**Section 250.240 Admission and Discharge**

a) Principle

The hospital shall have written policies for the admission, discharge, and referral of all patients who present themselves for care. Procedures shall assure appropriate utilization of hospital resources such as preadmission testing, ambulatory care programs, and short-term procedure units.

b) Referrals

*A hospital licensed under the Hospital Licensing Act may not refer a patient or the family of a patient*, or have an entity on a resource reference list for a patient or the family of a patient, *to* a home health, home services, or home nursing agency *unless the agency is licensed under the Home Health, Home Services, and Home Nursing Agency Licensing Act*. (Section 3.8 of the Home Health, Home Services, and Home Nursing Agency Licensing Act) A hospital shall verify that an agency is currently on the Department's list of licensed home health, home services, and home nursing agencies posted on the Department's website or obtain a copy of an agency's license prior to making a referral to that agency.

c) Access

1) All persons shall be admitted to the hospital, whether as inpatients or under observation by a member of the medical staff with admitting privileges, an advanced practice registered nurse, or a physician assistant with clinical privileges recommended by the medical staff and granted by the hospital governing board. All persons admitted to the hospital shall be under the professional care of a member of the medical staff.

2) Insofar as possible, the hospital shall assign patients to accommodations with regard to gender, age, and medical requirement.

3) The hospital shall provide basic and effective care to each patient. No person seeking necessary medical care from the hospital shall be denied care for reasons not based on sound medical practice or the hospital's charter, and, particularly, no person shall be denied care on account of race, creed, color, religion, gender, or sexual orientation.

4) When the hospital does not provide the services required by a patient or a person seeking necessary medical care, an appropriate referral shall be made.

d) Required Testing for All Admissions

1) The laboratory examinations required on all admissions shall be determined by the medical staff and shall be consistent with the scope and nature of the hospital. The required list or lists of tests shall be in written form and shall be available to all members of the medical staff. The required examinations shall be consistent with the requirements of this subsection (d).

2) Uterine Cytologic Examination for Cancer

A) *Every hospital shall offer a uterine cytologic examination for cancer to every female inpatient 20 years of age or over, unless* one of the following conditions exists:

i) *The* examination *is considered contra-indicated by the attending physician; or*

ii) The patient has had a uterine cytologic examination for cancer *performed within the previous year* prior to the admission to the hospital.

B) *Every woman for whom the test is applicable shall have the right to refuse such test on the counsel of the attending physician or on her own judgment.*

C) Patient records for all female inpatients 20 years of age or older shall indicate one of the following:

i) *The results of the test;*

ii) The reasons that the test offer requirement was *not applicable* as provided under subsection (d)(2)(A); or

iii) A statement that *it was refused* by the patient. (Section 2310-540 of the Civil Administrative Code).

3) Testing for Infection with Human Immunodeficiency Virus (HIV)

A) The hospital shall *offer testing for infection with human immunodeficiency virus* *(HIV) to patients upon request*.

B) The hospital shall ensure that *pre-test and post-test counseling* is provided to the patient in accordance with the provisions of the AIDS Confidentiality Act and the HIV/AIDS Confidentiality and Testing Code.

C) Testing that is performed under the Act and this Part *shall be subject to the provisions of the AIDS Confidentiality Act* and the HIV/AIDS Confidentiality and Testing Code. (Section 6.10 of the Act)

e) Discharge Notification

1) The hospital shall develop a discharge plan of care for all patients who present themselves to the hospital for care.

2) The discharge plan shall be based on an assessment of the patient's needs by various disciplines responsible for the patient's care.

3) When a patient is discharged to another level of care, the hospital shall ensure that the patient is being transferred to a facility that is capable of meeting the patient's assessed needs.

4) A hospital’s discharge procedures shall include prohibitions against discharging or referring a patient to any facility for further health care services that is unlicensed, uncertified, or unregistered.

5) *Whenever a patient who qualifies for the federal Medicare program is hospitalized, the patient shall be notified of discharge at least 24 hours prior to discharge from the hospital*. The notification shall be provided by, or at the direction of, *a physician with medical staff privileges at the hospital or any appropriate medical staff member.* The notification shall include:

A) The anticipated date and time of discharge.

B) *Written information concerning the patient's right to appeal the discharge pursuant to the federal Medicare program, including the steps to follow to appeal the discharge and the appropriate telephone number to call if the patient intends to appeal the discharge.* This written information does not need to be included in the notification, if it has already been provided to the patient. (Section 6.09 of the Act)

6) *Every hospital shall* *develop* and implement policies and *procedures to provide the discharge notice* required in subsection (e)(5). The policies and procedures *may also include a waiver* of the notification requirement in either or both of the following cases:

A) When *a discharge notice is not feasible due to a short length of stay in the hospital by the patient.* The hospital policy shall specify the length of stay when discharge notification will not be considered feasible.

B) When *the patient voluntarily desires to leave the hospital before the expiration of the 24 hour period.* (Section 6.09 of the Act)

7) *When a facility-provided medication is ordered at least 24 hours in advance for surgical procedures and is administered to a patient at a hospital, any unused portion of the facility-provided medication* shall *be offered to the patient upon discharge when it is required for continuous treatment*.

A) *A facility-provided medication shall be labeled consistent with labeling requirements under Section 22 of the Pharmacy Practice Act.*

B) *If the facility-provided medication is used in an operating room or emergency department setting, the prescriber is responsible for counseling the patient on its proper use and administration and the requirement of pharmacist counseling is waived.* (Section 6.28 of the Act)

C) For the purposes of this Section, *“facility-provided medication” means any topical antibiotic, anti-inflammatory, dilation, or glaucoma drop or ointment* (Section 15.10 of the Pharmacy Practice Act)

f) *Patient Notice of Observation Status. Within 24 hours after a patient's placement into observation status by a hospital, the hospital shall provide that patient with an oral and written notice that the patient is not admitted to the hospital and is under observation status. The written notice shall be signed by the patient or the patient's legal representative to acknowledge receipt of the written notice and shall include, but not be limited to, the following information*:

1) *A statement that observation status may affect coverage under the federal Medicare program, the medical assistance program under Article V of the Illinois Public Aid Code, or the patient's insurance policy for the current hospital services, including medications and other pharmaceutical supplies, as well as coverage for any subsequent discharge to a skilled nursing facility or for home and community based care; and*

2) *A statement that the patient should contact his or her insurance provider to better understand the implications of being placed into observation status*. (Section 6.09b of the Act)

g) The hospital shall develop a written policy for cases in which a patient in observation status is incapacitated and attempts to contact the patient's legal representative within 24 hours pursuant to subsection (f) have been unsuccessful. The hospital shall document all attempts to contact the patient's legal representative.

h) Background Checks for Patients Transferring to a Long-Term Care Facility

1) *Before transfer of a patient to a long term care facility licensed under the Nursing Home Care Act where elderly persons reside, a hospital shall as soon as practicable initiate a name-based criminal history background check by electronic submission to the Department of State Police for all persons between the ages of 18 and 70 years; provided, however, that a hospital shall be required to initiate such a background check only with respect to patients who:*

A) *are transferring to a long term care facility for the first time;*

B) *have been in the hospital more than 5 days;*

C) *are reasonably expected to remain at the long term care facility for more than 30 days;*

D) *have a known history of serious mental illness or substance abuse; and*

E) *are independently ambulatory or mobile for more than a temporary period of time.*

2) *A hospital may also request a criminal history background check for a patient who does not meet any of the criteria set forth in* subsections (h)(1)(A) through (E).

3) *A hospital shall notify a long term care facility if the hospital has initiated a criminal history background check on a patient being discharged to that facility. In all circumstances in which the hospital is required by this subsection* (h) *to initiate the criminal history background check, the transfer to the long term care facility may proceed regardless of the availability of criminal history results.*

4) *Upon receipt of the results, the hospital shall promptly forward the results to the appropriate long term care facility. If the results of the background check are inconclusive, the hospital shall have no additional duty or obligation to seek additional information from, or about, the patient.* (Section 6.09(d) of the Act)

(Source: Amended at 47 Ill. Reg. 14455, effective September 26, 2023)