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

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

a) Facility Requirements

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

1) An EDAP-recognized emergency department;

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

3) A Pediatric Committee established as a standing interprofessional committee within the hospital with membership that includes, at a minimum, one physician, one RN, one respiratory therapist, and other specialties as determined by the hospital;

4) An interprofessional Pediatric Quality Improvement/Performance Improvement Committee;

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

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

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

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

B) Blood typing and cross-matching;

C) Coagulation studies;

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

E) Blood gases and pH determinations;

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

G) Drug and alcohol screening;

8) Hemodialysis capabilities or a transfer agreement;

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

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

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

12) Support for active institutional and collaborative regional research.

b) PICU Medical Director Requirements

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

1) Qualifications

The PICU shall have a dedicated Medical Director who is:

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

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

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

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

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

c) PICU Medical Staff Requirements

1) Qualifications

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

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

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

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

2) Physician Specialist Availability

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

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

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

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

iii) 20 hours every two years of pediatric CME (category I or II) in their specialty.

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

i) Surgeon; and

ii) Neurosurgeon, or transfer agreement with another facility.

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

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

i) Cardiologist;

ii) Neonatologist;

iii) Nephrologist;

iv) Neurologist;

v) Orthopedic surgeon;

vi) Otolaryngologist; and

vii) Radiologist.

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

i) Allergist or immunologist;

ii) Cardiothoracic surgeon;

iii) Craniofacial (plastic) surgeon;

iv) Endocrinologist;

v) Gastroenterologist;

vi) Hand surgeon;

vii) Hematologist-oncologist;

viii) Infectious disease;

ix) Micro-vascular surgeon;

x) Obstetrics/gynecology;

xi) Ophthalmologist;

xii) Oral surgeon;

xiii) Physiatrist (physical medicine & rehabilitation);

xiv) Psychiatrist/psychologist;

xv) Pulmonologist; and

xvi) Urologist.

d) PICU Nurse Practitioner, Clinical Nurse Specialist, and Physician Assistant Qualifications

1) Nurse practitioners shall:

A) Successfully complete a Pediatric Nurse Practitioner program or Pediatric Critical Care Nurse Practitioner Program and certification as an acute care pediatric nurse practitioner.

B) Hold a current Illinois APRN license. For out-of-state facilities with Illinois recognition under the EMS, trauma, or pediatric program, the nurse practitioner shall have an unencumbered license in the state in which he or she practices.

C) Provide credentialing that reflects orientation, ongoing training, and specific demonstrated competencies in the care of the critically ill and injured pediatric patient, as defined by the hospital credentialing process.

2) Clinical nurse specialists shall:

A) Successfully complete a clinical nurse specialist program that includes pediatrics.

B) Maintain pediatric clinical nurse specialist certification through a nationally recognized organization (AACN, ANCC or an equivalent national organization).

C) Hold a current Illinois APRN license. For out-of-state facilities with Illinois recognition under the EMS, trauma, or pediatric program, the clinical nurse specialist shall have an unencumbered license in the state in which he or she practices.

D) Provide credentialing that reflects orientation, ongoing training, and specific demonstrated competencies in the care of the critically ill and injured pediatric patient, as defined by the hospital credentialing process.

3) PA shall:

A) Hold a current Illinois Physician Assistant License. For out-of-state facilities that have Illinois recognition under the EMS, trauma, or pediatric program, the professional shall have an unencumbered license in the state in which the professional practices.

B) Provide credentialing that reflects orientation, ongoing training and specific demonstrated competencies in the care of the critically ill and injured pediatric patient as defined by the hospital credentialing process.

4) All full- and part-time nurse practitioners, clinical nurse specialists, and PAs shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP or American Red Cross PALS or ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.

5) All full- and part-time nurse practitioners, clinical nurse specialists, and PAs shall have documentation of a minimum of 50 hours of continuing education in pediatric topics every two years that included a minimum of 25 hours in pediatric critical care, and that are approved by an accrediting agency.

e) PICU Nursing Staff Requirements

1) Nurse manager. The PICU shall have a designated nurse manager who shall:

A) Be licensed as an RN;

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

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

2) Pediatric Clinical Nurse Expert. The PICU shall have a designated pediatric clinical nurse expert who is a member of the unit leadership and who facilitates the development, provision and conduction of clinical education, quality improvement, and policy development aimed at promoting pediatric evidence-based best practices. This nurse shall:

A) Successfully complete:

i) An acute Care or Primary Care Pediatric Nurse Practitioner Program and hold certification as an acute care or primary care pediatric nurse practitioner;

ii) A Pediatric Clinical Nurse Specialist Program and hold certification as a pediatric clinical nurse specialist; or

iii) A masters or doctorate and hold certification as a certified pediatric nurse (CPN), certified critical care registered nurse in pediatrics (CCRN-P), or certified critical care registered nurse in pediatrics – knowledge professional (CCRN-K).

B) Hold a current Illinois RN license. For out-of-state facilities with Illinois recognition under the EMS, trauma, or pediatric program, the RN shall have an unencumbered license in the state in which he or she practices;

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

D) Provide documentation of a minimum of 50 hours of continuing education in pediatric topics every two years that include a minimum of 25 hours in pediatric critical care and that are approved by an accrediting agency.

3) Nursing Patient Care Services

All RNs engaged in direct patient care activities shall:

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

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

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

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

f) PICU Policies, Procedures, and Treatment Protocols

The PICU will include, but not be limited to, having the following policies/protocols in place:

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

2) A policy for managing the behavioral health/psychiatric needs of the PICU patient; and

3) Interprofessional treatment guidelines, clinical pathways, or protocols addressing ongoing assessment and management of high-risk and low-frequency diagnoses.

g) Inter-facility Transfer/Transport Requirements

A PCCC shall:

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

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

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

4) Ensure current written transfer agreements are in place with those hospitals that transfer pediatric patients to your facility, and that each transfer agreement includes a provision that addresses communication and quality improvement measures between the sending and receiving hospitals, as related to patient stabilization, treatment prior to and subsequent to transfer, and patient outcome.

h) Quality Improvement Requirements

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

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

A) All pediatric deaths;

B) All pediatric inter-facility transfers;

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

D) Pediatric quality metrics that examine the process of care and identify potential patient care and internal resource problems;

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

F) All unplanned re-admissions within 48 hours after discharge from the emergency department or inpatient care that result in admission to the PICU (excluding patients scheduled for follow-up admission); and

G) Review of all potential and unanticipated adverse outcomes.

i) PICU Equipment (See Appendix O)

The PCCC shall meet all equipment requirements as outlined in Appendix O. In addition, a specialized pediatric resuscitation cart shall be readily available on each pediatric unit, containing the required equipment.

j) Pediatric Inpatient Care Service Requirements

1) Physician Requirements

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

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

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

2) Nurse Manager Requirements

The nurse manager shall:

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

B) Have the equivalent of three years full-time pediatric experience; and

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

3) Nursing Patient Care Services

All nurses engaged in direct patient care activities shall:

A) Be licensed as an RN. For out-of-state facilities with Illinois recognition under the EMS, trauma, or pediatric program, the RN shall have an unencumbered license in the state in which he or she practices;

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

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

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

E) Complete a minimum of 16 hours of pediatric continuing education hours every two years. Continuing education may include, but is not limited to, CEU offerings, case presentations, competency testing, teaching courses related to pediatrics, or publications.

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

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

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

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

4) Interprofessional treatment guidelines, clinical pathways, or protocols addressing ongoing assessment and management of high-risk and low-frequency diagnoses;

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

A) Child death;

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

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

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

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

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

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

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

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

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

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

i) Information on the child's hospital course;

ii) Discharge instructions and education; and

iii) Follow-up arrangements;

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

i) Require the assistance of medical technology;

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

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

iv) Brain injury – mild, moderate or severe;

v) Spinal cord injury;

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

vii) Submersion injury, such as a near drowning;

viii) Burn (other than a superficial burn);

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

x) Neurological, musculoskeletal or developmental disability; or

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

l) Quality Improvement Requirements

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

m) Equipment Requirements (See Section 515.Appendix O)

The PCCC shall meet all equipment requirements as outlined in Section 515.Appendix O. In addition, a specialized pediatric resuscitation cart shall be readily available on each pediatric unit, containing the required equipment.

(Source: Amended at 48 Ill. Reg. 16159, effective November 1, 2024)