**Section 1110.2630 Postsurgical Recovery Care Center Alternative Health Care Model – Review Criteria**

a) Need/Unit Size – Review Criterion

The applicant must specify the number of beds to be in the proposed postsurgical recovery care center. The applicant must also document that the proposed number of beds is justified (utilizing the 80% occupancy target) based upon the anticipated number of patients who will utilize the service. Documentation shall consist of: patient identification numbers, ICD 9 Code or procedure type, patient length of stay and surgical referral site for each inpatient surgical case which occurred in surgical referral sites over the last twelve month period that could have received surgical recovery services within the model if it had been available.

b) Staffing – Review Criterion

The applicant must document that the postsurgical recovery care center will be a separate and distinct (physically separate and identifiable) facility and have a dedicated nursing staff (i.e., that staff members working a shift are assigned only to cover the model), a medical director and 24 hour seven days a week on call physician coverage by a physician licensed to practice medicine in all of it branches. The on-call physician must be able to be physically present at the model within 15 minutes upon request. Documentation shall consist of: physical layout of the center (i.e., design drawings), identification of the number and type of staff positions dedicated to the model, identification of the facility medical director including a signed commitment to the facility by that person stating a willingness to hold such a position and evidence that the required physician coverage will be accomplished.

c) Patient Mix – Review Criterion

The applicant must document that the postsurgical recovery care center is capable of providing recovery care to patients receiving a wide variety of surgical procedures. For the purposes of this rule the following specialties (listing not inclusive of all surgical procedures that can recover in the model) shall be recognized: general surgery; eyes-ears-nose and throat; orthopedic; plastic surgery; ophthalmology; urology; obstetric-gynecology; and gastro-enterology. The applicant must document that anticipated referrals would result in admissions coming from at least three of these surgical specialties and that each of the three specialty groups represents a minimum of 10% of facility admissions totaling at least 30%. Documentation shall consist of a detailed listing of the types of surgical procedures which will be performed for which recovery care will be provided and the protocols as to how recovery care will be given to each type of surgical patient with details concerning how patient safety will be assured.

d) Travel Time/Patient Transfer – Review Criterion

The applicant must document that the model will be located no farther than 30 minutes travel time by medical transport from all surgical referral sites. Documentation shall consist of identification of all surgical referral sites and the time travel distance to the recovery care center. The applicant must also document who will have the responsibility for the transfer of patients from the surgical site to the postsurgical recovery care center and provide all transfer protocols which must demonstrate the safe transfer of the surgical patients to the postsurgical recovery care center from each surgical referral site.

e) On Site Emergency Care – Review Criterion

The applicant must document that the postsurgical recovery care center will have the capability to provide on-site emergency services sufficient to stabilize a patient for transfer to an acute care facility. Documentation shall consist of all protocols established for the treatment of emergency patients and the requirements established by the model for the education of staff in emergency procedures. Each postsurgical recovery care center must document that a crash cart is available on site and that staff trained in cardiac defibrillation are available at all times.

(Source: Added at 19 Ill. Reg. 2991, effective March 1, 1995)