DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Hospital Licensing Requirements

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

3)

Section Numbers:	Proposed Actions:
250.105	Amendment
250.210	Amendment
250.310	Amendment
250.2440	Amendment

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

5) A Complete Description of the Subjects and Issues Involved: This proposed rulemaking provides for the creation of a single governing authority for two or more hospitals within a health care system and, for two or more separately licensed hospitals within a health care system, to consolidate their medical staffs into a unified medical staff. The rulemaking also provides for the operational requirements for a single governing authority and a unified medical staff. References are also being updated.

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? Yes

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

11) Statement of Statewide Policy Objectives: This rulemaking does not create a state mandate.

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

rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the *Illinois Register* to:

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

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

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Hospitals

B) Reporting, bookkeeping or other procedures required for compliance: Hospitals will need to maintain accurate personal records.

C) Types of professional skills necessary for compliance: Medical, architectural

14) Regulatory Agenda on which this rulemaking was summarized: July 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 b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250
HOSPITAL LICENSING REQUIREMENTS

SUBPART A: GENERAL PROVISIONS

Section

SUBPART B: ADMINISTRATION AND PLANNING

Section

SUBPART C: THE MEDICAL STAFF

Section

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

SUBPART Q: CHRONIC DISEASE HOSPITALS

SUBPART R: PHARMACY OR DRUG AND MEDICINE SERVICE

SUBPART S: PSYCHIATRIC SERVICES

SUBPART T: DESIGN AND CONSTRUCTION STANDARDS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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

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

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

23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508, effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective August 1, 1999; amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill. Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000; amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. 1547, effective January 15, 2003; amended at 27 Ill. Reg. 13467, effective July 25, 2003; amended at 28 Ill. Reg. 5880, effective March 29, 2004; amended at 28 Ill. Reg. 6579, effective April 15, 2004; amended at 29 Ill. Reg. 12489, effective July 27, 2005; amended at 31 Ill. Reg. 4245, effective February 20, 2007; amended at 31 Ill. Reg. 14530, effective October 3, 2007; amended at 32 Ill. Reg. 3756, effective February 27, 2008; amended at 32 Ill. Reg. 4213, effective March 10, 2008; amended at 32 Ill. Reg. 7932, effective May 12, 2008; amended at 32 Ill. Reg. 14336, effective August 12, 2008; amended at 33 Ill. Reg. 8306, effective June 2, 2009; amended at 34 Ill. Reg. 2528, effective January 27, 2010; amended at 34 Ill. Reg. 3331, effective February 24, 2010; amended at 34 Ill. Reg. 19031, effective November 17, 2010; amended at 34 Ill. Reg. 19158, effective November 23, 2010; amended at 35 Ill. Reg. 4556, effective March 4, 2011; amended at 35 Ill. Reg. 6386, effective March 31, 2011; amended at 35 Ill. Reg. 13875, effective August 1, 2011; amended at 36 Ill. Reg. 17413, effective December 3, 2012; amended at 38 Ill. Reg. 13280, effective June 10, 2014; amended at 39 Ill. Reg. 5443, effective March 25, 2015; amended at 39 Ill. Reg. 13041, effective September 3, 2015; amended at 41 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 250.105 Incorporated and Referenced Materials

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

1) Private and Professional Association Standards~~professional association standards~~:

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

B) The following standards of the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), which

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

i) ASHRAE Handbook of Fundamentals (2005)

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

iii) ASHRAE Handbook-HVAC Applications (2003)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

xv) NFPA 99 (1999): Standard for Health Care Facilities (See Sections 250.1410, 250.1910, 250.1980, 250.2460, 250.2480, 250.2490 and 250.2660.)

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

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

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

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

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

xxi) NFPA 255 and 258 (2000): Standard Method of Test of

Surface Burning Characteristics of Building Materials, and Recommended Practice for Determining Smoke Generation of Solid Materials (See Section 250.2480.)

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

D) American Academy of Pediatrics and American College of Obstetricians and Gynecologists, Guidelines for Perinatal Care, Seventh~~Sixth~~ Edition (2012~~2007~~), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264) (See Section 250.1820.)

E) American College of Obstetricians and Gynecologists, Guidelines for Women's Healthcare, Fourth~~Third~~ Edition (2014~~2007~~), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264) (See Section 250.1820.)

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

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

H) National Association of Neonatal Nurses, Position Statement #3009 Minimum RN Staffing in NICUs, which may be obtained from the National Association of Neonatal Nurses, 4700 W. Lake

Ave., Glenview, Illinois 60025, or at nann.org/pdf/08_3009_rev.pdf (See Section 250.1830.)

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

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

K) National Association of Plumbing-Heating-Cooling Contractors (PHCC), National Standard Plumbing Code (2003), which may be obtained from the National Association of Plumbing-Heating-Cooling Contractors, 180 S. Washington Street, P.O. Box 6808, Falls Church, Virginia 22046 (703-237-8100)

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

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

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

Chicago, Illinois 60610 (See Section 250.315.)

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

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

2) Federal Government Publications:

A) Department of Health and Human Services, United States Public Health Service, Centers for Disease Control and Prevention, "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007" and "Guidelines for Infection Control in Health Care Personnel, 1998, which may be obtained from National Technical Information Service (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161 (See Section 250.1100.)

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

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

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

E) National Center for Health Statistics and World Health Organization, Geneva, Switzerland, "International Classification of Diseases", 10th Revision, Clinical Modification (ICD-10-CM) (1990), Version for 20152~~2007~~, which can be accessed at http://www.who.int/classifications/icd/en/

3) Federal Regulations:

A) 45 CFR 46.101, To What Does the Policy Apply? (October 1, 2014)

B) 45 CFR 46.103(b), Assuring Compliance with this Policy − Research Conducted or Supported by any Federal Department or Agency (October 1, 2014)

C) 42 CFR 482, Conditions of Participation for Hospitals (October 1, 2014)

D) 21 CFR, Food and Drugs (April 1, 2014)

E) 42 CFR 489.20, Basic Commitments (October 1, 2014)

F) 29 CFR 1910.1030, Bloodborne Pathogens (July 1, 2014)

G) 42 CFR 413.65(d) and (e), Requirements for a determination that a facility or an organization has provider-based status (October 1, 2014)

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

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

1) State of Illinois statutes:

A) Hospital Licensing Act [210 ILCS 85]

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

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

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

E) Pharmacy Practice Act [225 ILCS 85]

F) Physician Assistant Practice Act of 1987 [225 ILCS 95]

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

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

I) Safety Glazing Materials Act [430 ILCS 60]

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

K) Nurse Practice Act [225 ILCS 65]

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

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

N) Hospital Report Card Act [210 ILCS 88]

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

P) Smoke Free Illinois Act [410 ILCS 82]

Q) Health Care Surrogate Act [755 ILCS 40]

R) Perinatal HIV Prevention Act [410 ILCS 335]

S) Hospital Infant Feeding Act [210 ILCS 81]

T) Medical Patient Rights Act [410 ILCS 50]

U) Hospital Emergency Service Act [210 ILCS 80]

V) Illinois Anatomical Gift Act [775 ILCS 50]

W) Illinois Public Aid Code [305 ILCS 5]

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

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

Z) Specialized Mental Health Rehabilitation Act [210 ILCS 48]

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

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

CC) Gestational Surrogacy Act [750 ILCS 47]

DD) Code of Civil Procedure [735 ILCS 5/8-2101]

2) State of Illinois Administrative Rules~~administrative rules~~:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

O) Department of Public Health, Ambulatory Surgical Treatment Center Licensing Requirements (77 Ill. Adm. Code 205)

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

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

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

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

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

3) Federal Statutes:

A) Health Insurance Portability and Accountability Act of 1996 (110 USC 1936)

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

(Source: Amended at 41 Ill. Reg. _____, effective _____)

SUBPART B: ADMINISTRATION AND PLANNING

Section 250.210 The Governing Board

a) Each For each hospital there shall have be a governing authority, hereinafter called the board, responsible for the its organization, management, control and operation of the hospital, including the appointment of the medical staff. For two or more hospitals within a health care system, the system board may serve as the single governing authority of each hospital (which shall be referred to as the "system board"). When this option is exercised, the system board shall be responsible for compliance with the medical staff requirements in the Act and its regulations.

b) The board shall be formally organized in accordance with a written constitution and bylaws that. This must clearly set forth organization, duties, responsibilities, and relationships. The Department may require a copy for its files.

c) The board shall meet regularly. Monthly meetings are recommended. Written reports of all meetings shall be maintained kept.

d) The board shall employ a competent executive officer or administrator and vest

him or her with authority and responsibility to carry~~for carrying~~ out its policies. A~~There shall be a~~ qualified individual shall be responsible to the administrator in matters of administration and~~who~~ shall represent him or her during the administrator's~~his~~ absence.

e) The board shall ensure the availability~~insure employment~~ of competent, well qualified personnel for all hospital departments in order to efficiently~~in adequate numbers to~~ carry out the functions of the hospital and meet patient care needs. The board shall also provide a mechanism for assisting employees in addressing physical and mental health problems.

f) The board shall be responsible for the maintenance of standards of professional work in the hospital and shall require that the medical staff function competently. Clinical audits shall be performed by the medical staff and reviewed by a committee of the governing authority and the medical staff. The board shall consult directly with the individual who is responsible for the organization and conduct of the hospital's medical staff. The direct consultation shall occur at least twice per year and shall include discussion of matters related to the quality of medical care provided to the patients of the hospital. For a hospital system using a system board, the system board shall consult directly with the individual responsible for the organized medical staff (or his or her designee) of each hospital within the system. Direct consultation occurs when the governing body, or a subcommittee of the governing body, meets with the leaders of the medical staffs, or their designee, either face-to-face or via a telecommunications system that permits immediate, synchronous communication.

g) The board~~Board~~ shall establish~~be responsible for the establishment of~~ a policy providing for the investigation of unusual incidents that~~which~~ may occur. (Refer to Section 250.990.)

h) Two or more separately licensed hospitals that are part of a hospital system with a system board may elect to use the option of a unified medical staff, conditioned upon acceptance by a majority vote of the medical staff members of the participating hospitals. Members who hold privileges to practice at the hospital shall vote in accordance with the medical staff bylaws. Nothing in this Section shall be construed to require a unified medical staff for any hospital.

1) The system board shall be responsible for the decisions of the unified medical staff and may direct the unified medical staff to consider any matter or reconsider any decision. The system board shall take final

action on all medical staff matters, on behalf of the hospitals within the system that share a unified medical staff, including, but not limited to:

A) The appointment, reappointment and delineation of clinical privileges of the medical staff;

B) The denial or revocation of a medical staff appointment and the denial, revocation, suspension, restriction or reduction of clinical privileges;

C) The approval of bylaws and policies; and

D) The maintenance of standards for professional work in the hospital and the review of clinical audits, pursuant to subsection (f).

2) The unified medical staff shall be considered a committee of a licensed hospital for purposes of Section 8-2101 of the Code of Civil Procedure.

3) All of the activities of the system board shall be in compliance with the medical staff provisions of the Act and this Part.

4) If two or more hospitals within a hospital system designate a system board, each hospital in the hospital system shall still individually comply with the Act and this Part.

(Source: Amended at 41 Ill. Reg. _____, effective _____)

SUBPART C: THE MEDICAL STAFF

Section 250.310 Organization

a) For the purposes of this Section only:

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

2) A Distant-site Hospital is an Illinois licensed hospital or a Medicare participating hospital.

3) A Distant-site Telemedicine Entity, consisting of a group of licensed physicians, is defined as an entity that:

A) Provides telemedicine services;

B) Is not a Medicare-participating hospital; and

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

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

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

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

7) Simultaneously means that the clinical services (for example, assessment of the patient with a clinical plan for treatment, including any medical

orders needed) are provided to the patient in real time by the telemedicine physician or practitioner, similar to the actions of an on-site physician or practitioner.

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

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

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

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

3) identifying officers as are warranted;

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

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

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

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

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

9) keeping completed medical records;

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

11) establishing Medical Care Evaluation Studies;

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

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

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

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

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

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

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

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

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

18) establishing a procedure for granting disaster privileges.

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

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

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

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

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

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

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

i) a current picture hospital ID card;

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

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

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

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

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

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

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

c) If a hospital is part of a hospital system consisting of two or more separately licensed hospitals, and the system elects to have a unified, integrated medical staff for its separately licensed member hospitals, each separately licensed hospital shall permit the medical staff members of each separately licensed hospital in the system (in other words, all medical staff members who hold specific privileges to practice at that hospital) to vote, in accordance with medical staff bylaws, whether to accept a unified, integrated medical staff structure or to maintain a separate and distinct medical staff for their respective licensed hospital.

1) If the medical staffs of the separately licensed hospitals vote to accept an integrated, unified medical staff structure, they shall meet the following conditions:

A) Adopt written bylaws, rules and requirements that describe the processes for self-governance, appointment, credentialing, privileging and oversight, as well as peer review policies and due process rights guarantees, including a process for the members of the medical staff of each separately licensed hospital to be advised of their rights to opt out of the unified and integrated medical staff structure after a majority vote by the members to maintain a separate and distinct medical staff for their hospital;

B) Take into account each member hospital's unique circumstances and any significant differences in patient populations and services offered in each hospital; and

C) Establish and implement written policies and procedures, including meetings that shall occur at least quarterly, to ensure that the needs and concerns expressed by members of the medical staffs at each separately licensed hospital, regardless of practice or location, are given due consideration, and that the unified, integrated medical staff has mechanisms in place to ensure that issues localized to particular hospitals are considered and addressed.

2) The unified, integrated medical staff shall be organized in accordance with the Conditions of Participation for Hospitals related to medical staff.

3) Medical staffs may vote, no more than every two years, whether to remain or discontinue as an integrated, unified medical staff.

4) This subsection (c) shall not apply to hospitals that are required to have a unified, integrated medical staff under 42 CFR 413.65(d) and (e) as being a multi-campus hospital under one Medicare certification number.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

i) *Nothing in* this subsection (e)~~(d)~~(2)(B) *limits a hospital's or*

medical staff's right to summarily suspend, without a prior hearing, a person's medical staff membership or clinical privileges if the continuation of practice of a medical staff member constitutes an immediate danger to the public, including patients, visitors, and hospital employees and staff.

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

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

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

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

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

(Section 10.4(b)(2)(C)(i) of the Act)

vii) *Nothing in* this subsection (e)~~(d)~~(2)(B) *limits a medical staff's right to permit, in the medical staff bylaws, summary suspension of membership or clinical privileges in designated administrative circumstances as specifically approved by the medical staff. This bylaw provision must specifically describe both the administrative circumstance that can result in a summary suspension and the length of the summary suspension. The opportunity for a fair hearing is required for any administrative summary suspension. Any requested hearing must be commenced within 15 days after the summary suspension and completed without delay. Adverse decisions other than suspension or other restrictions on the treatment or admission of patients may be imposed summarily and without a hearing under designated administrative circumstances as specifically provided for in the medical staff bylaws as approved by the medical staff.* (Section 10.4(b)(2)(C)(ii) of the Act)

viii) *If a hospital exercises its option to enter into an exclusive contract and that contract results in the total or partial termination or reduction of medical staff membership or clinical privileges of a current medical staff member, the hospital shall provide the affected medical staff member 60 days prior notice of the effect on his or her medical staff membership or privileges. An affected medical staff member desiring a hearing under* this subsection (e)~~(d)~~(2)(B) *must request the hearing within 14 days after the date he or she is so notified. The requested hearing shall be commenced and completed (with a report and recommendation to the affected medical staff member, hospital governing board, and medical staff) within 30 days after the date of the medical staff member's request. If agreed upon by both the medical staff and the hospital governing board, the medical staff bylaws may provide for longer time periods.* (Section 10.4(b)(2)(C)(iii) of the Act)

~~C)~~ ~~*All peer review used for the purpose of credentialing, privileging, disciplinary action, or other recommendations affecting medical*~~

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

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

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

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

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

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

H~~I~~) *Notice given 15 days before implementation of an adverse medical staff membership or clinical privileges decision based substantially on economic factors. This notice shall be given after the medical staff member exhausts all applicable procedures under* subsection (e)~~(d)~~(2)(B)(viii) of this Section, *and under the medical staff bylaws in order to allow sufficient time for the orderly provision of patient care.* (Section 10.4(b)(2)(D) through (G) of the Act)

3J) *Nothing in* subsection (e)(d)(2) *limits a medical staff member's right to waive, in writing, the rights provided in* subsection (e)(d)(2)(A) through (HI) *upon being granted* privileges to provide telemedicine services or *the written exclusive right to provide particular services at a hospital, either individually or as a member of a group. If an exclusive contract is signed by a representative of a group of physicians, a waiver contained in the contract shall apply to all members of the group unless stated otherwise in the contract.* (Section 10.4(b)(2)(H) of the Act)

4) *All peer review used for the purpose of credentialing, privileging, disciplinary action, or other recommendations affecting medical staff membership or exercise of clinical privileges, whether relying in whole or in part on internal or external reviews, shall be conducted in accordance with the medical staff bylaws and applicable rules, regulations, or policies of the medical staff. If external review is obtained, any adverse report utilized shall be in writing and shall be made part of the internal peer review process under the bylaws. The report shall also be shared with a medical staff peer review committee and the individual under review. If the medical staff peer review committee or the individual under review prepares a written response to the report of the external peer review within 30 days after receiving the report, the governing board shall consider the response prior to the implementation of any final actions by the governing board which may affect the individual's medical staff membership or clinical privileges. Any peer review that involves willful or wanton misconduct shall be subject to civil damages as provided for under Section 10.2 of* the *Act.* (Section 10.4(b)(2)(C-5) of the Act)

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

f)e) If a hospital enters into agreement for telemedicine services with a distant-site hospital or distant-site entity, the governing body of the hospital whose patients are receiving the telemedicine services may choose, in lieu of the hospital

performing the credentialing and privileging requirements, to rely upon the credentialing and privileging decisions made by the distant-site hospital when making recommendations on privileges for the individual distant-site physicians providing the services. The hospital's governing body ensures, through its written agreement with the distant-site hospital, that the distant-site hospital meets the Medicare conditions of participation for credentialing and privileging of physicians. The agreement shall be in writing and shall verify:

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

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

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

4) That, if the hospital conducts an internal review of the distant-site physician's performance, it provides the distant-site hospital with the performance information for use in the distant-site hospital's periodic appraisal of the distant-site physician. At a minimum, this information shall include all adverse events that result from the telemedicine services provided by the distant-site physician to the hospital's patients and all complaints the hospital has received about the distant-site physician.

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

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

telemedicine services privileges the hospital has granted to each physician on the list. The file or files may be kept in a format determined by the hospital.

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

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

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

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

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

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

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

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

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

(Source: Amended at 41 Ill. Reg. _____, effective _____)

SUBPART T: DESIGN AND CONSTRUCTION STANDARDS

Section 250.2440 General Hospital Standards

Minimum Requirements in the General Hospital~~:~~

a) Administration and Public Areas

1) Main Entrance: Designed to accommodate persons with physical disabilities;~~.~~

2) Lobby: A reception and information counter or desk, waiting space, public toilet facilities, public telephones~~,~~ and drinking fountain;~~.~~

3) Interview Space: Space for private interviews relating to social service, credit or admissions;~~.~~

4) General or Individual Office: Office for business transactions, medical and financial records, and administrative and professional staffs.

5) Multipurpose Room: For conferences, meetings and education purposes including provision for the use of visual aids;~~.~~

6) Medical Library Facilities; and~~.~~

7) Storage Areas.

b) Medical Records Unit. Adequate space for the reviewing, dictating, sorting, recording~~,~~ and storage of medical records shall be provided.

c) Adjunct Diagnostic and Treatment

1) Laboratory Suite. Laboratory facilities shall be provided to meet the work load described in the program narrative~~Program Narrative~~. These may be provided within the hospital or through an effective contract arrangement

with a nearby laboratory service. If laboratory services are provided by contractual arrangement, then at least the following minimum services shall be available within the hospital~~.~~ (for~~For~~ additional requirements, see Subpart E of this Part~~.~~):

A) A laboratory~~Laboratory~~ work counter with appropriate services;

B) A lavatory~~Lavatory~~ or counter sink equipped for hand-washing~~handwashing~~;

C) A storage~~Storage~~ cabinet or closet;

D) Blood storage facilities; and

E) Specimen and sample collection facilities, urine~~. Urine~~ collection rooms equipped with a water closet and lavatory, and blood~~. Blood~~ collection facilities with space for a chair and work counter.

2) Morgue and Autopsy Suite

A) The morgue and autopsy suite~~These facilities~~ shall be accessible to an outside entrance and shall be located to avoid movement of bodies through public areas.

B) The following shall be provided when autopsies are performed within the hospital:

i) Refrigerated facilities for body holding; and

ii) An autopsy room~~Autopsy Room~~. This room shall contain a work counter with sink equipped for hand-washing~~handwashing~~; storage space for supplies, equipment and specimens; and an autopsy table.

C) If no autopsies are performed in the hospital, a well-ventilated body-holding room shall be provided.

3) Radiology Suite

A) Facilities shall be provided for radiology purposes as required by

the program narrative~~Program Narrative~~. (For additional requirements see Subpart F of this Part.)

B) The suite shall contain the following elements:

i) A radiographic~~Radiographic~~ room~~;~~.

ii) Film processing facilities, if necessary~~;~~.

iii) A viewing~~Viewing~~ and administration area~~;~~.

iv) Film storage facilities, if necessary~~;~~.

v) A toilet~~Toilet~~ room with hand-washing~~handwashing~~ facilities, directly accessible from each fluoroscopy room without entering the general corridor area~~;~~.

vi) A dressing~~Dressing~~ area with access to toilets~~,~~ and facilities for patients'~~patient's~~ belongings; and~~.~~

vii) A waiting~~Waiting~~ room or alcove.

C)~~viii)~~ Radiation protection requirements for X-ray and gamma ray installations shall conform with National Council on Radiation Protection and Measurements (NCRP), Report ~~No.~~ 49: Structural Shielding Design and Evaluation for Medical Use of X-rays and Gamma Rays of Energies up to 10 MeV and Report ~~No.~~ 102: Medical X-Ray, Electron Beam and Gamma-Ray Protection for Energies Up to 50 MeV (Equipment Design, Performance and Use). Provisions shall be made for testing the completed installation and correcting defects before use.

D)~~ix)~~ X-ray installations for fixed and mobile X-ray~~x-ray~~ equipment: shall~~Shall~~ conform to Article~~article~~ 660, X-ray Equipment, of NFPA ~~Standard~~ 70 ~~(The National Electrical Code)~~.

4) Pharmacy Suite. The size and type of services to be provided in the pharmacy will depend upon the type of drug distribution system to be used in the hospital and whether the hospital proposes to provide, purchase, or share pharmacy services with other hospitals or other medical facilities.

This shall be explained in the program narrative~~Program Narrative~~. (For additional requirements see Subpart R~~ of this Part~~.) Provisions shall be made for the following:

A) Administrative functions, including~~. These include~~ requisitioning, recording and reporting, receiving, storage (including refrigeration), and accounting;~~.~~

B) A quality~~Quality~~ control area (if bulk compounding ~~and/~~or packaging functions are performed);~~.~~

C) Locked storage for drugs and biologicals;~~.~~

D) A dispensing~~Dispensing~~ area; and~~.~~

E) Hand-washing~~Handwashing~~ facilities. If required by the program, provisions shall be made for the following:

i) A drug information area for reference materials and personnel; and~~.~~

ii) A sterile products area for compounding ~~of~~ I.V. admixtures and other sterile dosage forms. A separate sink for hand-washing~~handwashing~~ shall be provided in this area.

5) Physical Therapy Suite

A) Appropriate services may be planned and arranged for shared use by occupational therapy patients and staff.

B) If a physical therapy suite is required by the program narrative~~Program Narrative~~, the following shall be provided:

i) Office space;~~.~~

ii) Waiting space;~~.~~

iii) A treatment~~Treatment~~ area for ~~such~~ modalities such as thermotherapy, diathermy, ultrasonics~~,~~ and hydrotherapy.

Cubicle curtains shall be provided around each individual treatment area. Hand-washing~~Handwashing~~ facilities shall be provided. One lavatory or sink may serve more than one cubicle;~~.~~

iv) Facilities for the collection of wet and soiled linen and other material; ~~shall be provided.~~

v) An exercise~~Exercise~~ area;~~.~~

vi) Storage space for clean linen, supplies~~,~~ and equipment;~~.~~

vii) Patients' dressing areas and toilet rooms, for both men and women;~~.~~

viii) Wheelchair and stretcher storage; and~~.~~

ix) Showers, lockers and service sinks, ~~shall be provided~~ as required by the program narrative~~Program Narrative~~.

6) Occupational Therapy Suite

A) Appropriate elements may be planned and arranged for shared use by physical therapy patients and staff.

B) If an occupational therapy suite is required by the program narrative~~Program Narrative~~, the following elements shall be provided:

i) Office space;

ii) An activities~~Activities~~ area equipped with a sink or lavatory;

iii) Storage space for supplies and equipment; and

iv) Patients' toilet rooms.

d) Nursing Unit. The requirements in this subsection (d) do not apply to special care areas such as recovery rooms, intensive care areas and newborn care areas.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Patient Rooms

A) Each patient room shall be an outside room. Windows shall be provided for each patient room and shall be of a size not less than 7.5% of the square footage of the floor of the room.

B) Minimum room areas shall be~~:~~ 100 square feet clear in one-bed rooms and 80 square feet clear per bed in multi-bed rooms (no rooms shall have more than four beds). Clear is defined as the usable dimensions of the room, excluding the vestibule, toilet areas, and closets.

C) A minimum of 3 feet~~3' 0"~~ clear at the foot and sides of each bed shall be provided.

D) Each patient room shall have access to a toilet room without entering the corridor.

E) One toilet room shall serve not more than four beds and not more than two patient rooms.

F) The toilet room shall contain a water closet and a lavatory. The lavatory may be omitted from a toilet room that serves not more than two single bedrooms if each such single bedroom contains a lavatory.

G) Each patient shall have a wardrobe, locker, or closet that is suitable for hanging and storing personal effects.

H) Visual privacy shall be provided each patient bed in multi-bed rooms.

2) Nurses'~~Nurses~~ Service Center. The requirements in this subsection (d)(2) shall be provided either as part of a centralized cluster serving more than one nursing unit or shall be used as supportive areas within a self-contained nursing unit.

A) A nurses' station with a work counter, storage areas, and communications equipment shall be provided.

B) A nurses' office shall be provided.

C) Hand-washing~~Handwashing~~ facilities convenient to both the nurses' station and the drug distribution station shall be provided.

D) Charting facilities shall be provided for nurses and doctors, including a work counter and charting racks.

E) A lounge and men's and women's toilet rooms for staff shall be provided.

F) Closets or compartments for the safekeeping of coats and personal effects of nursing personnel.

G) A multipurpose room shall be provided for conferences, demonstrations, and consultation. This room may be located outside the nursing unit, but within the hospital.

H) Accessibility to a room for the examination and treatment of patients shall be provided. This room may be omitted if all patient rooms are single bedrooms. This room shall have a minimum floor area of 100 square feet excluding spaces for vestibules, toilet rooms (if provided), and work counters. The room shall contain a lavatory, a work counter, storage facilities, and a writing space.

I) At least one tub or shower shall be provided for each 12 beds that do not have bathing facilities within the patients' rooms. Each tub or shower shall be in an individual room or enclosure that provides space for the private use of the bathing fixture and for drying and dressing.

J) A nourishment station with a sink equipped for hand-washing~~handwashing~~, equipment for serving nourishment between scheduled meals, a refrigerator, storage cabinets, and units to provide ice for patient's service and treatment shall be provided.

K) A drug distribution station shall be provided for convenient and prompt 24-hour distribution of medicine to patients. This may be from a medicine preparation room or unit, a self-contained

medicine dispensing unit, or by another approved system. If a medicine preparation room or unit is used, it shall be under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biologicals and drugs. A medicine dispensing unit may be located in an alcove under direct control of the nursing or pharmacy staff.

3) Service Area

A) A clean work room or a clean holding room shall be provided in each nursing unit. The clean work room shall contain a work counter, hand-washing~~handwashing~~ facilities, a nurse signal, and storage facilities. The clean holding room shall be part of a system for storage and distribution of clean and sterile supplies and materials.

B) A separate designated area within the clean work room shall be provided for clean linen storage. If a cart system is used, the storage of the cart may be in an adjacent alcove.

C) Parking shall be provided for stretchers and wheelchairs out of the path of normal traffic.

D) A soiled work room or soiled holding room shall be provided. The soiled work room shall contain a clinical sink or equivalent flushing rim fixture, a nurse signal, a hand-washing~~handwashing~~ sink, a waste receptacle, and a linen receptacle. The soiled holding room shall be part of a system for the collection and disposal of soiled materials. If bed pan flushing attachments are used on every patient room toilet, a clinical sink is not required in the soiled work room~~, but should be considered~~.

E) Room for the storage of equipment such as I.V. stands, inhalators, mattresses~~,~~ and walkers shall be provided.

F) Space shall be provided for the storage of required emergency equipment, such as a crash cart. This equipment shall be under the direct control of the nursing staff.

G) Sitz baths shall be provided when required by the program

narrative.

4) Isolation Room. There shall be a room or rooms as required by the program narrative~~Program Narrative~~ for the isolation of patients with known or suspected communicable diseases. Each isolation ~~such~~ room shall have an individual toilet equipped with a bedpan flushing attachment and a lavatory. Isolation rooms shall be provided with an anteroom equipped with a hand-washing~~handwashing~~ sink, trimmed with valves that can be operated without the use of hands, storage spaces for clean and soiled materials, and a space for gowning. There shall be only one patient per room. All isolation rooms shall be otherwise planned as required for a standard patient room.

5) Rooms for Disturbed Patients. Every hospital that does not have a psychiatric nursing unit shall provide facilities for the care of disturbed patients, usually for a duration of less than 24 hours ~~duration~~. The design shall provide for close observation~~,~~ and shall minimize the dangers of patient escape, suicide~~,~~ or injury. This may be provided in a special care room used for multiple purposes. This room shall be located either in the emergency unit~~Emergency Unit~~ or in a private room in a medical nursing unit~~Medical Nursing Unit~~, or as otherwise provided by the program narrative~~Program Narrative~~.

e) Intensive Care Units

1) A means of controlling unnecessary noise shall be provided. A means of providing temporary privacy for each patient shall be provided. Windows shall be provided so that each patient may observe the outdoor environment. Beds may be arranged so that one window may serve more than one patient.

2) Intensive Care Units shall provide the following:

A) Patient Rooms. Cardiac intensive care, medical intensive care, and surgical intensive care patients may be housed in either single bedrooms or multi-bed rooms; however, at least one single bedroom shall be provided. All beds shall be arranged to permit visual observation by nursing staff. Patient rooms shall meet the following requirements:

i) Clearance between beds shall be not less than 6 feet~~6' 0"~~. Single bedrooms shall have a minimum area of 120 square feet and a minimum dimension of 10 feet~~10' 0"~~.

ii) Viewing panels shall be provided for nursing staff observation of patients. Curtains or other means shall be provided to cover the viewing panels when the patient requires visual privacy. Glazing in viewing panels shall be safety glass, wire glass, or clear plastic to reduce the hazard from accidental breakage, except that wire glass is required in glazed openings to corridors or passageways used as means of egress for fire safety purposes.

iii) An I.V. solution support shall be provided for each patient so that the solution is not suspended directly over the patient.

iv) A lavatory equipped for hand-washing~~handwashing~~ shall be provided in each private patient room. In multi-bed rooms, no fewer than one lavatory for each six beds shall be provided.

v) A nurses' call system shall be provided. (See Section 250.2500(g).)

vi) Each cardiac intensive care patient shall be provided with a toilet facility that is directly accessible from the bed area. The water closet shall have sufficient clearance around it to facilitate its use by patients needing assistance. Portable water closet units are permitted within patient rooms. If portable units are used, facilities for servicing and storing them shall be conveniently located to the cardiac care unit.

B) Service Areas. The following service areas shall be located in or readily available to each Intensive Care Unit. One area may serve two or more adjacent Intensive Care Units. The size and location of each service area shall~~will~~ depend upon the number of beds to be served.

i) A nurses' station shall be located to permit monitoring or

visual observation of each patient served.

ii) Hand-washing~~Handwashing~~ facilities shall be convenient to the nurses' station and drug distribution station.

iii) Charting facilities shall be furnished with work counters and charting racks.

iv) A staff toilet room shall contain a water closet and a lavatory equipped for hand-washing~~handwashing~~.

v) Closets or compartments for the safekeeping of coats and personal effects of nursing personnel shall be provided at or near the nurses' station.

vi) A clean work room (or a system for storage and distribution of clean and sterile supply materials) shall contain a work counter, a hand-washing~~handwashing~~ facility, and storage facilities.

vii) The soiled~~Soiled~~ work room or soiled holding room shall contain a clinical sink or equivalent flushing rim fixture, sink equipped for hand-washing~~handwashing~~, work counter, waste receptacle, and linen receptacle. A soiled holding room shall be part of a system for collection and disposal of soiled materials and shall be similar to the soiled work room except that the clinical sink and work counter may be omitted.

viii) Facilities for washing or flushing bedpans shall be provided within the unit.

ix) A drug distribution station shall be provided for convenient and prompt 24-hour distribution of medicine to patients either from a medicine preparation room or unit, a self-contained medicine dispensing unit, or by another approved system. If used, a medicine preparation room or unit shall be under the nursing staff's visual control and shall contain a work counter, a sink, refrigerator, and locked storage for biologicals and drugs. A medicine dispensing unit may be

located at the nurses' station, in the clean work room, or in an alcove or other space under direct control of the nursing or pharmacy staff.

x) Clean Linen Storage. A storage closet or a designated area within the clean work room shall be provided. If a closed cart system is used, storage may be in an alcove.

xi) A nourishment station shall contain a sink equipped for hand-washing~~handwashing~~, equipment for serving nourishment between scheduled meals, refrigerator, storage cabinets, and units to provide ice for patients'~~patient's~~ service and treatment.

xii) Emergency Equipment Storage. Space shall be provided for a "crash cart" and similar emergency equipment.

xiii) Equipment Storage Room. Space for necessary equipment shall be provided.

xiv) Patients' storage facilities shall be provided for the storage of patients' personal effects. These may be located outside the intensive care unit.

C) A waiting room shall be provided for family members and others who may be permitted to visit the intensive care patients. A toilet room, public telephone, and seating accommodations for long waiting periods shall be provided.

f) Pediatric Nursing Unit. Young children and adolescents shall be housed in a nursing unit separate from adults unless special allowance has been made in the program narrative~~Program Narrative~~. This unit shall meet the following requirements:

1) General Unit Requirements Including Patient Rooms. The requirements noted in subsection (d) of this Section shall be applied to a pediatric and adolescent nursing unit~~Pediatric and Adolescent Nursing Unit~~ containing hospital beds, youth beds~~,~~ or cribs.

2) Nursery as Specified ~~specified~~ in the Program Narrative. Each nursery

serving pediatric patients shall contain no more than eight bassinets. The minimum clear floor area per bassinet shall be 40 square feet. Each room shall contain a lavatory equipped for hand-washing~~handwashing~~, a nurses' emergency calling system as provided in Section 250.2500(g), and glazed viewing windows for observing infants from public areas and the work room.

3) Nursery Work Rooms ~~work rooms~~ as Specified ~~specified~~ in the Program Narrative. Each nursery shall be served by a connecting work room. One work room may serve more than one nursery. It shall contain gowning facilities for staff and housekeeping personnel.

4) Examination and Treatment Room. The examination and treatment room shall contain a work counter, storage facilities, and a lavatory equipped for hand-washing~~handwashing~~.

5) Service Areas. The service areas in the pediatric and adolescent nursing unit ~~Pediatric and Adolescent Nursing Unit~~ shall conform to the conditions listed in subsection (d)(3) ~~of this Section~~ and shall meet the following additional conditions:

A) Multipurpose or individual areas shall be provided for dining, educational, and play, or other patient care purposes.

B) Space for preparation or storage of infant formula shall be provided in the unit or in a convenient location nearby.

C) Patients' toilet rooms shall be provided convenient to multipurpose areas and central bathing facilities.

D) Storage closets or cabinets for toys and for educational and recreational equipment shall be provided.

E) Storage space shall be provided for replacement of youth and adult beds to provide flexibility for interchange of patient accommodations.

6) Fixtures and Accessories

A) Attention shall be given to other details affecting small children as

required by the program.

B) Switches and plugs for critical equipment shall be designed to preclude shock and~~and/or~~ located for inaccessibility by small children.

C) Toilets and washbasins shall be suitable for use by small children as described in the program narrative.

g) Psychiatric Nursing Unit

1) Units intended for psychiatric or other types of disturbed patient nursing care shall provide a safe and secure facility for patients needing close supervision to minimize hiding, escape, injury, or suicide. The unit shall be designed to facilitate care of ambulatory inpatients, to permit flexibility in arranging various types of therapy, and to present as non-institutional~~noninstitutional~~ an atmosphere as possible.

2) Each nursing unit ~~Nursing Unit~~ shall provide the following:

A) Patient Rooms and Nurses' Service Center. The requirements noted in subsection (d) ~~of this Section~~ shall be applied to patient rooms and nurses'~~nurses~~ service center in psychiatric nursing units~~Psychiatric Nursing Units~~ except as follows:

i) A nurses' calling system is not required. Other types of communications systems may be utilized.

ii) Provision for visual privacy is not required.

B) Service Areas. The service areas noted in subsection (d)(3) ~~of this Section~~ shall be provided or made available to each Psychiatric Nursing Unit except that space for stretchers and wheelchairs is not required and clinical sinks or equivalent may be installed but are not required. The following elements shall be provided within and for the exclusive use of the unit:

i) Consultation room.

ii) Space for dining, recreation, and occupational therapy. The

total area for these purposes shall not be less than 40 square feet per patient.

iii) Storage closets or cabinets for recreational and occupational therapy equipment.

iv) Storage for patients' clothing.

C) Additional Services. Appropriate additional services shall be provided as determined by the program narrative~~Program Narrative~~.

h) Newborn Care Unit. Newborn infants shall be housed in nurseries that are conveniently located to the postpartum nursing unit and obstetrical facilities. The nurseries shall be located and arranged to preclude unrelated traffic. No nursery shall open directly into another nursery. ~~The requirements of~~ Subpart O ~~of this Part~~ shall apply. Additionally~~The units shall meet the following requirements~~:

1) ~~General.~~ Each nursery shall contain:

A) Lavatory trimmed with valves that are aseptically operated (for example~~i.e.~~, knee or foot controls) at the rate of one for each eight bassinets.

B) A nurses' emergency calling system.

C) Bassinets in a number at least equal to the number of postpartum beds.

D) Glazed observation windows to permit the viewing of infants from public areas and from work rooms.

2) Full-Term Nursery. The full-term nursery~~It~~ shall contain no more than 12 bassinets; however, this number may be increased to 16 if the extra bassinets are of the isolation type. The minimum floor area shall be 30 square feet for each regular bassinet and 40 square feet for each isolation type bassinet. When a "rooming-in" program is used, the total number of bassinets provided in these units may be ~~appropriately~~ reduced by no more than 50%, but the full-term nursery shall~~may~~ not be omitted.

3) Special Care and Observation Nursery

A) A hospital shall make available a nursery to provide special care for infants in distress if the hospital hasis required in a hospital having 25 or more maternity beds, unless equivalent facilities for thesesuch infants are conveniently available elsewhere. The floor area per bassinet shall be as determined by the program narrative but shall not be not less than 40 square feet. Additional area shall be provided to accommodate work room functions if these are located within the nursery area.

B) WhenWhere a separate special care nursery is provided, it shall have its own work room areas.

4) Work Room. Each nursery shall be served by a connecting work room. It shall contain gowning facilities at the entrance for staff and housekeeping personnel, work space with counter, refrigerator, and lavatory or sink equipped for hand-washinghandwashing, and storage. One work room may serve more than one nursery. The work room that serves the special care nursery may be omitted if equivalent work area and facilities are provided within the nursery, in which case the gowning facilities shall be located near the entrance to the nursery and shall be separated from the work area.

5) Examination and Treatment Room or Space for Infants. The examination and treatment room or space for infantsIt shall contain a work counter, storage, and lavatory equipped for hand-washinghandwashing trimmed with valves that are aseptically operated (for examplei.e., knee or foot controls), and shall be located so that doctors need not enter nurseries. It may serve more than one nursery and may be located in the work room. If the examination and treatment of infants will take place in the individual bassinets, space for physicians' and nurses' gowning shall be provided as well as a conveniently accessible hand-washinghandwashing sink trimmed with valves that are aseptically operated (for examplei.e., knee or foot controls).

6) Infant Formula Facilities. WhenWhere the program narrativeProgram Narrative requires it, the hospital shall provide the following:

A) On-site Formula Preparation

i) Clean-up facilities for washing and sterilizing supplies. These shall consist of a lavatory or sink equipped for hand-washing~~handwashing~~, a bottle washer, work counter space, and an equipment sterilizer.

ii) A separate room for preparing infant formula. It shall contain a lavatory or sink equipped for hand-washing~~handwashing~~, refrigerator, work counter, formula sterilizer, and storage facilities. It may be located near the nurseries or at another appropriate place within the hospital. Direct~~No direct~~ access from the formula room to a nursery or to a nursery work room shall not~~will~~ be permitted.

B) Commercially Prepared Formula. If a commercial infant formula is used, the storage and handling may be done in the nursery work room or in another appropriate room that has a work counter, a sink equipped for hand-washing~~handwashing~~, and storage facilities.

7) Janitors' Closet. A closet for exclusive use of the housekeeping staff in maintaining the nursery unit shall be provided. It shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

8) Gowning and Scrubbing Areas. Gowning and scrub areas shall be equipped with lockers for doctors' and nurses' belongings, cabinets for clean gowning, receptacles for used gowns, and hand-washing~~handwashing~~ sinks aseptically operated without the use of hands.

9) Clean Utility Area. Clean utility area with work counter and hand-washing~~handwashing~~ sink shall be provided.

10) Soiled Utility Area. Soiled utility area with work counter, hand-washing~~handwashing~~ sink, clinical service sink or equivalent flushing rim fixture, and space for storage hamper (one for diapers and one for soiled linen provided at a ratio of one for each four bassinets or fraction thereof) shall be provided.

11) Storage Areas. Storage space for replacement bassinets, phototherapy units, and other large items shall be provided. These storage areas may be located either within the unit or in the central supplies storage.

i) Surgical Suite. The number of operating rooms and recovery beds and the sizes of the service areas shall be based on the expected surgical work load. The surgical suite shall be located and arranged to preclude unrelated traffic through the suite. The requirements of Section 250.1300~~250.1820(h) of this Part~~ shall be used for the surgical suite wherever applicable. The suite shall provide the following elements:

1) General Operating Rooms. Each room shall have a minimum clear area of 360 square feet exclusive of fixed cabinets and shelves. The minimum dimension shall be 18 feet~~18'-0"~~. A communications system shall be provided connecting with the surgical suite control station. At least two x-ray film illuminators shall be provided in each room.

2) Rooms for Surgical Cystoscopic and Other Endoscopic Procedures. These rooms shall have a minimum clear area of 250 square feet exclusive of fixed cabinets and shelves. If necessary to accommodate special functions in one or more of these rooms, additional~~Additional~~ clear space shall~~may~~ be required by the program narrative~~Program Narrative to accommodate special functions in one or more of these rooms~~. A communications system connecting with the surgical suite control station shall be provided. Facilities for the disposal of liquid wastes shall be provided.

3) Fracture Rooms. Fracture rooms shall~~should~~ be provided with an adjacent splint room. The fracture room may be located in the emergency department~~Emergency Department~~, the surgical suite, or as indicated in the program narrative~~Program Narrative~~.

4) Recovery Room. The recovery room may be part of an approved combined surgical/obstetrical program as provided in Section 250.1300~~250.1820(h) of this Part~~.

A) The postoperative recovery room shall be located within or adjacent to the surgical suite. A separate entrance and exit doors remote from each other shall be provided to facilitate a one-way traffic flow within the recovery room.

B) A minimum of one recovery room bed shall be provided for each operating room.

C) A minimum of 70 square feet per bed shall be provided in open units. This area shall exclude the nursing station, work space, and storage area. In addition, a minimum of 4 feet shall~~4' 0" must~~ be maintained between the sides of the beds, at least 3 feet~~3' 0"~~ between the side of any bed and any wall or other fixed device, and at least six~~6~~ feet between the foot end of any bed and any other equipment or fixed device.

D) The recovery room~~Recovery Room~~ shall have adequate lighting ~~of the type~~ to allow accurate observation of the patients.

E) A lavatory trimmed with valves operated without the use of hands, and a clinical sink, shall be provided.

F) A soiled holding area shall be provided.

G) A nursing station shall be provided within the postoperative recovery room. Facilities for medical storage and preparation shall be provided.

H) Adequate storage and work space within or adjacent to the recovery room shall be available for necessary supplies and equipment.

I) Each bed site shall be adequately equipped with oxygen, suction and at least two duplex electrical outlets.

5) Stage II Recovery Room. If outpatient surgery services are provided in the surgical suite, a Stage II recovery room shall be provided for outpatient observation prior to discharge. The Stage II recovery area may be combined with an outpatient receiving and preparation area and may be located at a site remote from the recovery room. Additionally, it~~and~~ shall contain the following elements:

~~A) The Stage II recovery area may be combined with an outpatient receiving and preparation area, and may be located at a site remote from the recovery room;~~

A)~~B)~~ A minimum of four recovery stations per operating room;

B)~~C)~~ Lounge chairs at each recovery station with~~The recovery stations are to be furnished with lounge chairs and are to have~~ a minimum clear area of 50 square feet and~~with~~ a minimum clearance around three sides of the chairs of 4 feet~~4' 0"~~;

C)~~D)~~ A nurses' station with a work counter and space for communications equipment and charting;

D)~~E)~~ A drug distribution station with a work counter, locked storage for narcotics, refrigerator, and hand-washing~~handwashing~~ sink;

E)~~F)~~ A toilet space for the exclusive use of the Stage II recovery area. The toilet shall be equipped with a gray diverter valve; and

F)~~G)~~ Clean and soiled utility rooms.

6) Service Areas. Individual rooms shall be provided, or ~~when so noted; otherwise~~ alcoves or other open spaces that will not interfere with traffic may be used. Services may be shared with, and organized as part of, the obstetrical facilities, if the approved program narrative~~Program Narrative~~ reflects this sharing concept. Cross-circulation~~There shall be no cross-circulation~~ between the surgical and delivery suites when using shared service areas shall not be permitted. The following services shall be provided:

A) A control~~Control~~ station located to permit direct visual surveillance of all traffic that enters the operating suite;~~.~~

B) A supervisor's~~Supervisor's~~ office or station;~~.~~

C) Sterilizing facilities with high speed autoclaves conveniently located to serve all operating rooms. When the program narrative~~Program Narrative~~ indicates that adequate provisions have been made for replacement of sterile instruments during surgery, sterilizing facilities in the surgical suite will not be required;~~.~~

D) A drug distribution station~~Drug Distribution Station~~. An area shall

be provided for preparation of medication to be administered to patients;~~.~~

E) Two scrub stations~~, shall be~~ conveniently located near each operating room. Scrub facilities shall be arranged to minimize any incidental splatter on nearby personnel or supply carts. A scrub sink or sinks shall be provided that shall~~, which may~~ be aseptically operated without the use of hands~~.~~ (wrist~~Wrist~~ blades are not acceptable~~.~~);

F) A soiled work room ~~shall be provided~~ for the exclusive use of the surgical suite staff (or a soiled holding room that is part of a system for the collection and disposal of soiled materials). The soiled work room shall contain a clinical sink or equivalent flushing type fixture, work counter, sink equipped for hand-washing~~handwashing~~, waste receptacle, and linen receptacle. A soiled holding room shall be similar to the soiled work room except that the clinical sink and work counter may be omitted;~~.~~

G) Fluid waste disposal facilities. These shall be conveniently located with respect to the general operating rooms. A clinical sink or equivalent equipment in a soiled work room or in a soiled holding room meets~~would meet~~ this requirement;~~.~~

H) A clean ~~Clean~~ work room or a clean supply room. A clean work room is required when clean materials are assembled within the surgical suite prior to use. A clean work room shall contain a work counter, a sink equipped for hand-washing~~handwashing~~, and space for clean and sterile supplies. A clean supply room shall be provided when the program narrative~~Program Narrative~~ defines a system for the storage and distribution of clean and sterile supplies that would not require the use of a clean work room;~~.~~

I) Anesthesia storage facilities~~Storage Facilities~~. The use and storage of anesthetic gases shall be in accordance with NFPA 99. Areas for cleaning, testing and storing anesthesia equipment shall be provided;~~Unless the Program Narrative and the official hospital board action prohibits in writing the use of flammable anesthetics, a separate room shall be provided for storage of flammable gases in accordance with the requirements detailed in The National Fire~~

~~Protection Association Standards 56A (Inhalation Anesthetics) and 56F (Nonflammable Medical Gases).~~

J) An anesthesia~~Anesthesia~~ work room for cleaning, testing~~,~~ and storing anesthesia equipment. It shall contain a work counter and sink;~~.~~

K) Medical gas storage~~Gas Storage~~. Space for reserve storage of nitrous oxide and oxygen cylinders shall be provided;~~.~~

L) Storage space for splints and traction equipment ~~shall be provided~~ for operating rooms equipped for orthopedic surgery;~~.~~

M) Equipment storage rooms for equipment and supplies used in the surgical suite;~~Surgical Suite.~~

N) Staff clothing change areas, including appropriate~~Clothing Change Areas. Appropriate~~ areas ~~shall be provided~~ for male and female personnel (orderlies, technicians, nurses~~,~~ and doctors) working within the surgical suite. The areas shall contain lockers, showers, toilets, lavatories and space for donning scrub suits and boots. These areas shall be arranged to provide a one-way traffic pattern so that personnel entering from outside the surgical suite can change, shower, gown~~,~~ and move directly into the surgical suite. Space for removal of scrub suits and boots shall be designed so that personnel using it will avoid physical contact with clean personnel;~~.~~

O) Outpatient surgery change areas~~Surgery Change Areas~~. If the program requires outpatient surgery, a separate area shall be provided where outpatients change from street clothing into hospital gowns and are prepared for surgery. This shall include a waiting room, lockers, toilets, and clothing change or gowning area with a traffic pattern similar to that of the staff clothing change area;~~.~~

P) Patients' holding area~~Holding Area~~. In facilities with two or more operating rooms, a room or alcove shall be provided to accommodate stretcher patients waiting for surgery. This waiting area shall be under control of the surgical suite control station;~~.~~

Q) Stretcher storage area~~Storage Area~~. This area shall be out of the direct line of traffic;~~.~~

R) Lounge and toilet facilities ~~Toilet Facilities~~ for surgical staff~~Surgical Staff~~. These facilities shall be provided in hospitals having three or more operating rooms and shall be located to permit use without leaving the surgical suite. A nurses' toilet room shall be provided near the recovery room; and~~.~~

S) Janitors' closet~~Closet~~. A closet containing a floor receptor or service sink and storage space for housekeeping supplies and equipment shall be provided exclusively for the surgical suite.

7) Central Sterilizing and Supply Room. The central sterile supplies shall be located either within the surgical suite or provided as a separate department within the hospital. The following shall be provided:

A) A receiving and clean-up room containing work space and equipment for cleaning medical and surgical equipment, and for disposal or processing of unclean material. Hand-washing~~Handwashing~~ facilities operated without the use of hands shall be provided;~~.~~

B) A clean work room containing work space and equipment for sterilizing medical and surgical equipment and supplies;~~.~~

C) Storage areas for clean supplies and for sterile supplies (these may be in the clean work room);~~.~~

D) Unsterile supplies storage room ~~Supplies Storage Room~~ (this may be located in another department);~~.~~

E) Separate storage area for soiled~~Soiled~~ or contaminated supplies and equipment, separate ~~must be separated~~ from the clean or sterilized supplies and equipment; and~~.~~

F) Cart storage areas~~Storage Areas~~. Cart storage areas and facilities for cleaning and sanitizing carts may be centralized or departmentalized.

~~G)~~ ~~Facilities for cleaning and sanitizing carts may be centralized or departmentalized.~~

j) Obstetrics and Neonatal Suite. The number of delivery rooms, labor rooms and~~,~~ recovery beds, and the sizes of the service areas shall depend upon the estimated obstetrical work load~~,~~ and ~~as indicated in~~ the program narrative~~Program Narrative~~. The obstetrical and neonatal suite shall be located and arranged to preclude unrelated traffic through the suite. The requirements of Subpart O ~~of this Part~~ shall apply.

1) Delivery Rooms. Each delivery room~~Delivery Room~~ shall have a minimum clear area of 300 square feet exclusive of fixed and movable cabinets and shelves. The minimum dimension shall be 16 feet~~16'-0"~~ clear. The communications system shall be connected with the obstetrical suite control station. Separate resuscitation facilities (electrical outlets, oxygen, suction, and compressed air) shall be provided for newborn infants.

2) Labor Rooms. These rooms shall be single or two-bed rooms with a minimum clear area of 80 square feet per bed. Labor beds shall be provided at the rate of two for each delivery room. In facilities having only one delivery room, two labor rooms shall be provided, one of which shall be large enough to function as an emergency delivery room. Each labor room shall contain a lavatory equipped for hand-washing~~handwashing~~. Labor rooms shall be arranged so that they are accessible from a nurses' work station and shall also be accessible to facilities for medication, hand-washing~~handwashing~~, charting, and storage for supplies and equipment.

3) Recovery Room. The recovery room may be part of an approved combined surgical/obstetrical program as provided in Section 250.1820(g)~~(h) of this Part~~.

A) The postpartum recovery room shall be located within or adjacent to the obstetrics and neonatal suite. A separate entrance and exit doors remote from each other shall be provided to facilitate a one-way traffic flow within the recovery room.

B) A minimum of 70 square feet per bed shall be provided. This area

shall exclude the nurses'~~nursing~~ station, work space~~,~~ and storage area. In addition, a minimum of 4 feet shall~~4' 0" must~~ be maintained between the sides of the beds, at least 3 feet~~3' 0"~~ between the side of any bed and any wall or other fixed device, and at least 6 feet~~6' 0"~~ between the foot end of any bed and any other equipment or fixed device.

C) The recovery room shall have adequate lighting of the type to allow accurate observation of the patients.

D) A lavatory operable without the use of hands, and a clinical sink shall be provided.

E) A soiled holding area shall be provided.

F) A nurses'~~nursing~~ station shall be provided within the postoperative recovery room. Facilities for medical storage and preparation shall be provided.

G) Adequate storage and work space within or adjacent to the recovery room~~Recovery Room~~ shall be available for necessary supplies and equipment.

H) Each bed site shall be adequately equipped with oxygen, suction and at least two duplex electrical outlets.

4) Service Areas. Individual rooms shall be provided, or ~~when so noted; otherwise~~ alcoves or other open spaces that will not interfere with traffic may be used. Services may be shared with and organized as part of the surgical facilities if the approved program narrative~~Program Narrative~~ reflects this sharing concept. Service areas shall be arranged to avoid direct traffic between the operating and the delivery rooms. The following services shall be provided:

A) Control station, ~~Station~~ located to permit direct visual surveillance of all traffic that enters the obstetrics suite;~~.~~

B) Supervisor's office ~~Office~~ or station;~~Station.~~

C) Sterilizing facilities with high speed autoclaves conveniently

located to serve all delivery rooms. When the program narrative~~Program Narrative~~ indicates that adequate provisions have been made for replacement of sterile instruments during delivery, sterilizing facilities in the delivery suite will not be required;~~.~~

D) Drug distribution station~~Distribution Station~~. An area shall be provided for preparation of medication to be administered to patients;~~.~~

E) Two scrub stations, which shall be conveniently located near each delivery room. Scrub facilities shall be arranged to minimize any incidental splatter on nearby personnel or supply carts. Scrub sinks, ~~that may be~~ aseptically operated without the use of hands, shall be provided~~.~~ (wrist~~Wrist~~ blades are not acceptable~~.~~);

F) Soiled work room for the exclusive use of the obstetrical suite staff (or a soiled room that is part of a system for the collection and disposal of soiled materials). The soiled work room shall contain a clinical sink or equivalent flushing rim fixture, work counter, sink equipped for hand-washing~~handwashing~~, waste receptacle~~,~~ and linen receptacle. A soiled holding room shall be similar to the soiled work room except that the clinical sink and work counter may be omitted;~~.~~

G) Fluid waste disposal facilities~~Waste Disposal Facilities~~. These shall be conveniently located with respect to the delivery rooms. A clinical sink or equivalent flushing rim equipment in a soiled work room or in a soiled holding room would meet this requirement;~~.~~

H) Clean work room ~~Work Room~~ or a clean supply room~~Clean Supply Room~~. A clean work room is required when clean materials are assembled within the obstetrical suite prior to use. A clean work room shall contain a work counter, a sink equipped for hand-washing~~handwashing~~, and space for clean and sterile supplies. A clean supply room shall be provided when the program narrative~~Program Narrative~~ defines a system for the storage and distribution of clean and sterile supplies that would not require the use of a clean work room;~~.~~

I) Anesthesia storage facilities~~Storage Facilities~~. The use and storage

of anesthetic gases shall be in accordance with NFPA 99. Areas for cleaning, testing and storing anesthesia equipment shall be provided;~~Unless the Program Narrative and the official hospital board action prohibit in writing the use of flammable anesthetics, a separate room shall be provided for storage of flammable gases in accordance with the requirements detailed in the National Fire Protection Association Standards 56A (Inhalation Anesthetics) and 56F (Nonflammable Medical Gases).~~

J) Anesthesia work room for cleaning, testing~~,~~ and storing anesthesia equipment, containing a work counter and sink;~~.~~

K) Medical gas storage~~Gas Storage~~. Space for reserve storage of nitrous oxide and oxygen cylinders shall be provided;~~.~~

L) Equipment storage rooms for equipment and supplies used in the obstetrical suite;~~.~~

M) Staff clothing change areas~~Clothing Change Areas~~. Appropriate areas shall be provided for male and female personnel (orderlies, technicians, nurses, and doctors) working within the obstetrical suite. The areas shall contain lockers, showers, toilets, lavatories equipped for hand-washing~~handwashing~~ and space for donning scrub suits and boots. These areas shall be arranged to provide a one-way traffic pattern so that personnel entering from outside the obstetrical suite can change, shower, gown, and move directly into the obstetrical suite. Space for removal of scrub suits and boots shall be designed so that personnel ~~using it~~ will avoid physical contact with clean personnel;~~.~~

N) Stretcher storage area~~Storage Area~~. This area shall be out of the direct line of traffic;~~.~~

O) Lounge and toilet facilities ~~Toilet Facilities~~ for obstetrics staff~~Obstetrics Staff~~. These facilities shall be provided in hospitals having three or more delivery rooms and shall be located to permit use without leaving the obstetrics suite. A nurses' toilet room shall be provided near the recovery rooms; and~~.~~

P) Janitors' closet~~Closet~~. A closet containing a floor receptor or

service sink and storage space for housekeeping supplies and equipment shall be provided exclusively for the obstetrical suite.

k) Emergency Suite. Facilities for emergency care shall be provided in each hospital. The extent of the emergency services to be provided in the hospital will depend upon community needs and availability of other organized programs for emergency services within the community. Hospitals having a program narrative~~Program Narrative~~ calling for a minimum level of emergency services shall provide at least the facilities indicated in subsections (k)(1), (k)(4)~~,~~ and (k)(10) ~~of this Section~~ with back-up facilities within the hospital capable of furnishing the necessary support for facilities not provided in the emergency suite. Other hospitals shall provide all of the following to the degree called for in the program narrative~~Program Narrative~~:

1) An entrance at grade level, sheltered from the weather with provision for ambulance and pedestrian access;~~.~~

2) A reception and control area conveniently located near the entrance, waiting area and treatment rooms;~~.~~

3) Public waiting space with men's and women's toilet facilities, public telephone~~,~~ and drinking fountain;~~.~~

4) Treatment area~~Area~~. The treatment area shall contain hand-washing~~handwashing~~ facilities trimmed with valves that are aseptically operated (for example~~i.e.~~, knee or foot controls), general storage cabinets, medication cabinets, work counters, medical suction outlets, x-ray film illuminators as necessary, and space for storage of emergency equipment such as defibrillators, cardiac monitors~~,~~ and resuscitators;~~.~~

5) A holding area adjacent to the treatment rooms, ~~shall be provided~~ as required by the program narrative;~~Program Narrative.~~

6) A storage area, out of the line of traffic, for stretchers and wheelchairs;~~.~~

7) Staff work ~~Staff's Work~~ and charting areas~~Charting Areas~~. This may be combined with the reception and control area or located within the treatment area;~~.~~

8) Clean supply storage, which may be separate or located within the

treatment area;~~,~~

9) Soiled work room or area containing a clinical sink, work counter~~,~~ and sink equipped for hand-washing~~handwashing~~, waste receptacle~~,~~ and linen receptacle; and~~.~~

10) Men's and women's toilet~~Toilet~~ facilities convenient to the treatment area ~~shall be provided~~.

l) Outpatient Department

1) The outpatient department, if provided, should be located on an easily accessible floor convenient to the radiology, pharmacy~~,~~ and laboratory departments.

2) Size will vary in different locations with the availability of other examination and diagnostic facilities, and is not necessarily proportionate to the size of the hospital. The estimated patient load shall~~will~~ determine the number, size and scope of individual facilities in the outpatient department.

3) Required facilities include~~Recommended Facilities Include~~:

A) Waiting room with men's and women's public toilets;

B) Information, appointments and records;

C) Medical social services;

D) Examination rooms;

E) Dressing booths;

F) Utility rooms;

G) Storage room; and

H) Janitors' closet.

m) Service Departments

1) Dietary Facilities ~~facilities~~

A) General. Construction, equipment~~,~~ and installation shall comply with the standards specified in the Department's Food Service Sanitation Code ~~(77 Ill. Adm. Code 750),~~ and the ~~"~~Food Service Sanitation Manual,~~"~~ P.H.S. ~~No.~~ 93. Food service facilities shall be designed and equipped to meet the requirements of the program narrative~~Program Narrative~~. These may consist of an on-site conventional food preparing system, a convenience food service system, or an appropriate combination of the two.

B) Functional Elements. The following facilities shall be provided as required to implement the type of food service selected:

i) Control Station. For receiving food supplies;~~.~~

ii) Storage Space. Adequate to provide normal and emergency supply needs, including food requiring cold storage and day storage;~~.~~

iii) Food Preparation Facilities. Conventional food preparation systems require space and equipment for preparing, cooking~~,~~ and baking. Convenience food service systems, such as frozen prepared meals, bulk packaged entrees, and individual packaged portions, or systems using contractual commissary service, require space and equipment for thawing, portioning, heating, cooking and~~, a~~nd/or baking;~~.~~

iv) Hand-washing~~Handwashing~~ Facilities. Located in the food preparation area;~~.~~

v) Patients' Meal Service Facilities. Examples are those required for tray assembly and distribution;~~.~~

vi) Dining Space. For ambulatory patients, staff and visitors;~~.~~

vii) Ware-Washing Space. Located in a room or an alcove separate from food preparation and serving areas. Commercial-type dishwashing equipment shall be

provided. Space shall also be provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to the using areas. A hand-washing~~handwashing~~ lavatory shall be conveniently available;~~.~~

viii) Pot-Washing Facilities;~~.~~

ix) Storage Areas. For cans, carts~~,~~ and mobile tray conveyors;~~.~~

x) Waste Storage Facilities. Located in a separate room easily accessible to the outside for direct pickup or disposal;~~.~~

xi) Offices or Desk Spaces. For dieticians and~~and/or~~ the dietary service manager;~~.~~

xii) Men's and Women's Toilets Accessible ~~accessible~~ to the Dietary Staff~~dietary staff~~. Hand-washing~~Handwashing~~ facilities shall be immediately available;~~.~~

xiii) Janitors' Closet. Located within the dietary department. It shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies;~~.~~

xiv) Self-dispensing Ice-making Facilities~~ice-making facilities~~; and~~.~~

xv) Adequate Can, Cart~~can, cart~~ and Mobile Tray Washing Facilities~~mobile tray washing facilities~~ ~~shall be provided~~.

2) Central Stores. The following shall be provided:

A) Off-street unloading facilities;~~.~~

B) Receiving area;~~.~~

C) General storage rooms~~Storage Rooms~~. These facilities shall have storage spaces adequate to meet the needs of the hospital. They shall ~~generally~~ be concentrated in one area, but in a multiple building complex, they may be in separate concentrated areas in

more than one individual building; and.

D) Office space.

3) Linen Services.

A) On-site Processing. If linen is to be processed at the hospital site, the following shall be provided:

i) Soiled linen receiving, holding, and sorting room with hand-washinghandwashing facilities;.

ii) A laundryLaundry processing room, including hand-washing facilities, with commercial-type equipment that can process seven days' needs within a regularly scheduled work week;. Handwashing facilities shall be provided.

iii) A separateSeparate clean linen storage and issuing room or area;.

iv) A cleanClean linen inspection and mending room or area;.

v) Storage for laundry supplies;.

vi) A janitors'Janitors' closet containing a floor receptor or service sink and storage space for housekeeping equipment and supplies;.

vii) Cart storageStorage; and.

viii) Office spaceSpace.

B) Off-site Processing. If linen is processed off the hospital site, the following shall be provided:

i) A soiled linen holding room with facilities for hand-washing;handwashing.

ii) CleanA clean linen, receiving, inspection, and storage rooms;.

iii) Cart storage; and.

iv) Office space.

4) Facilities for Cleaning and Sanitizing Carts. Facilities shall be provided to clean and sanitize carts serving the central medical and surgical supply department, dietary facilities, and linen services. These may be centralized or departmentalized.

5) Employees' Facilities. In addition to the employees' facilities such as locker rooms, lounges, toilets, or shower facilities called for in certain departments, a sufficient number of thesesuch facilities as required to accommodate the needs of all personnel and volunteers shall be provided.

6) Janitors' Closets. In addition to the janitors' closets called for in certain departments, sufficient janitors' closets shall be provided throughout the facility as required to maintain a clean and sanitary environment. Each shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. Space for large housekeeping equipment and for back-up supplies may be located in other areas.

7) Engineering Service and Equipment Areas. The following shall be provided:

A) Rooms or separate buildings for boilers, mechanical equipment, and electrical equipment;.

B) Engineer's space;.

C) A maintenanceMaintenance shop;.

D) A storageStorage room or rooms for building maintenance supplies; and.

E) Yard equipment storageEquipment Storage. Yard maintenance equipment and supplies may be stored in aA separate room or building for yard maintenance equipment and supplies may be provided.

8) Waste Processing Services~~.~~

A) Storage and Disposal. Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, removal, or by a combination of these techniques. Proper handling and disposal of radioactive waste substances shall be provided.

B) Incineration. A gas, electric or oil-fired incinerator shall be provided for the complete destruction of pathological and infectious waste. Infectious waste shall include, but shall not be limited to, dressings and material from open wounds, laboratory specimens, and all waste material from isolation rooms.

i) The incinerator shall be in a separate room or placed outdoors.

ii) Design and construction of incinerators and trash chutes shall be in accordance with NFPA ~~Standard~~ 82, Standard on Incinerators and Waste and Linen Handling Systems and Equipment ~~Incinerators and Rubbish Handling~~.

iii) Incinerators shall be designed and equipped to conform to requirements prescribed by air pollution regulations in the area.

9) Storage. In addition to the storage areas called for in certain departments of the hospital, suitable additional storage shall be provided.

(Source: Amended at 41 Ill. Reg. _____, effective _____)