Emergency Services Personnel provider is on the scene or in route to the emergency response location.

3) The Vehicle Service Provider shall demonstrate to the Department that it has written safeguards to ensure that no patient will be transported with fewer than two EMTs, at least one of whom shall be licensed at or above the level of the license for the ambulance, unless the Vehicle Service Provider is approved for alternate rural staffing authorization under subsection (h).

4) Alternate response authorization for secondary response vehicles may be suspended or revoked, after an opportunity for hearing, if the Department determines that a violation of this Part has occurred. Alternate response authorization for secondary response vehicles may be summarily suspended by written order of the Director, served on the Vehicle Service Provider, if the Director determines that continued operation under the alternate response authorization for secondary vehicles presents an immediate threat to the health or safety of the public. After summary suspension, the Vehicle Service Provider shall have the opportunity for an expedited hearing (see Section 515.180).

k) Operational Requirements

1) An ambulance that is transporting a patient to a hospital shall be operated in accordance with the requirements of the Act and this Part.

2) A licensee shall operate its ambulance service in compliance with this Part, 24 hours a day, every day of the year. Except as required in this subsection (k), each individual vehicle within the ambulance service shall not be required to operate 24 hours a day, as long as at least one vehicle for each level of service covered by the license is in operation at all times. An ALS vehicle can be used to provide coverage at either an ALS, ILS or

BLS level, and the coverage shall meet the requirements of this Section.

A) At the time of application for initial or renewal licensure, and upon annual inspection, the applicant or licensee shall submit to the Department for approval a list containing the anticipated hours of operation for each vehicle covered by the license.

i) A current roster shall also be submitted that lists the EMS Personnel, Pre-Hospital RNs and physicians who are employed or available to staff each vehicle during its hours of operation. The roster shall include each staff person's name, license number, license expiration date and daytime telephone number, and shall state whether the person is scheduled to be on site or on call.

ii) An actual or proposed four-week staffing schedule shall also be submitted, which covers all vehicles, includes staff names from the submitted roster, and states whether each staff member is scheduled to be on site or on call during each work shift.

B) Licensees shall obtain the EMS MD's approval of their vehicles' hours of operation prior to submitting an application to the Department. An EMS MD may require specific hours of operation for individual vehicles to assure appropriate coverage within the System.

C) A Vehicle Service Provider that advertises its service as operating a specific number of vehicles or more than one vehicle shall state in the advertisement the hours of operation for those vehicles, if individual vehicles are not available 24 hours a day. Any advertised vehicle for which hours of operation are not stated shall be required to operate 24 hours a day.

3) For each patient transported to a hospital, the ambulance staff shall, at a minimum, measure and record the information required in Section 515.Appendix E.

4) A Vehicle Service Provider shall provide emergency service within the service area on a per-need basis without regard to the patient's ability to

pay for the service.

5) A Vehicle Service Provider shall provide documentation of procedures to be followed when a call for service is received and a vehicle is not available, including copies of mutual aid agreements with other ambulance providers. (See Section 515.810(h).)

6) A Vehicle Service Provider shall not operate its ambulance at a level exceeding the level for which it is licensed (basic life support, intermediate life support, advanced life support), unless the vehicle is operated pursuant to an EMS System-approved in-field service level upgrade or ambulance service upgrades – rural population.

7) The Department will inspect ambulances each year. If the Vehicle Service Provider has no violations of this Section that threaten the health of safety of patients or the publicfor the previous five years and has no substantiated complaints against it, the Department will inspect the Vehicle Service Provider's ambulances in alternate years, and the Vehicle Service Provider may, with the Department's prior approval, self-inspect its ambulances in the other years. The Vehicle Service Provider shall use the Department's inspection form for self-inspection. Nothing contained in this subsection (k)(7) shall prevent the Department from conducting unannounced inspections.

l) A licensee may use a replacement vehicle for up to 10 days without a Department inspection provided that the Department is notified of the use of the vehicle by the second working day.

m) *Patients, individuals who accompany a patient, and emergency services personnel may not smoke while inside an ambulance or SEMSV. The Department of Public Health* shall *impose a civil penalty on an individual who violates this subsection* (m) *in the amount of $100.* (Section 3.155(h) of the Act)

n) Any provider may request a waiver of any requirements in this Section under the provisions of Section 515.150.

(Source: Amended at 40 Ill. Reg. ______, effective ____________)

SUBPART J: EMERGENCY MEDICAL SERVICES FOR CHILDREN

Section 515.3090 Pediatric Recognition of Hospital Emergency Departments and Inpatient Critical Care Services

a) Any hospital seeking recognition as a Standby Emergency Department Approved for Pediatrics (SEDP), Emergency Department Approved for Pediatrics (EDAP) or Pediatric Critical Care Center (PCCC) shall submit an application as outlined by the Department in Appendix K and Appendix N ~~of this Part~~.

b) All EMS Resource Hospitals are required to receive recognition as a SEDP, EDAP or PCCC. All Illinois hospitals are encouraged to obtain and maintain SEDP or EDAP status.

c) The Department shall recognize applicant hospitals as an SEDP, EDAP or PCCC if they meet all of the requirements established by this Part.

d) Hospitals applying for PCCC recognition shall also meet all of the EDAP requirements.

e) Recognition as a SEDP, EDAP or PCCC shall be for four~~three~~ years.

f) All requests for renewal of SEDP, EDAP or PCCC recognition shall be filed in writing with the Department before the recognition expiration date, along with submission of a Department-approved renewal application.

g) The Department shall deny an application for recognition or a request for renewal of recognition when its findings show failure to comply with this Part.

h) The Department shall provide written notice, via certified mail, of its decision to deny an application for recognition or request for renewal of recognition. Hospitals may appeal the denial by submitting a written request to the Illinois Department of Public Health, Division of EMS & Highway Safety.

i) Any SEDP, EDAP or PCCC may voluntarily terminate recognition prior to the expiration date by notifying the Department in writing. The hospital shall notify the Illinois Department of Public Health, Division of EMS & Highway Safety at least 60 days prior to termination and shall identify how area pre-hospital provider agencies, area hospitals, and the Illinois EMSC Office will be notified.

j) The Department shall inspect recognized hospitals to assure compliance with ~~the provisions of~~ this Part.

k) The Department shall take the following action, as appropriate, after determining that an SEDP, EDAP or PCCC is in violation of this Part.

1) If the Director determines that the violation presents an immediate threat of death or serious physical harm to a patient, and if the SEDP, EDAP or PCCC fails to eliminate the violation immediately or within a fixed period of time, not exceeding 10 days, as determined by the Director, the Director shall immediately revoke the recognition.

2) If the Department determines that the violation does not present an immediate threat of death or serious physical harm to a patient, the Director shall issue a notice of violation and request a plan of correction, which shall be subject to the Department's approval.

l) No hospital shall use the recognition levels of SEDP, EDAP or PCCC in relation to itself or hold itself out as an SEDP, EDAP or PCCC without first obtaining recognition pursuant to this Part.

(Source: Amended at 40 Ill. Reg. ______, effective ____________)

Section 515.4000 Facility Recognition Criteria for the Emergency Department Approved for Pediatrics (EDAP)

a) Professional Staff: Physicians

1) Qualifications
Twenty-four hour coverage of the emergency department (excluding designated areas utilized to care for minor illnesses or injuries, i.e., fast track, urgent care) shall be provided by at least one or more physiciansphysician responsible for the care of allcritically ill or injured children. Each physician shall hold who holds one of the following qualifications:

A) Certification in emergency medicine by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) or residency trained/board eligible in emergency medicine and in the first cycle of the board certification process; or

B) Sub-board Certification in pediatric emergency medicine by the American Board of Pediatrics or the ABEM or residency trained/board eligible in pediatric emergency medicine and in the first cycle of the board certification process; or

C) Certification by one of the following boards and current American Heart Association – American Academy of Pediatrics (AHA-AAP) Pediatric Advanced Life Support (PALS) recognition or American College of Emergency Physicians – American Academy of Pediatrics (ACEP-AAP) Advanced Pediatric Life Support (APLS) recognition. PALS and APLS courses shall include both cognitive and practical skills evaluation.

i) Certification in family medicine~~practice~~ by the American Board of Family Medicine (ABFM)~~Practice (ABFP)~~ or American Osteopathic Board of Family Medicine (AOBFM)~~Practice (AOBFP)~~; or

ii) Certification in pediatrics by the ABP or American Osteopathic Board of Pediatrics (AOBP); or

iii) Residency trained/board eligible in either family medicine~~practice~~ or pediatrics and in the first cycle of the board certification process; or

D) Alternate Criteria: The physician has worked in the emergency department prior to January 1, 2018 and has completed 12 months of internship followed by at least 7000 hours of hospital-based emergency medicine, including pediatric patients, over the last 60-month period (including at least 2800 hours within one continuous 24-month period), certified in writing by the hospitals at which the internship and subsequent hours were completed. The physician shall have current AHA-AAP PALS or ACEP-AAP APLS recognition and have completed at least 16 hours of pediatric CME within the past two years.~~A physician who has received a waiver from the Department based on one of the following criteria. Physicians shall reapply for a waiver with each renewal cycle (as applicable) and provide verification of continued compliance with the waiver requirements.~~

~~i) An emergency department physician who has already received a waiver in accordance with Section 515.2030(e) or Section 515.2040(f) of this Part and has current AHA-AAP PALS or ACEP-AAP APLS recognition. PALS and APLS courses shall include both cognitive and practical skills evaluation; or~~

~~ii) Completion of 12 months of internship followed by at least 7000 hours of hospital-based emergency medicine, including pediatric patients, over the last 60-month period (including 2800 hours within one 24-month period), verified in writing by the hospitals at which the internship and subsequent hours were completed and current AHA-AAP PALS or ACEP-AAP APLS recognition. PALS and APLS courses shall include both cognitive and practical skills evaluation; or~~

~~iii) Completion of professional activities spent in the practice of pediatric emergency medicine (PEM), over the last 60-month period and totaling a minimum of 6000 hours, focused on the care of pediatric patients in the emergency department, and current AHA-AAP PALS or ACEP-AAP APLS recognition (PALS and APLS courses shall include both cognitive and practical skills evaluation). Of the 6000 hours, 2800 hours shall have been accrued in a 24-month (maximum) consecutive period of time. A minimum of 4000 of the 6000 hours shall have been spent in the clinical practice of PEM. (If practiced in general ED, only time spent exclusively in pediatric practice can be used for credit.) The remaining 2000 hours may be spent in either clinical care or a mixture of related non-clinical activities clearly focused on PEM, including administration, teaching, pre-hospital care, quality improvement, research or other academic activities.~~

2) Continuing Medical Education
All full- and part-time emergency physicians~~All full- or part-time emergency physicians~~ caring for children in the emergency department or fast track/urgent care area shall have documentation of completion of a minimum of 16 hours of continuing medical education (AMA Category I

or II) in pediatric emergency topics every two years. CME hours shall be earned by, but not limited to, verified attendance at or participation in formal CME programs (i.e., Category I) or informal CME programs (i.e., Category II), all of which shall have pediatrics as the majority of their content. The CME may be obtained from a pediatric specific program/course or may be a pediatric lecture/presentation from a workshop/conference. To meet Category II, teaching time needs to have undergone review and received approval by a university/hospital as Category II CME. The Illinois Department of Financial and Professional Regulation can provide guidance related to criteria for acceptable Category I or II credit.

3) Physician Coverage
At least one physician meeting the requirements of subsection (a)(1) shall be on duty in the emergency department 24 hours a day.

4) Consultation
Telephone consultation with a physician who is board certified or eligible in pediatrics or pediatric emergency medicine shall be available 24 hours a day. Consultation can be with an on-staff physician or in accordance with Appendix M~~ of this Part~~.

5) Physician Backup
A backup physician whose qualifications and training are equivalent to subsection (a)(1) shall be available to the EDAP within one hour after notification to assist with critical situations, increased surge capacity or disasters.

6) On-Call Physicians
Guidelines shall be established that address on-site response time for all on-call specialty physicians.

b) Professional Staff: Nurse Practitioner and Physician Assistant~~Mid-Level Practitioners~~
Nurse practitioners and~~A mid-level practitioner is a nurse practitioner or~~ physician assistants~~assistant~~ working under the supervision of a physician who meets the qualifications of subsection (a)(1)~~ of this Section~~.

1) Qualifications

A) Nurse practitioners shall meet the following criteriahave:

i) Completion of:Completed

- a nurse practitioner program with a focus on the pediatric patient, such as a pediatric nurse practitioner program or emergency nurse practitioner program or family practice nurse practitioner program;, or the Department will grant a waiver based on the following criteria: has completed 2000 hours of hospital-based emergency department or acute care as a nurse practitioner over the last 24-month period that includes the care of the pediatric patient (nurse practitioners shall reapply for a waiver with each renewal cycle (as applicable) and provide verification of continued compliance with the waiver requirements; and

- Alternate Criteria: The nurse practitioner worked in the emergency department prior to January 1, 2018 and has completed at least 2000 hours of hospital-based emergency department or acute care as a nurse practitioner over the last 24-month period that includes the care of pediatric patients certified in writing by the hospitals at which the hours were completed.

ii) Current Illinois advanced practice nursing license. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.; and

iii) Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient as defined by the hospital credentialing process.

B) Physician assistants shall meet the following criteriahave:

i) Current Illinois licensure. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices; and

ii) Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient as defined by the hospital credentialing process.

C) All nurse practitioners and physician assistants shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS, the ACEP-AAP APLS or the Emergency Nurses Association (ENA) Emergency Nursing Pediatric Course (ENPC). PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.

2) Continuing Education

A) All full- or part-time nurse practitioners and physician assistants caring for children in the emergency department shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS, the ACEP-AAP APLS or the Emergency Nurses Association (ENA) Emergency Nursing Pediatric Course (ENPC). PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.shall have documentation of a minimum of 16 hours of continuing education units in pediatric emergency topics every two years that are approved by an accrediting agency.

B) All nurse practitioners and full- or part-time physician assistants caring for children in the emergency department and fast track/urgent care area shall have documentation of a minimum of 16 hours of continuing education in pediatric emergency topics every two years that are approved by an accrediting agency.shall have documentation of a minimum of 16 hours of continuing medical education (AMA Category I) in pediatric emergency topics every two years. Credit for CME shall be approved by an accrediting agency.

c) Professional Staff: Nursing

1) Qualifications

A) At least one registered nurse (RN) on duty each shift who is responsible for the direct care of the child in the emergency department shall successfully complete and maintain current recognition in one of the following courses in pediatric emergency care:

i) AHA-AAP PALS;

ii) ACEP-AAP APLS; or

iii) ENA ENPC.

B) All emergency department nurses shall successfully complete and maintain current recognition in one of the above educational requirements within 24 months after employment. PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.

2) Continuing Education
All nurses assigned to the emergency department shall have documentation of a minimum of eight hours of pediatric emergency/critical care continuing education every two years. Continuing education may include, but is not limited to, PALS, APLS or ENPC; CEU offerings; case presentations; competency testing; teaching courses related to pediatrics; and/or publications. These continuing education hours can be integrated with other existing continuing education requirements, provided that the content is pediatric specific.

d) Guidelines, Policies and Procedures

1) Inter-facility Transfer

A) The hospital shall have current transfer agreements that cover pediatric patients. The transfer agreements shall include a provision that addresses communication and quality improvement

measures between the referral and receiving hospitals, as related to patient stabilization, treatment prior to and subsequent to transfer, and patient outcome.

B) The hospital shall have written pediatric inter-facility transfer guidelines and policies/procedures concerning transfer of critically ill and injured patients, which include a defined process for initiation of transfer, including the roles and responsibilities of the referring hospital and referral center; a process for selecting the appropriate care facility; a process for selecting the appropriately staffed transport service to match the patient's acuity level; a process for patient transfer (including obtaining informed consent); a plan for transfer of patient medical record information, signed transport consent, and belongings; and a plan for provision of referral hospital information to family. Incorporating the components of Appendix M of this Part into the emergency department transfer policy/procedure will meet this requirement.

2) Suspected Child Abuse and Neglect
The hospital shall have policies/procedures addressing child abuse and neglect. These policies/procedures shall include, but not be limited to: the identification (including screening), evaluation, treatment and referral to the Department of Children and Family Services (DCFS) of victims of suspected child abuse and neglect in accordance with State law.

3) Emergency Department Treatment Guidelines
The hospital shall have emergency department guidelines, order sets or policies and procedures addressing initial response and assessment and management for its high-volume and high-risk pediatric population (i.e., fever, trauma, respiratory distress, seizures).

4) Latex-Allergy Policy
The hospital shall have a policy addressing the assessment of latex allergies and the availability of latex-free equipment and supplies.

5) Disaster Preparedness
The hospital shall integrate pediatric components into its hospital Disaster/Emergency Operations Plan.

e) Quality Improvement

1) Multidisciplinary Quality Activities Policy

A) Pediatric emergency medical care shall be included in the EDAP's emergency department or section quality improvement (QI) program and reported to the hospital Quality Committee.

B) Multidisciplinary quality improvement (QI) processes/activities shall be established (e.g., committee~~, task force~~).

C) Quality monitors shall be documented that address pediatric care within the emergency department, with identified clinical indicators, monitor tools, defined~~and/or~~ outcomes for care, feedback loop processes and target timeframes for closure of issues. These activities shall include children from birth up to and including 15 years of age and shall consist of, but are not limited to, all~~ pediatric~~ emergency department:~~ deaths, inter-facility transfers, child abuse and neglect cases, critically ill or injured children in need of stabilization (e.g., respiratory failure, sepsis, shock, altered level of consciousness, cardio/pulmonary failure) and pediatric strategic priorities of the institution.~~

i) Pediatric deaths;

ii) Pediatric inter-facility transfers;

iii) Child abuse and neglect cases;

iv) Critically ill or injured children in need of stabilization (e.g., respiratory failure, sepsis, shock, altered level of consciousness, cardio/pulmonary failure); and

v) Pediatric quality and safety priorities of the institution.

D) *All information contained in or relating to any medical audit*/quality improvement monitor *performed of a* PCCC's, EDAP's or SEDP's pediatric services pursuant to this Section *shall be afforded the same status as is provided information concerning medical studies in Article VIII, Part 21 of the Code of Civil Procedure.* (Section 3-110(a) of the Act)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

2) Pediatric Physician Champion
The emergency department medical director shall appoint a physician to champion pediatric quality improvement activities. The pediatric physician champion shall work with and provide support to the pediatric quality coordinator.

3) Pediatric Quality Coordinator
A member of the professional staff who has ongoing involvement in the care of pediatric patients shall be designated to serve in the role of the pediatric quality coordinator. The pediatric quality coordinator shall have a job description that includes the allocation of appropriate time and resources by the hospital. This individual may be employed in an area other than the emergency department and shall have a minimum of two years of pediatric critical care or emergency department experience. Working with the pediatric physician champion, the responsibilities of the pediatric quality coordinator shall include:~~The responsibilities of the pediatric quality coordinator, working with the pediatric physician champion, shall include:~~

A) Working in conjunction with the ED nurse manager and ED medical director to ensure compliance with and documentation of the pediatric continuing education of all emergency department staff in accordance with subsections (a), (b), and (c)~~ of this Section~~.

B) Coordinating data collection for identified clinical indicators and outcomes (see subsection (e)(1)(C)~~ of this Section~~).

C) Reviewing selected pediatric cases transported to the hospital by pre-hospital providers and providing feedback to the EMS Coordinator/System.

D) Participating in regional QI activities, including preparing a written QI report and attending the Regional QI subcommittee. These activities shall be supported by the hospital. One representative from the Regional QI subcommittee shall report to the EMS Regional Advisory Board.

E) Providing QI information to the Department upon request. (See

Section 3.110(a) of the Act.)

f) Equipment, Trays, and Supplies
See Appendix L~~ of this Part~~.

(Source: Amended at 40 Ill. Reg. ______, effective ____________)

Section 515.4010 Facility Recognition Criteria for the Standby Emergency Department Approved for Pediatrics (SEDP)

a) Professional Staff: Physicians

1) Qualifications

A) All physicians shall have training in the care of pediatric patients through residency training, clinical training, or practice.

B) All physicians shall successfully complete and maintain current recognition in the AHA-AAP PALS or the ACEP-AAP APLS. Physicians who are board certified or eligible in emergency medicine (ABEM or AOBEM) or in pediatric emergency medicine (ABP/ABEM) are excluded from this requirement. PALS and APLS shall include both cognitive and practical skills evaluation.

2) Continuing Medical Education
All full and part-time emergency physicians caring for children in the emergency department or fast track/urgent care area shall have documentation of a minimum of 16 hours of continuing medical education (AMA Category I or II) in pediatric emergency topics every two years. CME hours shall be earned by, but not limited to, verified attendance at or participation in formal CME programs (i.e., Category I) or informal CME programs (i.e., Category II), all of which shall have pediatrics as the majority of their content. The CME may be obtained from a pediatric specific program/course or may be a pediatric lecture/presentation from a workshop/conference. To meet Category II, teaching time needs to have undergone review and received approval by a university/hospital as Category II CME. The Illinois Department of Financial and Professional Regulation can provide guidance related to criteria for acceptable Category I or II credit.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

3) Coverage
At least one physician meeting the requirements of subsection (a)(1), or a ~~physician assistant or~~ nurse practitioner or physician assistant meeting the requirements of subsection (b)(1), shall be on duty in the emergency department 24 hours a day or immediately available. A policy shall define when a physician is to be consulted/called in at times when the emergency department is covered by a mid-level provider.

4) Consultation
Telephone consultation with a physician who is board certified or eligible in pediatrics or pediatric emergency medicine shall be available 24 hours a day. Consultation may be with an on-call physician or in accordance with Appendix M~~ of this Part~~.

5) Physician Backup
A backup physician whose qualifications and training are equivalent to subsection (a)(1)~~ of this Section~~ shall be available to the SEDP within one hour after notification to assist with critical situations, increased surge capacity or disasters.

6) On-Call Physicians
Guidelines shall address response time for on-call physicians.

b) Professional Staff: Nurse Practitioner and Physician Assistant~~Mid-level Practitioners~~
Nurse practitioners and~~A mid-level practitioner is a nurse practitioner or~~ physician assistants~~assistant~~ working under the supervision of a physician who meets the qualifications of subsection (a)(1)~~ of this Section~~.

1) Qualifications

A) Nurse practitioners shall meet the following criteria~~have~~:

i) Completion of:~~Completed~~

- a nurse practitioner program with a focus on the pediatric patient, such as a pediatric nurse practitioner program or emergency nurse practitioner program or family practice nurse practitioner program; or~~, or the Department will~~

~~grant a waiver based on the following criteria: completion of 2000 hours of hospital-based emergency department or acute care as a nurse practitioner over the last 24-month period that includes the care of the pediatric patient. Nurse practitioners shall reapply for a waiver with each renewal cycle (as applicable) and provide verification of continued compliance with the waiver requirements; and~~

- Alternate Criteria: The nurse practitioner worked in the emergency department prior to January 1, 2018 and has completed at least 2000 hours of hospital-based emergency department or acute care as a nurse practitioner over the last 24-month period that includes the care of pediatric patients certified in writing by the hospitals at which the hours were completed.

ii) Current~~A current~~ Illinois advanced practice nursing license.~~; and~~ For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

iii) Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient as defined by the hospital credentialing process.

B) Physician assistants shall meet the following criteria~~have~~:

i) Current Illinois physician assistant licensure.~~; and~~ For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

ii) Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric

emergency patient as defined by the hospital credentialing process.

C) All nurse practitioners and physician assistants shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS, the ACEP-AAP APLS or the ENA ENPC. PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.

2) Continuing Education

A) All full- or part-time nurse practitioners and physician assistants caring for children in the emergency department shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS, the ACEP-AAP APLS or the Emergency Nurses Association (ENA) Emergency Nursing Pediatric Course (ENPC). PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.have documentation of a minimum of 16 hours of continuing education in pediatric emergency topics every two years. Credit for continuing education shall be approved by an accrediting agency.

B) All nurse practitioners and full- or part-time physician assistants shall have documentation of a minimum of 16 hours of continuing education in pediatric emergency topics every two years that are approved by an accrediting agency.shall have documentation of a minimum of 16 hours of continuing medical education (AMA Category I) in pediatric emergency topics every two years. Credit for CME shall be approved by an accrediting agency.

c) Professional Staff: Nursing

1) Qualifications
At least one RN on duty each shift who is responsible for the direct care of the child in the emergency department shall successfully complete and maintain current recognition in one of the following courses in pediatric emergency care:

A) AHA-AAP PALS;

B) ACEP-AAP APLS; or

C) ENA ENPC.

2) Continuing Education
At least one Registered Nurse~~RN~~ on duty on each shift who is responsible for the direct care of the child in the emergency department shall have documentation of a minimum of eight hours of pediatric emergency/critical care continuing education every two years. Continuing education may include, but is not limited to, PALS, APLS or ENPC; CEU offerings; case presentations; competency testing; teaching courses related to pediatrics; and~~or~~ publications. The continuing education hours may be integrated with other existing continuing education requirements, provided that the content is pediatric specific. PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.

d) Policies and Procedures

1) Inter-facility Transfer

A) The hospital shall have current transfer agreements that cover pediatric patients. The transfer agreements shall include a provision that addresses~~address~~ communication and quality improvement measures between the referral and receiving hospitals, as related to patient stabilization, treatment prior to and subsequent to transfer, and patient outcome.

B) The hospital shall have written pediatric inter-facility transfer guidelines/ policies/procedures concerning transfer of critically ill and injured patients, which ~~that~~ include a defined process for initiation of transfer, including the roles and responsibilities of the referring hospital and referral center; a process for selecting the appropriate care facility; a process for selecting the appropriately staffed transport service to match the patient's acuity level; a process for patient transfer (including obtaining informed consent); a plan for transfer of patient medical record information, signed transport consent, and belongings; and a plan for provision of referral hospital information to family. Incorporating the components of Appendix M ~~of this Part~~ into the emergency department transfer policy/procedure will meet this requirement.

2) Suspected Child Abuse and Neglect
The hospital shall have policies/procedures addressing child abuse and neglect. These policies/procedures shall include, but not be limited to: the identification (including screening), evaluation, treatment and referral to DCFS of victims of suspected child abuse and neglect in accordance with State law.

3) Emergency Department Treatment Guidelines
The hospital shall have emergency department guidelines, order sets or policies and procedures addressing initial~~ response and~~ assessment and management for its high-volume and high-risk pediatric population (i.e., fever, trauma, respiratory distress, seizures).

4) Latex-Allergy Policy
The hospital shall have a policy addressing the assessment of latex allergies and the availability of latex-free equipment and supplies.

5) Disaster Preparedness
The hospital shall integrate pediatric components into its Disaster/Emergency Operations Plan.

e) Quality Improvement

1) Multidisciplinary Quality Activities Policy

A) Pediatric emergency medical care shall be included in the SEDP's emergency department or section QI program and reported to the hospital Quality Committee.

B) Multidisciplinary quality improvement processes/ activities shall be established (e.g., committee~~, task force~~).

C) Quality monitors shall be documented that address pediatric care within the emergency department, with identified clinical indicators, monitor tools,~~ and~~ defined outcomes for care, feedback loop processes and target timeframes for closure of issues. These activities shall include children from birth up to and including 15 years of age and shall consist of, but are not limited to, all~~ pediatric~~ emergency department:

i) Pediatric deaths;

ii) Pediatric inter-facility transfers;

iii) Child abuse and neglect cases;

iv) Critically ill or injured children in need of stabilization (e.g., respiratory failure, sepsis, shock, altered level of consciousness, cardio/pulmonary failure; and

v) Pediatric quality and safety priorities of the institution.

~~deaths, inter-facility transfers, child abuse and neglect cases, critically ill or injured children in need of stabilization (e.g., respiratory failure, sepsis, shock, altered level of consciousness, cardio/pulmonary failure) and pediatric strategic priorities of the hospital.~~

D) *All information contained in or relating to any medical audit/quality improvement monitor performed of a* PCCC's, EDAP's or SEDP's pediatric services *pursuant to* this Section *shall be afforded the same status as is provided information concerning medical studies in Article VIII, Part 21 of the Code of Civil Procedure.* (Section 3.110(a) of the Act)

2) Pediatric Physician Champion
The emergency department medical director shall appoint a physician to champion pediatric quality improvement activities. The pediatric physician champion shall work with and provide support to the pediatric quality coordinator.

3) Pediatric Quality Coordinator
A member of the professional staff who has ongoing involvement in the care of pediatric patients shall be designated to serve in the role of the pediatric quality coordinator. The pediatric quality coordinator shall have a job description that includes the allocation of appropriate time and resources by the hospital. This individual may be employed in an area other than the emergency department and shall have a minimum of two years of pediatric critical care or emergency department experience.

Working with the pediatric physician champion, the responsibilities of the pediatric quality coordinator shall include:

A) Working in conjunction with the ED nurse manager and ED medical director to ensure compliance with and documentation of the pediatric continuing education of all emergency department professional staff in accordance with subsections (a), (b)~~,~~ and (c)~~ of this Section~~.

B) Coordinating data collection for identified clinical indicators and outcomes (see subsection (e)(1)(C)~~ of this Section~~).

C) Reviewing selected pediatric cases transported to the hospital by pre-hospital providers and providing feedback to the EMS Coordinator/System.

D) Participating in regional QI activities, including preparing a written QI report and attending the Regional QI subcommittee meetings. These activities shall be supported by the hospital. One representative from the Regional QI subcommittee shall report to the EMS Regional Advisory Board.

E) Providing QI information to the Department upon request. (See Section 3.110(a) of the Act.)

f) Equipment, Trays, and Supplies
See Appendix L~~ of this Part~~.

(Source: Amended at 40 Ill. Reg. ______, effective ____________)

Section 515.4020 Facility Recognition Criteria for the Pediatric Critical Care Center (PCCC)

Any facility seeking PCCC level recognition shall meet requirements for both the EDAP and PCCC levels.

a) Facility Requirements
A facility recognized as a PCCC Center shall provide the following:

1) An EDAP-recognized emergency department;

2) A distinct Pediatric Intensive Care Unit (PICU);

3) A PICU Committee established as a standing (interdisciplinary) committee within the hospital with membership including, but not limited to, physicians, nurses, respiratory therapists, and others directly involved in PICU activities;

4) Helicopter landing capabilities approved by State and federal authorities;

5) Computerized axial tomography (CAT) scan availability 24 hours a day;

6) Laboratory 24 hours a day in-house, providing:

   A) Standard analysis of blood, urine and body fluids;

   B) Blood typing and cross-matching;

   C) Coagulation studies;

   D) Comprehensive blood bank or an agreement with a community central blood bank;

   E) Blood gases and pH determinations;

   F) Microbiology, including the ability to initiate aerobic and anaerobic cultures on site; and

   G) Drug and alcohol screening;

7) Hemodialysis capabilities or a transfer agreement;

8) Staff, including a child life specialist, occupational therapy, speech therapy, physical therapy, social work, dietary, psychiatry and child protective services;

9) Hospital support staff to act as a resource and participate in multidisciplinary regional pediatric critical care education;

10) A plan for implementing a program of public information/education concerning emergency care services for pediatrics; and

11) Support for active institutional and collaborative regional research.

b) PICU Medical Director Requirements
A Medical Director shall be appointed, and a record of appointment and acceptance shall be in writing.

1) Qualifications
The PICU shall have a dedicated Medical Director who is:

A) Board certified in Pediatrics by the ABP or the AOBP, and Board certified or in the process of certification in Pediatric Critical Care Medicine by ABP, or Pediatric Intensive Care by AOBP; or

B) Board certified in Pediatrics by the ABP or the AOBP, and Board certified in a pediatric subspecialty with at least 50% practice in pediatric critical care. In this situation, a physician who meets the criteria in subsection (b)(1)(A) shall be appointed as Co-director; or

C) Board certified in Anesthesiology by the American Board of Anesthesiology (ABA), or the American Osteopathic Board of Anesthesiology (AOBA), with practice limited to infants and children and with a subspecialty certification in Critical Care Medicine. In this situation, a physician who meets the criteria in subsection (b)(1)(A) shall be appointed as Co-director; or

D) Board-certified in Pediatric Surgery by the American Board of Surgery (ABS) with a subspecialty certification in Surgical Critical Care Medicine by the ABS. In this situation (ABS), a physician who meets the criteria in subsection (b)(1)(A) shall be appointed as Co-director.

2) The Medical Director and/or Co-Director shall achieve certification within seven~~five~~ years after his/her initial acceptance into the certification process for pediatric critical care or intensive care medicine, and shall maintain certification.

c) PICU Medical Staff Requirements

1) Qualifications

A) The PICU shall have 24-hour in-hospital coverage provided by a Board-certified pediatric intensivist, certified by ABP or AOBP, or Board-eligible pediatric intensivist in the process of certification by ABP or AOBP, who is responsible for the supervision of the physicians listed in subsections (c)(1)(A)(i) and (ii), and who is available within 30 minutes in-house after the determination is made that he or she is needed. If the intensivist is not in-house, then one of the following shall be available in-house:

i) Board-certified pediatrician certified by ABP or AOBP, or Board-eligible in pediatrics and in the process of Board certification; or

ii) A resident of PGY-2 or greater under the auspices of a Pediatric Training Program, in the unit, with a PGY-3 in-house.

B) All physicians listed in subsection (c)(1)(A) shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.~~either the ACEP-AAP PALS course or the APLS course.~~

2) Physician Specialist Availability
If the applying hospital is a Pediatric Trauma Center, the applicable requirements for physician response times that meet Sections 515.2035 and 515.2045 shall be followed.

A) Attending level physician specialists shall be on staff and are required to have the following:

i) Pediatric proficiency as defined by the hospital credentialing process;

ii) Board/sub-board certification in their specialty. If residency trained/board prepared in their specialty, physicians shall achieve certification within sevenfive years after initial acceptance into the board/sub-board certification process, and maintain certification; and

iii) 10 hours per year of pediatric CME (category I or II) in his/her specialty.

B) The following on-call surgeons with pediatric proficiency shall be available in-house within 60 minutes after the determination is made that they are needed:

i) Surgeon; and

ii) Neurosurgeon, or transfer agreement with another facility.

C) On-call attending anesthesiologists with pediatric proficiency shall be available in-house within 60 minutes after the determination is made that they are needed. CRNAs with pediatric proficiency may initiate appropriate procedures as identified in hospital by-laws.

D) On-staff subspecialists with the following pediatric proficiency shall be available to the institution or by phone for consultation within 60 minutes after the determination is made that they are needed:

i) Cardiologist;

ii) Neonatologist;

iii) Nephrologist;

iv) Neurologist;

v) Orthopedic surgeon;

vi) Otolaryngologist; and

vii) Radiologist.

E) The following physician specialists shall be available in the hospital or by consultation or transfer agreement with another hospital:

i) Allergist or immunologist;

ii) Cardiothoracic surgeon;

iii) Craniofacial (plastic) surgeon;

iv) Endocrinologist;

v) Gastroenterologist;

vi) Hand surgeon;

vii) Hematologist-oncologist;

viii) Infectious disease;

ix) Micro-vascular surgeon;

x) Obstetrics/gynecology;

xi) Ophthalmologist;

xii) Oral surgeon;

xiii) Physiatrist (physical medicine & rehabilitation);

xiv) Psychiatrist/psychologist;

xv) Pulmonologist; and

xvi) Urologist.

d) PICU Nurse Practitioner and Physician Assistant~~Mid-level Providers~~ Qualifications

1) Nurse practitioner shall have credentialing as evidenced by the following:

A) Completion of a Pediatric Nurse Practitioner program or Pediatric Critical Care Nurse Practitioner Program and certification as an Acute Care ~~Nurse~~ Pediatric Nurse Practitioner.~~; and~~

B) Current Illinois advanced practice nursing license. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.~~An Illinois Advanced Practice Nurse license within one year after hire.~~

2) Physician assistant shall have credentialing as evidenced by the following:

A) Current Illinois Physician Assistant licensure. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.~~; and~~

B) Credentialing that reflects orientation, ongoing training and specific demonstrated competencies in the care of the critically ill and injured pediatric patient as defined by the hospital credentialing process.~~Completion of a documented, precepted post-graduate clinical experience in the management of critically ill pediatric patients.~~

3) All nurse practitioners and physician assistants shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.~~of the following courses: PALS, APLS or ENPC.~~

4) All nurse practitioners and physician assistants shall have documentation of a minimum of 50 hours of ~~CME or~~ continuing education ~~units~~ in pediatric critical care topics every two years that are approved by an accrediting agency~~within a two-year period~~.

e) PICU Nursing Staff Requirements

1) Nurse manager

The PICU shall have a designated nurse manager who shall:

A) Be licensed as a Registered Nurse~~an RN under the Nurse Practice Act~~;

B) Have three years of clinical critical care experience, with a minimum of one year in clinical pediatric care; and

C) Successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.~~the following courses: PALS, APLS or ENPC.~~

2) Advanced practice nurse
Clinical nurse specialist (CNS), nurse practitioner (NP): The PICU shall have a designated pediatric CNS or pediatric NP who is available to provide clinical leadership in the nursing management of patients. Certified advanced practice nurses shall:

A) Have completed a Pediatric Nurse Practitioner program or Pediatric Clinical Nurse Specialist Program and hold certification as a Pediatric Nurse Practitioner or Pediatric Clinical Nurse Specialist.~~Have completed a documented, precepted post-graduate clinical experience in the management of critically ill pediatric patients;~~

B) Have an Illinois Advanced Practice Nurse License. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric program, the professional shall have an unencumbered license in the state in which he or she practices;~~ within one year after hire;~~

C) Successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.~~courses: PALS, APLS or ENPC~~; and

D) Have documentation of a minimum of 50 hours of~~ CME or~~ continuing education~~ units~~ in pediatric critical care topics every

two years that are approved by an accrediting agencywithin a two-year period.

3) Nursing patient care services
All nurses engaged in direct patient care activities shall:

A) Successfully complete a documented hospital and unit orientation according to hospital guidelines before assuming full responsibility for patient care;

B) Complete a yearly competency review of high-risk, low-frequency therapies;

C) Successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS, the ACEP-AAP APLS or the ENA ENPC. PALS, APLS and ENPC shall include both cognitive and practical skills evaluationPALS, APLS or ENPC; and

D) Complete a minimum of 16 hours of pediatric emergency/critical care continuing education hours every two yearswithin a two-year period. Continuing education may include, but is not limited to, CEU offerings, case presentations, competency testing, teaching courses related to pediatrics or publications.

f) PICU Policies, Procedures, and Treatment Protocols
The PICU will include, but not be limited to, having the following age-specific policies/protocols in place:

1) Admission and discharge criteria;

2) A staffing policy that addresses nursing shift staffing patterns based on patient acuity;

3) A policy for managing the psychiatric needs of the PICU patient; and

4) Protocols, order sets, pathways or guidelines for management of high- and low-frequency diagnoses.

g) Inter-facility Transfer/Transport Requirements

A PCCC shall:

1) Provide necessary consultation to those hospitals with which a transfer agreement is established; accept pediatric transfers from those hospitals; provide feedback as well as quality review to those hospitals on the transfer and management process;

2) Have or be affiliated with a transport system and team to assist referral hospitals in arranging safe pediatric patient transport; and

3) Have a transfer/transport policy that addresses the special needs of the pediatric population during transport.

h) Quality Improvement Requirements

1) Each PCCC shall have members from the PICU, including the Medical Director, and from the Pediatric Department who serve on the Multidisciplinary Pediatric Quality Improvement Committee, which will include, but not be limited to: emergency department, pediatric department, respiratory, laboratory, social service and radiology staff.

2) The Multidisciplinary Pediatric Quality Improvement Committee shall perform focused outcome analyses of its PICU and other pediatric inpatient unit services on a quarterly basis that consist of a review of at least the following:

A) All pediatric deaths;

B) All pediatric inter-facility transfers;

C) All pediatric morbidities or negative outcomes that are a result of treatment rendered or omitted;

D) Pediatric quality metrics that~~audit filters. An audit filter is a clinical and internal resource indicator used to~~ examine the process of care and ~~to~~ identify potential patient care and internal resource problems;

E) Child abuse and neglect cases unless review is performed by another committee in the hospital;

F) All re-admissions within 48 hours after discharge from the emergency department or inpatient care that result in admission to the PICU; and

G) Review of all potential and unanticipated adverse outcomes.

i) PICU Equipment (See Appendix O ~~of this Part~~)
The PCCC shall meet all equipment requirements as outlined in Appendix O ~~of this Part~~. In addition, a specialized pediatric resuscitation cart with measuring device shall be readily available on each pediatric unit, containing the required equipment.

j) Pediatric Inpatient Care Service Requirements

1) Physician requirements

A) The Chair of Pediatrics or the Pediatric Inpatient Director shall have certification in pediatrics by the ABP or the AOBP.

B) All hospitalists, credentialed by their hospital to provide pediatric unit care, shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or the ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.~~PALS or APLS.~~

C) The Medical Director of the PICU, or his/her designee, shall be available on call and for consultation for all pediatric in-house patients who may require critical care.

2) Nurse manager requirements
The nurse manager shall:

A) Be licensed as an Illinois Registered Nurse. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.~~Be licensed as an RN under the Nurse Practice Act;~~

B) Have three years of pediatric experience; and

C) Complete and maintain current recognition in one of the following courses: AHA-AAP PALS, the ACEP-AAP APLS or the ENA ENPC. PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.PALS, APLS or ENPC.

3) Nursing patient care services
All nurses engaged in direct patient care activities shall:

A) Be licensed as an Illinois Registered Nurse. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

B)A) Complete a documented hospital and unit orientation according to hospital guidelines before assuming full responsibility for patient care;

C)B) Complete a yearly competency review of high-risk, low-frequency therapies based on patient population;

D)C) Complete and maintain current recognition in one of the following courses: AHA-AAP PALS, the ACEP-AAP APLS or the ENA ENPC. PALS, APLS and ENPC shall include both cognitive and practical skills evaluationPALS, APLS or ENPC; and

E)D) Complete a minimum of 16 hours of pediatric continuing education hours within a two-year period. Continuing education may include, but is not limited to, CEU offerings, case presentations, competency testing, teaching courses related to pediatrics and/or publications.

k) Hospital General Pediatric Department Policies, Procedures and Treatment Protocols
The pediatric department shall have, but not be limited to:

1) A policy or scope of services that outlines the pediatric department services, ages of patients served, and admission guidelines;

2) A staffing policy that addresses nursing shift staffing patterns based on patient acuity;

3) A safety and security policy for the patient in the unit;

4) An inter-facility transport policy that addresses safety and acuity;

5) An intra-facility transport policy that addresses safety and acuity;

6) A latex allergy policy;

7) A pediatric organ procurement/donation policy;

8) An isolation precautions policy that incorporates appropriate infection control measures;

9) A disaster/terrorism policy that addresses the specific medical and psychosocial needs of the pediatric population;

10) Protocols, order sets, pathways or guidelines for management of high-risk and low-frequency diagnoses;

11) A pediatric policy that addresses the resources available to meet the psychosocial needs of patients and family and appropriate social work referral for the following indicators:

    A) Child death;

    B) Child has been a victim of or witness to violence;

    C) Family needs assistance in obtaining resources to take the child home;

    D) Family needs a payment resource for their child's health needs;

    E) Family needs to be linked back to their primary health, social service or educational system;

F) Family needs support services to adjust to their child's health condition or the increased demands related to changes in their child's health conditions; and

G) Family needs additional education related to the child's care needs to care for the child at home.

12) A discharge planning policy or protocol that includes the following:

A) Documentation of appropriate primary care/specialty follow-up provisions;

B) Mechanism to access a primary care resource for children who do not have a provider;

C) Discharge summary provision to appropriate medical care provider, parent/guardian, which includes the following:

i) Information on the child's hospital course;

ii) Discharge instructions and education; and

iii) Follow-up arrangements;

D) Appropriate referral of patients to rehabilitation or specialty services for children who may have any of the following problems:

i) Require the assistance of medical technology;

ii) Do not exhibit age-appropriate activity in cognitive, communication or motor skills, behavioral, or social/emotional realms;

iii) Additional medical or rehabilitation needs that may require specialized care, such as medication, hospice care, physical therapy, home health, or speech/language services;

iv) Brain injury – mild, moderate or severe;

v) Spinal cord injury;

vi) Seizure behavior exhibited during acute care or a history of seizure disorder and is not currently linked with specialty follow up;

vii) Submersion injury, such as a near drowning;

viii) Burn (other than a superficial burn);

ix) Pre-existing condition that experiences a change in health or functional status;

x) Neurological, musculoskeletal or developmental disability; or

xi) Sudden onset of behavioral change, for example, in cognition, language or affect.

l) Quality Improvement Requirements
Representatives from the pediatric unit shall participate in the multidisciplinary Pediatric Quality Improvement Committee (see subsection (h)).

m) Equipment Requirements (See Appendix O~~ of this Part~~.)
The PCCC shall meet all equipment requirements as outlined in Appendix O~~ of this Part~~. In addition, a specialized pediatric resuscitation cart with measuring device shall be readily available on each pediatric unit, containing the required equipment.

(Source: Amended at 40 Ill. Reg. ______, effective ____________)

SUBPART K: COMPREHENSIVE STROKE CENTERS, PRIMARY STROKE CENTERS AND ACUTE STROKE-READY HOSPITALS~~EMERGENT STROKE READY HOSPITALS~~

Section 515.5000 Definitions

For the purposes of this Subpart K:

a) "*Certification" or "certified" means certification* of a Comprehensive Stroke Center (CSC), Primary Stroke Center or Acute Stroke-Ready Hospital *using evidence-based standards, from a nationally recognized certifying body approved*

by the Department. (Section 3.116 of the Act) The State Stroke Advisory Subcommittee shall forward recommendations of certifying bodies to the Department at least annually~~, or more often as needed~~. The Department will consult the State Stroke Advisory Subcommittee when reviewing and approving certifying bodies. The Department will maintain and post on the Department's website a current list of the names, phone numbers and website information, if available, of the approved certifying bodies. The list will be reviewed at least annually.

b) *"Designation" or "designated" means the Department's recognition of a hospital as a CSC, Primary Stroke Center or Acute Stroke-Ready Hospital~~Emergent Stroke Ready Hospital~~.* (Section 3.116 of the Act)

(Source: Amended at 40 Ill. Reg. __________, effective __________)

Section 515.5002 State Stroke Advisory Subcommittee

a) The State Stroke Advisory Subcommittee shall establish bylaws to ensure equal membership that rotates and clearly delineates committee responsibilities and structure; and

b) Annually, the State Stroke Advisory Subcommittee and the Department will consider adopting new nationally recognized recommendations.

(Source: Added at 40 Ill. Reg. ___________, effective ___________)

Section 515.5004 Regional Stroke Advisory Subcommittee

a) *Of the members first appointed, one-third shall be appointed for a term of one year, one-third shall be appointed for a term of 2 years, and the remaining members shall be appointed for a term of 3 years. The terms of subsequent appointees shall be 3 years.* (Section 3.116 of the Act)

b) The Regional Stroke Advisory Subcommittee shall function as a subcommittee of the Regional EMS Advisory Committee and report biannually at regularly scheduled meetings as identified in Section 515.210(b) and (c). The Regional Stroke Advisory Subcommittee shall make recommendations to the Regional EMS Medical Directors related to the establishment and revision of evidence based protocols for the triage, treatment and transport of possible acute stroke patients to the appropriate CSC, Primary Stroke Center or Acute Stroke-Ready

Hospital. The Regional Stroke Advisory Subcommittee shall assist with the development of stroke networks.

c) The Regional Stroke Advisory Committee shall collect and evaluate de-identified stroke care data from regional stroke network hospitals and EMS Systems to evaluate and make recommendations to the Regional EMS MDs for improvement in regional stroke systems of care.

(Source: Added at 40 Ill. Reg. ___________, effective ___________)

Section 515.5010 Stroke Care – Restricted Practices

Sections in the *Act pertaining to CSCs, Primary Stroke Centers or Acute Stroke-Ready Hospitals~~Emergent Stroke Ready Hospitals~~ are not medical practice guidelines and shall not be used to restrict the authority of a hospital to provide services for which it has received a license under State law.* (Section 3.119 of the Act)

(Source: Amended at 40 Ill. Reg. __________, effective __________)

Section 515.5015 Comprehensive Stroke Center (CSC) Designation

a) Subject to Section 515.5040, *Comprehensive Stroke Center designation shall remain valid at all times while the hospital maintains its certification as a CSC, in good standing, with the certifying body.*

b) *The duration of a CSC designation shall coincide with the duration of its CSC certification.*

c) *Each designated CSC shall have its designation automatically renewed upon the Department's receipt of a copy of the* certifying *body's certification renewal* and an application form available through the Department. (Section 3.117(a-5)(5) of the Act)

d) A hospital shall submit a copy of its certification renewal from the certifying body as soon as practical, but no later than 30 business days after the hospital receives the certification.

(Source: Added at 40 Ill. Reg. ___________, effective ___________)

Section 515.5016 Request for Comprehensive Stroke Center Designation

a) *A hospital* that is already *certified as a CSC by a nationally recognized certifying body approved by the Department shall send a copy of the certificate and annual fee to the Department* along with an application available through the Department. (Section 3.117(a-5)(1) and (2) of the Act)

b) Within 30 business days after the Department receives the hospital's certificate indicating that the hospital is a certified CSC in good standing with the certifying body and the application available through the Department, the hospital shall be deemed to be a State-designated Comprehensive Stroke Center.

c) The Department will send designation notices to hospitals that it designates as Comprehensive Stroke Centers. A list of designated Comprehensive Stroke Centers will be maintained on the Department's website at http://www.dph.illinois.gov/topics-services/emergency-preparedness-response/ems/stroke-program. Names of designated Comprehensive Stroke Centers will be added upon designation. Names will be removed from the website designation list in accordance with Section 3.118(c) of the Act.

d) The application available through the Department shall include a statement that the hospital meets the requirements for CSC designation in Section 3.117 of the Act. The applicant hospital shall provide the following:

1) Hospital name and address;

2) Hospital chief executive officer/administrator typed name and signature;

3) Hospital stroke medical director typed name and signature; and

4) Contact person typed name, e-mail address and phone number.

e) The application available through the Department will instruct the hospital to provide proof of current CSC certification from a nationally recognized certifying body approved by the Department.

f) A hospital designated as a CSC shall pay an annual fee of $500.

(Source: Added at 40 Ill. Reg. __________, effective __________)

Section 515.5017 Suspension and Revocation of Comprehensive Stoke Center Designation

a) *A hospital that no longer meets nationally recognized, evidence-based standards for CSCs, or loses its CSC certification, shall notify the Department,* the hospital's EMS MD*, and the Regional EMS Advisory Committee,* in writing, *within 5 business days,* upon notification from the certifying body. (Section 3.117(a-5)(6)(A) of the Act)

b) Suspension of Designation

1) *The Department shall have the authority and responsibility to suspend or revoke the hospital's CSC designation upon receiving notice that the hospital's CSC certification has lapsed or been revoked by the State recognized certifying body.* (Section 3.117(a-5)(4)(A) of the Act)

2) *The Department shall have the authority and responsibility to suspend the hospital's CSC designation, in extreme circumstances in which patients may be at risk for immediate harm or death, until such time as the certifying body investigates and makes a final determination regarding certification.* (Section 3.117(a-5)(4)(B) of the Act) The Department will notify the hospital's certifying body and provide the hospital and EMS MD with written notice of the Department's decision to suspend designation.

3) Upon receipt of the Department's written notice to suspend designation, the hospital shall have 15 business days in which to make a written request for an administrative hearing to contest the Department's decision. Administrative hearings will be conducted in accordance with Section 515.180. The Department will notify the hospital, the EMS MD, and the hospital's certifying body of the Department's final administrative decision to revoke designation.

4) The Department will *suspend the hospital's CSC designation at the request of a hospital seeking to suspend its own Department designation.* (Section 3.117(a-5)(4)(D) of the Act)

5) The Department shall have the authority to conduct investigations. All applicants for designation and designees *shall fully cooperate with any Department investigation, including providing patient medical records as requested by the Department.* (Section 3.125(d) of the Act) The failure to fully cooperate shall be grounds for denying, suspending or revoking a designation.

c) The Department will *restore any previously suspended or revoked Department designation upon notice to the Department that the certifying body has confirmed or restored the CSC certification of that previously designated hospital.* (Section 3.117(a-5)(4)(C) of the Act)

(Source: Added at 40 Ill. Reg. ___________, effective ___________)

Section 515.5020 Primary Stroke Center (PSC) Designation

a) Subject to Section 515.5040, *Primary Stroke Center designationDesignation shall remain valid at all times while the hospital maintains its certification as a PSCPrimary Stroke Center, in good standing with the* Department-approved *certifying body.* (Section 3.117(a)(4) of the Act)

b) *The duration of a PSC designationPrimary Stroke Center Designation shall coincide with the duration of its PSCPrimary Stroke Center certification.* (Section 3.117(a)(4) of the Act)

c) *Each designated PSCPrimary Stroke Center shall have its designation automatically renewed upon the Department's receipt of a copy of the* certifying *body's certification renewal* and an application available through the Departmentthe Request for IDPH Primary Stroke Center Designation form. (Section 3.117(a)(4) of the Act)

d) *The Department shall consult with the State Stroke Advisory Subcommittee* in *developing designation, re-designation, and de-designation processes for PSCsPrimary Stroke Centers.* (Section 3.117(c) of the Act)

e) A hospital shall submit a copy of its certification renewal from the certifying body as soon as practical, but no later than 3045 business days after the hospital receives the certification. Upon receipt of the certification renewal, the Department will begin the re-designation process.

(Source: Amended at 40 Ill. Reg. __________, effective __________)

Section 515.5030 Request for Primary Stroke Center Designation

a) *A hospital* that is already *certified as a Primary Stroke Center by a nationally recognized certifying body approved by the Department shall send a copy of the*

certificate *and annual fee* *to the Department*, along with an application available through the Departmenta Request for Primary Stroke Center Designation form. (Section 3.117(a)(2) of the Act)

b) *Within 30* *business* *days* after the Department receives the hospital's certificate indicating that the hospital is a certified PSCPrimary Stroke Center *in good standing with the certifying body,* and the completed application available through the DepartmentRequest for Primary Stroke Center Designation form, the hospital *shall be deemed to be a State-designated PSCPrimary Stroke Center*. (Section 3.117(a)(2) and (4) of the Act)

c) The Department will send designation notices to hospitals that it designates and will *add the names of designated PSCsPrimary Stroke Centers to the website listing immediately upon designation*. Subject to Section 515.5040, the Department will *remove the name* of a hospital from the website listing *when a hospital loses its designation after notice* and, if requested by the hospital, *a hearing*. (Section 3.118(c) of the Act)

d) The application available through the Department Request for Primary Stroke Center Designation shall include a statement that the hospital meets the requirements for PSC designationPrimary Stroke Center Designation in Section 3.117 of the Act. The applicant hospital shall provide the following:

1) Hospital name and address;

2) Hospital chief executive officer/administrator typed name and signature;

3) Hospital stroke medical director typed name and signature; and

4) Contact person typed name, e-mail address and phone number.

e) The application available through the DepartmentRequest for Primary Stroke Center Designation will instruct the hospital to provide proof of current PSCPrimary Stroke Center certification from a nationally recognized certifying body approved by the Department.

f) A hospital designated as a PSC shall pay an annual fee of $350.

(Source: Amended at 40 Ill. Reg. __________, effective __________)

Section 515.5040 Suspension and Revocation of Primary Stroke Center Designation

a) *A hospital that no longer meets nationally recognized, evidence-based standards for Primary Stroke Centers, or loses its PSCPrimary Stroke Center certification, shall immediately notify the Department,* the hospital's EMS MD*, and the Regional EMS Advisory Committee,* in writing, *within 5 business days,* upon notification from the certifying body. (Section 3.117(a)(5) of the Act)

b) Suspension of Designation

1) The Department *shall have the authority and responsibility to suspend a hospital's PSCPrimary Stroke Center designation upon receiving notice* from the hospital's certifying body *that the hospital's PSCPrimary Stroke Center certification has lapsed*, or been *revoked*, suspended or cancelled. (Section 3.117(a)(3.5)(A)3.117(a)(3)(A) of the Act)

2) *In extreme circumstances where patients may be at risk for immediate harm or death*, as determined by the Director, the Department *shall have the authority and responsibility to suspend a hospital's PSC designationPrimary Stroke Center Designation, until such time as the certifying body investigates and makes a final determination regarding certification.* (Section 3.117 (a)(3.5)(B)3.117(a)(3)(B) of the Act) The Department will notify the hospital's certifying body and provide the hospital and EMS MD with written notice of its decision to suspend designation.

3) Upon receipt of the Department's written notice to suspend designation, the hospital shall have 15 business days in which to make a written request for an administrative hearing to contest the Department's decision. Administrative hearings will be conducted in accordance with Section 515.180. The Department will notify the hospital, the EMS MD, and the hospital's certifying body of the Department's final administrative decision to revoke designation.

4) The Department will *suspend a hospital's PSCPrimary Stroke Center designation at the request of a hospital seeking to suspend its own Department designation.* (Section 3.117(a)(3.5)(D)3.117(a)(3)(D) of the Act)

5) The Department shall have the authority to conduct investigations. All

applicants for designation and designees *shall fully cooperate with any Department investigation, including providing patient medical records as requested by the Department.* (Section 3.125(d)) The failure to fully cooperate shall be grounds for denying, suspending or revoking a designation.

c) Revocation of Designation. The Department *shall have the authority and responsibility to* revoke a hospital's designation if the hospital's certification has been *revoked by the State-recognized certifying body*. (Section 3.117(a)(3.5)(A)~~3.117(a)(3)~~ of the Act)

d) The Department will *restore any previously suspended or revoked Department designation upon notice to the Department that the certifying body has confirmed or restored the Primary Stroke Center certification of that previously designated hospital.* (Section 3.117(a)(3.5)(C)~~3.117(a)(3)(C)~~ of the Act)

e) *The Department shall consult with the State Stroke Advisory Subcommittee* in *developing designation and de-designation processes for PSCs~~Primary Stroke Centers~~*. (Section 3.117(c) of the Act)

(Source: Amended at 40 Ill. Reg. __________, effective __________)

Section 515.5050 Acute Stroke-Ready Hospital (ASRH)~~Emergent Stroke Ready Hospital (ESRH)~~ Designation without National Certification

a) The Department recognizes that diagnostic capabilities and treatment modalities for the care of stroke patients will change because of rapid advances in science and medicine. Nothing in this Part shall prohibit a hospital, without designation, from providing emergency stroke care. Requirements pertaining to Acute Stroke-Ready Hospitals~~Emergent Stroke Ready Hospitals~~ shall not be used to restrict the authority of a hospital to provide services for which it has received a license under State law.

b) Upon receipt of hospital applications, *the Department shall attempt to designate hospitals as Acute Stroke-Ready Hospitals~~Emergent Stroke Ready Hospitals capable of providing emergent stroke care~~ in all areas of the State. For any hospital that is designated as an Emergent Stroke Ready Hospital at the time that the Department begins the designation of ASRHs, the Emergent Stroke Ready designation shall remain intact for the duration of the 12 month period until that designation expires, but that designation shall* not exceed September 30, 2016.

(Section 3.117(b) of the Act)

c) *The Department shall attempt to designate hospitals as ASRHs in all areas of the State* as long as they meet the criteria in this Section. (Section 3.117(b) of the Act) *The Department shall designate as many Emergent Stroke Ready Hospitals as apply for that designation as long as they meet the criteria in* this Section and Section 3.117 of the Act.

d) Any hospital seeking designation as an ASRH Emergent Stroke Ready Hospital shall *apply for and receive ASRH Emergent Stroke Ready Hospital designation from the Department, provided that the hospital attests, on* an application available through the Department *a* Request for Emergent Stroke Ready Hospital Designation *form* (see Section 515.5060)*, that it meets, and will continue to meet, the criteria for ASRH designation and pays an annual fee Emergent Stroke Ready Hospital Designation*. (Section 3.117(b)(2) of the Act) The Department will post and maintain ASRH ESRH designation instructions, including the request form, on its website.

e) Upon receipt of a completed application available through the Department Request for Emergent Stroke Ready Hospital designation form attesting that the hospital meets the criteria set forth in the Act and this Part, signed by a hospital administrator or designee, the Department will *designate a hospital as an ASRH Emergent Stroke Ready Hospital no more than 30 20 business days after receipt of an attestation that meets the requirements for attestation* in Section 515.5070(a)*, unless the Department, within 30 days* after *receipt of the attestation, chooses to conduct an onsite survey prior to designation. If the Department chooses to conduct an onsite survey prior to designation, then the onsite survey shall be conducted within 90 days* after *receipt of the attestation.* (Section 3.117(b)(4)(B) of the Act) The Department will notify the hospital of the designation in writing. The Department has the authority to conduct on-site visits to assess compliance with this Part.

f) *The Department shall add the names of designated ASRHs Emergent Stroke Ready Hospitals to* the *website listing immediately upon designation* (Section 3.118(c) of the Act) and *shall immediately remove the name of a hospital from the website listing when a hospital loses its designation after notice and, if requested by the hospital, a hearing* (Section 3.117(b)(4)(A-5) of the Act). *and shall immediately remove the name when a hospital loses its designation, after* written *notice and,* if requested by the hospital, *a hearing*. (Section 3.118(c) of the Act)

g) The Department will *require annual written attestation by ASRHs~~Emergent Stroke Ready Hospitals~~ to indicate compliance with ASRH~~Emergent Stroke Ready Hospital~~ criteria, as described in* the Act and this Part*, and* will *automatically renew ASRH~~Emergent Stroke Ready Hospital~~ designation of the hospital.* (Section 3.117(b)(4)(C) of the Act) The hospital shall provide the attestation, along with any necessary supporting documentation~~, within 45 business days after receipt of the notification~~. Supporting documentation shall include any documents supporting the attestation that have changed significantly since the previous annual attestation.

h) ASRH designation *requires annual written attestation*, on a Department form, *by an ASRH to indicate compliance with ASRH criteria*, as described in this Part. The Department, after determining that the ASRH meets the requirements for attestation, will *automatically renew the ASRH designation of the hospital.* (Section 3.117(b)(4)(C) Within *30 business days*, the Department will provide written acknowledgment of the hospital's designation renewal. (Section 3.117(b)(4)(B) of the Act).~~Emergent Stroke Ready Hospital Designation shall *automatically renew* upon the Department's receipt of a completed annual Request for Emergent Stroke Ready Hospital Designation form *that meets the requirements for attestation* in Section515.5070(a).~~

(Source: Amended at 40 Ill. Reg. ________, effective ____________)

Section 515.5060 Acute Stroke-Ready Hospital~~Emergent Stroke Ready Hospital~~ Designation Criteria without National Certification

a) *Hospitals~~Develop~~* ~~Hospitals~~ *seeking Acute Stroke-Ready Hospital designation that do not have* national *certification~~Emergent Stroke Ready Hospital~~ shall develop policies and~~,~~ procedures~~,~~ that are consistent with~~or protocols that consider~~* ~~and reflect~~ *nationally recognized~~,~~ evidence-based protocols for the provision of emergent stroke care.* (Section 3.117(b)(3) of the Act)

b) *Hospital policies,* procedures or protocols *relating to emergent stroke care and stroke patient outcome shall be reviewed at least annually, or more often as needed, by a hospital committee that oversees quality improvement. Adjustments shall be made as necessary to advance the quality of stroke care delivered.* (Section 3.117(b)(3) of the Act)

c) *Criteria for ASRH designation~~Emergent Stroke Ready Hospital Designation~~ of hospitals shall be limited to the ability of the hospital to:*

1) *Create written acute care* policies, procedures, or *protocols related to emergent stroke care,* including transfer criteria~~*including transfer criteria*~~ (Section 3.117(b)(3)(A) of the Act);

2) *Participate in the data collection system provided in Section 3.118* of the Act, *if available* (Section 3.117(b)(3)(A-5) of the Act);

3)~~2)~~ *Maintain a written transfer agreement with one or more hospitals that have neurosurgical expertise* (Section 3.117(b)(3)(B) of the Act);

4)~~3)~~ *Designate a Clinical Director of Stroke Care who shall be a clinical member of the hospital staff with training or experience, as defined by the facility, in the care of patients with cerebrovascular disease. This training or experience may include, but is not limited to, completion of a fellowship or other specialized training in the area of cerebrovascular disease, attendance at national courses, or prior experience in neuroscience intensive care units. The Clinical Director of Stroke Care may be a neurologist, neurosurgeon, emergency medicine physician, internist, radiologist, advanced practice nurse, or physician assistant.* (Section 3.117(b)(3)(C) of the Act)~~*director of stroke care, which may be a clinical member of the hospital staff or the designee of the hospital administrator, to oversee the hospital's stroke care policies, protocols, or procedures*~~;

5) *Provide rapid access to an acute stroke team, as defined by the facility, that considers and reflects nationally recognized, evidenced-based protocols or guidelines* (Section 3.117(b)(3)(C-5) of the Act);

6)~~4)~~ *Administer thrombolytic therapy, or subsequently developed medical therapies that meet nationally recognized, evidence-based stroke* protocols or *guidelines* (Section 3.117(b)(3)(D) of the Act);

7)~~5)~~ *Conduct brain image tests at all times* (Section 3.117(b)(3)(E) of the Act), which shall consider and reflect current nationally recognized evidence-based protocols or guidelines;

8)~~6)~~ *Conduct blood coagulation studies at all times* (Section 3.117(b)(3)(F) of the Act, which shall consider and reflect current nationally recognized evidence-based protocols or guidelines;

9)7) *Maintain a log of acute stroke patients, which shall be available for review upon request by the Department or any hospital that has a written transfer agreement with the ASRHEmergent Stroke Ready Hospital.* (Section 3.117(b)(3)(G) of the Act)(B)(3)) The stroke patient log shall be available to be used for internal hospital quality improvement purposes. Hospitals may alternatively participate in a nationally recognized stroke data registry. Hospitals shall submit data from their stroke patient log or nationally recognized stroke data registry to the Department upon request. The hospital may share unidentified patient data with its EMS Region, EMS System, or other stroke network partners for quality improvement purposes. Hospitals shall review and analyze the data elements listed in this subsection (c)(9)subsections (c)(7)(A) through (K) quarterly, at a minimum, and submit a summary to the Department with the annual written attestation. The stroke patient log shall contain, at a minimum:

A) The patient's medical record number;

B) Date of emergency visit;

C) Mode of patient arrival;

D) Time presented in the emergency department;

E) Last time patient was observed to be free of current symptoms (i.e., time of last known well), if known;

F) Baseline initial stroke severity score upon arrival at the hospital (i.e., National Institutes of Health (NIH) Stroke Scale);

G) Time of blood coagulation results available;

H) Time of brain imaging;

I) Time of brain imaging results available;

J) Time and type of thrombolytic therapy or nationally recognized evidence-based exclusion criteria;

K) Time of transfer from the emergency department;

L) Time of transfer if from another location in the hospital; and

M) Transfer/discharge diagnosis and destination;.

10) *Admit stroke patients to a unit that can provide appropriate care that considers and reflects nationally recognized, evidence-based protocols or guidelines or transfer stroke patients to an ASRH, PSC, or CSC, or another facility that can provide the appropriate care that considers and reflects nationally recognized, evidence-based protocols or guidelines* (Section 3.117(b)(3)(H) of the Act);

11) At a minimum, *demonstrate compliance with nationally recognized quality indicators* (Section 3.117(b)(3)(I) of the Act) referenced in subsection (c)(9); and

12) Comply with nationally accepted guidelines regarding stoke awareness community education, hospital education and EMS education provided by the hospital regarding stroke treatment.

(Source: Amended at 40 Ill. Reg. _______, effective ___________)

Section 515.5070 Request for Acute Stroke-Ready HospitalEmergent Stroke Ready Hospital Designation without National Certification

a) Any hospital seeking designation as an Acute Stroke-Ready HospitalEmergent Stroke ready Hospital shall *apply for*, *and receive ASRH designation, Emergent Stroke Ready Hospital Designation from the Department, provided that the hospital attests, on a form developed by the Department in consultation with the State Stroke Advisory Subcommittee, that* the hospital *meets, and will continue to meet, the criteria for ASRH designationEmergent Stroke Ready Hospital Designation* located in (see Section 515.5060) *and pays an annual fee*. (Section 3.117(b)(2) of the Act) The Department will post and maintain ASRHESRH designation instructions, including an application available on the Departmenta Request for Emergent Stroke Ready Hospital Designation form, on its website.

b) The application available through the DepartmentRequest for Emergent Stroke Ready Hospital Designation form shall include a statement that the hospital meets each requirement in Section 3.117 of the Act, including the designation criteria in Section 3.117(b)(3) of the Act and Section 515.5060 of this Part. The hospital shall provide the following:

1) Hospital name and address;

2) Hospital chief executive officer/administrator typed name and signature;

3) Chief medical officer (or designee) typed name and signature;

4) Hospital stroke director typed name, clinical credentials and signature; and

5) Contact person typed name, e-mail address and phone number.

c) The hospital shall indicate on the applicationRequest for Emergent Stroke Ready Designation form whether it is applying for an initial ASRHESRH designation or aan ESRH designation renewal.

d) The hospital shall provide the Department with supporting documentation indicating compliance with each designation criterion in Section 3.117(b)(3) of the Act and Section 515.5060 of this Part with the initial ASRHESRH application, as follows:

1) A copy of the hospital's stroke policies, procedures or *protocols related to* the provision of *emergent stroke care*;

2) A copy of the hospital's *transfer agreement with one or more hospitals that have* board certified or board eligible *neurosurgical expertise*, and policies, procedures or protocols related to the transfer;

3) The hospital stroke director's name, contact information and curriculum vitae or resume to demonstrate that the Director is *a clinical member of the hospital staff or a* clinical *designee of the hospital administrator;*

4) A copy of the hospital's policies, procedures or protocols related to the administration of *thrombolytic therapy, or subsequently developed medical therapies that meet nationally recognized evidence-based stroke protocols or guidelines*;

5) A letter from the stroke director or hospital administrator indicating how the hospital *conducts* and interprets *brain image tests at all times* that consider and reflect nationally recognized evidence-based stroke protocols or guidelines;

6) Documentation of laboratory accreditation by a nationally recognized accrediting body;

7) A sample *stroke log* or verification of use of a nationally recognized stroke data registry that meets the minimum requirements (see Section 515.5090) (Section 3.117(b)(3) of the Act)

8) Each ASRH~~ESRH~~ shall submit a description of its comprehensive ongoing quality improvement plan, including, but not limited to, all of the quality measurements in subsection (e). The description shall include the steps an ASRH~~ESRH~~ would use to implement performance improvement processes.

e) For re-designation, the hospital shall provide the Department with updated supporting documentation, including quality outcomes, indicating compliance with ASRH~~emergent stroke ready designation~~ criteria in Section 515.5060. Hospitals shall submit a full application every three years.

f) Quality outcomes data shall include a summary of the following quality outcomes, as indicated by the stroke log:

1) Results time for door-to-blood coagulation study;

2) Completed time for door-to-brain imaging;

3) Results time for door-to-brain imaging;

4) Time for door-to-thrombolytic therapy, if applicable;

5) Time for door-to-transfer from emergency department, if applicable; and

6) Non-emergency department patients transferred out of the hospital for stroke diagnosis.

g) Each ASRH~~ESRH~~ shall submit a copy of its comprehensive quality assessment, including, but not limited to, all of the quality measurements in subsection (e) that do not meet nationally recognized evidenced-based stroke guidelines. For each outcome not meeting national guidelines, the ASRH~~ESRH~~ shall implement a written quality improvement plan.

h) After receipt of a completed application~~Request for Designation form~~ that meets the requirements of this Section, the Department will designate a hospital as an ASRH~~Emergent Stroke Ready Hospital~~ no more than 30~~20~~ business days after receipt of the form. The Department will notify the hospital, in writing, of the designation.

i) A hospital designated as an ASRH shall pay an annual fee of $250.

(Source: Amended at 40 Ill. Reg. _______, effective ___________)

Section 515.5080 Suspension and Revocation of Acute Stroke-Ready Hospital~~Emergent Stroke Ready Hospital~~ Designation without National Certification

a) Emergency Suspension

1) *When the Director or his or her designee has determined that the hospital no longer meets the Acute Stroke-Ready Hospital~~Emergent Stroke Ready Hospital~~ criteria* set forth in the Act and this Part, *and* the potential of *an immediate and serious danger to public health, safety, and welfare exists,* the Department will *issue an emergency* written order of *suspension of ASRH designation~~Emergent Stroke Ready Hospital Designation~~*. (Section 3.117(b)(4)(D) of the Act)

2) *If the ASRH~~Emergent Stroke Ready Hospital~~ fails to eliminate the violation immediately or within a fixed period of time, not exceeding 10* business *days, as determined by the Director, the Director may immediately revoke by written order, the ASRH designation~~Emergent Stroke Ready Hospital Designation~~* (Section 3.117(b)(4)(D) of the Act).

b) Suspension and Revocation

~~1)~~ ~~*The Director shall have the authority and responsibility to issue an emergency suspension of Emergent Stroke Ready Hospital designation when the Director has determined that the hospital no longer meets the Emergent Stroke Ready hospital criteria*, as set forth in the Act and this Part, *and an immediate and serious danger to the public health, safety, and welfare exists.*~~

1)2) *If the ASRHEmergent Stroke Ready Hospital fails to eliminate the violation immediately or within a fixed period time, not exceeding 10* business *days, as determined by the Director, the Director may immediately revoke the ASRH designationEmergent Stroke Ready Hospital Designation by written order. The ASRHEmergent Stroke Ready Hospital may appeal the revocation*, by delivering to the Department a written request for *within 15 days after receiving the Director's revocation order requesting an administrative hearing* within 15 days after receipt of the written order of revocation. (Section 3.117(b)(4)(D) of the Act)

2)3) *The Director shall have the authority and responsibility to suspend, revoke, or refuse to issue* or renew *an ASRH designationEmergent Stroke Ready Hospital Designation, after notice and an opportunity for an administrative hearing, when the Department finds* that *the hospital is not in substantial compliance with current ASRHEmergent Stroke Ready Hospital criteria* as set forth in the Act and this Part. (Section 3-117(b)(4)(D) of the Act)

3)4) *The Department shall consult with the State Stroke Advisory Subcommittee* in *developing the designation, re-designation, and de-designation processes for ASRHsEmergent Stroke Ready Hospitals*. (Section 3.117(c) of the Act)

(Source: Amended at 40 Ill. Reg. _______, effective ___________)

Section 515.5083 Acute Stroke-Ready Hospital Designation with National Certification

a) Subject to Section 515.5087, *Acute Stroke-Ready Hospital designation shall remain valid at all times while the hospital maintains its certification as an ASRH, in good standing, with the certifying body.* (Section 3.117(b)(2.5)(A) of the Act)

b) *The duration of an ASRH designation shall coincide with the duration of its ASRH certification.* (Section 3.117(b)(2.5)(B) of the Act)

c) *Each designated ASRH shall have its designation automatically renewed upon the Department's receipt of a copy of the certifying body's certification renewal and* an application available through the Department. (Section 3.117(b)(2.5)(C) of the Act)

d) *The Department shall consult with the State Stroke Advisory Subcommittee* in

developing designation, re-designation and de-designation processes for ASRHs. (Section 3.117(c) of the Act)

e) *A hospital must submit a copy of its certification renewal from the certifying body as soon as practical, but no later than 30 business days after that certification is received by the hospital. Upon the Department's receipt of the renewal certification, the Department shall renew the hospital's ASRH designation.* (Section 3.117(b)(2.5)(D) of the Act)

(Source: Added at 40 Ill. Reg. _______, effective ___________)

Section 515.5085 Request for Acute Stroke-Ready Hospital Designation with National Certification

a) *The Department shall require a hospital that is already certified as an Acute Stroke-Ready Hospital,* through a Department-approved certifying body, *to send a copy of the certificate to the Department.* (Section 3.117(b)(4)(A-5) of the Act)

b) *Within 30 business days* after *the Department's receipt of a hospital's ASRH certificate and* an application available through the Department *that indicates the hospital is a certified ASRH, in good standing, the hospital shall be deemed a State-designated ASRH.* (Section 3.117(b)(4)(A-5) of the Act)

c) *The Department shall add the names of designated ASRHs to* the *website listing immediately upon designation* (Section 3.118(c) of the Act) and *shall immediately remove the name of a hospital from the website listing when a hospital loses its designation after notice and, if requested by the hospital, a hearing.* (Section 3.117(b)(4)(A-5) of the Act)

d) The application shall include a statement that the hospital meets the requirements for ASRH designation in Section 3.117 of the Act. The applicant hospital shall provide the following:

1) Hospital name and address;

2) Hospital chief executive officer/administrator typed name and signature;

3) Hospital stroke medical director typed name and signature; and

4) Contact person typed name, e-mail address and phone number.

e) *Hospitals applying for ASRH designation via national ASRH certification* shall provide to the Department *proof of current ASRH certification, in good standing, by a nationally recognized certifying body.* (Section 3.117(b)(4)(A-5) of the Act)

f) A hospital designated as an ASRH shall pay an annual fee of $250.

(Source: Added at 40 Ill. Reg. _______, effective ___________)

Section 515.5087 Suspension and Revocation of Acute Stroke-Ready Hospital Designation with National Certification

a) *The Department shall immediately remove the name of a hospital from the website listing when a hospital loses its designation after notice and, if requested by the hospital, a hearing.* (Section 3.117(b)(4)(A-5) of the Act)

b) The Department will *issue an emergency suspension of ASRH designation when the Director has determined that the hospital no longer meets the ASRH criteria and an immediate and serious danger to the public health, safety and welfare exists.* (Section 3.117(b)(4)(D) of the Act)

c) *If the ASRH fails to eliminate the violation immediately or within a fixed period of time, not exceeding 10 days, as determined by the Director, the Director may immediately revoke the ASRH designation.* (Section 3.117(b)(4)(D) of the Act)

d) *The ASRH may appeal the revocation, within 15 business days after receiving the Director's revocation order, by requesting an administrative hearing.* (Section 3.117(b)(4)(D) of the Act)

e) *After notice and an opportunity for an administrative hearing,* the Department will *suspend, revoke or refuse to renew an ASRH designation when the Department finds that the hospital is not in substantial compliance with current ASRH criteria.* (Section 3.117(b)(4)(E) of the Act)

(Source: Added at 40 Ill. Reg. _______, effective ___________)

Section 515.5090 Data Collection and Submission

a) *The Department may administer a data collection system to collect data that is already reported by designated Comprehensive Stroke Centers, Primary Stroke*

Centers, and Acute Stroke-Ready Hospitals to their certifying body, to fulfill certification requirements. CSCs, PSCs and ASRHsPrimary Stroke Centers may provide data used in submissioncomplete copies of the same reports that are submitted to their certifying body, to satisfy any Department reporting requirements. The Department may require submission of data elements in a format that is used statewide. If *the Department establishes reporting requirements for designated CSCs, PSCs and ASRHsPrimary Stroke Centers, the Department shall permit each designated CSC, PSC and ASRHPrimary Stroke Center to capture information using existing electronic reporting tools used for certification purposes. Nothing in this Section shall be construed to empower the Department to specify the form of internal recordkeeping.* (Section 3.118(e) of the Act

b) *Stroke data collection systems and all stroke-related data collected from hospitals shall comply with the following requirements:*

1) *The confidentiality of patient records shall be maintained in accordance with State and federal laws.*

2) *Hospital proprietary information and the names of any hospital administrator, health care professional, or employee shall not be subject to disclosure.*

3) *Information submitted to the Department shall be privileged and strictly confidential and shall be used only for the evaluation and improvement of hospital stroke care. Stroke data collected by the Department shall not be directly available to the public and shall not be subject to civil subpoena, nor discoverable or admissible in any civil, criminal, or administrative proceeding against a health care facility or health care professional.* (Section 3.118(d) of the Act)

(Source: Amended at 40 Ill. Reg. _______, effective ___________)

Section 515.APPENDIX K Application for Facility Recognition for Emergency Department with Pediatrics Capabilities

FACILITY RECOGNITION
Emergency Department with Pediatric Capabilities

Application Instructions

Follow these instructions to initiate the process to obtain recognition as an Emergency Department Approved for Pediatrics (EDAP) or Standby Emergency Department for Pediatrics (SEDP):

1) Complete the application form and obtain the appropriate signatures.

2) Using the Emergency Department Pediatric Plan Guideline and the EDAP or SEDP requirements, complete an Emergency Department Pediatric Plan. Attach all requested supporting documentation (credentialing forms, schedules, policies, procedures, protocols, guidelines, plans, etc.).

3) Submit the original signed application form plus three additional copies of the signed application form and four copies of the Emergency Department Pediatric Plan (including supporting documentation) to:

Chief, Division of EMS & Highway Safety
Illinois Department of Public Health
422 S. 5th Street
Springfield IL 62701

4) The Emergency Department Pediatric Plan shall follow the format outlined in the Emergency Department Pediatric Plan Guideline in this Appendix K and include all required documentation. The plan shall also address how each of the EDAP/SEDP requirements is currently being or will be met. The Pediatric Plan shall be developed through interaction and collaboration with all other appropriate disciplines.

5) Any submitted requests for equipment waivers~~to waive any of the requirements~~ shall include the criteria by which compliance is considered to be a hardship and demonstrate that there will be no reduction in the provision of medical care.

6) The application should be submitted in a single-sided format and unstapled.

7) Appendix M ~~of this Part~~ provides additional resource information related to pediatric inter-facility transfer and consultation and can be used in the development of the Emergency Department Pediatrics Plan.

8) For questions regarding the application process, specific requirements, or supporting documentation, please contact the Division of EMS & Highway Safety at 217-785-2080.

RECOGNITION OF EMERGENCY DEPARTMENT
PEDIATRIC CAPABILITIES
APPLICATION FORM

1) Name and address of hospital (typed)

____

____

____

2) Specify the recognition level for which your hospital is applying:

a) Emergency Department Approved for Pediatrics (EDAP) ________

b) Standby Emergency Department Approved for Pediatrics (SEDP) ________

3) The above-named hospital certifies that each requirement in this Request for Recognition is met and will be in operation by the date of recognition.

____

Typed name – CEO/Administrator

____

Signature – CEO/Administrator Date

____

Typed name – Medical Director of Emergency Services

____

Signature – Medical Director of Emergency Services Date

____

Contact person – Typed name, credentials and title

____

Contact person – Phone number, fax number and email

EMERGENCY DEPARTMENT PEDIATRIC PLAN
GUIDELINE

Emergency Department Pediatric Plan (Please follow this guideline carefully. It provides information on the components that must be included in the submitted plan. Please include any applicable supplemental documentation.)

A. Emergency Department Organizational Structure

1. Provide a hospital Organizational Table identifying the administrative relationships among all departments in the hospital, especially as they relate to the emergency department. The table must include, but is not limited to, the following:

a. Board of Directors

b. Chief Executive Officers

c. Emergency Department

d. Department of Pediatrics

e. Trauma Service (if applicable)

f. Department of Radiology

2. In addition, provide a separate table showing the organization structure of the emergency department, including the relationship of the physician, nursing and ancillary services. Include the reporting structure for the ED Medical Director (to whom he/she reports).

a. Emergency Department Organizational Structure (Table)

B. Emergency Department Services

1. Description of the emergency department services
   - Provide a scope of services or policy outlining emergency department services, emergency department level, a description of the population served, types of pediatric patients seen, and annual emergency department visits that involve the pediatric patient.
   - Identify the age range that the hospital uses to define the pediatric patient, i.e., 0-15.
   - Provide information on participation/status in EMS system and trauma system as appropriate.

2. Description of the emergency department patient flow
   - Provide a narrative description or algorithm of patient path/flow from point of entry through disposition.
   - Provide any policies/guidelines that identify triaging/urgency categorization of patients.
   - Identify whether pediatric patients are seen in the general emergency department or in a separate area/bed space allocated for the pediatric patient.
   - If an emergency department fast-track area exists, provide triage criteria for this area and information on physician and nursing staffing/qualifications for assignment to the fast-track area.

3. Description of emergency medical services communication with identification of dedicated phone line, radio, and telemetry capabilities
   - Provide a policy or narrative description of the emergency services dedicated phone/telemetry radio communication capabilities.
   - Provide a policy outlining staffing qualifications to access and use such equipment.

4. Description of social service availability and capabilities
   - Provide a scope of services or policy that defines the services, capabilities and availability of social service department/personnel to the emergency department.
   - Describe typical mechanism and response by social worker to emergency department requests (i.e., handle over the phone, respond directly to the emergency department, follow-up consult/appointment made).

C. Pediatric Department Services

1. Description of the pediatric department services

- Identify whether there is a dedicated pediatric inpatient unit, dedicated pediatric inpatient beds and pediatric intensive care unit.
- Provide a scope of services/policy outlining pediatric department services.

2. Description of the pediatric staffing and availability
   - Provide policy or scope of services outlining pediatric unit shift nursing staffing patterns based on patient acuity and any pediatric continuing education requirements/competencies verification.
   - If pediatric patients are admitted for care to an adult inpatient unit, provide documentation that identifies unit pediatrician staffing/coverage for such patients and how nurses are assigned to the inpatient pediatric patient, i.e., only nurses who have completed the PALS course.

3. Description/documentation of pediatric inpatient capabilities with identification of PICU and/or pediatric general floor bed availability and unit resources
   - Provide policy or scope of services that identifies what types of pediatric patients are typically admitted, i.e., types of conditions/diagnoses. Are there guidelines in place that define pediatric patients specifically by age parameters and/or diagnoses?
   - If a PICU is present, then a description of services, unit resources, and capabilities is needed. If a PICU is not present, then a description of where patients requiring such care are transferred, established relationships with pediatric tertiary care center, etc., is needed.

D. Professional Staff

1. Emergency Department Director

   a. Copy of curriculum vitae
      - Provide a printed curriculum vitae.
      - Identify any board certification as outlined in the Facility Recognition Criteria (Sections 515.4000 and 515.4010).

   b. Document Board Certification, as identified in the Facility Recognition Criteria, on the Emergency Department Credentialing Form.~~Documentation of board certification (as identified in Facility Recognition Criteria)~~
      - ~~Provide a copy of board certification or verification of board certification.~~

2. Emergency Department Physicians
Documentation of the ability to meet recognition requirements in Section 515.4000 or Section 515.4010~~ of this Part~~.

Hospital Recognition Requirement – Section 515.4000(a)(1) or 515.4010(a)(1)

- Provide a policy or description of emergency department physician staffing, coverage and availability (including fast track/urgent care area).
- Provide a completed Department approved credentialing form for~~complete list/roster of~~ emergency department physician staff and a credentialing form for~~, including~~ fast track/urgent care physicians~~area (may use the Department-approved credentialing form)~~.
- Provide a one-month staffing schedule/calendar, including fast track/urgent care area (schedule should be from within the three month time period previous to the application submission).
- ~~Provide copies of physician current board certification or verification of board certification (or copies of CVs for SEDP level applications).~~
- ~~Provide copies of PALS or APLS course completion certificates for physician staff or a documented plan to complete such courses. ~~Provide documentation of a plan to maintain PALS or APLS recognition.
- Provide a policy that incorporates Section 515.4000(a)(1) or 515.4010(a)(1).

Hospital Recognition Requirement – Section 515.4000(a)(2) or 515.4010(a)(2)

- Provide a copy of the emergency department physician continuing education policy.
- Provide a description of how physician continuing education is currently tracked.
- Provide documentation of an implementation plan for attaining and tracking of pediatric specific continuing education hours (these hours can be integrated into the overall CME tracking process).
- Provide a policy that incorporates Section 515.4000(a)(2) or 515.4010(a)(2).

Hospital Recognition Requirement – Section 515.4000(a)(3) or 515.4010(a)(3)

- Provide a staffing policy that incorporates Section 515.4000(a)(3) or 515.4010(a)(3).

Hospital Recognition Requirement – Section 515.4000(a)(4) or 515.4010(a)(4)

- Provide a one-month on-call schedule that identifies availability of a board certified/prepared pediatrician or pediatric emergency medicine physician

for telephone consultation (schedule should be from within the threemonth time period previous to the application submission).

Hospital Recognition Requirement – Section 515.4000(a)(5) or 515.4010(a)(5)

- Provide a copy of a policy that identifies physician back-up availability to assist with critical situations, increased surge capacity or disasters.

Hospital Recognition Requirement – Section 515.4000(a)(6) or 515.4010(a)(6)

- Provide a protocol/policy/bylaws that identifies maximum response time for all specialty~~of~~ on-call physicians.

3. Emergency department nurse practitioner and physician assistant~~Department Mid-Level Providers (Physician Assistant or Nurse Practitioner)~~

Note – Complete this section only if ~~physician assistants and/or~~ nurse practitioners and/or physician assistants practice in the emergency department and participate in the care of pediatric patients.

Provide documentation of the ability to meet hospital recognition requirements in Section 515.4000(b) or 515.4010(b) ~~of this Part~~.

Requirement – Section 515.4000(b)(1) or 515.4010(b)(1)

- Provide a policy of emergency department ~~physician assistant and/or~~ nurse practitioner and/or physician assistant staffing, coverage, availability, responsibilities and credentialing process.
- Provide a completed Department approved credentialing form for~~a list/roster of~~ all emergency department, and a credentialing form for fast track~~physician assistant and~~ nurse practitioner and physician assistant staff ~~(may use Department- approved credentialing form)~~.
- Provide a copy of a one-month staffing schedule/calendar (schedule should be from within the three month time period previous to the application submission).
- ~~Provide a copy of printed licenses and curriculum vitaes.~~
- ~~Provide copies of PALS, APLS or ENPC completion certificates or a documented plan to complete such courses.~~ Provide documentation of a plan to maintain PALS, APLS or ENPC recognition.
- Provide a policy that incorporates Section 515.4000(b)(1) or 515.4010(b)(1) ~~of this Part~~.

Requirement – Section 515.4000(b)(2) or 515.4010(b)(2)

- Provide a copy of the emergency department and fast track nurse

practitioner and physician assistantphysician assistant/nurse practitioner continuing education policy.
- Provide a description of how nurse practitioner and physician assistantphysician assistant/nurse practitioner continuing education is currently tracked.
- Provide documentation of an implementation plan for attaining and tracking of pediatric specific continuing education hours (these hours can be integrated into overall continuing education tracking process).
- Provide a policy that incorporates Section 515.4000(b)(2) or 515.4010(b)(2) of this Part.

4. Emergency Department Registered Nurses
Provide documentation of the ability to meet hospital recognition requirements in Section 515.4000(c) or 515.4010(c) of this Part.

Requirement – Section 515.4000(c)(1) or 515.4010(c)(1)
- Provide a policy/documentation outlining current nursing shift staffing plan/patterns.
- Provide a Department approved credentialing form forlist/roster of all emergency department nursing staff. (may use Department approved credentialing form).
- Provide a copy of a one-month nursing staffing schedule/calendar (schedule should be from within the three month time period previous to the application submission).
- Provide documentation of a plan to maintain PALS, APLS or ENPC recognition.Provide copies of PALS, APLS or ENPC completion certificates or a documented plan to complete such courses.
- Provide a policy that incorporates Section 515.4000(c)(1) or 515.4010(c)(1).

Requirement – Section 515.4000(c)(2) or 515.4010(c)(2)
- Provide a policy identifying continuing education requirements and competency testing for emergency department nursing staff.
- Provide a description of how continuing education is currently tracked.
- Provide documentation of an implementation plan for attaining and tracking of pediatric specific continuing education hours.
- Provide a policy that incorporates Section 515.4000(c)(2) or 515.4010(c)(2) of this Part.

E. Policies and Procedures

1. Policy/procedure for inter-facility transfer as identified in Section 515.4000(d)(1) or 515.4010(d)(1) ~~of this Part~~.
   - Provide a transfer agreement with a Pediatric Critical Care Center and identification of facilities to which the hospital typically transfers pediatric patients. The transfer agreements shall include a provision that addresses communication and quality improvement measures between the referral and receiving hospitals, as related to patient stabilization, treatment prior to and subsequent to transfer, and patient outcome.
   - Provide a transfer policy that incorporates the physiologic/other criteria identified in Appendix M: EMSC Inter-facility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline.

2. Policy/procedure for suspected child abuse and neglect as identified in Section 515.4000(d)(2) or 515.4010(d)(2) ~~of this Part~~.
   - Provide a policy that includes age-specific identification, assessment, evaluation and management measures for the suspected child abuse and neglect patient.

3. Treatment guidelines as identified in Section 515.4000(d)(3) or 515.4010(d)(3) ~~of this Part~~.
   - Provide copies of pediatric treatment guidelines as described.
   - The hospital shall have emergency department guidelines, order sets or policies and procedures addressing initial assessment and management for its high-volume and high-risk pediatric population (i.e., fever, trauma, respiratory distress, seizures).~~It is recommended that guidelines be based on high volume/high risk diagnoses (i.e., fever, trauma, respiratory distress, seizures) and that guidelines include desired outcomes in order to facilitate quality improvement monitoring.~~

4. Policy for latex allergy as identified in Section 515.4000(d)(4) or 515.4010(d)(4) ~~of this Part~~.
   - Provide a policy that addresses assessment of latex allergies and the availability of latex-free equipment and supplies.

F. Quality Improvement

1. Describe and document the emergency department program for conducting outcome analysis or quality improvement and how pediatrics is integrated into the process.

- Provide a policy/guideline that outlines the emergency department quality improvement program, i.e., describe the quality improvement process, required clinical indicators, and/or outcome analysis and follow-up mechanisms, i.e., "loop closure" and target time frames for closure of issues.
- Provide documentation outlining current and planned pediatric monitoring activities.

2. Document the ability to meet facility recognition requirements in Section 515.4000(e) or 515.4010(e) of this Part.

Requirement – Section 515.4000(e)(1) or 515.4010(e)(1)

- Define the composition of the multidisciplinary QI committee (recommend broadening composition of committee beyond physician/nursing to include other essential disciplines such as pediatric, social services, respiratory therapy), frequency of committee meetings and reporting structure.
- Provide a copy of the emergency department quality improvement plan, including QI policy, pediatric indicators, feedback loop and target time frames for closure of issues. If implementation of pediatric monitoring activities is pending, define implementation plan and time frame.

Requirement – Section 515.4000(e)(2) or 515.4010(e)(2)

- Provide a curriculum vitae for the physician who will assume the pediatric physician champion role.
- Provide the name and title of the individual who will assume the pediatric quality coordinator role.
- Provide a job description that addresses allocation of time and resources to the role and includes each of the requirements outlined in Section 515.4000(e)(2) or 515.4010(e)(2) that will be carried out by the pediatric quality coordinator.

G. Equipment

Using the equipment list provided in Appendix L, place an "X" next to each equipment item that is currently available (as appropriate for the level applied for). If equipment/supply items are not available, a plan for securing the items shall be identified, i.e., submission of a purchase order to assure that the item is on order, or equipmenta waiver shall be submitted for each item.

Requests for equipment waiverswaiver shall include the criteria by which compliance is

considered to be a hardship and shall demonstrate that there will be no reduction in the provision of medical care.

Site Survey Procedure

1) Within four to six weeks following receipt of the Application Form and supporting documents (schedules, policies, procedures, protocols, guidelines, etc.), the hospital will be informed as to the status of the application. If all documentation is in order, a site visit will be scheduled.

2) The site visit will include a survey of the emergency department and pediatric unit (including intensive care, if applicable), and a meeting with the following individuals:

   a) The hospital's chief administrative/executive officer or designee

   b) The chief nursing executive/director of nursing or designee

   c) The chief of pediatrics or, if the hospital does not have a pediatric department, the designated pediatric consultant

   d) The nursing director or nursing manager of the pediatric unit, if applicable

   e) The emergency department medical director or pediatric emergency department medical director

   f) The emergency department nursing director or nursing manager

   g) The administrator of emergency services

   h) The administrator of pediatric services, if applicable

   i) The pediatric quality coordinator

   j) The hospital quality improvement director or designee

   k) The hospital emergency management/disaster preparedness coordinator

   l) Nurse practitioner~~Mid-level provider, i.e., nurse practitioner~~ or physician assistant, for those hospitals that use these practitioners~~use mid-level providers~~ in their emergency department

m) For EMS Resource or Associate Hospitals only: the EMS Medical Director and EMS Coordinator

3) In preparation for the site visit, hospital personnel shall prepare evidence to verify adherence to the hospital recognition requirements.

Site Survey Team

The Chief of EMS & Highway Safety, in coordination with the Illinois EMSC Advisory Board, will appoint the survey team. Site survey teams will be composed of a physician/nurse (or nurse/nurse) team along with a representative from the Illinois Department of Public Health. All team members shall have attended formal training in the responsibilities, expectations, process and assessment of facility recognition.

Following the Site Survey

1) Within four to six weeks following the site visit, the Department will provide the hospital with the results of the survey. Those hospitals meeting all requirements will receive a formal "recognition" for their emergency department pediatric capabilities.

2) Hospitals may appeal the results of the survey by submitting a written request to the Illinois Department of Public Health, Division of EMS & Highway Safety.

3) Re-recognition shall occur every fourthree years, with site visits scheduled as necessary.

(Source: Amended at 40 Ill. Reg. ______, effective ____________)

Section 515.APPENDIX L Pediatric Equipment Recommendations for Emergency Departments

The following list identifies pediatric equipment items that are recommended for the two emergency department facility recognition levels. Equipment items are classified as "essential" (E) and "need to be stocked in the emergency department" (ED).

	EDAP	SEDP
Monitoring Devices		
Blood glucose measurement device (i.e., chemistry strip or glucometer)	E (ED)	E (ED)
Continuous end-tidal PCO_2 monitor and pediatric CO_2 colorimetric detector (disposable units may be substituted)	E (ED)	E (ED)
Doppler ultrasound blood pressure device (neonatal-adult thigh cuffs)	E (ED)	E (ED)
ECG monitor-defibrillator/cardioverter with pediatric and adult sized paddles, with pediatric dosage settings and pediatric-adult pacing electrodes	E (ED)	E (ED)
Hypothermia thermometer (Note: with a range of 28-42°C)	E (ED)	E (ED)
Pediatric monitor electrodes	E (ED)	E (ED)
Otoscope/ophthalmoscope/stethoscope	E (ED)	E (ED)
Pulse oximeter with pediatric and adult probes	E (ED)	E (ED)
Sphygmomanometer with cuffs (neonatal-adult thigh)	E (ED)	E (ED)
Vascular Access Supplies and Equipment		
Arm boards (sized infant through adult)	E (ED)	E (ED)
Blood gas kits	E (ED)	E (ED)
Butterfly-type needles (19-25 g)*	E (ED)	E (ED)

Catheter-over-needle devices (16-24 g)*	E (ED)	E (ED)
Central venous catheters (stock one small and one large size)	E (ED)	E (ED)
Infusion pumps, syringe pumps, or devicesdrip or volumetric, with microinfusion capability using, appropriate tubing & connectors	E (ED)	E (ED)
Intraosseous needles or bone marrow needles (13-18 g size range; stock one large/one small bore) or IO device (pediatric and adult sizes)	E (ED)	E (ED)
IV extension tubing, stopcocks, and T-connectors	E (ED)	E (ED)
IV fluid/blood warmer	E (ED)	E (ED)
IV solutions: standard crystalloid and colloid solutions (D10W, D5/.2 NS, D5/.45 NS, D5/.9 NS and 0.9 NS)	E (ED)	E (ED)
Syringes (1ml through 20 ml)	E (ED)	E (ED)
Tourniquets	E (ED)	E (ED)
Umbilical vein catheters (3.5 and 5 Fr; the same size feeding tube may be used for 5 Fr)*	E (ED)	E (ED)
Respiratory Equipment and Supplies		
Bag-valve-mask device, self-inflating infant/child and adult (1000 ml) with O_2 reservoir and clear masks (neonatal through large adult sizes)*; PEEP valve and manometer	E (ED)	E (ED)
Manometer	E (ED)	E (ED)
Bulb syringe	E (ED)	E (ED)
Endotracheal tubes:*		
Cuffed or Uncuffed (sizes 2.5, and 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5 and 8.0)	E (ED)	E (ED)

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~~Cuffed or Uncuffed (3.5, 4.0, 4.5, 5.0, 5.5)~~	~~E (ED)~~	~~E (ED)~~
~~Cuffed (sizes 6.0, 6.5, 7.0, 7.5, 8.0)~~	~~E (ED)~~	~~E (ED)~~
Stylets for endotracheal tubes (pediatric and adult)	E (ED)	E (ED)
Laryngoscope handle (pediatric and adult)	E (ED)	E (ED)
Laryngoscope blades (curved 2, 3; straight or Miller 0, 1, 2, 3)*	E (ED)	E (ED)
Magill forceps (pediatric and adult)	E (ED)	E (ED)
Meconium aspirator	E (ED)	E (ED)
Nasopharyngeal airways (sizes 14~~12~~, 16, 20, 24, 28, 30 Fr)*	E (ED)	E (ED)
Nebulized medication, administration set with pediatric and adult masks	E (ED)	E (ED)
Oral airways (sizes 0, 1, 2, 3, 4, 5 or size 50 mm, 60 mm, 70 mm, 80 mm, 90 mm, 100 mm)*	E (ED)	E (ED)
Oxygen delivery device with flow meter and tubing	E (ED)	E (ED)
Oxygen delivery adjuncts:		
Tracheostomy collar	E (ED)	E (ED)
Standard masks, clear (pediatric and adult sizes)	E (ED)	E (ED)
Partial-non-rebreather or non-rebreather masks, clear (pediatric and adult sizes)	E (ED)	E (ED)
Nasal cannula (infant, pediatric and adult)	E (ED)	E (ED)
Peak flow meter	E (ED)	E (ED)
Supplies/kit for patients with difficult air way conditions:	E (ED)	E (ED)

- LMA (sizes 1, 1.5, 2, 2.5, 3, 4 and 5); or
- Cricothyrotomy kit or cricothyrotomy capabilities (i.e., 10 g needle and 3 mm ET tube adapter or 14 g needle and 3.5 mm ET tube adapter)

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Suction capability (wall)	E (ED)	E (ED)
Suction capability (portable)	E (ED)	E (ED)
Suction catheters (sizes 5/6, 8, 10, 12, 14, 16, 18 Fr and Yankauer-tip catheter)*	E (ED)	E (ED)
Tracheostomy tubes (sizes PED* 3.0, 3.5, 4.0, 4.5, 5.0, 5.5)* (correspond to PT 00, 0, 1, 2, 3, 4, in old schematization)	E (ED)	---
Tube thoracostomy tray and water seal drainage capacity with chest tubes (sizes 12-32 Fr)*	E (ED)	---
Medications (unit dose, prepackaged)		
Access to the Illinois Poison Center 1-800-222-1222 through posting of phone number in ED	E (ED)	E (ED)
Activated charcoal (consider with and without Sorbitol)	E (ED)	E (ED)
Adenosine	E (ED)	E (ED)
Amiodarone	E (ED)	E (ED)
Antiemetics	E (ED)	E (ED)
Antimicrobial agents (parenteral and oral)	E (ED)	E (ED)
Antipyretics	E (ED)	E (ED)
Atropine	E (ED)	E (ED)
Barbiturates, e.g., Phenobarbital, Pentobarbital~~, Thiopental~~	E (ED)	E (ED)
Benzodiazepines, e.g., Lorazepam, Midazolam, Diazepam	E (ED)	E (ED)
Beta agonist for inhalation (Albuterol, Levalbuterol)	E (ED)	E (ED)
Beta blockers, e.g., Propranolol, Metoprolol	E (ED)	E (ED)

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Calcium (chloride or gluconate)	E (ED)	E (ED)
Corticosteroids, e.g., Dexamethasone, Hydrocortisone, Methylprednisolone	E (ED)	E (ED)
Dextrose (25% and 50%)	E (ED)	E (ED)
Diphenhydramine	E (ED)	E (ED)
Dobutamine	E (ED)	---
Dopamine	E (ED)	---
Epinephrine (1:1,000 and 1:10,000)	E (ED)	E (ED)
Epinephrine (Racemic)	E (ED)	E (ED)
Fosphenytoin and/or Phenytoin	E (ED)	E (ED)
Furosemide	E (ED)	E (ED)
Glucagon or Glucose Paste	E (ED)	E (ED)
Insulin, regular	E (ED)	E (ED)
Lidocaine 1%	E (ED)	E (ED)
Magnesium Sulfate	E (ED)	E (ED)
Mannitol	E (ED)	E (ED)
Narcotics	E (ED)	E (ED)
Neuromuscular blocking agents (i.e., succinylcholine, rocuronium, vecuronium)	E (ED)	E (ED)
Ocular anesthetics	E (ED)	E (ED)
Poison Specific Antidotes		
Acetylcysteine	E (ED)	E (ED)

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Cyanide antidote~~kit~~	E (ED)	E (ED)
Flumazenil	E (ED)	E (ED)
Naloxone	E (ED)	E (ED)
~~Procainamide~~	~~E (ED)~~	~~E (ED)~~
Sodium bicarbonate – 8.4% and 4.2%	E (ED)	E (ED)
Sedative/Hypnotic (e.g., Ketamine, Etomidate)	E (ED)	E (ED)
Tetanus Immune Globulin (Human)	E (ED)	E (ED)
Tetanus Vaccines (single or in combination with other vaccines)	E (ED)	E (ED)
Topical Anesthetics	E (ED)	E (ED)
Miscellaneous Equipment	~~E (ED)~~	~~E (ED)~~
Dosing device – length or weight based system for dosing and equipment	E (ED)	E (ED)
Dosing/equipment chart by weight	E (ED)	E (ED)
EMS communication equipment (i.e., telemetry, MERCI, cellular or dedicated phone)	E (ED)	E (ED)
Examination gloves, disposable	E (ED)	E (ED)
Fluorescein (eye strips)	E (ED)	E (ED)
Infant formulas, dextrose in water with various nipple sizes	E (ED)	E (ED)
Lubricant, water soluble	E (ED)	E (ED)
Nasogastric tubes 8 through-18 Fr* (may substitute feeding tubes 5F and 8F)	E (ED)	E (ED)
Oral rehydrating solution	E (ED)	E (ED)

Pain scale assessment tools appropriate for age	E (ED)	E (ED)
Pediatric emergency/crash cart or bag with defined list of contents attached to bag/cart	E (ED)	E (ED)
Restraining device, pediatric (papoose)	E (ED)	E (ED)
Resuscitation board	E (ED)	E (ED)
Urinary catheters (8-22 Fr)*	E (ED)	E (ED)
Warming devices, age appropriate	E (ED)	E (ED)
Weighing scales (in kilograms only) for infant and children	E (ED)	E (ED)
Woods lamp (blue light)	E (ED)	E (ED)
Specialized Pediatric Trays		
Initial newborn resuscitation equipment (can include warming device, feeding tubes, neonatal mask)	E (ED)	E (ED)
Lumbar puncture tray, including a selection of needle sizes (size 18-22 g, 1½-3 inch needle)	E (ED)	E (ED)
Minor surgical instruments and sutures	E (ED)	E (ED)
Newborn kit/OB kit (including umbilical clamp, bulb syringe, towel)	E (ED)	E (ED)
Fracture Management Devices		
Extremity splints	E (ED)	E (ED)
Femur splint (child and adult)	E (ED)	E (ED)
Semi-rigid neck collars (child through adult) or cervical immobilization equipment suitable for children	E (ED)	E (ED)
Spinal immobilization board (child and adult)	E (ED)	E (ED)

* Shall minimally stock a range of each commonly available size noted or comparable sizes.

(Source: Amended at 40 Ill. Reg. ______, effective ____________)

Section 515.APPENDIX N Pediatric Critical Care Center (PCCC)/Emergency Department Approved for Pediatrics (EDAP) Recognition Application

Application Instructions

Follow these instructions to initiate the process to request recognition as a Pediatric Critical Care Center (PCCC) and Emergency Department Approved for Pediatrics (EDAP). The Pediatric Plan shall be developed through interaction and collaboration with all appropriate disciplines:

1. Complete the Request for Recognition of Pediatric Critical Care Center and Emergency Department Approved for Pediatrics Status Application Form and obtain the appropriate signatures.

2. Using the Pediatric Critical Care Center Plan Application Guideline and the PCCC/EDAP requirements, complete a PCCC and EDAP Pediatric Plan. The Pediatric Plan should follow the Pediatric Critical Care Center Plan Application Guideline checklist format provided in this application and include all requested supporting documentation, including, but not limited to, scope of services/care, credentialing forms, policies (both administrative and department specific), procedures, protocols, guidelines, flow charts, rosters, calendars, schedules, etc.

3. Complete and obtain signatures on the Department-approved physician, nurse practitioner and physician assistant~~mid-level provider~~ and nursing credentialing forms.

4. Complete the EDAP, PICU and Pediatric Unit Equipment Checklists.

5. Submit four copies of the hospital's Pediatric Plan (an original signed copy plus three additional copies) that each contain the following:

    a. Signed Request for Recognition of Pediatric Critical Care Center and Emergency Department Approved for Pediatrics Status Application Form;

    b. Completed PCCC Plan and EDAP Plan (including supporting documentation);

    c. Completed physician, nurse practitioner and physician assistant~~mid-level provider~~ and nursing credentialing forms;

    d. Completed EDAP, PICU and Pediatric Inpatient Unit Equipment Checklists.

6. Submit these documents (including all supporting documentation) in the order listed in this application to: Division of EMS & Highway Safety, Illinois Department of Public Health, 422 S. 5th Street, Springfield IL 62701.

7. The Pediatric Plan shall be submitted in a single-sided format and unstapled.

8. Any submitted requests to waive any of the EDAP or PCCC equipment requirements shall include the criteria by which compliance is considered to be a hardship and shall demonstrate that there will be no reduction in the provision of medical care.

Site Survey Procedure

1. Within four to six weeks following the Department's receipt of the PCCC Pediatric Plan and supporting documents, the hospital will be informed as to the status of the application. If all documentation is in order, a site visit will be scheduled.

2. In preparation for the site visit, hospital personnel shall prepare evidence to verify adherence to the facility recognition requirements.

3. The site visit will include a survey of the Emergency Department, Pediatric Intensive Care Unit, Pediatric Units and a meeting with the following individuals:

   a. chief administrative/executive officer or designee

   b. chief of pediatrics

   c. medical director of the pediatric intensive care services

   d. medical directors of the pediatric units

   e. medical director of pediatric ambulatory care

   f. nursing director or nurse manager of the pediatric intensive care services

   g. nursing director or nurse manager of the pediatric units

   h. administrator of pediatric services

   i. administrator of emergency services

j. pediatric quality coordinator

k. hospital quality improvement department director or designee

l. emergency department medical director and the pediatric emergency department medical director

m. emergency department nurse manager and the pediatric emergency department nurse manager

n. hospital emergency management/disaster preparedness coordinator

o. transport team medical director

p. transport team nurse coordinator

q. Clinical nurse specialist, nurse practitioner~~mid-level provider, i.e., nurse practitioner~~ or physician assistant for those facilities that use these practitioners~~use mid-level providers in their emergency department or on their pediatric units~~

r. For EMS Resource or Associate Hospitals: The EMS MD and EMS coordinator

Site Survey Team

The Director or the Chief, Division of EMS & Highway Safety, in coordination with the Illinois EMSC Advisory Board, will appoint the site survey team. Site survey teams will be composed of a physician/nurse team along with a representative from the Illinois Department of Public Health. All team members will attend formal training in the site survey responsibilities, expectations and process.

Following the Site Survey

1. Within four to six weeks following the site visit, the hospital shall receive the results of the survey from the Department. Those hospitals meeting all requirements will receive a formal recognition of their Pediatric Critical Care capabilities.

2. Hospitals that do not meet the requirements will receive a letter from the Illinois Department of Public Health outlining the areas of non-compliance. The Department shall deny a request for recognition if findings show failure to substantially comply with

the EDAP and/or PCCC requirements. Hospitals may appeal the denial by submitting a written request to the Illinois Department of Public Health, Division of EMS & Highway Safety.

3. Re-recognition shall occur every three years, with site visits scheduled as necessary.

ILLINOIS EMSC
FACILITY RECOGNITION

Request for Recognition of Pediatric Critical Care Center (PCCC) and
Emergency Department Approved for Pediatrics (EDAP) Status

Application Form

Name of hospital and address (typed)

____
____
____

The above-named hospital is requesting PCCC and EDAP recognition. In addition, the above-named hospital certifies that each requirement in this Request for Recognition is met.

Typed name – CEO/Administrator

Signature – CEO/Administrator Date

Typed name – Chairman of the Department of Pediatrics

Signature – Chairman of the Department of Pediatrics Date

Typed name – Medical Director of Emergency Services

Signature – Medical Director of Emergency Services Date

____
Contact Person – Typed name, credentials and title

____
Contact Person – Phone number, fax number and email

(Source: Amended at 40 Ill. Reg. ______, effective ____________)

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Section 515.APPENDIX O Pediatric Critical Care Center Plan

I. PEDIATRIC CRITICAL CARE CENTER PLAN

Application Checklist
Instructions: Please follow and complete this checklist carefully. It outlines the components that must be included in the submitted plan. Please include any applicable supplemental documentation.

A. Organizational Structure

1. Enclosed is an organizational table identifying the administrative relationships among all departments in the hospital, especially as they relate to the pediatrics department. The table shall include, but is not limited to, the following:

☐ board of directors
☐ chief executive officers
☐ emergency department
☐ department of pediatrics
☐ pediatric ambulatory care
☐ trauma service
☐ department of radiology
☐ laboratory services
☐ transport service team
☐ social services

2. Enclosed is an organizational table showing the organizational structure of the department of pediatrics, including the relationship of the physician, nursing and ancillary services for both the PICU and pediatric units. Include the reporting structure for the pediatric chairman (to whom he/she reports).

☐ Department of Pediatrics Organizational Structure (Table)

3. Enclosed is an organizational table showing the organizational structure of the emergency department, including the relationship of the physician, nursing and ancillary services. Include the reporting structure for the emergency department director (to whom he/she reports).

☐ Emergency Department Organizational Structure (Table)

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EDAP Checklist

Review the criteria in Section 515.4000(a)(1) and (2) for the physician staff qualifications and continuing medical education and submit each of the following:

☐ A policy or medical staff bylaws that incorporate the physician qualifications and CME requirements.
☐ A completed Credentials of Emergency Department Physicians form
☐ A completed Credentials of Fast Track Physicians form
☐ The curriculum vitae for the ED medical director
☐ A current one-month physician schedule for the ED

Review the criteria in Section 515.4000(a)(3) for the ED physician coverage and submit a policy that addresses this requirement.

Review the criteria in Section 515.4000(a)(4) for ED consultation and submit a one-month on-call schedule identifying availability of board certified/board prepared pediatricians or pediatric emergency medicine physicians.

Review the criteria in Section 515.4000(a)(5) for ED physician back-up and submit a policy that addresses this requirement.

Review the criteria in Section 515.4000(a)(6) for all on-call specialty physician response time and submit a policy that addresses this requirement.

Review the criteria in Section 515.4000(b)(1) and (2) for nurse practitioner and physician assistant~~mid-level provider~~ qualifications and continuing medical education and submit the following (as applicable):

☐ A policy(s) that incorporates the mid-level provider qualifications and continuing education requirements
☐ A completed Credentials of Emergency Department and Fast Track Nurse Practitioner and Physician Assistant~~Mid-level Providers~~ form
☐ A current one-month ~~mid-level provider~~ schedule for the emergency department and fast track area as applicable.

Review the criteria in Section 515.4000(c)(1) and (2) for nursing qualifications and continuing education and submit the following:

☐ A policy that incorporates the nursing qualifications and CE requirements

- ☐ A completed Credentials of Emergency Department Nursing Staff form
- ☐ A one-month nurse staffing schedule for the emergency department

Review the criteria in Section 515.4000(d)(1) for inter-facility transfer and submit the following:

- ☐ An inter-facility transfer policy that addresses pediatric transfers
- ☐ A copy of current pediatric-specific transfer agreements with hospitals that provide pediatric specialty services, pediatric intensive care and burn care not available at your facility

Review the criteria in Section 515.4000(d)(2) for suspected child abuse and neglect and submit a policy that addresses this requirement.

Review the criteria in Section 515.4000(d)(3) for treatment protocols and submit all pediatric treatment protocols.

Review the criteria in Section 515.4000(d)(4) for latex allergy policy and submit a policy that addresses latex allergies and the availability of latex-free equipment and supplies.

Review the criteria in Section 515.4000(d)(5) for disaster preparedness and submit a completed pediatric disaster preparedness checklist.

Review the criteria in Section 515.4000(e)(1) for quality improvement activities and the multidisciplinary quality improvement committee and submit the following:

- ☐ A quality improvement plan, including a QI policy, pediatric indicators, feedback loop and target time frames for closure of issues
- ☐ The composition of the multidisciplinary QI committee

Review the criteria in Section 515.4000(e)(2) and (3) for the pediatric physician champion and the pediatric quality coordinator responsibilities and submit the following:

- ☐ A curriculum vitae for the pediatric physician champion
- ☐ A curriculum vitae and job description for the pediatric quality coordinator
- ☐ Documentation detailing the participation of the pediatric quality coordinator in regional QI activities and how that has affected pediatric quality care in the ED

Review the criteria in Section 515.4000(f) for the list of emergency department equipment requirements and submit a completed checklist indicating the availability of all equipment.

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Indicate in the pediatric plan whether each item is currently available. If equipment/supply items are not available, a plan for securing the items shall be identified (e.g., submission of a purchase order to assure that the item is on order) or an equipmenta waiver request shall be submitted for each item. Requests for waiver shall include the criteria by which compliance is considered to be a hardship and demonstrate that there will be no reduction in the provision of medical care.

If assistance is needed in identifying specific vendors for any of the equipment or supply items in this application, please contact the Marketing Administrator, Group Purchasing Services, Metropolitan Chicago Healthcare Council at 312-906-6122.

B. PCCC Checklist

1. Hospital Requirements

Review the criteria in Section 515.4020(a) of the PCCC requirements as related to hospital resources and submit documentation identifying the ability to meet each of the following:

- ☐ A scope of services/policy outlining PICU services, unit resources and capabilities. Include any guidelines that outline pediatric admission criteria based on age parameters and/or diagnoses
- ☐ A list of the members of the PICU Committee, as well as their disciplines, to meet subsection (a)(3)
- ☐ Documentation to substantiate that Section 515.4020(a)(4) (Helicopter landing) is met
- ☐ A statement regarding 24-hour availability to meet Section 515.4020(a)(5) (CAT scan)
- ☐ A statement regarding the ability to meet Section 515.4020(a)(6) (Laboratory)
- ☐ A statement of availability or transfer agreement to meet Section 515.4020(a)(7) (Hemodialysis capabilities)
- ☐ A statement or scope of service from each program identifying the availability of staff as required in Section 515.4020(a)(8) (Other staffing/services)
- ☐ A list of professional pediatric critical care educational trainings that staff have provided in the past year to meet Section 515.4020(a)(9) (include information on trainings held within the facility, within the region or surrounding geographic area)
- ☐ A list of pediatric emergency care classes that staff have provided in the past year to meet Section 515.4020(a)(10) (i.e., CPR, first aid, health fairs, etc., conducted for the patient population and the community, region or surrounding geographic area)

- ☐ Documentation of any pediatric research the facility has been engaged in during the past year to meet Section 515.4020(a)(11) (include the research project abstract, summary of projects or listing of research activities)

II. PICU SERVICE REQUIREMENTS

A. Professional Staff

1. PICU Medical Director

Review the criteria in Section 515.4020(b) for the Medical Director and Co-Director requirements and submit each of the following:

- ☐ A curriculum vitae for the appointed PICU medical director
- ☐ A copy of board certification or verification of board certification
- ☐ A curriculum vitae and board certification for the co-director (as applicable − see Section 515.4020(b)(1)

2. PICU Medical Staff Requirements

Review the criteria in Section 515.4020(c) and submit each of the following:

PICU Medical Staff

- ☐ A policy outlining PICU physician staffing, coverage, availability, and CME requirements that incorporates Section 515.4020(c)(1)(A) and (B)
- ☐ A completed Credentials of PICU Physicians form that includes the medical director (and co-director as applicable)
- ☐ A one-month staffing schedule/calendar (schedule should be from within the three-month time period previous to the application submission)

Physician Specialist Availability (Section 515.4020(c)(2))

- ☐ A policy or by-laws that address the response time and on-call scheduling of pediatric surgeons
- ☐ A policy/process outlining board or sub-board certification or board preparedness for all specialist physicians
- ☐ A policy/process outlining how pediatric proficiency is defined and assuring that all specialist physicians maintain 10 hours of pediatric CME per year
- ☐ A policy/process outlining anesthesiologist on-call staffing and response time, subspecialty training in pediatric anesthesiology or pediatric proficiency as defined by institution, and 10 hours of pediatric CME per year; for Certified

Registered Nurse Anesthetists, provide a copy of the by-laws that address their responsibilities and back up

☐ On-call schedules from the last month that list physician availability to meet Section 515.4020(c)(2)(C) and (D)

3. PICU Nurse Practitioner or Physician AssistantMid-Level Providers (Physician Assistant or Nurse Practitioner) Requirements

NOTE – Complete this section only if physician assistants or nurse practitioners practice in the PICU.

Review the criteria in Section 515.4020(d) and submit each of the following:

Nurse Practitioner (Section 515.4020(d)(1))

☐ A policy outlining PICU nurse practitioner staffing, coverage, availability, responsibilities and credentialing process

☐ A copy of a one-month staffing schedule/calendar (schedule should be from within the three-month time period previous to the application submission)

☐ A completed Credentials of PICU Nurse Practitioner or Physician AssistantMid-Level Providers form

Physician Assistant (Section 515.4020(d)(2))

☐ A policy outlining PICU physician assistant staffing, coverage, availability, responsibilities and credentialing process

☐ A copy of a one-month staffing schedule/calendar (schedule should be from within the three-month time period previous to the application submission)

☐ A completed Credentials of PICU Nurse Practitioner or Physician AssistantMid-Level Providers form

Education (Section 515.4020(d)(3) and (4))

☐ A policy that incorporates APLS, PALS or ENPC (Section 515.4020(d)(3))

☐ A copy of the PICU nurse practitioner and physician assistantphysician assistant/nurse practitioner continuing education policy that incorporates Section 515.4020(d)(4)

4. PICU Nursing Staff Requirements

Review the criteria in Section 515.4020(e) and submit each of the following:

PICU Nurse Manager

- ☐ A curriculum vitae for the PICU manager
- ☐ A policy or job description that incorporates Section 515.4020(e)(1)(C)

PICU Advanced Practice Nurse

- ☐ A policy or job description of the role and responsibilities of the advanced practice nurse in the PICU
- ☐ A resume of the PICU advanced practice nurse
- ☐ A policy that incorporates Section 515.4020(e)(2)(C) and (D)

Nursing Patient Care Services

- ☐ A policy/documentation outlining current nursing shift staffing plan/patterns
- ☐ A completed Credentials of PICU Nursing Staff form that includes the PICU nurse manager and PICU advanced practice nurse
- ☐ A policy or job description for the PICU nurse that outlines the orientation process to the unit responsibilities and requirements of the Department (Section 515.4020(e)(3)(C) and (D))
- ☐ A copy of a one-month nurse staffing schedule/calendar (schedule shall be from within the three-month time period previous to the application submission)
- ☐ A policy reflecting yearly competency review requirements for the PICU staff

D. Policies, Procedures and Treatment Protocols

Review the criteria in Section 515.4020(f) and submit each of the following:

- ☐ An admission and discharge criteria policy
- ☐ A staffing policy that addresses nursing shift staffing patterns based on patient acuity
- ☐ A policy for managing the psychiatric needs of the PICU patient
- ☐ Protocols, order sets, pathways or guidelines for management of high- and low-frequency diagnoses

E. Inter-facility Transfer/Transport Requirements

Review the criteria in Section 515.4020(g) and submit each of the following:

- ☐ A copy of the last annual report containing the number of annual transfers to the facility from transferring institutions
- ☐ A policy outlining the feedback process to transferring hospitals on the status of the referral patient and the methods for quality review of the transfer process

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- ☐ Documentation outlining the pediatric inter-facility transport system capabilities and resources
- ☐ A transfer policy that addresses pediatric inter-facility transfers

F. Quality Improvement Requirements

Review the criteria in Section 515.4020(h) and submit each of the following:

- ☐ A list of the members of the Multidisciplinary Pediatric Quality Improvement Committee and their respective positions/disciplines
- ☐ An institutional Quality Improvement Organizational Chart
- ☐ The PICU outcome analysis plan and pediatric monitoring activities that meet Section 515.4020(h)(2) (minutes from the past year that reflect the activities of the Multidisciplinary Pediatric Quality Improvement Committee will be requested at the time of site survey)

G. Equipment

Review the criteria in Section 515.4020(i) and submit the following:

Indicate in the Pediatric Plan whether each item is currently available. If equipment/supply items are not available, a plan for securing the items shall be identified (e.g., submission of a purchase order to assure that the item is on order); if the item is not on order, an equipment~~a~~ waiver request shall be submitted for each item. Requests for an equipment waiver shall include the criteria by which compliance is considered to be a hardship and shall demonstrate that there will be no reduction in the provision of medical care.

If assistance is needed in identifying specific vendors for any of the equipment/supply items noted in this application, please contact the Marketing Administrator, Group Purchasing Services, Metropolitan Chicago Healthcare Council at 312-906-6122.

III. PEDIATRIC INPATIENT CARE SERVICE REQUIREMENTS

A. Professional Staff

1. Pediatric Unit Physician Requirements

Review the criteria in Section 515.4020(j) and submit each of the following:

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- ☐ A curriculum vitae and a copy of board certification for the pediatric inpatient director
- ☐ A policy or a scope of services for the pediatric unit that defines responsibility for medical management of care
- ☐ If pediatric hospitalists are used, documentation that defines their scope of service, including their responsibilities to other attending physicians
- ☐ A completed Credentials of Pediatric Unit Hospitalists form
- ☐ A policy that incorporates Section 515.4020(j)(1)(B)
- ☐ A policy or scope of services outlining the responsibility of the PICU medical director or his/her designee as being available on call and for consultation on all pediatric in-house patients who may require critical care

2. Pediatric Unit Nurse Manager Requirements

Review the criteria in Section 515.4020(j)(2) and submit each of the following:

- ☐ A curriculum vitae for the pediatric unit manager
- ☐ A job description or policy incorporating Section 515.4020(j)(2)(C)

3. Pediatric Unit Nursing Care Services

Review the criteria in Section 515.4020(j)(3) and submit each of the following:

- ☐ A policy/documentation outlining current nursing shift staffing plan/patterns
- ☐ A policy describing annual competency review requirements for the pediatric nursing staff (Section 515.4020(j)(3)(B))
- ☐ A policy or job description for the pediatric unit nurse that outlines the orientation process to the unit responsibilities and requirements of the Department that address Section 515.4020(j)(3)(A) through (D)
- ☐ A copy of a one-month nursing staffing schedule/calendar (schedule shall be from within the three-month time period previous to the application submission)
- ☐ A completed Credentials for the Pediatric Unit Nursing Staff form that includes the Pediatric Unit Nurse Manager

B. Policies, Procedures and Treatment Protocols

Review the criteria in Section 515.4020(k) and submit each of the following:

- ☐ A policy or scope of services that outlines the pediatric department services, ages of patients served and admission guidelines

- ☐ A staffing policy that addresses nursing shift staffing patterns based on patient acuity
- ☐ A safety and security policy for the patient in the unit
- ☐ An inter-facility transport policy that addresses safety and acuity
- ☐ An intra-facility transport policy that addresses safety and acuity
- ☐ A latex allergy policy
- ☐ A pediatric organ procurement/donation policy
- ☐ An isolation precautions policy that incorporates appropriate infection control measures
- ☐ A disaster/terrorism policy that addresses the specific medical and psychosocial needs of the pediatric population
- ☐ Protocols, order sets, pathways or guidelines for management of high- and low-frequency diagnoses
- ☐ A pediatric policy that addresses the resources available to meet the psychosocial needs of patients and family, and appropriate social work referral for the following indicators (see Pediatric Bill of Rights in Appendix N):
  - Child death
  - Child has been a victim of or witness to violence
    Family needs assistance in obtaining resources to take the child home
  - Family needs a payment resource for their child's health needs
    Family needs to be linked back to their primary health, social service or educational system
  - Family needs support services to adjust to their child's health condition or the increased demands related to changes in their child's health condition
  - Family needs additional education related to the child's care needs to care for the child at home
- ☐ A discharge planning policy or protocol that includes the following:
  1. Documentation of appropriate primary care/specialty follow-up provisions
  2. Mechanism to access a primary care resource for children who do not have a provider
  3. Discharge summary provision to appropriate medical care provider, parent/guardian, that includes:
     - Information on the child's hospital course
     - Discharge instructions and education
     - Follow-up arrangements
  4. Appropriate referral of patients to rehabilitation or specialty services for children who may have any of the following problems:
     - Require the assistance of medical technology

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- Do not exhibit age-appropriate activity in cognitive, communication or motor skills, behavioral or social/emotional realms
- Have additional medical or rehabilitation needs that may require specialized care, such as medication, hospice care, physical therapy, home health or speech/language services
- Have a brain injury – mild, moderate or severe
- Have a spinal cord injury
- Exhibit seizure behavior during an acute care episode or have a history of seizure disorder and are not currently linked with specialty follow-up
- Have a submersion injury, such as a near drowning
- Have a burn (other than a superficial burn)
- Have a pre-existing condition that experiences a change in health or functional status
- Have a neurological, musculoskeletal or developmental disability
- Have a sudden onset of behavioral change, for example, in cognition, language or affect

C. Quality Improvement Requirements

Review the criteria in Section 515.4020(l) and submit the following:

☐ The titles of the pediatric unit representatives that serve on the Multidisciplinary Pediatric Quality Improvement Committee

D. Equipment Requirements

Review the criteria in Section 515.4020(m) and submit the following:

Indicate in the Pediatric Plan whether each item is currently available. If equipment/supply items are not available, a plan for securing the items shall be identified (e.g., submission of a purchase order to assure that the item is on order); if the item is not on order, an equipment~~a~~ waiver request shall be submitted for each item. Requests for an equipment waiver shall include the criteria by which compliance is considered to be a hardship and shall demonstrate that there will be no reduction in the provision of medical care.

If assistance is needed in identifying specific vendors for any of the equipment/supply items noted in this application, please contact the Marketing Administrator, Group Purchasing Services, Metropolitan Chicago Healthcare Council at 312-906-6122.

(Source: Amended at 40 Ill. Reg. ______, effective ____________)

Section 515.APPENDIX P Pediatric Critical Care Center (PCCC) Pediatric Equipment/Supplies/Medications Requirements

All of the following equipment/supplies/medications shall be immediately available within the PICU and pediatric unit:

AIRWAY

Cricothyrotomy capabilities (i.e., 10 g needle and 3 mm ET tube adapter or 14 g needle and 3.5 mm ET tube adapter)
Endotracheal tubes:
    Uncuffed or Cuffed (sizes 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5)
    ~~Cuffed (sizes 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5)~~
    Stylets for endotracheal tubes (pediatric and adult)
Laryngoscope handle (pediatric and adult); bulbs (small and large); extra batteries
Laryngoscope blades (Curved 1, 2, 3; Straight or Miller 00, 0, 1, 2, 3)
Local anesthetic (i.e., lidocaine gel, cetacaine spray)
Magill forceps (pediatric and adult)
Oral airways (sizes 0~~00~~, 1, 2, 3, 4, 5)
Stylets (pediatric and adult)
Tongue blades
Tracheostomy collar
Tracheostomy tubes (sizes PED 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 or ET may be substituted); trach ties; surgilube

BREATHING

Bag-valve-mask device, self-inflating infant/child and adult with O_2 reservoir and clear masks (neonatal through large adult sizes), and PEEP~~ and manometer~~
C-PAP
End-tidal PCO_2 monitor and/or pediatric CO_2 detector (disposable units may be substituted)
Flow meter
Masks, clear (neonatal, toddler, infant, child, medium adult)
Nasogastric tubes (sizes 6, 8, 10, 12, 14 Fr). NOTE: Cannot use feeding tubes as a substitute.
Nasopharyngeal airways (sizes 14~~12~~, 16, 20, 24, 28, 30 Fr)
O_2 Tank
O_2 Blender
O_2 connectors and spare O_2 tubing
Partial non-rebreather O_2 masks (neonatal, pediatric, adult)

PEEP valves
Pulse oximeter with child, infant and neonatal probes
Stethoscope
Suction supplies (bulb syringe, suction catheters sizes 6, 8, 10, 12, 14 Fr and Yankauer-tip catheter)
Tube thoracostomy tray and water seal drainage capacity with chest tubes (sizes 8-40 Fr)
Ventilator-respirator, pediatric

CIRCULATION

Blood collection tubes, culture bottles, arterial blood gas syringe
Butterfly needles (19, 21, 23, 25 g)
Cardiac resuscitation board
Catheter over needle IV access (sizes 16, 18, 20, 22, 24 g)
CVP and arterial monitors
Doppler device
ECG monitor-defibrillator/cardioverter with pediatric and adult sized paddles (and/or pads), with pediatric dosage settings and pediatric/adult pacing electrodes
Intraosseous needles or bone-marrow aspiration needles (one large and one small bore) or IO device (pediatric and adult sizes)
IV fluid/blood warmer
~~IV pumps~~
IV tubing and extension tubing
~~Minidrip with metered chamber~~
Infusion pumps, syringe pumps, or devices with microinfusion capability utilizing appropriate tubing and connectors
Needles (sizes 16, 18, 20, 22/23, 25; intracardiac needle 21 g, 1½ inch; filter needle)
Non-invasive blood pressure device (neonatal through adult cuffs)
Rapid infusion pumps
Sphygmomanometer with cuffs (newborn, infant, child, small adult, adult)
Stopcocks
Syringes (TB, insulin U100, 1 ml-20 ml and catheter tip)
T-connectors
Tourniquets, arm boards, tape, alcohol wipes, skin prep, razor
Vascular access supplies using the Seldinger technique (3-8 Fr)
Warming devices, age appropriate

MEDICATIONS
Activated Charcoal
Adenosine
Albumin 5% and 25%

Amiodarone
AquaMEPHYTON
Atropine
Bacteriostatic Water, 30 ml
Beta-agonist for inhalation
Benzodiazepines, e.g., Lorazepam, Midazolam, Diazepam
Calcium Chloride 10%
Calcium Gluconate 10%
~~Dexamethasone~~
Dextrose 10%, 25% and 50%
~~Diazepam~~
Digitalis antibody
Digoxin
Diphenhydramine
Dobutamine
Dopamine
Dosing device – length or weight based system for dosing and equipment/supplies
Epinephrine (1:1000 and 1:10,000)
Factor VIII, IX concentrate (pharmacy or blood bank)
Flumazenil
Furosemide
Glucagon
Insulin
IV solutions (D5W and 0.9 NS)
IV solutions, standard crystalloid (D10W, D5/0.2 NS, D5/0.45 NS and 0.9 NS)
Kayexalate
Ketamine
Lidocaine 1% and 2%
List of resuscitation drug dosages at patient bedside (based on child's weight)
~~Lorazepam (may be located in unit refrigerator)~~
Magnesium sulfate ~~10% and 50%~~
Mannitol ~~25%~~
Methylene blue
N-acetyl cysteine
Naloxone
Narcotics
Norepinephrine
Neuromuscular blocking agents (i.e., succinylcholine, pancuronium, vecuronium) (NOTE: May be refrigerated)
Oral rehydrating solution

Phenobarbital
Phenytoin and/or fosphenytoin
Potassium
~~Procainamide~~
Propranolol
Prostaglandin E1
Sodium Bicarbonate, 8.4% and 4.2%
Sodium Chloride 10 ml (multiple)
Steroids – parenteral, e.g., Dexamethasone, Hydrocortisone, Methylprednisolone
~~Thiopental~~
Topical anesthetic agent
Vasopressin (DDAVP)
Whole bowel irrigation solution

MISCELLANEOUS

Lumbar puncture tray, including a selection of needles (size 18-22 g, 1½-3 inch needle)
Feeding tubes (8-14)
Foley catheters (sizes 6, 8, 10, 12 Fr)
Hypothermia thermometer with rectal probe (28°-42° C)
Otoscope/ophthalmoscope
Weighing scales (in kilograms only) for infants and children

(Source: Amended at 40 Ill. Reg. ______, effective ____________)