**Section 250.730 Community or Areawide Planning**

a) Hospitals may participate in a community or areawide plan which provides for hospital emergency services.

b) The primary participating hospital in any community or areawide plan for hospital emergency services must meet the requirements of either Comprehensive Emergency Treatment Services or Basic Emergency Treatment Services.

c) The community or areawide plan for providing hospital emergency services shall be approved by this Department prior to being placed in operation. Such approval shall be based on compliance with the following requirements:

1) A precise definition of the geographical area to be served shall be incorporated in the plan.

2) A written agreement endorsed by all hospitals participating in the plan shall be signed by the authorized officer(s) of the respective Boards, Medical Staffs and Administrative Officials of all hospitals participating in the plan.

3) Review comments on the value of the plan shall be obtained from all existing local and/or areawide health facilities' planning agencies recognized by the Department and they shall be requested to submit their comments to the Department. A review of the plan and appropriate comments shall also be obtained from local public authorities and groups involved in emergency services, including Fire Departments, Police Departments, providers of ambulance service, medical societies, local Public Health Departments and other appropriate organizations.

4) There shall be established an areawide hospital emergency services' committee that accepts responsibility for implementation of the plan and the formulation of policies that affect the plan. This Committee shall perform an annual review of the plan, but shall also be available for more frequent review and consultation of the overall plan when indicated. The committee shall include representatives from Medical Staffs, Nursing Departments and Hospital Administrations from the hospitals included in the plan. All participating hospitals shall have an administrative representative as a member of this committee if not otherwise represented.

5) The plan shall state which hospital emergency services will be provided, the category of the primary participating hospital and the services to be provided in each participating hospital covered by the plan. The plan shall include a commitment to provide twenty-four hour Hospital Emergency Services to all people in the service area in need of emergency treatment regardless of economic and ethnic status.

6) A call list of physicians, both generalists and specialists, available to give care in any type of emergencies, shall be established and maintained. The list shall be consistent with the requirements of the category of the primary participating hospital.

7) The plan shall provide for inter-hospital transfer of patients for both specialized and routine emergencies. The arrangements shall include the necessary transfer of patients' records and treatment information.

8) Pre-transfer communication between the referring and receiving hospitals and physicians shall be provided. The plan shall make provisions for immediate communication with fire, police, ambulance and other involved local public authorities.

9) Provisions for transportation of the sick and injured shall be made.

10) An ongoing plan of information to the public of available hospital emergency services and how they can most quickly be obtained shall be established. The statement should specify clearly where (at what hospital) and how routine and specialized services can be obtained within the service area, seven days a week, twenty-four hours a day.

11) Provisions shall be made for the specialized training and in-service education needed by all personnel involved in providing hospital emergency services under the plan. Consideration shall be given as to how to provide the training and education.

(Source: Amended at 12 Ill. Reg. 15080, effective October 1, 1988)