

**641—203.10(135) Designated pediatric units standards.****203.10(1) Purpose and scope.**

a. These standards are measures of some of those criteria 1<sup>1</sup>(a to q) found in Iowa Code section 135.64. Criteria 1<sup>1</sup>(a to q) which are measured by a standard are cited in parentheses, following each standard.

b. Certificate of need applications for new institutional or changed institutional health services, which are to be evaluated by the standards in this rule, are those applications to:

(1) Construct, develop, offer new, modernize, replace, renovate or relocate designated pediatric units, services and equipment;

(2) Expand bed capacity in designated pediatric units.

**203.10(2) Definitions.**

a. *Designated pediatric units.* A designated set of hospital facilities with equipment and personnel planned for the care of infants (other than newborn) and children (usually less than 16 years of age). According to 641—Chapter 51 of the Iowa Administrative Code, pediatric units constructed after 1976 have in addition to patient rooms, nurseries, nursery workrooms, examination and treatment room for nurseries; multipurpose rooms for dining, education and play; space for preparation and storage of infant formula; patient toilet room(s) convenient to multipurpose room equipment; and storage space for replacement of youth and adult beds to provide for swing capacity. Nurse staffing for pediatric units should have special training in pediatrics. While usable bed capacity in a section of a facility may be a designated pediatric unit, beds in that unit may be swung when peak patient census demands such.

b. *Swing bed.* Acute care beds which may serve adult medical/surgical patients, and pediatric patients, depending upon the patient census.

**203.10(3) Availability.***a. Minimum utilization.* (Sections 135.64(1) “c,” “g,” “h”)

(1) All designated pediatric units should operate at least at the following minimum occupancy rates:

<u>Beds</u>	<u>% Occupancy</u>	<u>Beds</u>	<u>% Occupancy</u>
< 10.....	60%	32-35 .....	68%
11-13.....	61%	36-39 .....	69%
14-15.....	62%	40-47 .....	70%
16-17.....	63%	48-55 .....	71%
18-19.....	64%	56-63 .....	72%
20-23.....	65%	64-71 .....	73%
24-27.....	66%	72-79 .....	74%
28-31.....	67%	80+ .....	75%

Facilities which cannot justify a designated pediatrics unit based on the above minimum occupancy rates are encouraged to care for pediatric patients in medical surgical beds.

*b. Expansions.* (Sections 135.64(1) “c,” “d,” “e,” “g,” “h”)

(1) Designated pediatric units in a multihospital community should be operating at least at the minimum occupancy levels of 203.10(3) “a”(1) before additional beds are approved. Expansion of designated pediatric units in a multihospital community which has units running at less than the minimum occupancy rates of 203.10(3) “a”(1) and expansion of designated pediatric units which would likely cause other units in the community to operate at less than the minimum occupancy rates should be approved only if such expansions reflect the outcome of a community planning effort which includes recommendations to adopt the least long run cost method of providing designated pediatric services in the community.

**203.10(4) Costs.** See financial and economic feasibility standards, 641—203.8(135).

**203.10(5) Accessibility.** (Sections 135.64(1) “c,” “d”)

*a.* Surface travel time to a designated pediatric unit in a service area should not exceed 60 minutes for 80 percent of Iowa’s population.

*b.* Services should be provided regardless of ability to pay, in consideration of those programs available in the state which serve the medically indigent.

**203.10(6) Quality.** (Sections 135.64(1) “i,” “k”) The proposal should meet all applicable licensure regulations.

**203.10(7) Continuity.** (Sections 135.64(1) “g,” “h,” “i,” “k”)

*a.* The applicant should provide documentation that physician’s services are available 24 hours a day, and that registered nursing services are available on-site 24 hours a day.

*b.* Facilities with designated pediatric units should include mechanisms for comprehensive medical follow-up, including medical records exchange.

**203.10(8) Acceptability.** (Section 135.64(1) “c”) Facilities with pediatric services shall document a willingness to observe and respect the rights of patients as stated in the “Patients Bill of Rights” adopted by the American Hospital Association, February 6, 1973, and reprinted in 1975.

This rule is intended to implement Iowa Code sections 135.61 to 135.83.

<sup>1</sup> Iowa Code section 135.64(1).