**Section 1100.530 Obstetric Care Category of Service**

a) Planning Areas

Planning areas are the same as those for medical-surgical and pediatric care.

b) Age Groups

1) For maternity care, female ages 15-44.

2) For gynecological care within obstetrics units, female ages 15 and over.

c) Facility Utilization Rates

Facilities that provide an obstetrics service should operate those beds at or above an annual minimum occupancy rate of:

1) 60% for facilities with a bed capacity of 1-10 beds;

2) 75% for facilities with a bed capacity of 11-25 beds;

3) 78% for facilities with a bed capacity of 26 or more beds.

d) Bed Capacity

Obstetrics bed capacity is the total number of obstetrics beds for a facility as determined by HFSRB pursuant to this Part.

e) Need Determination

The following methodology is utilized to determine the projected number of obstetrics beds needed in a planning area:

1) Multiply the projected year's female 15-44 population (the projected year is five years from the base year) by the current fertility rate of the health planning area to obtain projected births;

2) Multiply the projected number of births by a hospitalization factor of .99 (99%) to determine number of projected births occurring in hospitals;

3) Multiply projected births occurring in hospitals by length of stay factor of 2.5 days to obtain projected maternity patient days;

4) Divide the gynecology utilization (of the base year) within obstetrics units by the current female 15+ population to obtain a gynecology patients use rate;

5) Multiply the use rate of gynecology patients by the projected female 15+ population to obtain projected gynecology patient days;

6) Divide the projected maternity patient days by 365 to obtain a maternity average daily census;

7) Divide the projected gynecology patient days by 365 to obtain a gynecology average daily census;

8) Divide the gynecology patient days by .9 (90%) to determine obstetric beds needed for gynecology patients;

9) Divide the maternity average daily census by .60 (60% occupancy factor) if the ADC is below 10; by .75 (75% occupancy factor) if the ADC is 10 through 25; and by .78 (78% occupancy factor) if the ADC is 26 and over, to obtain obstetrics beds needed for maternity patients;

10) Add the maternity bed need (step 9) with the gynecology need (step 8) to determine total unadjusted obstetrics bed need.

11) Determine the number of patients entering the planning area from outside and the number of area residents leaving the planning area for obstetrics service;

12) Multiply the total number of patients entering the area and those leaving the area by 2.5 to determine a patient day estimate for in-migration and out-migration;

13) Multiply the patient totals for area in-migration and out-migration by a .85 (85%) adjustment factor;

14) Subtract the resulting in-migration adjusted patient day total from the out-migration adjusted patient day total to determine the net in or out patient day migration estimate;

STATE BOARD NOTE: Patient migration adjustment is for a one year period and the base year shall be the date of the latest available patient origin data.

15) Divide the net in or out patient day estimate by 365 to determine the average daily census for migration;

16) Add to net in-migration areas the average daily census for migration to the unadjusted bed need to determine the migration adjusted obstetrics bed need; in net out-migration areas subtract the average daily census for migration to determine adjusted obstetrics bed need;

17) Subtract the number of existing beds in the planning area from the projected planning area bed need to determine the projected number of surplus (excess) beds or the projected bed deficit or additional beds needed in the area.

(Source: Amended at 38 Ill. Reg. 2822, effective February 1, 2014)