

September 23, 2022

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

SUBJECT: IHA Initiatives on Changes to Pediatric Care Regulations and Outpatient Services Included in Adopted Omnibus Rulemaking

Several issues initiated by IHA have been included in the Illinois Dept. of Public Health's (IDPH) adopted amendments to the Hospital Licensing Requirements ([77 Ill. Adm. Code 250 et seq.](#)), (Sep. 16 [Illinois Register](#), pages 15597 to 15699). These adopted changes are related to:

- The care of pediatric patients in a hospital without licensed pediatric beds.
- Flexibilities for non-medical staff orders in a hospital outpatient setting.
- Allowing required postings and notices to be provided in an electronic format.

This memo serves to update members on these issues, and to provide a summary of the other adopted changes in this omnibus rulemaking that is effective as of **Sept. 1, 2022**.

Pediatric Beds

Background

IDPH expressed concern with the growing reduction in licensed pediatric beds across the state and the care being provided to younger patients at hospitals without licensed pediatric beds, and noted its intent to develop regulations. At IDPH's request, IHA convened a Workgroup in 2018 to review the issue of care of pediatric patients (those 14 years of age and under) who are hospitalized at a facility without licensed pediatric beds. The Workgroup consisted of hospital administrators and clinicians representing all types of hospitals across the state, with the goal to develop sensible recommendations to address the Department's concerns.

After convening over a period of more than a year, the Workgroup developed a set of recommendations that were approved unanimously by the IHA Board of Trustees in the fall of 2020. IHA staff then presented those proposals to the Department and the Hospital Licensing Board (HLB). They accepted the recommendations in their entirety, aligning nearly verbatim with IHA's vision for these regulations. Both the Department and the Chair of the HLB thanked IHA for its diligence and willingness to partner to address their concerns. As proposed, it is the best outcome that could have been expected for the membership considering the Department's desire to implement regulations on this issue.

Adopted Summary

Under this proposal (*pgs. [15647-15648](#); [15679](#)*), hospitals without a pediatric unit **or** a board certified/eligible pediatrician in the hospital 24 hours a day, who wish to keep pediatric patients in observation or as an inpatient, must take the following steps:

- Have a written agreement with a children’s hospital or hospital with licensed pediatric beds. This agreement must include consultations, communication frequency, equipment, education, transfers, case reviews, and critical criteria for emergency transfers.
- Hospitals may have agreements with more than one hospital. Those hospitals may be outside of Illinois, as long as it is a hospital that has agreements with IDPH under the regionalized Perinatal Health Care Code and is a designated trauma center.
- Consultations are to occur prior to a patient being moved to a medical/surgical bed from the emergency department or post-operative procedure unit when practical, but no more than one hour after the transfer has occurred.
- Consultations shall be maintained in the patient’s medical record and certain reporting to the Department will be required, including:
 - Number of pediatric patients admitted or under observation;
 - Number of pediatric mortalities;
 - Number of pediatric patients admitted and ultimately transferred; and
 - A breakdown of the number of pediatric patients that were transferred via the emergency department, post-operative procedure, or from an in-patient/observation status setting.
- Consulting hospitals are to report to the Department:
 - Number of pediatric consultations provided; and
 - Costs incurred for providing the pediatric consultations.

Applicable hospitals will have **until Sept. 1, 2023** to engage in a consultation agreement. IHA and IDPH will be sending out further communications in the coming months to help hospitals become familiar with these new requirements.

Flexibilities for Physician Orders in the Outpatient Setting

The second IHA-led initiative in the adopted rules was in response to member concerns around the restrictions on physicians who are not members of the medical staff to order medications and treatments for patients in the hospital outpatient setting. This prevents physicians who are not members of the medical staff from sending their patients to a hospital outpatient facility for services, such as for infusion treatments. In many regions the hospital is the only place to receive these types of services, creating access to care challenges.

Through IHA’s advocacy efforts, language to alleviate this situation was again proposed to IDPH and the HLB, and again was accepted in its entirety. In the adopted amendments to Section 250.330, Orders for Medication and Treatments (*pgs. [15657-15659](#)*), hospitals may develop an outpatient medication and treatment administration policy under guidance from the hospital medical staff and governing board. The policy, at minimum shall include:

- Procedures for identifying credentials and scope of practice of non-medical staff members;
- Identifying what, if any, medications or treatments should not be included in this exception; and
- A process for tracking non-medical staff members providing written orders for medication and treatments as well as the medications and/or treatments ordered.
- The policy must be made available to IDPH upon request.

This initiative significantly reduces a major regulatory barrier for hospitals and gives them greater flexibility to best serve their patients and their communities.

Electronic Notification and Posting

The rules also create a new Section 250.295, Notification and Posting Requirements (*pgs. [15640-15641](#)*), outlining the statutorily required posting and notification requirements for hospitals. Through IHA's advocacy efforts, those posting requirements can be made either by physical or electronic means.

Additional Adopted Amendments

In addition to the initiatives outlined above, the omnibus package includes various changes to update referenced materials, definitions, and other clean-up language. In addition, the adopted rules implement several Acts passed by the General Assembly over the last two years, and are effective Sept. 1, 2022, including:

Legionella Testing Policy (*pg. [15663](#)*) – *P.A. 102-0004* – Under the legislation, a hospital shall develop a policy for testing its water supply for Legionella bacteria. That policy is to include the frequency with which testing is conducted, with that information being made available to IDPH upon its request.

In the adopted rules, the Department further requires that the policy be based on the ASHRAE Guideline "Managing the Risk of Legionellosis Associated with Building Water Systems" and the Centers for Disease Control and Prevention's "Toolkit for Controlling Legionella in Common Sources of Exposure." Further, the Department requires the following as minimum policy standards:

- A procedure to conduct a facility risk assessment to identify potential Legionella and other waterborne pathogens in the facility water system;
- A water management program that identifies specific testing protocols and acceptable ranges for control measures; and
- A system to document the results of testing and corrective actions taken.

Nurse Staffing Improvement Act (pgs. [15667-15675](#)) – P.A. 102-0641 – The adopted rules would codify IHA’s efforts to strengthen the existing Nurse Staffing by Patient Acuity Act. The Department’s adopted rules generally align with the statutory requirements set forth in the Act. A comprehensive IHA memo on this issue can be found [here](#).

Surgical Smoke Plume Evacuation System (pgs. [15675-15677](#)) – P.A. 102-0533 – Under the legislation, hospitals are required to adopt a policy to ensure the elimination of surgical smoke plume by use of a surgical smoke plume evacuation system for each procedure that generates surgical smoke plume from the use of energy-based devices. The Department additionally includes minimum standards for the hospital policy as well as required training and risk assessment. Through IHA’s advocacy efforts, confusing and restrictive language regarding surgical team masking and suction nozzle placement were clarified in the adopted rules to allow greater flexibility while still maintaining a safe environment for staff and patient.

Hospitals are required to report to the Department via e-mail to Karen.Senger@illinois.gov or DPH.HospitalReports@illinois.gov that the surgical smoke plume policy is in place and its effective date. *Note the verification does not need to include the policy itself, only an attestation that the policy has been adopted.*

Policies and Education Related to Maternal Health (pgs. [15662](#); [15698-15699](#)) – P.A. 102-0665 – **Hospitals with an obstetric unit** are to have a written policy and conduct continuing education every calendar year for providers and staff of obstetric medicine and of the emergency department, as well as other staff that may care for pregnant or postpartum women. Postpartum is considered to be the 12-month period after a person has delivered a baby. The policy and yearly education are to include modules regarding management of severe maternal hypertension and obstetric hemorrhage, as well as other leading causes of maternal mortality. Hospital compliance will be met by submitting a copy of the facility’s written policy, education, and training requirements to the hospital’s Administrative Perinatal Center.

Finally, applicable hospitals are to incorporate best practices for timely identification and assessment of all pregnant and postpartum women for common pregnancy or postpartum complications in the emergency department and for care provided by the hospital through the pregnancy and postpartum period. Those best practices are to be provided by IDPH in consultation with the Illinois Perinatal Quality Collaborative.

If you have any questions, please [contact IHA](#).