**Section 250.840 General Requirements for all Classifications**

Regardless of the selected level of services to be provided by each hospital, every hospital shall provide an identifiable, active restorative or rehabilitation program with written goals of assisting each patient to achieve and maintain their optimal level of self-care and independence. The program shall include coordinated health services utilizing the team approach. It shall meet the following requirements:

a) Effective written policies and procedures relating to the program organization, function, casefinding, follow-up and appropriate referral mechanisms. These policies and procedures shall be developed by representatives of all health professions participating in the program, particularly as they relate to their specialties.

b) A clear indication of physical, philosophical and economic support of the program through:

1) An identifiable program of quality assurance involving action by a patient care and/or utilization review committee to assist in implementing program services as needed, including provision of the time required to achieve restorative or rehabilitation goals. The committee shall include physicians and representatives of allied health professions within the hospital.

2) Access to restorative and rehabilitation services for all patients requiring such care regardless of the service to which the patient is assigned. If needed levels of rehabilitation service are not available in-house, formal referral mechanisms or contractual arrangements to obtain appropriate services must be in evidence.

3) A budget that is adequate for necessary program personnel, equipment and facilities.

c) Physician direction of coordinated individual patient care through written orders and assistance in establishing and attaining treatment objectives.

d) Involvement of all appropriate health care professionals in the development and implementation of each patient's care plan. This shall be accomplished through formal patient-care conferences, or other established methods of interaction between the physicians and allied health professionals.

e) Documentation of the patient's response to treatment by all health-care professionals involved in carrying out the patient's care plan. This shall be part of the ongoing medical record.

f) Restorative nursing provided on a 24-hour, seven-day-a-week basis.

g) Adequate space and equipment to provide treatment offered through the program.

h) Regularly scheduled departmental and interdisciplinary in-service education, embracing program orientation, skill-training and continuing education regarding the restorative and rehabilitation process. Representatives of all professions involved in the program should be given the opportunity of performing the "teaching" function.

i) Establishment of safety policies in the selection, use and maintenance of patient-care equipment.

(Source: Amended at 5 Ill. Reg. 507, effective December 29, 1980)