# PEDIATRIC CRITICAL CARE CENTER PLAN

CHECKLIST

# Instructions: Please follow and complete this checklist carefully. It outlines the components that must be included in the submitted plan. Please include any applicable supplemental documentation.

# Refer to the EMS Administrative Code sections for PCCC and EDAP requirements that are located in the pages following this checklist in this application. Use the tabs provided by the EMSC office to organize your application.

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| **Organizational Structure** | | |  |
| **1. Enclosed is an Organizational Table identifying the administrative relationships among all departments in the hospital especially as they relate to the pediatrics department. The table must include but is not limited to the following:** | | |  |
|  |  | Board of Directors |  |
|  |  | Chief Executive Officers |  |
|  |  | Emergency Department |  |
|  |  | Department of Pediatrics |  |
|  |  | Pediatric Ambulatory Care |  |
|  |  | Trauma Service |  |
|  |  | Department of Radiology |  |
|  |  | Laboratory Services |  |
|  |  | Transport Service Team |  |
|  |  | Social Services |  |
| **2. Enclosed is an organizational table showing the organizational structure of the Department of Pediatrics, including the relationship of the physician, nursing and ancillary services for both the PICU and Pediatric units. Include the reporting structure for the Pediatric Chairman (who he/she reports to).** | | |  |
|  |  | Department of Pediatrics Organizational Structure (Table) |  |
| **3. Enclosed is an organizational table showing the organizational structure of the Emergency Department, including the relationship of the physician, nursing and ancillary services.** **Include the reporting structure for the Emergency Department Director (who he/she reports to).** | | |  |
|  |  | Emergency Department Organizational Structure (Table) |  |
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| **EDAP Renewal Checklist** **For each requirement outlined below, select the response(s) as directed and attach supporting documentation.** | | |  |
| Review EMS Administrative Code 515.4000 a, 1 and 2 or 515.4010 a, 1 and 2 for the physician staff qualifications and continuing medical education and submit each of the below. | | |  |
|  |  | Enclosed is a policy (s) that incorporates the physician qualifications and CME requirements. |  |
|  |  | Enclosed is a completed **CREDENTIALS OF EMERGENCY DEPARTMENT PHYSICIANS** Form. |  |
|  |  | Enclosed is a completed **CREDENTIALS OF FAST TRACK PHYSICIANS** Form. |  |
|  |  | Enclosed is the curriculum vitae for the ED Medical Director (that states their role as the ED Medical Director). |  |
|  |  | Enclosed is a current one-month physician schedule for the ED. |  |
|  |  | For EDAP physicians who meet alternate criteria, enclosed is the following: 1). a letter(s) verifying hours worked by this/these physicians; 2). a copy of current AHA PALS or ACEP-AAP PALS certification; and  3). copies of 16 hours of pediatric CME completion over the past two years. |  |
| Review EMS Administrative Code 515.4000 or 515.4010 a, 3, for the ED Physician coverage and submit one of the below. | | |  |
|  |  | Enclosed is a policy that incorporates this requirement. |  |
| Review EMS Administrative Code 515.4000 or 515.4010 a, 4, for ED Consultation and submit the below. | | |  |
|  |  | Enclosed is a one month on-call schedule identifying availability of board certified/board prepared pediatricians or pediatric emergency medicine physicians, or documentation verifying 24 hour telephone consultation. |  |
| Review EMS Administrative Code 515.4000 or 515.4010 a, 5, for ED Physician Back-up and submit the below. | | |  |
|  |  | Enclosed is a policy that incorporates this requirement. |  |
| Review EMS Administrative Code 515.4000 or 515.4010 a, 6, for On Call Specialty Physician Response Time and submit the below. | | |  |
|  |  | Enclosed is a policy that incorporates this requirement. |  |
| **Review EMS Administrative Code 515.4000 or 515.4010 b, 1 and 2 for Nurse Practitioner and Physician Assistant qualifications and continuing medical education and submit the below.** | | |  |
|  |  | Enclosed is a policy that incorporates this requirement. |  |
|  |  | Enclosed is a completed **CREDENTIALS OF EMERGENCY DEPARTMENT NURSE PRACTITIONER AND PHYSICIAN ASSISTANT** Form. |  |
|  |  | Enclosed is a current one-month nurse practitioner/physician assistant schedule |  |
|  |  | For nurse practitioners who meet alternate criteria, enclosed is the following: 1). letter(s) verifying hours worked by this/these nurse practitioners; 2). copies of current AHA PALS or ACEP-AAP PALS certification; 3). copies of 16 hours of pediatric CME completion over the past two years. |  |
|  |  | **OR**  Enclosed is documentation that nurse practitioners/physicians assistants are not utilized in the ED) |  |
| Review EMS Administrative Code 515.4000 or 515.4010 c, 1 and 2 for Nursing qualifications and continuing education and submit the below. | | |  |
|  |  | Enclosed is a policy that incorporates this requirement. |  |
|  |  | Enclosed is a completed **CREDENTIALS OF EMERGENCY DEPARTMENT NURSING STAFF** Form. |  |
|  |  | Enclosed is a one-month Registered Nurse staffing schedule for the emergency department. |  |
| Review EMS Administrative Code 515.4000 or 515.4010 d, 1, for inter-facility transfer and submit the below. | | |  |
|  |  | Enclosed is an interfacility transfer policy that addresses pediatric transfers and includes all of the components defined in Section 515.4000 or 515.4010 d, 1. |  |
|  |  | Enclosed is a copy (s) of our current pediatric specific transfer agreements with hospitals that provide pediatric specialty services, pediatric intensive care and burn care not available at this facility. |  |
| **Review EMS Administrative Code 515.4000 or 515.4010 d, 2, for** **suspected child abuse and neglect and submit the below.** | | |  |
|  |  | Enclosed is a policy that incorporates this requirement. |  |
| **Review EMS Administrative Code 515.4000 or 515.4010 d, 3, for** **treatment guidelines and submit the below.** | | |  | |
|  |  | Enclosed are all pediatric treatment/care guidelines. |  | |
| **Review EMS Administrative Code 515.4000 or 515.4010 d, 4, for** **Latex-free policy and submit the below.** | | |  | |
|  |  | Enclosed is a copy of our latex-free policy that addresses latex allergies and the availability of latex free equipment and supplies. |  | |
| **Review EMS Administrative Code 515.4000 or 515.4010 d, 5, for** **Disaster Preparedness and submit the below.** | | |  | |
|  |  | Enclosed is a copy of the Hospital Pediatric Disaster Preparedness Checklist that has been completed by the disaster/emergency management coordinator |  | |
| **Review EMS Administrative Code 515.4000 or 515.4010 e, 1, for** **quality improvement activities and the multidisciplinary quality improvement committee and submit the below.** | | |  | |
|  |  | Enclosed is a policy (or other formal document) that outlines the overall emergency department quality improvement program, and identifies the integration of pediatric QI activities into the emergency department quality program. Components that need to be included in the policy:   * Description of the quality improvement process * Responsible multidisciplinary committee and committee membership. NOTE: Committee composition needs to extend beyond physician/nursing to include other essential disciplines such as pediatrics, social services, respiratory therapy, other services * Pediatric clinical indicators/monitors and/or outcome analysis, including the required EDAP/SEDP monitors: pediatric deaths, pediatric interfacility transfers, child abuse/neglect cases, and critically ill and injured children in need of stabilization. Include any other pediatric quality and safety priorities of the institution. * Feedback processes, target timeframes for closure of issues, follow-up mechanisms, i.e loop closure. |  | |
| **Review EMS Administrative Code 515.4000 or 515.4010 e, 2, for the Pediatric Physician Champion and submit the below.** | | |  | |
|  |  | Enclosed is a curriculum vitae for the Pediatric Physician Champion (that states their role as the Pediatric Physician Champion). |  | |
| Review EMS Administrative Code 515.4000 or 515.4010 e, 3, for the Pediatric Quality Coordinator (PQC) responsibilities and submit the below. | | |  | |
|  |  | Enclosed is a resume for the Pediatric Quality Coordinator (that states their role as the PQC). |  | |
|  |  | Enclosed is a job description or formal document for the PQC that includes   * Allocation of appropriate time and resources by the hospital to fulfill the PQC responsibilities * Responsibilities of the PQC as outlined in 515.4000 or 515.4010, e, 3, A-E. |  | |
|  |  | Enclosed is documentation detailing the participation of the PQC in Regional QI activities and how that has impacted pediatric quality care in the ED. |  | |
| Review EMS Administrative Code 515.4000 or 515.4010 f, for the list of Emergency Department Equipment Requirements and submit the below. | | |  | |
|  |  | Enclosed is a completed checklist indicating that all equipment is present. |  | |
| Using the equipment list in the application, place an “X” next to each equipment item that is **currently available**. If equipment/supply items are not available, a plan for securing the items must be identified, i.e. submission of a purchase order to assure that the item is on order **or** a waiver must be submitted for each item. **Requests for waiver must include the criteria by which compliance is considered to be a hardship and demonstrate how there will be no reduction in the provision of medical care.**  **Please note: If assistance is needed in identifying specific vendors for the equipment/supply items of this application, please contact the Marketing Administrator, Group Purchasing Services, Illinois Health & Hospital Association at 312-906-6122.** | | |  | |

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| **PCCC Renewal Checklist** Facility Requirements | | |  |
| **Review EMS Administrative Code 515.4020 a, 1-11 as related to hospital resources and submit documentation identifying the ability to meet each of the below:** | | |  |
|  |  | Enclosed is a scope of services/policy outlining PICU services, unit resources and capabilities. Include any guidelines that outline pediatric admission criteria based on age parameters and/or diagnoses. |  |
|  |  | Enclosed is a list of the members of the PICU Committee, as well as their disciplines. (Meeting minutes from the past year will be requested at the time of site survey) |  |
|  |  | Enclosed is documentation to substantiate helicopter landing capabilities. |  |
|  |  | Enclosed is a statement regarding 24 hour CAT Scan availability |  |
|  |  | Enclosed is a statement regarding the ability to meet the Laboratory requirements |  |
|  |  | Enclosed is a statement of Hemodialysis capabilities availability or transfer agreement |  |
|  |  | Enclosed is a statement or scope of service from each program identifying the availability of staff as outlined in Section 515.4020 a, 8 |  |
|  |  | Enclosed is a list of professional pediatric critical care educational classes your staff has provided within the region in the past year (include information on classes held within your facility and within the region or surrounding geographic area) |  |
|  |  | Enclosed is a list of public education/information sessions on pediatric emergency care that your staff has provided in the past year to the community (i.e. CPR/first aid trainings, health fairs, educational presentations at school conducted within the community, region or surrounding geographic area) |  |
|  |  | Enclosed is documentation of any pediatric research your facility has been engaged in during the past year (include the research project abstract, summary of projects or listing of research activities) |  |
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| **PICU SERVICE REQUIREMENTS** | | | |
| 1. **Professional Staff**   Pediatric Intensive Care Unit Medical Director | | |  |
| **Review EMS Administrative Code 515.4020 b, for the Medical Director and Co-Director requirements and submit each of the below:** | | |  |
|  |  | Enclosed is a curriculum vitae for the appointed PICU Medical Director |  |
|  |  | Enclosed is a copy of board certification or verification of board certification |  |
|  |  | Enclosedis a curriculum vitae and board certification for the Co-Director (**as applicable - see requirement 515.4020 b,2)** |  |

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| PICU Medical Staff Requirements | | | | |  |
| **Review EMS Administrative Code 515.4020 c, and submit each of the below:**  PICU Medical Staff | | | | |  |
|  |  | | Enclosed is a policy outlining PICU physician staffing, coverage, availability, and CME requirements that incorporate section 515.4020 c,1,A and B. | |  |
|  |  | | Enclosed is a completed **Credentials of PICU Physicians** form that includes the Medical Director (and Co-Director as applicable) | |  |
|  |  | | Enclosed is a one month staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission). | |  |
| Physician Specialist Availability (section 515.4020 c,2) | | | | |  |
|  | |  | | Enclosed is a policy or by-laws that address the response time and on-call scheduling of Pediatric surgeons. |  |
|  | |  | | Enclosed is a policy/process outlining board, sub-board certification or board preparedness for all specialist physicians. |  |
|  | |  | | Enclosed is a policy/process outlining how pediatric proficiency is defined and assuring all specialist physicians maintain 10 hours of pediatric CME per year |  |
|  | |  | | Enclosed is a policy/process outlining anesthesiologist on-call staffing and response time; subspecialty training in pediatric anesthesiology or pediatric proficiency as defined by institution and 10 hours of pediatric CME per year. For Certified Nurse Anesthetists, provide a copy of the By-Laws that address their responsibilities and back up. |  |
|  | |  | | Enclosed are on-call schedules from the last month that list physician availability to meet requirements section 515.4020 c,2,D and E. |  |
| PICU Nurse Practitioner and Physician Assistant Requirements  **NOTE – Complete this section only if nurse practitioners and/or physician assistants practice in the PICU.** | | | | |  |
| **Review EMS Administrative Code 515.4020 d and submit each of the below:**  Nurse Practitioner Requirement in section 515.4020 d,1 | | | | |  |
|  | |  | | Enclosed is a policy outlining PICU nurse practitioner staffing, coverage, availability, responsibilities and credentialing process. |  |
|  | |  | | Enclosed is a copy of a one-month staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission). |  |
|  | |  | | Enclosed is a completed **Credentials of PICU Nurse Practitioner/Physician Assistant** form. |  |
| Physician Assistant Requirement in section 515.4020 d,2 | | | | |  |
|  | |  | | Enclosed is a policy outlining PICU physician assistant staffing, coverage, availability, responsibilities and credentialing process |  |
|  | |  | | Enclosed is a copy of a one-month staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission). |  |
|  | |  | | Enclosed is a completed **Credentials of PICU Nurse Practitioner/Physician Assistant** form. |  |
| Educational Requirement in section 515.4020 d, 3 and 4 | | | | |  |
|  | |  | | Enclosed is a policy that incorporates the APLS, PALS, or ENPC requirement |  |
|  | |  | | Enclosed is a copy of the PICU nurse practitioner/physician assistant continuing education policy that incorporates requirement section 515.4020 d,4 |  |

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| PICU Nursing Staff Requirements | | |  |
| **Review EMS Administrative Code 515.4020 e and submit each of the below:**  PICU Nurse Manager | | |  |
|  |  | Enclosed is a curriculum vitae for the PICU manager |  |
|  |  | Enclosed is a policy or job description that incorporates the PALS, APLS or ENPC requirement in Section 515.4020 e,1,C |  |
| PICU Advanced Practice Nurse | | |  |
|  |  | Enclosed is a policy or job description of the role and responsibilities of the advanced practice nurse in the PICU |  |
|  |  | Enclosed is a roster of advanced practice nurses in the PICU |  |
|  |  | Enclosed is a policy that incorporates the PALS, APLS or ENPC requirement and pediatric continuing education requirement in Section 515.4020 e,2,C and D |  |
| Nursing Patient Care Services | | |  |
|  |  | Enclosed is a policy/documentation outlining current nursing shift staffing plan/patterns. |  |
|  |  | Enclosed is a completed **Credentials of PICU Nursing Staff** form that includes the PICU Nurse Manager and PICU Advanced Practice Nurse |  |
|  |  | Enclosed is a policy or job description for the PICU nurse that outlines the orientation process and educational requirements, including the PALS, APLS or ENPC requirement and pediatric continuing education requirement outlined in Section 515.4020 e,3,C and D |  |
|  |  | Enclosed is a copy of a one month nurse staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission). |  |
|  |  | Enclosed is a policy reflecting yearly competency review requirements for the PICU Staff. |  |

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| 1. **Policies, Procedures and Treatment Protocols** | | |  |
| **Review EMS Administrative Code 515.4020 f and submit each of the below:** | | |  |
|  |  | Enclosed is an Admission and discharge criteria policy. |  |
|  |  | Enclosed is a staffing policy that addresses nursing shift staffing patterns based on patient acuity. |  |
|  |  | Enclosed is a policy for managing the psychiatric needs of the PICU patient. |  |
|  |  | Enclosed are protocols, order sets, pathways or guidelines for management of high and low frequency diagnoses. |  |
| 1. **Inter-facility Transfer/Transport** | | |  |
| **Review EMS Administrative Code 515.4020 g and submit each of the below:** | | |  |
|  |  | Enclosed is a copy of the last Annual report containing the number of annual transfers to your facility from transferring institutions |  |
|  |  | Enclosed is a policy outlining the feedback process to transferring hospitals on the status of the referral patient and your methods for quality review of the transfer process. |  |
|  |  | Enclosed is documentation outlining the pediatric inter-facility transport system capabilities and resources. |  |
|  |  | Enclosed is a transfer policy that addresses pediatric inter-facility transfers. |  |
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| 1. **Quality Improvement** | | |  |
| **Review EMS Administrative Code 515.4020 h and submit each of the below:** | | |  |
|  |  | Enclosed is a list of the members of the Multidisciplinary Pediatric QI Committee, and their respective positions/disciplines. |  |
|  |  | Enclosed is an institutional Quality Improvement Organizational Chart |  |
|  |  | Enclosed is the PICU outcome analysis plan and pediatric monitoring activities that meet section 515.4020 h,2 (Minutes from the past year that reflect the activities of the Multidisciplinary Pediatric QI Committee will be requested at the time of site survey). |  |
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| 1. **Equipment** | | |  |
| **Review EMS Administrative Code 515.APPENDIX P and submit the below:** | | |  |
|  |  | Enclosed is a completed checklist indicating that all equipment is present |  |
| Using the equipment list provided in Appendix 4, place an “X” next to each equipment item that is **currently available**. If equipment/supply items are not available, a plan for securing the items must be identified, i.e. submission of a purchase order to assure that the item is on order **or** a waiver must be submitted for each item. **Requests for waiver must include the criteria by which compliance is considered to be a hardship and demonstrate how there will be no reduction in the provision of medical care.**  **Please note: If assistance is needed in identifying specific vendors for any of the equipment/supply items noted in this application, please contact the Marketing Administrator, Group Purchasing Services, Illinois Hospital Association at 312-906-6122.** | | |  |

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| **PEDIATRIC INPATIENT CARE SERVICE REQUIREMENTS** | | |  |
| 1. **Professional Staff**   Pediatric Unit Physician Requirements | | |  |
| **Review EMS Administrative Code 515.4020 j,1 and submit each of the below:** | | |  |
|  |  | Enclosed is a curriculum vitae and a copy of board certification for the Pediatric Inpatient Director |  |
|  |  | Enclosed is a policy or a scope of services for the pediatric unit that defines responsibility for medical management of care. |  |
|  |  | Enclosed is a roster of physician coverage of the pediatric units and identify any hospitalists. If pediatric hospitalists are utilized, define their scope of service including their responsibilities to other attendings. |  |
|  |  | Submit a completed **Credentials of Pediatric Unit Hospitalists** form |  |
|  |  | Enclosed is a policy that incorporates the PALS or APLS requirement in section 515.4020 j,1,B |  |
|  |  | Enclosed is a policy or scope of services outlining the responsibility of the PICU medical director or his/her designee as being available on call and for consultation on all pediatric in-house patients who may require critical care. |  |
| Pediatric Unit Nurse Manager Requirements | | |  |
| **Review EMS Administrative Code 515.4020 j,2 and submit each of the below:** | | |  |
|  |  | Enclosed is a curriculum vitae for the pediatric unit manager |  |
|  |  | Enclosed is job description or policy incorporating the PALS, APLS or ENPC requirement in section 515.4020 j,2,C |  |
| Pediatric Unit Nursing Care Services | | |  |
| **Review EMS Administrative Code 515.4020 j,3 and submit each of the below:** | | |  |
|  |  | Enclosed is a policy/documentation outlining current nursing shift staffing plan/patterns. |  |
|  |  | Enclosed is a policy describing annual competency review requirements for the pediatric nursing staff based on high-risk, low-frequency therapies |  |
|  |  | Enclosed is a policy or job description for the pediatric unit nurse that outlines the orientation process and the educational requirements including the PALS, APLS or ENPC requirement and the pediatric continuing education requirement outlined in section 515.4020 j,3 C and D |  |
|  |  | Enclosed is a copy of a one month nursing staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission). |  |
|  |  | Enclosed is a completed **Credentials for the Pediatric Unit Nursing Staff** form that includes the Pediatric Unit Nurse Manager |  |

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| 1. **Policies, Procedures and Treatment Protocols** | | | |
| **Review EMS Administrative Code 515.4020 k and submit each of the below:** | | |  |
|  |  | Enclosed is a policy or scope of services that outlines the Pediatric Department services, ages of patients served, admission guidelines |  |
|  |  | Enclosed is a staffing policy that addresses nursing shift staffing patterns based on patient acuity. |  |
|  |  | Enclosed is a safety and security policy for the patient in the unit. |  |
|  |  | Enclosed is an inter-facility transport policy that addresses safety and acuity. |  |
|  |  | Enclosed is an intra-facility transport policy that addresses safety and acuity. |  |
|  |  | Enclosed is a latex-allergy policy |  |
|  |  | Enclosed is a pediatric organ procurement/donation policy |  |
|  |  | Enclosed is an isolation precautions policy that incorporates appropriate infection control measures. |  |
|  |  | Enclosed is a disaster/terrorism policy that addresses the specific medical and psychosocial needs of the pediatric population. |  |
|  |  | Enclosed are protocols, order sets, pathways or guidelines for management of high and low frequency diagnoses. |  |
|  |  | Enclosed is a pediatric policy that addresses the resources available to meet the psychosocial needs of patients and family, and appropriate social work referral for the following indicators.  (See Pediatric Bill of Rights in Appendix 15).   * Death of a child * Child has been a victim of, or witness to violence * Family needs assistance in obtaining resources to take the child home. * Family needs a payment resource for their child’s health needs * Family needs to be linked back to their primary health, social service or educational system. * Family needs support services to adjust to their child’s health condition(s) or the increased demands related to changes in their child’s health condition(s). * Family needs additional education related to the child’s care needs in order to care for the child at home. |  |
|  |  | Enclosed is a discharge planning policy and/or protocol that includes the following:   * 1. Documentation of appropriate primary care/ specialty follow-up provisions.   2. Mechanism to access a primary care resource for children who do not have a provider.   3. Discharge summary provision to appropriate medical care provider, parent/guardian, that includes: * Information on the child’s hospital course * Discharge instructions and education * Follow-up arrangements   1. Appropriate referral of patients to rehabilitation or specialty services for children who may have any of the following problems: * Require the assistance of medical technology * Do not exhibit age-appropriate activity in cognitive, communication or motor skills, behavioral, or social/emotional realms. * Have additional medical or rehabilitation needs that may require specialized care, such as medication, hospice care, physical therapy, home health, or speech/language services * Have a brain injury – mild, moderate or severe. * Have a spinal cord injury. * Exhibit seizure behavior during his or her acute care episode or the child has a history of seizure disorder and is not currently linked with specialty follow up. * Have a submersion injury, such as a near-drowning. * Have a burn (other than a superficial burn) * Have a pre-existing condition that experiences a change in health or functional status. * Have a neurological, musculoskeletal, or developmental disability * Have a sudden onset of behavioral change, for example, in cognition, language or affect. |  |

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| **K. Quality Improvement** | | |  |
| **Review EMS Administrative Code 515.4020 l and submit the below:** | | |  |
|  |  | Enclosed are the titles of the pediatric unit representatives that serve on the multidisciplinary Pediatric QI Committee |  |
| **L. Equipment** | | |  |
| **Review EMS Administrative Code 515.APPENDIX P and submit the below:** | | |  |
|  |  | Enclosed is a completed checklist indicating that all equipment is present |  |
| Using the equipment list provided in Appendix 4, place an “X” next to each equipment item that is **currently available.** If equipment/supply items are not available, a plan for securing the items must be identified, i.e. submission of a purchase order to assure that the item is on order **or** a waiver must be submitted for each item. **Requests for waiver must include the criteria by which compliance is considered to be a hardship and demonstrate how there will be no reduction in the provision of medical care.**  **Please note: If assistance is needed in identifying specific vendors for any of the equipment/supply items noted in this application, please contact the Marketing Administrator, Group Purchasing Services, Illinois Hospital Association at 312-906-6122.** | | |  |