**Section 640.44 Administrative Perinatal Center**

To be designated as an APC, a hospital shall submit an application to the Department for a grant to provide financial support to assist the Department in the implementation and oversight of the Regionalized Perinatal Health Care Program;and shall comply with all of the conditions described for intensive (Level III) perinatal care in Section 640.43; and shall comply with all of the conditions described in Subpart O of the Hospital Licensing Requirements. The APC shall comply with the following:

a) Administrative Perinatal Center − General Provisions

1) An APC shall be a university or university-affiliated hospital, having Level III hospital designation. An APC may be composed of one or more institutions. The APC shall be responsible for the administration and implementation of the Department's regionalized perinatal health care program, including but not limited to:

A) Continuing education for health care professionals;

B) Leadership and implementation of CQI projects, including morbidity and mortality reviews at regional network hospitals;

C) Maternal and neonatal transport services;

D) Consultation services for high-risk perinatal patients;

E) Follow-up developmental assessment programs; and

F) Laboratory facilities and services available to regional network hospitals.

2) An APC shall be capable of providing the highest level of care within a regional network appropriate to maternal and neonatal high-risk patients. The following services shall be available:

A) Consultants in the various medical-pediatric-surgical subspecialties including, but not limited to, cardiac, neurosurgery, genetics, and other support services;

B) Follow-up developmental assessment program;

C) Maternal and neonatal transport services; and

D) Laboratory facilities available to the hospitals within the regional perinatal network.

b) The Department will designate an APC within each regional perinatal network to be responsible for the administration and implementation of the Department's Regionalized Perinatal Health Care Program.

c) The APC will be responsible for providing leadership in the design and implementation of the Department's CQI Program, including the establishment and regularly scheduled meetings of a regional quality improvement structure (Regional Quality Council).

d) The APC shall establish a Joint Mortality and Morbidity Review Committee with the affiliated regional network hospitals. The Committee shall review all perinatal deaths and selected morbidity, including, but not limited to, transports of neonates born with handicapping conditions, or developmental disabilities, or unique medical conditions. This review shall also include a periodic comparison of total perinatal mortality and the numbers attributable to categories of complications. Membership on the Committee shall include, but not be limited to, pediatricians, obstetricians, family practice physicians, nurses, quality assurance, pathology, and hospital administration staff and representatives from the hospital's APC. The network administrator shall prepare a yearly synopsis of the Regional Perinatal Network's perinatal deaths. This synopsis shall include statistical information, as well as an identification of the factors contributing to deaths that are identified as potentially avoidable. The synopsis shall be shared with the Regional Quality Council. The Council shall develop, for the Network, an action plan to address issues of preventability. The Council's action plan shall be forwarded to the Department. The membership of the Council shall include representatives from all levels and disciplines of perinatal health care providers.

e) Perinatal Program Oversight

1) The Department shall work in conjunction with the APCs to conduct site visits at network hospitals to assure compliance with this Part on a periodic basis not to exceed three years.

2) The requirements of this Part do not apply to infants who, after having completed initial therapy, are transferred back to the referring hospital for continuing care. The capability of the hospital to provide necessary services for these infants shall be determined by mutual consent with the APC and addressed in the letter of agreement.

3) APCs shall provide information to the Department no less frequently than quarterly. These reports shall include, but not be limited to, network education activities; network meetings; overview of CQI activities; schedule of mortality and morbidity review meetings; and schedule of proposed and completed network hospital site visits.

(Source: Amended at 35 Ill. Reg. 2583, effective January 31, 2011)