Minimum Standards for Licensing Hospitals and Institutional General Infirmaries

Regulation 60-16

Effective May 22, 2026

“The following sections of the regulation will be cited if it is determined not to be a justified emergency when hallway beds are in use.”

- **1002. Location of Beds**

B. Beds, gurneys, recliners, chairs or other similar furniture shall not be placed in corridors, solaria or other locations not designed as patient room areas except in cases of justified emergencies.

- **2004. Fire Safety.** (II) The facility shall comply with the provisions of the codes officially adopted by the South Carolina Building Codes Council, and the South Carolina State Fire Marshal.

When hallway beds are in use Bill S. 958 will be the guidance when determining if there is a justified emergency.

Bill S. 958 Hallway Beds

Section 44-7-255. (A) "Justified emergency" means any of the following:

(1) declared state of emergency;

(2) natural or manmade disaster;

(3) mass transit accident;

(4) industrial or construction accident;

(5) chemical, biological, radiological, or nuclear event;

(6) act of crowd, spree, or terrorist violence resulting in injuries;

(7) acute outbreak of contagious or infectious disease; or

(8) the exhaustion of all available treatment space in an emergency department due to the number of patients being treated at that time.

Bill S. 958 Hallway Beds

(E) The hospital shall maintain records referenced in subsection (C) and provide copies of the form described in subsection (D) no less than quarterly to the department that documents each instance when a justified emergency has been determined and patient beds have been used in hallways, corridors, or other means of egress.

"The Department is currently developing the electronic form. Providers will be notified once the form has been completed and is ready for use."

1201. Basic Facility Functions. D. Emergency Services.

- 2. General Hospitals shall have readily available in the emergency department a precipitous delivery kit to include all necessary equipment as well as equipment and medication to rapidly treat post-partum hemorrhage as recommended by the American College of Obstetricians and Gynecologists.
- 4. **General Hospitals must have an emergency department that offers emergency care 24 hours per day, with at least one physician experienced in emergency care on duty in the emergency care area.** Specialty consultation must be available within 30 minutes by members of the medical staff or senior-level residents. Consultation may be through telephone or telemedicine. The hospital's scope of services includes in-house capabilities for managing physical and related emotion problems, with provision for patient transfer to another organization when needed.

D. Emergency Services. Cont'd

- 11. As part of its quality assessment and performance improvement program, a General Hospital emergency department shall on at least an **annual basis evaluate its emergency service staffing utilizing appropriate emergency services metrics, which may include door to doctor times, patients leaving without being seen, boarding hours, lengths of stay, and patient experience. The hospital must document the findings and recommendations of its evaluation and, when appropriate, implement measures to improve its emergency services staffing.**

“During an inspection the patient file will be reviewed along with the policy for Acute Hospital Care at home.”

1202. Optional Hospital Services.

L. Acute Hospital Care at Home.

If an AHCAH program is offered, the program must be consistent in quality with inpatient care in accordance with the complexity of services offered and must be organized and staffed to ensure the health and safety of patients.

L. Acute Hospital Care at Home. Cont'd

1. A hospital providing an AHCAH program **must contract or provide** for the following services:

a. Pharmacy;

b. Infusion;

c. Respiratory care, including oxygen delivery;

d. Diagnostic testing;

L. Acute Hospital Care at Home. Cont'd

e. Transportation;

f. Dietary services, including meal availability as needed by the patient;

g. Durable medical equipment;

h. Physical, occupational, and speech therapy; and

i. Social work and care coordination.

L. Acute Hospital Care at Home. Cont'd

2. The hospital must have the following policies and procedures for the AHCAH program:

a. Patient Eligibility and Screening Requirements.

i. Patient Consent: A patient must consent in writing to receive AHCAH and shall have the right to discontinue AHCAH at any time and be transported to the hospital for inpatient services.

ii. Admission Criteria: There must be inpatient admission requirements that ensure only patients requiring acute level care will receive AHCAH care. Patients must be admitted from the emergency department or inpatient bed. There must be an in-person evaluation by a physician prior to admission to the AHCAH program.

L. Acute Hospital Care at Home. Cont'd

iii. Assessment: Prior to admission to the AHCAH program, an assessment for both medical and non-medical factors must be completed and documented in writing to include the following factors:

(1) Home Environment: The home environment must be assessed for non-medical factors such as physical and environmental barriers. The hospital must ensure the patient's home can accommodate any medical equipment required for the patient's care.

L. Acute Hospital Care at Home. Cont'd

(2) Remote Patient Monitoring: There must be continuous remote patient monitoring and connectivity. There must be a reliable communication system for emergency calls and communication with the hospital. The hospital must ensure the patient's home has reliable internet, working utilities, and backup communication methods. The hospital must ensure the patient's home can accommodate the hospital's audio-visual systems.

(3) Emergency Response: The hospital must plan for managing medical emergencies in the patient's home, including patient stabilization and immediate transfer, if necessary. The hospital must ensure appropriate emergency personnel can arrive to the patient's home within thirty (30) minutes.

L. Acute Hospital Care at Home. Cont'd

b. Diagnoses. The hospital must maintain and update a subset of diagnoses that respond safely and effectively to AHCAH.

c. Exclusions. The hospital shall maintain certain diagnoses as exclusion criteria for AHCAH. Patients that require services that include intensive care, invasive surgical procedures, anesthesia services, perinatal care, or psychiatric care must be excluded from AHCAH.

d. Medication: The hospital must have policies and procedures for medication management.

e. Infection Control: There must be policies and procedures for infection prevention and control and waste management for the AHCAH program.

L. Acute Hospital Care at Home. Cont'd

3. Medical Records. Patients admitted to the AHCAH program must have medical records in accordance with Section 1100.

4. A hospital must ensure the AHCAH program, at a minimum, includes the following:

- a. Multidisciplinary Team: The AHCAH program must be staffed by a multidisciplinary team, which must include a physician, advanced practice registered nurse or physician assistant, registered nurse, pharmacist, social work and care coordination teams, and other authorized healthcare providers as required by the patient's plan of care and hospital policy.

L. Acute Hospital Care at Home. Cont'd

b. Emergency Response Training: All AHCAH staff must be trained in emergency response procedures for the AHCAH program, as appropriate to their role. Such training shall be documented and provided prior to the staff member's providing AHCAH services and annually thereafter.

c. Daily Evaluation: There must be a daily evaluation of the patient by a physician, advanced practice registered nurse or physician assistant, or registered nurse. This evaluation can be in-person or remote.

d. Daily In-Person Visits: There must be at least two (2) in-person visits by a legally authorized healthcare provider daily. During these visits, the patient's vital signs must be taken.

e. Transportation: The hospital must provide or arrange for transportation to and from the hospital and the patient's home.

L. Acute Hospital Care at Home. Cont'd

f. Dietary Services: The hospital shall contract or provide for the provision of meal services. All dietary plans shall be administered in accordance with Section 1505.

g. Durable Medical Equipment: The hospital shall provide and deliver durable medical equipment that may be required for the AHCAH program.

h. Remote Patient Monitoring. There must be continuous remote patient monitoring and connectivity. There must be a reliable communication system available twenty-four (24) hours per day, seven (7) days per week for emergency calls and communication between the patient and the AHCAH program.

L. Acute Hospital Care at Home. Cont'd

5. For hospitals offering or providing AHCAH, there shall be an emergency operations plan specifically addressing emergency preparedness and response for AHCAH patients. The plan shall address, at a minimum, the needs of the patients, procedures to be taken for evacuation of patients, and continuity of patient care.

6. The hospital must inform in writing, as evidenced by the signature of the patient or the patient's responsible party and date, its emergency operations plan for the AHCAH patient.

Note:

- Questions or comments regarding R.60-16 changes can be sent to **HTLsupport@dph.sc.gov.**