



January 17, 2024

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

SUBJECT: IDPH Adopts Additional Flexibilities for Care of Pediatric Patients and Extends Implementation

The Illinois Dept. of Public Health (IDPH) adopted amendments to the hospital licensing regulations (Jan. 5 [Illinois Register](#) pages 450-498) that will finalize implementation of the new pediatric bed regulations, on which IHA and IDPH have been collaborating. Beginning June 1, 2024, hospitals without licensed pediatric beds that do not meet certain staffing requirements and wish to care for pediatric patients (children from 28 days to 14 years of age), as an inpatient or under observation, must adhere to new requirements. This memo serves as a reminder to the membership of those requirements. In addition, as a result of member feedback and IHA's advocacy efforts, further flexibilities were developed by IHA and approved by IDPH and the Hospital Licensing Board (HLB).

Regulations

Initially, these requirements were applicable to all hospitals without a pediatric unit or a board certified/eligible pediatrician in the hospital 24 hours a day, who wish to keep pediatric patients in observation or as an inpatient. Through member feedback, IHA successfully advocated for the following additional flexibilities, which are included in the adopted regulations referenced above:

- Expand exemption to these regulations for hospitals that could demonstrate that they have a board certified/eligible pediatrician on-call 24 hours a day;
- Clarify that these rules do not apply to the care of neonates (28 days and younger); and
- Clarify that these rules are only applicable to general acute care and Critical Access Hospitals.

For those hospitals that do not meet any of the three exemptions, the following steps must be taken:

- Have a written agreement with a children's hospital or hospital with licensed pediatric beds. This agreement must include consultations, communication frequency, equipment, education, transfers, case reviews, and critical criteria for emergency transfers. Through member feedback, language has been included to ensure hospitals can amend current transfer agreements they have in place with other hospitals.
- Hospitals may have agreements with more than one hospital. Those hospitals may be outside of Illinois, as long as it is a hospital that has agreements with IDPH under the regionalized Perinatal Health Care Code and is a designated trauma center.

- Consultations are to occur prior to a patient being moved to a medical/surgical bed from the emergency department or post-operative procedure unit when practical, but no more than one hour after the transfer has occurred.
- Responding to member feedback, the telemedicine provisions of the Hospital Licensing Regulations were also updated to ensure hospitals could adhere to these new requirements.
- Consultations shall be maintained in the patient's medical record and certain reporting to IDPH will be required quarterly, including:
 - Number of pediatric patients admitted or under observation;
 - Number of pediatric mortalities;
 - Number of pediatric patients admitted and ultimately transferred; and
 - A breakdown of the number of pediatric patients who were transferred via the emergency department, post-operative procedure, or from an in-patient/observation status setting.
- Consulting hospitals are to report the following to IDPH:
 - Number of pediatric consultations provided; and
 - Costs incurred for providing the pediatric consultations.

Finally, in light of the delay in finalizing these regulations, IHA successfully advocated for a delay in implementation of all the pediatric bed regulations until June 1, 2024. This additional six months was a key request from the membership to allow further time to implement the changes at their respective facilities.

No Changes in Emergency Department or Outpatient Surgery

It is important to understand that hospitals caring for this patient population in the emergency department or in outpatient surgery and recovery do not need to adhere to these regulations nor engage in a consultation agreement. Consultation is only required in cases where the patient is transferred to a medical/surgical bed for extended observation or inpatient care.

Background

In 2017, IDPH expressed concern with the growing reduction in licensed pediatric beds across the state and the care being provided to younger patients at hospitals without licensed pediatric beds. In response, IDPH noted its intent to develop regulations. At IDPH's request, IHA convened a Workgroup in 2018 to review the issue of care of pediatric patients 14 years of age and younger who are hospitalized at a facility without licensed pediatric beds. The Workgroup consisted of hospital administrators and clinicians representing all types of hospitals across the state, with the goal to develop sensible recommendations to address IDPH's concerns.

After convening for more than a year, the Workgroup developed a set of recommendations that were approved unanimously by IHA's Board of Trustees in the fall of 2020. IHA staff then presented those proposals to IDPH and the HLB. Both entities accepted the recommendations in their entirety, aligning nearly verbatim with IHA's vision for these regulations. Both IDPH and

the Chair of the HLB thanked IHA for its diligence and willingness to partner to address their concerns.

IHA understands and appreciates the concerns that some members have with the implementation of these rules. Further, it is not the goal of IDPH or IHA's Workgroup to increase transfers of pediatric patients away from their homes or families, but rather to ensure that there is clarity for appropriate care for this patient population. While IHA strives to reduce regulatory burden whenever possible, given IDPH's express desire and intent to implement regulations regarding the care for this patient population and the deference IDPH provided to IHA and the hospital community to develop a regulatory solution, including additional flexibilities, we are pleased with this outcome.

IHA will be working with IDPH to develop education and a webinar to ensure hospitals have all the necessary information and expectations from IDPH to implement these changes.

[Contact us](#) with questions.