



Illinois Health and Hospital Association

New Requirements for Pediatric Inpatient & Observation Care

April 30, 2024

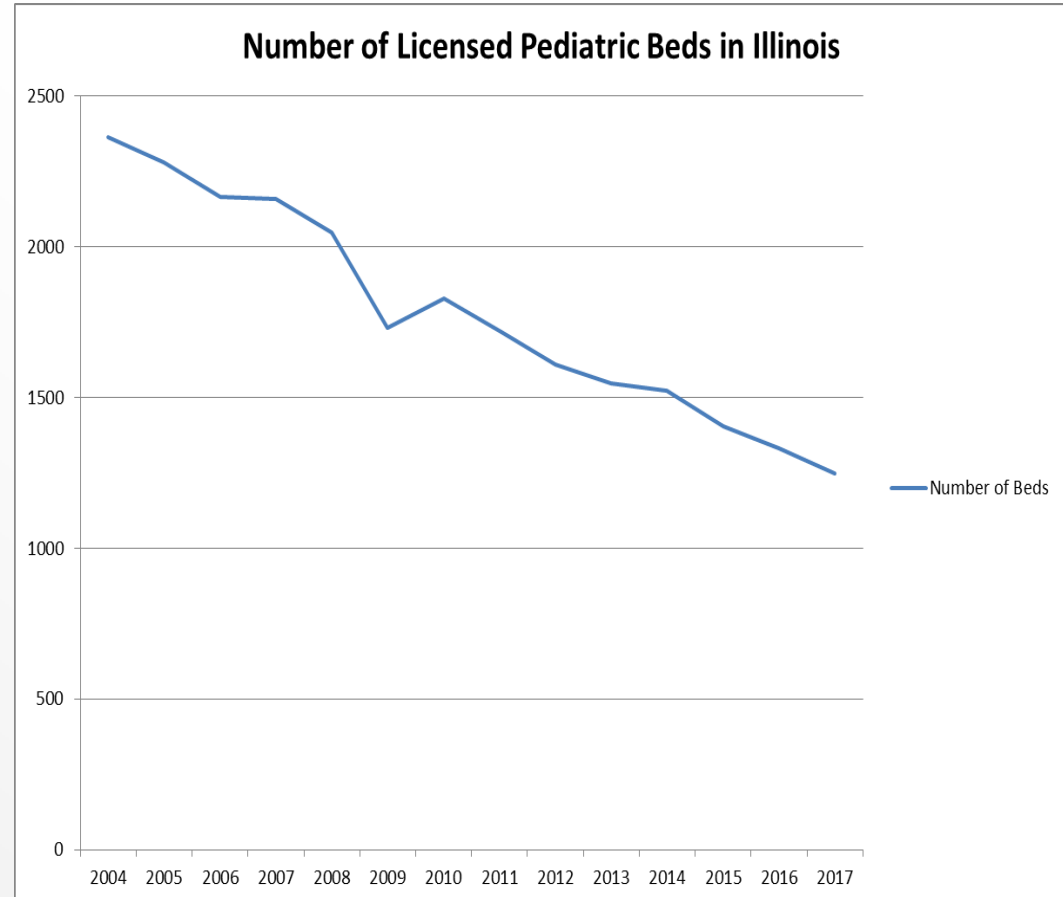
Agenda

- History
- How the Rules were Developed
- What's in the Rules
- How Do Hospitals Report
- Q & A

Significant Reduction in Pediatric Beds

Steep Drop in Pediatric Beds

- Care of kids moves more to an outpatient setting.
- Hospitals transfer more complex cases to children's hospitals or hospitals with pediatric beds.
- In many cases, however, hospitals still care for younger patients after relinquishing their pediatric beds.



Regulatory Uncertainty

Gray Area in Rules Raises Concerns on Possible Gaps in Care

IDPH and Hospital Licensing Board sought IHA's input to address these cases:

- Resources and personnel needed to care for this population;
- Ensuring the standard level of care is being provided; and
- When should a transfer of a patient to a hospital with licensed pediatric beds occur.

IHA Workgroup Created

Workgroup's Membership

- Hospital administrators and clinicians.
- Geographic representation from every region of the state.
- Representation of all hospital types, both with and without pediatric beds.

Workgroup's Charge

- Review regulatory requirements around caring for pediatric patients.
- Understand challenges in transferring pediatric patients to a hospital with pediatric beds.
- Reach a consensus on how pediatric patients should be defined and determine when a patient can be cared for in place and when a transfer is necessary.

Recommendations Submitted to IHA Board and IDPH

Diligent discussion and review for a period of 15 months

- A list of comprehensive and sensible recommendations were approved unanimously by the Workgroup.
- Recommendations were presented to the IHA Board of Trustees for review, discussion, and ultimately unanimous approval.
- Recommendations then presented to IDPH and the Hospital Licensing Board where approval was again unanimous.
- Initial rule implementation resulted in further tweaks that were made to the final regulations that go into effect June 1, 2024

Careful review was taken at every step of this process and member feedback was solicited and often implemented to make these regulations as workable for hospitals as possible.

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and Hospital
Association



Hospital Licensing Requirements 250.310 and 250.1520



Code section 250.310 c) 1-9

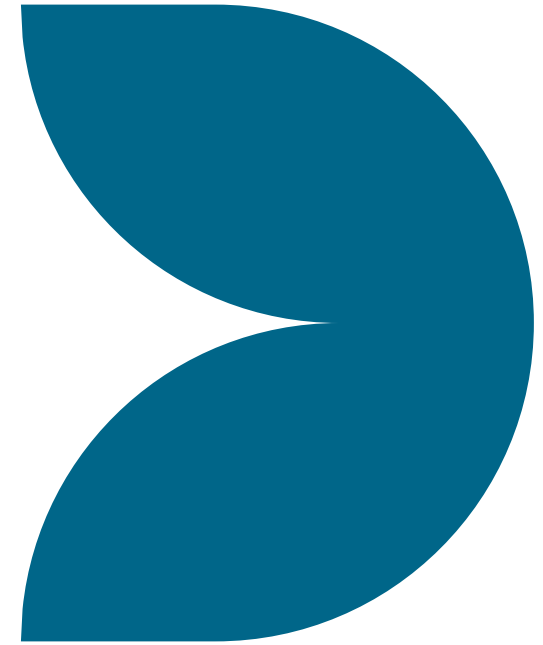
- Applies to General Acute or CAH without a licensed pediatric unit or board certified or board eligible pediatrician in the hospital or on call 24/7 and provides limited inpatient or observation care to pediatric patients age 29 days to 14 years old.
- Shall have a written agreement with a children's hospital or hospital with a licensed pediatric unit.
- The agreement to include provider-to-patient and or provider-to provider consultations that meets the telemedicine requirements; communication frequency, equipment, education, transfer process, case reviews and critical criteria for emergency transfers.
- Must have an agreement with one primary hospital for continuing education and consultation, but may have agreements with multiple hospitals.

Code section 250.310 c) 1-9

- May have an agreement with out-of-state hospitals who has agreements with IDPH.
- May include a fee for consultation, fee cannot be transferred to patient.
- Agreement must be entered into by June 1, 2024 or amend an existing agreement.
- Shall consult prior to pt being admitted or placed in observation
- Shall record the consultation in pt.'s medical file.
- The provider who gives provider-to provider consultation does not have to have privileges at the treating hospital.
- Reporting to the Department quarterly on forms provided by the Department.

Hospital Reporting

Submitted Quarterly



Download the form so the data can be tracked monthly for submission to IDPH quarterly by the 15th day of the month following the quarter (i.e., 4/15, 7/15, 10/15 and 1/15) of each year.

The report can be sent via email to DPH.HospitalReports@illinois.gov per section 250.1520 i)

Enter the numbers below for each category and enter "0" if none not NA

Hospital Name _____
 Hospital City _____ Quarter _____

| Month | Quarter | | | | | | |
|--------------|---|--|--------------------------------|-----------------------------------|--|--|---------------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Number of pediatric pts. admitted or placed under observation | The number of pediatric patients admitted and ultimately transferred | Number transferred from the ED | Number transferred post procedure | Number transferred from inpatient status | Number transferred while under observation | Number of pediatric mortalities |
| January | | | | | | | |
| February | | | | | | | |
| March | | | | | | | |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| April | | | | | | | |
| May | | | | | | | |
| June | | | | | | | |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| July | | | | | | | |
| August | | | | | | | |
| September | | | | | | | |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| October | | | | | | | |
| November | | | | | | | |
| December | | | | | | | |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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Enter the numbers below for each category and enter "0" if none not NA

Hospital Name _____
Hospital City _____

Quarter _____

| | 1 | 2 | |
|--------------|--|---|---|
| Month | Number of pediatric consultations provided | The cost incurred for the consultations | Enter Letter for Type of Cost: (P) physician (O) other hospital expense |
| January | | | |
| February | | | |
| March | | | |
| Total | 0 | 0.00 | |
| | | | |
| April | | | |
| May | | | |
| June | | | |
| Total | 0 | 0.00 | |
| | | | |
| July | | | |
| August | | | |
| September | | | |
| Total | 0 | 0.00 | |
| | | | |
| October | | | |
| November | | | |
| December | | | |
| Total | 0 | 0.00 | |

Thank you

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Question and Answer

