**Section 640.60 Application for Hospital Designation or Redesignation as a Non-Birthing Center, Level I, Level II, Level II with Extended Neonatal Capabilities, Level III Perinatal Hospital and Administrative Perinatal Center, and Assurances Required of Applicants**

a) Applicant hospitals shall provide the Department with information based on standards and resources for the applicable level of designation. The information shall include, but not be limited to the following (see Appendix A):

1) A definition of the geographic area the hospital currently serves or plans to serve.

2) A physical description of the hospital, compliance with Subpart O of the Hospital Licensing Requirements, and a description of the maternity and nursery units currently in place or in preparation for operation should the hospital be designated.

3) A physical description of the hospital's staffing in accordance with this Part as follows:

A) Social work and nutrition services shall be available through a hospital department for Level II and Level III designation.

B) Names, titles and contact numbers shall be provided for the Director or Chairman of Maternal-Fetal Medicine, Neonatology, Obstetrics, Pediatrics and Neonatal Services, Chief Nursing Supervisor, Nursing Supervisor of Maternity Unit; names and contact numbers of medical staff members in maternal-fetal medicine, obstetrics and gynecology, neonatology, obstetric anesthesiology, family practice, anesthesiology; listing of anesthetists, staff for respiratory therapy, nurse-midwives, and involved house staff.

C) A description of the current nurse/patient ratios in the nursery, delivery room, postpartum floor and intermediate or intensive care newborn nurseries for all shifts.

D) A description of the qualifications of nursing personnel involved in the newborn nursery, delivery room and postpartum area.

E) A description of the staff plans to assure that maternity/nursery staff are trained and prepared to stabilize infants prior to transfer, and are available 24 hours a day.

4) A description giving evidence that the hospital's laboratory, X-ray and respiratory therapy equipment and capabilities meet all of the conditions described in Subpart O of the Hospital Licensing Requirements and are available 24 hours a day in-house.

A) Continuous electronic maternal-fetal monitoring shall be available, and staff with knowledge in its use and interpretation shall be available 24 hours a day for Level I, Level II, Level II with Extended Neonatal Capabilities, and Level III designation applicants.

B) Level III and APCs shall provide Level II ultrasound available on the obstetric floor.

C) Level I ultrasound and staff knowledgeable in its use and interpretation shall be available at Level II hospitals on a 24-hour-a-day basis.

5) A description of the capabilities for or capabilities planned for (giving the start-up time) emergency neonatology surgery, listing specialists such as surgeons, trained or support staff for neonates, and a description of the capabilities for caesarean section and start-up time.

6) A description of the present plan for identification of high-risk maternity and neonatal patients and agreements for consultation with the APC in cases of maternity and neonatal complications and neonates with handicapping conditions. This description shall include plans and agreements for providing:

A) Management of acute surgical or cardiac difficulties;

B) Genetic counseling if a genetically related condition is diagnosed in the neonate, or if a parent or a known carrier requests the services;

C) Information, counseling and referral to another health care provider for parents of neonates with handicapping conditions or developmental disabilities to ensure informed consent for treatment;

D) Counseling and referral services to another health care provider to assist these patients in obtaining habilitation and rehabilitation services;

E) A description of the types of patients the hospital will care for and the types of patients it will refer to the APC.

7) A description of the history and current level of involvement with CQI activities as designed and implemented by the APC.

8) All of the information required for hospital designation or redesignation to the APC with which it is seeking affiliation.

b) The following procedures shall govern the review of perinatal hospitals applying for designation or redesignation:

1) Hospitals applying for perinatal designation or redesignation shall provide all of the information contained in the Standardized Perinatal Site Visit Protocol (Appendix A) and the Resource Checklist (see Appendices L, M, N and O).

2) The completed written documentation shall be submitted to the Department three weeks in advance of the scheduled site visit.

3) The Department will send the completed site visit documentation to the PAC no less than two weeks in advance of the PAC meeting, to facilitate PAC review of the applicant hospital.

4) A representative of the APC and representatives of the hospital for which the application is being considered shall be present at the PAC meeting to respond to questions or concerns of PAC members regarding the hospital's application for designation or redesignation. The representative may also be asked to present an oral summary of the applicant hospital's and the APC'sreasons for recommending/not recommending designation or redesignation to the PAC. A 12- to 18- month follow-up will be scheduled for any increase in designation to assess compliance with the new level of designation.

5) The Department will request that the APCconduct a follow-up site visit to the hospital for review for designation or redesignation if the initial site visit is more than six months prior to submission to the PAC. Approval shall be contingent upon receiving the findings of the follow-up site visit.

c) The following procedure shall be followed to change network affiliation for an individual hospital:

1) The hospital requesting a change in affiliation shall submit a written request to the Department. The existing APC shall provide information for the site visit and review, as requested. The receiving APC shall conduct the site visit in preparation for a change in network.

2) Representatives from the hospital and receiving APC shall appear before the PAC and shall present appropriate documentation as described in Appendix A.

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