



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET ITEM: C-01	BOARD MEETING: December 14, 2021	EXEMPTION NUMBER: #E-044-21
EXEMPTION APPLICANT(S): Northwestern Memorial HealthCare, Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital		
FACILITY NAME and LOCATION: Northwestern Medicine McHenry Hospital, McHenry, Illinois		

PROJECT DESCRIPTION: The Applicants [Northwestern Memorial HealthCare, Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital] propose the discontinuation of the 23-obstetric bed category of service at Northwestern Medicine McHenry Hospital located at 4201 Medical Center Drive, McHenry, Illinois. There is no cost to this project and the expected completion date is December 31, 2021.

Information regarding this application and the public hearing transcript can be found at <https://www2.illinois.gov/sites/hfsrb/Projects/Pages/Northwestern-Medicine-McHenry-Hospital,-McHenry---E-044-21.aspx>

CORRECTION

Language on Page 4 and Page 7 of the report has been corrected.



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STATE BOARD STAFF REPORT
DISCONTINUATION OF A CATEGORY OF SERVICE
EXEMPTION REQUEST

I. The Exemption Application

The Applicants [Northwestern Memorial HealthCare, Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital] propose the discontinuation of its 23-obstetric bed category of service at Northwestern Medicine McHenry Hospital located at 4201 Medical Center Drive, McHenry, Illinois. There is no cost to this project and the expected completion date is December 31, 2021.

A public hearing was held on October 18, 2021. No letters of support or opposition were received by the State Board. By Statute an exemption shall be approved when information required by the Board by rule is submitted [20 ILCS 3960/6]. **All the information** required by the Board has been submitted.

Should the State Board approve this exemption Northwestern Medicine McHenry Hospital’s bed complement will decrease from 166 to 143 beds.

TABLE ONE			
Northwestern Medicine McHenry Hospital			
Category of Service and # of Beds			
Category of Service	Current Beds	Change	Beds
Medical Surgical	116	0	116
Intensive Care	27	0	27
Obstetric/Gynecology	23	(23)	0
Total	166	(23)	143

The Applicants state Northwestern Medicine McHenry Hospital’s decision to discontinue its Obstetrics/Gynecology unit is commensurate with its mission to provide exceptional, comprehensive care close to where patients live and work. The entirety of McHenry’s OB/GYN services will be centralized and relocated to Northwestern Medicine Huntley Hospital, which is located 16.2 miles (28 minutes), from the McHenry Hospital. The Applicants note the relocation will enable Northwestern Memorial Healthcare to address critical regional healthcare needs in and near McHenry, such as cardiovascular, cancer care, and neurosurgery.

II. General Information/Background of the Applicants

Northwestern Medicine McHenry Hospital is a 166-bed hospital, located in McHenry Illinois, and Northwestern Memorial Healthcare serves as its parent entity. Through its

subsidiaries, Northwestern Medicine Healthcare owns/operates 13 affiliated hospitals located throughout metropolitan Chicago and northern Illinois.

Facilities	City
Northwestern Memorial Hospital	Chicago
Northwestern Prentice Women’s Hospital	Chicago
Lurie Children’s Hospital of Chicago	Chicago
Northwestern Medicine Palos Hospital	Palos Heights
Marianjoy Rehabilitation Hospital	Wheaton
Northwest Medicine Central DuPage Hospital	Winfield
Northwestern Medicine Lake Forest Hospital	Lake Forest
Northwestern Medicine Delnor Hospital	Geneva
Northwestern Medicine Huntley Hospital	Huntley
Northwestern Medicine McHenry Hospital	McHenry
Northwestern Medicine Woodstock Hospital	Woodstock
Northwestern Medicine Valley West Hospital	Sandwich
Northwestern Medicine Kishwaukee Hospital	DeKalb

The Applicants have not had any adverse actions taken against any facility owned and operated by the Applicants in the State of Illinois during the three (3) year period prior to the filing of this Application, and the Applicants authorize the State Board and the Illinois Department of Public Health (“IDPH”) to access any information to verify documentation or information submitted or to obtain any documentation or information which the State Board or IDPH finds pertinent to this Application.

III. Health Service Area

Northwestern Medicine McHenry Hospital is in the A-10 Obstetric Planning Area. The A-10 Planning Area includes McHenry County. There are 2 hospitals in this obstetric planning area: 1) Northwest Medicine McHenry Hospital and 2) Northwest Medicine Huntley Hospital that provide obstetric services. Board Staff notes Northwestern Medicine Huntley Hospital, is a subsidiary of Northwestern Memorial Healthcare, and a sister-hospital to the Applicant’s facility. There is a **calculated excess** of 19 obstetric beds in this Planning Area as of October 2021. Should the State Board approve this project there will be a calculated need for 4 obstetric beds in the A-10 planning area.

TABLE THREE				
Hospitals in the A-10 Obstetric Planning Area				
2020 Information				
Facility	City	Beds	Miles	Occupancy
Northwestern Medicine McHenry Hospital	McHenry	20	0	24.1%
Northwestern Medicine Huntley Hospital	Huntley	23	16.2	31.7%
Total				

IV. Discontinuation

TABLE FOUR							
Northwestern Medicine McHenry Hospital							
Obstetric Utilization							
CY 2016-CY 2020							
Years	Beds	Admin	Days	ALOS	ADC	OCC	Births
2020	23	1,112	2,581	2.4	7.3	31.7%	1,061
2019	23	1,098	2,641	2.4	7.4	32%	1,074
2018	23	925	2,119	2.4	6	26%	1,182
2017	23	1,104	2,580	2.4	7.2	31.3%	1,096
2016	23	1,384	3,118	2.3	8.7	37.8	1,380
Ave	23	1,124.6	2,607.8	2.38	7.32	31.8%	1,158.6

The Applicants stated the reasons for discontinuation are: (1) insufficient volume and demand for the service at the McHenry Hospital; (2) insufficient volume and demand at the Huntley Hospital; and (3) Northwestern Medicine’s strategy to centralize services between the two hospitals to combine/enhance women’s and children’s services in the region, and to better align with the changing demographics of McHenry County.

Table Four illustrates a gradual uptick ~~the number of~~ patient days, admissions, daily census, births, and occupancy ~~between~~ **for the period** CY2016 **thru** CY2020. ~~However,~~ **The** occupancy data **for these years** is still well below the State standard of 75%. Northwestern Medicine Hunley Hospital shares similar statistics. The Applicants plan to centralize services will allow the OB/Gyn program in Huntley to operate closer to the prescribed State standard, and permit Northwestern Medicine to better serve specific geographic health care needs of McHenry County, and the service area. Northwestern Medicine plans to expand its services at McHenry Hospital through the enhancement of its cardiovascular, cancer care, and neurosurgery programs.

According to the Applicants, the proposed discontinuation will not have an adverse impact on the level of care provided to the residents of McHenry County, but instead provide a more comprehensive model of care for its inpatient obstetrics and neonatal patient base.

The proposed relocation of obstetrics/gynecology services from McHenry to Huntley appears to be in concert with the shifting demographics of McHenry County, which show that more new/younger families are populating the Huntley area, as opposed to the McHenry area. Lastly, the discontinuation of 23 obstetrics/gynecology beds will eliminate an excess 19 obstetrics/gynecology beds in Planning area A-10. The Applicants sent impact letters to two hospitals located within a 17-mile radius of the Applicant facility (one being NM-Huntley), and expect neither facility to report a negative impact from the planned discontinuation.

V. Public Hearing

During the public hearing two questions were asked by Senator Wilcox of HFSRB.

Senator Wilcox stated *“I could not confirm prior to this meeting, but I have been told that a Level 2 trauma center under state statute to preclude the possible need for a critical C-section operation for pregnant women involved in a trauma induced the situation. And I am looking for clarification if that is true or not, and how it would apply to the Level 2 trauma center at McHenry.”*

Board Staff has included the requirements of a Level II Trauma Center at the end of this report. The rules state in part:

d) A Level II trauma center shall have the following surgical services on call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed:

- 1) Cardiothoracic; this requirement may be fulfilled by a cardiothoracic surgeon or a trauma/general surgeon with experience in cardiothoracic surgery for lifesaving procedures; the surgeon must have cardiothoracic privileges.*
- 2) Orthopedic.*
- 3) Urologic; and*
- 4) Obstetrics.*

Board Staff also contacted the EMS coordinator that stated:

“There has been couple of Level II trauma centers and one Level I that dropped their in-house OB services. The requirement remains that the trauma center maintain a call schedule of OB/GYN services available 24/7 to respond to the trauma center within the applicable timeframe to treat the trauma patient needing OB or GYN services emergently. They may transfer the patient once stabilized. The transfer agreement cannot be in place of having the services available to respond.”

Senator Wilcox stated: *“Has the State looked at the 75 percent occupancy standard for OB units, which is one of the drivers of Northwestern Medicine's exemption request and determined statewide how many other OB units could be closed if the 75 percent occupancy could be closed if the 75 percent occupancy standard were the driver?”*

State Board rules state the following:

*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.*

The State Board uses these occupancy standards to determine the need or excess for obstetric beds in one of the 40 Obstetric Planning Areas Statewide.

Statewide Need for Obstetric Beds

As of October 2021, there is a **calculated need for a total of 27 obstetric beds statewide** in the following planning areas:

- **A-11 – 7 Obstetric beds**

Planning Area: Cook County Townships of Barrington and Hanover; Kane County Townships of Hampshire, Rutland, Dundee, Burlington, Plato, Elgin, Virgil, Campton and St. Charles.

- **E-02 – 2 Obstetric Beds**

Planning Area: Macoupin and Montgomery Counties.

- **E-03 – 2 Obstetric Beds**

Planning Area: Greene, Jersey, and Calhoun Counties.

- **F-04 – 4 Obstetric Beds**

Planning Area: Marion, Jefferson, and Washington Counties; Wayne County Townships of Big Mound, Orel, Hickory Hill, Arrington, and Four Mile; Clinton County Townships of East Fork, Meridian and Brookside.

- **F-05 – 3 Obstetric Beds**

Hamilton, White, Gallatin, Hardin, and Saline Counties; Pope County Townships of Eddyville #6 and Golconda #2.

- **F-06 - 9 Obstetric Beds**

Franklin, Williamson, Johnson, and Massac Counties; Pope County Townships of Jefferson #4, Webster #5, Golconda #1 and Golconda #3.

Over the past six years births statewide as reported to the State Board has declined by approximately 16% and the number of obstetric beds by 9.5%. Occupancy in obstetric beds have averaged 44.1% statewide over this six-year period.

TABLE FIVE Number of Obstetric Beds, Utilization and Number of Births State of Illinois 2015-2020							
Year	OB Beds	Admin	Days	ALOS	ADC	Births	Occ. % OB Beds
2020	2,405	146,240	365,600	2.5	949.7	129,238	39.50%
2019	2,458	144,394	396,627	2.7	1086.6	133,802	44.20%
2018	2,594	149,605	404,936	2.7	1109.4	142,497	42.80%
2017	2,614	157,662	427,961	2.7	1172.7	144,834	47.90%
2016	2,647	162,097	435,363	2.7	1189.5	150,654	44.90%
2015	2,660	167,416	440,896	2.6	1207.9	154,441	45.40%
	-9.50%				-21.40%	-16.32%	
1. Information from Hospital Profiles 2015-2020							

VI. Safety Net Impact

The Applicants do not believe the closure of the obstetrics/gynecology category of service will impact the care for residents in the A-10 planning area. Low historic utilization at both Northwestern facilities, and a documented excess of obstetrics beds in the planning area support this attestation, as well as the current excess of ~~16~~ 19 obstetrics beds in the planning area.

TABLE SIX Northwestern Medicine McHenry Hospital Charity Care and Medicaid Information			
CHARITY CARE	2018	2019	2020
Net Revenue	\$342,409,697	\$282,504,793	\$243,050,852
Charity (# of patients)			
Inpatient	149	153	56
Outpatient	1,667	1,371	864
Total	1,816	1,524	920
Charity (cost in dollars)			
Inpatient	\$2,490,532	\$2,626,475	\$1,066,231
Outpatient	\$2,015,587	\$743,245	\$1,961,087
Total	\$4,506,119	\$3,369,720	\$3,027,318
% of Revenue	1.3%	1.2%	1.2%
MEDICAID	2017	2018	2019
Medicaid (# of patients)			

TABLE SIX			
Northwestern Medicine McHenry Hospital			
Charity Care and Medicaid Information			
Inpatient	271	234	1,105
Outpatient	3,252	3,846	15,735
Total	3,523	4,080	16,830
Medicaid (revenue)			
Inpatient	\$6,421,611	\$8,635,404	\$10,654,157
Outpatient	\$5,393,095	\$12,699,588	\$12,878,500
Total	\$11,814,706	\$21,334,992	\$23,532,657
% of Revenue	3.45%	7.55%	9.68%

VII. Applicable Rules

A) Section 1130.500 - General Requirements for Exemptions

Only those projects specified in Section 1130.410 are eligible for exemption from permit requirements. Persons that have initiated or completed such projects without obtaining an exemption are in violation of the provisions of the Act and are subject to the penalties and sanctions of the Act and Section 1130.790.

a) **Application for Exemption**

Any persons proposing a project for an exemption to permit requirements shall submit to HFSRB an application for exemption containing the information required by this Subpart, submit an application fee (if a fee is required), and receive approval from HFSRB.

b) **General Information Requirements**

The application for exemption shall include the following information and any additional information specified in this Subpart:

- 1) the name and address of the applicant or applicants (see Section 1130.220).
- 2) the name and address of the health care facility.
- 3) a description of the project, e.g., change of ownership, discontinuation, increase in dialysis stations.
- 4) documentation from the Illinois Secretary of State that the applicant is registered to conduct business in Illinois and is in good standing or, if the applicant is not required to be registered to conduct business in Illinois, evidence of authorization to conduct business in other states;
- 5) a description of the applicant's organization structure, including a listing of controlling or subsidiary persons.
- 6) the estimated project cost, including the fair market value of any component and the sources and uses of funds.
- 7) the anticipated project completion date.
- 8) verification that the applicant has fulfilled all compliance requirements with all existing permits that have been approved by HFSRB; and
- 9) the application-processing fee.

HFSRB NOTE: If a person or project cannot meet the requirements of exemption, then an application for permit may be filed.

B) Section 1130.525 - Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service

- a) **Submission of Application for Exemption**
Prior to any person discontinuing a health care facility or category of service, the person shall apply for exemption to the HFSRB, submit the required application-processing fee (see Section 1130.230), and receive approval from HFSRB.
- b) **Application for Exemption**
The application for exemption is subject to approval under Section 1130.560 and shall include a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.130. The application shall be available for review on the premises of the health care facility.
- c) **Opportunity for Public Hearing**
Upon a finding that an application to close a health care facility or discontinue a category of service is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published daily, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. [20 ILCS 3960/8.5(a-3)]

C) Section 1110.290 - Discontinuation – Review Criteria

These criteria pertain to the discontinuation of categories of service and health care facilities.

- a) **Information Requirements – Review Criterion**
The applicant shall provide at least the following information:
 - 1) Identification of the categories of service and the number of beds, if any, that are to be discontinued.
 - 2) Identification of all other clinical services that are to be discontinued.
 - 3) The anticipated date of discontinuation for each identified service or for the entire facility.

- 4) The anticipated use of the physical plant and equipment after discontinuation occurs.
 - 5) The anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be retained.
 - 6) For applications involving discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or the Illinois Department of Public Health (IDPH) (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.
- b) **Reasons for Discontinuation – Review Criterion**
The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:
- 1) Insufficient volume or demand for the service.
 - 2) Lack of enough staff to adequately provide the service.
 - 3) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability.
 - 4) The facility or the service is not in compliance with licensing or certification standards.
- c) **Impact on Access – Review Criterion**
The applicant shall document whether the discontinuation of each service or of the entire facility will have an adverse impact upon access to care for residents of the facility's market area. The facility's market area, for purposes of this Section, is the established radii outlined in 77 Ill. Adm. Code 1100.510(d). Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:
- 1) The service will no longer exist within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the applicant facility.
 - 2) Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on HFSRB's website.

- 3) Facilities or a shortage of other categories of service as determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part.
- d) The applicant shall provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation and that are located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d). The notification letter must include at least the anticipated date of discontinuation of the service and the total number of patients that received care, or the number of treatments provided (as applicable) during the latest 24-month period.

Level II Trauma Center Designation Criteria

- a) A Level II Trauma Center, under the direction of a Level II Trauma Center Medical Director, shall be responsible for providing trauma care in accordance with the EMS System Program Plan.
- b) The Trauma Center Medical Director shall be a trauma surgeon, board certified in surgery, with at least two years of post-residency experience in trauma care and with 24-hour independent operating privileges.
- c) The trauma center shall provide a trauma service, separate from the general surgery service, that is an identified hospital service functioning under the designated director and staffed by trauma surgeons with one year of experience in trauma, and who will arrive at the hospital to treat the trauma patient within 30 minutes after the patient's being classified as a Category I trauma patient.
 - 1) The trauma surgeons shall have 20 hours of trauma-related CME every two years.
 - 2) The trauma surgeon requirement may be fulfilled by residents with a minimum of four years of general surgery residency training and current ATLS verification.
 - 3) If the resident is fulfilling the trauma surgeon requirement, the attending physician must be consulted within 30 minutes after the patient's being classified as Category I or II.
 - 4) If the resident is fulfilling the trauma surgeon requirement, it is mandatory that an attending be present for patients undergoing operative procedures by the time the surgery begins.
 - 5) The trauma surgeon, resident or surgical subspecialist shall be consulted when the decision is made to admit a Category II patient. The trauma

surgeon or appropriate subspecialist shall see the patient within 12 hours after ED arrival.

- 6) A physician with current ATLS verification or who has current competency in the initial resuscitation of the trauma patient as verified by the professional staff competency plan must be present 24 hours per day in the Level II Trauma Center to treat the trauma patient.
 - 7) The hospital's quality improvement program shall monitor compliance with this subsection (c).
 - 8) The trauma center shall maintain a call schedule that identifies at least a primary and back-up surgeon, each listed by surgeon's name.
 - 9) The trauma center shall have the option of allowing the ED personnel to determine that a trauma patient with an isolated injury may be treated by one of the services listed in subsection (d) or (e) of this Section. An isolated injury refers to the transfer of energy to a single specific anatomic body region with no potential for multisystem involvement. The subspecialist must arrive within the time frame listed in subsection (d) or (e) after notification that his or her services are needed at the hospital. When the need for neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of need for operative intervention.
- d) The trauma center shall have the following surgical services on call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed:
- 1) Cardiothoracic; this requirement may be fulfilled by a cardiothoracic surgeon or a trauma/general surgeon with experience in cardiothoracic surgery for lifesaving procedures; the surgeon must have cardiothoracic privileges.
 - 2) Orthopedic.
 - 3) Urologic; and
 - 4) Obstetrics.
- e) The trauma center shall have the following surgical specialties on call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed. When the need for neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of the need for operative

intervention. The following services may be provided by written transfer agreement. These services must be provided according to subsection (c)(9) of this Section for isolated injuries when the trauma surgeon is not required to respond:

- 1) Neurosurgical.
 - 2) Ophthalmologic.
 - 3) Oral-Dental.
 - 4) Otorhinolaryngologic.
 - 5) Reimplantation.
 - 6) Plastic/Maxillofacial.
 - 7) Burn center staffed by Registered Professional Nurses trained in burn care.
 - 8) Acute spinal cord injury management; and
 - 9) Pediatric surgery as designated by Section 515.2045 of this Part.
- f) The trauma center shall provide the following nonsurgical services within the designated times:
- 1) Emergency Medicine staffed 24 hours a day in the ED by:
 - A) A physician who has competency in trauma as demonstrated by:
 - i) Board certification or board eligibility by the ABEM or the AOBEM; and
 - ii) Ten hours per year of AMA or AOA-approved Category I or II trauma-related CME; or
 - B) A physician who was working in the emergency department of a trauma center prior to January 1, 2000, and who had completed 12 months of internship, followed by at least 7000 hours of hospital-based Emergency Medicine over at least a 60-month period (including 2800 hours within one 24-month period), and CME totaling 50 hours, 10 of which are trauma related for each post-internship year in which the physician completed any hospital-based Emergency Medicine Hours.
 - 2) Anesthesiology Services:

- A) Anesthesiology services shall be in compliance with the Hospital Licensing Act and the Hospital Licensing Requirements, 77 Ill. Adm. Code 250.1410. Staff shall be on call to arrive at the hospital to administer anesthesia within 30 minutes after notification that their services are needed at the hospital.
 - B) Direct patient care services may be performed by an anesthesiologist or a CRNA.
- 3) Laboratory – 24 hours a day in-house, providing the following:
- A) Standard analysis of blood, urine, and other body fluids.
 - B) Blood typing and cross-matching.
 - C) Coagulation studies.
 - D) Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities (see Hospital Licensing Requirements (77 Ill. Adm. Code 250.520)).
 - E) Blood gases and pH determinations.
 - F) Microbiology, to include the ability to initiate aerobic and anaerobic cultures on a 24 hour per day basis; and
 - G) Drug and alcohol screening.
- 4) Radiology staffed by:
- A) A technician with the ability to perform a CAT scan available within 30 minutes; and
 - B) A radiologist with the ability to read CAT scans and perform angiography available within 60 minutes. This requirement may be met by a PGY II radiology resident with six months experience in CAT and angiography. The radiology department shall provide a quality monitoring process to validate the resident's compliance with the time requirements and competency to read CAT scans and perform angiography. Teleradiographic equipment may be used to transmit CAT scans off site in lieu of the radiologist's response to the trauma center to read CAT scans.
- 5) Cardiology – 60 minutes.

- 6) Internal Medicine – 60 minutes.
- 7) Postanesthetic recovery capability staffed and available within 30 minutes may be fulfilled by ICU.
- 8) Intensive Care Medicine Unit having available the following:
 - A) A physician credentialed by the hospital and available within 30 minutes. This requirement may be fulfilled by second- and third-year residents who have had intensive care training and are under the supervision of a staff physician possessing full intensive care privileges.
 - B) One Registered Professional Nurse per shift with two years of ICU experience and four hours of trauma-related critical care continuing education per year.
 - C) The following equipment:
 - i) Airway control and ventilation devices.
 - ii) Oxygen source with concentration controls.
 - iii) Cardiac emergency cart.
 - iv) Electrocardiograph-oscilloscope-defibrillator.
 - v) Temperature control devices.
 - vi) Drugs, intravenous fluids, and supplies in accordance with the Hospital Licensing Requirements (77 Ill. Adm. Code 250.1050, 250.2140, and 250.2710).
 - vii) Mechanical ventilator-respirators.
 - viii) Pulmonary function measuring devices (i.e., pulse oximeter, CO₂ monitoring); and
 - ix) Drugs, intravenous fluids, and supplies in accordance with Hospital Licensing Requirements (77 Ill. Adm. Code 250.1050, 250.2140 and 250.2710).
- 9) Pediatrics – 60 minutes.

- 10) Acute hemodialysis capability 24 hours a day or a transfer agreement.
- g) The trauma center shall meet the following professional staff requirements:
- 1) The ED Director shall be a physician board certified by the ABEM, or certified by the AOBEM of the AOA;
 - 2) Each shift in the ED will be staffed by at least one Registered Professional Nurse who has completed a Trauma Nurse Specialist Course and is currently recognized in good standing as specified in Section 515.750 of this Part. The TNS will serve as a resource to the Registered Professional Nurses caring for the Category I and Category II trauma patients. For multiple concurrent trauma admissions into the ED, the nurse caring for those additional trauma patients must have a minimum of four hours of trauma-related continuing education. A back-up policy shall provide for a nurse with experience evidenced by TNCC or 16 hours equivalent in trauma nursing education, approved by the Department, in a four-year period. A back-up schedule must be maintained unless a minimum of two TNS-trained RNs is on duty per shift.
 - 3) A full-time Trauma Coordinator dedicated solely to the Trauma program.
 - 4) An operating room shall be staffed and available within 30 minutes 24 hours a day; and
 - 5) Staff shall include occupational therapy, speech therapy, physical therapy, social work, dietary, and psychiatry.
- h) The trauma center shall develop a professional staff competency plan including but not limited to trauma surgeons and emergency medicine physicians treating the trauma patients. Physicians caring for trauma patients in the Level II Trauma Center must demonstrate the following:
- 1) Board certification/Board eligibility in their specialty.
 - 2) Successful completion of trauma-related continuing medical education (CME) requirements as specified in this Section.
 - 3) Ongoing clinical involvement in the care of the trauma patient as evidenced by routine participation in one or more of the following: trauma call rosters, trauma teams, and attendance at trauma rounds/trauma meetings.
 - 4) Physician specific outcome measurements based on the frequency and acuity of procedures or other peer review measures pertinent to the facility trauma patient volume.

- 5) For trauma surgeons and emergency medicine physicians only, the successful completion of an ATLS provider course.
- i) The trauma center shall provide and maintain the following equipment:
- 1) Airway control and ventilation equipment including laryngoscopes and endotracheal tubes of appropriate sizes, bag-mask, resuscitator, sources of oxygen, mechanical ventilator, pulse oximeter and CO [2] monitoring;
 - 2) Suction device;
 - 3) Electrocardiograph-oscilloscope-defibrillator.
 - 4) Apparatus to establish central venous pressure monitoring.
 - 5) All standard intravenous fluids and administration devices.
 - 6) Sterile surgical sets of procedures standard for ED, such as cricothyrotomy, tracheostomy, thoracotomy, cut down, peritoneal lavage, and intraosseous.
 - 7) Drugs and supplies necessary for emergency care.
 - 8) X-ray and CAT scan capability, available within 30 minutes.
 - 9) Spinal immobilization equipment.
 - 10) Temporary pacemaker.
 - 11) Temperature control device; and
 - 12) Specialized pediatric resuscitation with measuring device cart in the emergency area.
AGENCY NOTE: Broselow (TM) Tape will meet this requirement.
- j) *The trauma center must have helicopter landing capabilities approved by State and federal authorities.* (Section 3.100(j) of the Act) The helicopter landing capabilities shall:
- 1) Comply with the Aviation Safety Rules of the Illinois Department of Transportation (92 Ill. Adm. Code 14.790, 14.792 and 14.795).
 - 2) Be covered by a favorable airspace determination letter issued by the Federal Aeronautics Administration pursuant to Sections 307 and 309 of the

Federal Aviation Act of 1958, and 14 CFR 157 and 14 CFR 77, Subpart D;
and

- 3) Be provided on the campus of the trauma center.

Out-of-state trauma centers are exempted from this subsection (j) but must comply with their state's rules that govern aviation safety.

- k) The trauma center shall perform focused outcome analyses of its trauma services on a quarterly basis and shall provide all minutes related to these reviews on site or at the request of the Department. The analyses shall consist of at least:
 - 1) Review of all patient deaths, excluding dead on arrival (DOA). Patients must be assigned a status of non-preventable death, potentially preventable death, or preventable death, or cannot be determined, using the American College of Surgeons "Performance Improvement" (Chapter 19, from "Resources for the Optimal Care of the Injured Patient, 1999"). Factors contributing to the death must be included in the review. A cumulative report of these findings shall be available on site and upon request by the Department.
 - 2) Review of all morbidities. A morbidity is a negative outcome that is the result of the original trauma and/or treatment rendered or omitted. Factors contributing to the morbidity must be included in the review. A cumulative report of these findings must be presented quarterly to the Region.
 - 3) Review of audit filters. An audit filter is a clinical and/or internal resource indicator used to examine the process of care and to identify potential patient care and/or internal resource problems.
 - 4) *All information contained in or relating to any medical audit performed of a trauma center's trauma services pursuant to the Act, or by an EMSMD or his designee of medical care rendered by system personnel, shall be afforded the same status as is provided information concerning medical studies in Article VIII, Part 21 of the Code of Civil Procedure. (Section 3.110(a) of the Act)*
- l) Every two years the trauma center shall provide to the Department written protocols concerning the following:
 - 1) Policies for treating patients in the trauma center, which includes Trauma Category I and Trauma Category II criteria as required in Section 515. Appendices C and F of this Part.

- 2) Clinical protocols for management of the trauma patient in basic resuscitation and management of specific injuries. Protocols are to be kept on site and available to the Department upon request.
 - 3) The transfer of trauma patients to the Level I Trauma Center serving the EMS Region or a more specialized level of care.
 - 4) A policy that blood alcohol will be drawn on a motor vehicle crash victim who is believed to have been the driver of the vehicle.
 - 5) A suspension policy for trauma nurse specialists meeting due process requirements (see Section 515.2200).
 - 6) A professional staff competency plan in accordance with subsection (k) of this Section.
- m) Changes to the Trauma Center Plan must be approved by the Department prior to implementation.
 - n) The practices of the trauma center shall reflect the protocols and policies of the EMS Region and Trauma Center Plan.
 - o) The resuscitation care of a Trauma Category I or Trauma Category II patient must be documented on a Trauma Flow Sheet, which at minimum contains trauma category classification; time and place of classification (field or in-house); time of arrival of patient to trauma center; notification of surgical specialties and time of arrival to see patient (may exclude isolated injuries for Category II patients).
 - p) The trauma center shall maintain a job description for the Trauma Center Medical Director, which details his/her responsibility and authority for the coordination and management of trauma services.
 - q) The trauma center shall maintain a job description for the Trauma Coordinator, which details the responsibility and authority for the coordination and management of trauma services.
 - r) The trauma service must be identified in the facility's budget with sufficient funds dedicated to support, at a minimum, the trauma director and trauma coordinator positions and to provide for operation of the trauma registry.
 - s) The trauma center shall develop a policy that identifies situations that would result in trauma bypass. The hospital shall also develop a policy that identifies what measures will be taken to avoid requesting a resource limitation/bypass (see Section 515.315).

- 1) Such diversion must be reported to the Department by telephone if it occurs during business hours or written notification by fax of diversion must be sent within 24 hours following the diversion.
- 2) Both forms of notification shall include at minimum:
 - A) The name of the trauma center.
 - B) Date and time of resource limitation; and
 - C) The reason for resource limitation.
- t) The trauma center shall develop a plan for implementing a program of public information and education concerning trauma care for adult and pediatric patients.

(Source: Amended at 25 Ill. Reg. 16386, effective December 20, 2001)