HEALTH AND SENIOR SERVICES

SENIOR SERVICES AND HEALTH SYSTEMS BRANCH

HEALTH FACILITIES EVALUATION AND LICENSING DIVISION

OFFICE OF CERTIFICATE OF NEED AND HEALTHCARE FACILITY LICENSURE

Hospital Licensing Standards

Proposed Readoption with Amendments: N.J.A.C. 8:43G

Authorized By: ______________________________ Poonam Alaigh, MD, MSHCPM, FACP, Commissioner, Department of Health and Senior Services (with the approval of the Health Care Administration Board).

Authority: N.J.S.A. 26:2H-1 et seq., specifically 26:2H-5(b).

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2010- .

Written comments must be postmarked on or before , 2010 and mailed to:

Ruth Charbonneau, Director

Office of Legal and Regulatory Affairs

New Jersey Department of Health and Senior Services

PO Box 360

Trenton, NJ 08625-0360

The agency proposal follows:

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

Summary

Pursuant to N.J.S.A. 52:14B-5.1c, N.J.A.C. 8:43G, Hospital Licensing Standards, was scheduled to expire on July 22, 2010. The Department of Health and Senior Services (the Department) has reviewed N.J.A.C. 8:43G and, with the exception of amendments described below, has determined the existing rules to be necessary, proper, reasonable, efficient, understandable, and responsive to the purposes for which they were originally promulgated. The Department has determined that N.J.A.C. 8:43G and the amendments described below: are needed to implement the underlying statute; do not impede responsible economic growth; provide sufficient and non-contradictory guidance to applicants for licenses that do not, for the most part, lead to licensure delays or denials; and, do not exceed legislative intent or Federal standards without well-documented cause, thereby placing the state at a competitive advantage in attracting investment and jobs. The Department is proposing the readoption with amendments of the hospital licensing standards to update and revise licensure standards for all licensed general, psychiatric, and special hospitals. In accordance with N.J.S.A. 52:14B-5.1c, the filing of this notice of proposal for readoption with amendments with the Office of Administrative Law prior to July 22, 2010, operated to extend the expiration date of N.J.A.C. 8:43G to January 18, 2011.

The licensing standards N.J.A.C. 8:43G have enabled general hospitals to deliver a high level of quality care to patients in acute care hospitals. The proposed readoption with amendments would maintain minimum requirements for safe operation of an acute care hospital. Individual facility compliance is assessed through the Department's oversight activities, specifically its facility survey and inspection process.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

A summary of the rules proposed for readoption and the proposed amendments follows.

The Department proposes technical amendments throughout the chapter to reflect changes in contact information such as address, telephone number and website, as well as changes in organizational designation from “Certificate of Need and Acute Care Licensure Program” and “Certificate of Need Licensure Program” to the “Office of Certificate of Need and Healthcare Facility Licensure” and from “Division of Health Care Quality and Oversight” to “Division of Health Facilities Evaluation and Licensing.” The Department also makes technical and structural recodification amendments throughout the chapter to correct grammar, improve readability, and make the chapter more user-friendly.

Subchapter 1 establishes general provisions applicable to hospital licensure.

N.J.A.C. 8:43G-1.1 would continue to establish the scope and purpose of the chapter. The Department proposes to amend existing N.J.A.C. 8:43G-1.1(a) to add psychiatric hospitals to the list of facilities to which the chapter applies, for consistency with existing provisions in the chapter that establish standards applicable to psychiatric hospitals. See, for example, N.J.A.C. 8:43G-26.

N.J.A.C. 8:43G-1.2 would continue to establish definitions of words and terms used throughout the chapter.

The Department proposes to amend existing N.J.A.C. 8:43G-1.2 to add definitions of the following words and terms to be used in the chapter: “deemed status,” “facility,” “inspection,” “license,” “licensee,” “Licensing Office,” “regulatory compliance statement,” and “survey.” The Department proposes to delete the existing definition of

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

“licensee” and add a new definition that would articulate that a licensee is a person or organization with a license to operate a healthcare facility and that has ultimate authority and responsibility for the operation, management, control conduct, and functioning of the facility.

The Department proposes amendments throughout the chapter to delete references to Department contact information for various activities such as obtaining forms and instructions and submitting required documents, and to add in their stead reference to the proposed new term, “Licensing Office,” which contains the appropriate address.

N.J.A.C. 8:43G-1.3 would continue to establish the different classifications of acute care hospitals covered by the rules (private, non-profit; private, proprietary; public hospital; general hospital; special hospital; psychiatric hospital). N.J.A.C. 8:43G-1.4 would continue to provide contact information for individuals who seek information about licensure or who wish to file a complaint against a licensed facility.

Subchapter 2 would continue to establish procedures to obtain and maintain licensure. The Department proposes amendments throughout existing N.J.A.C. 8:43G-2 to enable the Facility Survey Program (Program) in the Division of Health Facilities Evaluation and Licensing (Division) to make the most efficient use of the Program’s limited personnel resources. Instead of focusing on biennial inspections, the Program would concentrate its efforts on complaint investigations at licensed healthcare facilities, focused hospital surveys following a complaint investigation, and monitoring surveys in licensed healthcare facilities that declare financial difficulties or have strike activity. In lieu of the routine biennial inspection, the Department proposes to require an attestation

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

from a hospital's chief executive officer stating that the facility is in compliance, and evidence of accreditation from an accrediting body recognized by the Centers for Medicare and Medicaid Services (CMS). Submission of these items would be required with a hospital's application to renew its license. The rules would refer to these items collectively as a "regulatory compliance statement." All hospitals licensed in the State already hold accreditation from a CMS-approved accrediting body. CMS-approved accrediting bodies typically conduct an on-site survey every three years.

N.J.A.C. 8:43G-2.1 would continue to establish standards applicable to the certificate of need, which is required prior to licensure.

N.J.A.C. 8:43G-2.2 would continue to establish the application procedure required for licensure. The Department proposes to amend existing N.J.A.C. 8:43G-2.2(g) to establish the purpose of the biennial facility inspection fee and that the fee would be assessed every other year at licensure renewal instead of being assessed in the year a facility is inspected. The Department proposes to reorganize the subsection to recodify part of the existing text into new (g)1 through 3. The Department proposes an amendment at new N.J.A.C. 8:43G-2.2(g)1 to establish that the biennial inspection fee is in addition to the annual licensure fee for that year.

N.J.A.C. 8:43G-2.3 would continue to establish standards applicable to newly constructed or expanded facilities.

N.J.A.C. 8:43G-2.4 would continue to establish procedures applicable to surveys and temporary licensure. The Department proposes to amend N.J.A.C. 8:43G-2.4(e) to establish that regardless of a facility having deemed status, authorized staff of the

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

Department may make survey visits to a hospital at any time and conduct complaint investigations as part of these visits.

N.J.A.C. 8:43G-2.5 would continue to establish standards applicable to full licensure. The Department proposes to amend N.J.A.C. 8:43G-2.5 to add new (f) to require facilities to submit regulatory compliance statements as part of the licensure renewal process. Proposed new N.J.A.C. 8:43G-2.5(f)1 would establish that the Department would not renew a facility's license absent the facility's submission of the regulatory compliance statement. Proposed new N.J.A.C. 8:43G-2.5(f)2 would establish the circumstances under which the Department may conduct an inspection of a hospital with deemed status before renewing a facility's license.

N.J.A.C. 8:43G-2.6 would continue to establish the process for revocation or suspension of licensure. N.J.A.C. 8:43G-2.7 would continue to establish procedures applicable to licensure surrender. N.J.A.C. 8:43G-2.8 would continue to establish waiver of licensure requirements. N.J.A.C. 8:43G-2.9 would continue to establish the circumstances under which the Department may pursue action against a licensee. N.J.A.C. 8:43G-2.10 would continue to establish the circumstances under which hospital information may or may not be disclosed. N.J.A.C. 8:43G-2.11 would continue to establish standards applicable to the operation of hospital satellite facilities and off-site ambulatory care service facilities. N.J.A.C. 8:43G-2.12 would continue to establish the mandatory services that general and psychiatric hospitals are to provide. N.J.A.C. 8:43G-2.13 would continue to establish standards hospitals must follow in situations of child abuse and neglect.

Subchapter 3 would remain reserved.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

N.J.A.C. 8:43G-4 would continue to establish standards commonly known as the hospital patient's bill of rights. The subchapter would continue to provide a list of the rights afforded to every New Jersey hospital patient under N.J.S.A. 26:2H-12.8 (Bill of rights for hospital patients), and explain that none of those rights can be abridged by the hospital or any of its staff. Moreover, the subchapter would continue to require that hospital administrators are responsible for developing and implementing policies to protect patient rights and to respond to questions and grievances pertaining to patient rights.

The Department proposes to amend N.J.A.C. 8:43G-4.1(a)23, which addresses visitation privileges, to add new (a)23i through ii. These new subparagraphs would articulate specifically the obligations of hospitals to afford civil union partners and domestic partners the same visitation rights and privileges that they afford to spouses, as required by "An Act concerning marriage and civil unions, establishing a commission and revising and supplementing various parts of the statutory law," P.L. 2006, c. 103 (approved December 21, 2006), and as required by the Domestic Partnership Act, P.L. 2003, c. 246 (approved January 12, 2004), codified at N.J.S.A. 26:8A-1 et seq., and as reflected in February 22, 2007 guidance memorandum former Commissioner Fred M. Jacobs, M.D., J.D., issued with respect to civil unions, available at http://www.state.nj.us/health/healthfacilities/documents/ltc/civil_unions.pdf, and a July 2, 2004 guidance memorandum the Department issued to all Hospital Chief Executive Officers with respect to domestic partnerships, available at http://www.nj.gov/health/healthfacilities/documents/ac/dphosprights.pdf. Hereinafter

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

these two memos collectively are referred to as the Department civil union and domestic partnership memoranda.

Proposed new N.J.A.C. 8:43G-4.1(a)23iii would further articulate that hospital visitation privileges are not to be abridged based on unlawful discrimination against suspect classes as established in the New Jersey Law Against Discrimination, N.J.S.A. 10:5-1 et seq., particularly 10:5-4.

Proposed new N.J.A.C. 8:43G-4.1(a)23iv would articulate that visitation privileges for all patients remain subject to restriction upon the exercise of clinical judgment exercised by a health care professional charged with the patient's care.

Subchapter 5 would continue to establish standards for hospital administration and general hospital-wide policies.

N.J.A.C. 8:43G-5.1 would continue to establish standards for structural organization.

N.J.A.C. 8:43G-5.2 would continue to establish standards for a hospital's development and implementation of policies and procedures, as well as the minimum content. The Department proposes to amend existing N.J.A.C. 8:43G-5.2 to delete subsections (*l*) and (m), which provide an outdated timetable in which hospitals were to become smoke-free and establish policies regarding smoking by persons designated "not responsible." These provisions are inconsistent with the New Jersey Smoke-Free Air Act, P.L. 2005, c. 383, codified at N.J.S.A. 26:3D-55 through 64, approved January 15, 2006, and operative April 15, 2006. That Act prohibits smoking in indoor public places and workplaces, and expressly includes licensed health care facilities within the

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

definition of "indoor public place." N.J.S.A. 26:3D-57. Hospitals are also workplaces at which that Act prohibits smoking. *Id.* The Department proposes to add new N.J.A.C. 8:43G-5.2(*l*) to articulate the hospital's responsibility to ensure that there is no smoking in the facility by employees, visitors or patients.

N.J.A.C. 8:43G-5.3 would continue to establish mandatory staff qualifications. N.J.A.C. 8:43G-5.4 would continue to establish standards for organ tissue donation including, but not limited to, the establishment of hospital policies, the contents of the policies, and definitions of relevant terms. N.J.A.C. 8:43G-5.5 would continue to establish standards for patient services. N.J.A.C. 8:43G-5.6 would remain reserved. N.J.A.C. 8:43G-5.7 would continue to establish standards for hospital-wide staff education. N.J.A.C. 8:43G-5.8 would remain reserved. N.J.A.C. 8:43G-5.9 would continue to establish standards for hospitals to develop department education programs and for the minimum contents of those programs. N.J.A.C. 8:43G-5.10 would continue to establish funding standards for regionalized services.

N.J.A.C. 8:43G-5.11 would continue to establish standards for occupational health (hereinafter referred to as OH) structural organization. N.J.A.C. 8:43G-5.12 would continue to establish standards for OH policies and procedures. N.J.A.C. 8:43G-5.13 would continue to set forth OH staff qualifications. N.J.A.C. 8:43G-5.14 would continue to set forth standards for OH education. N.J.A.C. 8:43G-5.15 would continue to establish the responsibility of the hospital to develop OH continuous quality improvement methods.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

N.J.A.C. 8:43G-5.16 would continue to establish the responsibility of hospitals to engage in disaster planning. N.J.A.C. 8:43G-5.17 would remain reserved.

N.J.A.C. 8:43G-5.18 would continue to establish standards applicable to hospital blood banks. N.J.A.C. 8:43G-5.19 would continue to establish standards applicable to hospital clinical and pathological laboratories. N.J.A.C. 8:43G-5.20 would continue to establish standards applicable to hospital electrocardiogram laboratories.

N.J.A.C. 8:43G-5.21 would continue to establish standards applicable to outpatient and prevention services. N.J.A.C. 8:43G-5.22 would continue to establish standards requiring hospitals to ensure that members of their governing bodies complete a trustee training program and would continue to establish the minimum content of that program. N.J.A.C. 8:43G-5.23 would continue to list Department-approved trustee training providers and the procedure for obtaining the Department's approval for a particular training program.

Subchapter 6 establishes standards for hospital anesthesia services.

In November 2009, the Department received a petition for rulemaking filed on behalf of the New Jersey Association of Nurse Anesthetists, Inc., of Mount Laurel, New Jersey. 43 N.J.R. 529 (January 19, 2010). In that petition, the petitioner stated that the New Jersey Board of Nursing (Board) established rules in June 2008 recognizing certified nurse anesthetists as advanced practice nurses specializing in anesthesia, citing to 39 N.J.R. 1991(b) (May 21, 2007), 40 N.J.R. 3729(a) (June 16, 2008) and N.J.A.C. 13:37-7, particularly N.J.A.C. 13:37-7.5. *Id.* The petitioner requested that the Department engage in rulemaking to change the rules governing the licensure of ambulatory care facilities and hospitals, N.J.A.C. 8:43A and 8:43G, respectively, to

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

reflect the Board's recognition of certified nurse anesthetists as advanced practice nurses specializing in anesthesia. *Id.* The petitioner further stated that New Jersey law addressing the scope of practice of advanced practice nurses, particularly N.J.S.A. 45:11-49, does not establish that advanced practice nurses are to be subject to physician supervision. *Id.* The petitioner requested that the Department engage in rulemaking to change the rules governing the licensure of ambulatory care facilities and hospitals to allow advanced practice nurses specializing in anesthesia to provide anesthesia services without anesthesiologist supervision. *Id.*

In accordance with N.J.A.C. 1:30-4.2(a)3, the Department referred the petition to ambulatory care facility and hospital licensing staff of the Division of Senior Services and Health Systems of the Department for review. The Department consulted with representatives of the New Jersey Board of Nursing and the State Board of Medical Examiners of the Division of Consumer Affairs of the New Jersey Department of Law and Public Safety, which respectively have jurisdiction over nurses and physicians, particularly anesthesiologists. The Department also met with members of the regulated community, particularly representatives of the petitioner, and of the Medical Society of New Jersey, which represents anesthesiologists.

Based on this review and these consultations, the Department has determined to propose rulemaking to amend N.J.A.C. 8:43G, governing hospital licensure, in response to the petitioner's request. A Notice of Action on Petition for Rulemaking with respect to that aspect of the petition that requests amendment of N.J.A.C. 8:43G appears elsewhere in this issue of the New Jersey Register. The Department continues to consider this issue with respect to ambulatory care facilities, for which N.J.A.C. 8:43A

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

establishes licensure rules, and will respond to this aspect of the petition in a separate action on the petition.

Therefore, the Department proposes to amend existing N.J.A.C. 8:43G-6 Anesthesia as described below.

N.J.A.C. 8:43G-6.1 Definitions establishes definitions of terms used in the subchapter.

The Department proposes to amend existing N.J.A.C. 8:43G-6.1 to establish definitions of, and provide contact information for, several professional licensing, certifying, accrediting, and other credentialing entities to which the subchapter refers with respect to the qualifications of professionals subject to the chapter. These entities are the "Accreditation Council of Graduate Medical Education," the "American Board of Anesthesiology," the "American College of Anesthesiology," the "American Osteopathic Association," the "American Osteopathic Board of Anesthesiology," and the "National Board on Certification and Recertification of Nurse Anesthetists." The Department proposes to amend the existing definition of "Anesthesiologist" to be consistent with the definition of that term established in the Board Medical Examiners rules at N.J.A.C. 13:35-4A.3 Definitions, with respect to "Surgery, Special Procedures, and Anesthesia Services Performed in an Office Setting."

The Department proposes to delete from N.J.A.C. 8:43G-6.1 the existing definitions of "certified registered nurse anesthetist (CRNA)" and "registered nurse anesthetist," which terms the Department likewise proposes to delete from where they appear throughout the subchapter. In their stead, the Department proposes to add a new term, "Advanced practice nurse specializing in anesthesia" or "APN/anesthesia,"

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

which is consistent with the terminology the New Jersey Board of Nursing uses. See N.J.A.C. 13:37-7.5 Educational and examination certification requirements in the area of anesthesia on or before June 16, 2009, in the Board rules governing "Certification of Advanced Practice Nurses, at (a), which refers to "certification as an advanced practice nurse in the specialty area of anesthesia."

The Department proposes to delete from N.J.A.C. 8:43G-6.1 the existing definition of "deep sedation."

N.J.A.C. 8:43G-6.2 Anesthesia services, policies and procedures establishes standards for hospital policies and procedures for anesthesia services. The Department proposes to amend existing N.J.A.C. 8:43-6.2 at subsection (a) to require facilities to review their anesthesia services policies and procedures at least annually, rather than every three years, with a view toward ensuring the safety of patients during the administration and conduct of, and emergence from, anesthesia. The Department proposes to add new N.J.A.C. 8:43-6.2(b) to establish that anesthesia departments are to be administered under the overall supervision of an anesthesiologist and operated in accordance with applicable laws governing the respective scopes of practice of anesthesia professionals providing services within that department.

N.J.A.C. 8:43G-6.3 establishes standards for anesthesia services staff qualifications.

The Department proposes to amend existing N.J.A.C. 8:43G-6.3(d) to remove "deep sedation" from the types of procedures requiring the administration of anesthetic agents that are to be administered only in accordance with medical staff policies and procedures.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

The Department proposes to amend existing N.J.A.C. 8:43G-6.3(e)2 to delete references to certified registered nurse anesthetists and registered nurse anesthetists from the list of professionals authorized to administer and monitor general or major regional anesthesia only under the supervision of an anesthesiologist.

The Department proposes to delete existing N.J.A.C. 8:43G-6.3(e)3 to delete the requirement that a certified registered nurse anesthetist administer and monitor general or major regional anesthesia only under the supervision of a privileged physician who has privileges in accordance with medical staff bylaws to administer or supervise the administration of anesthesia.

The Department proposes to add new N.J.A.C. 8:43G-6.3(e)3 to include APNs/anesthesia within the list of professionals authorized to administer general or major regional anesthesia, provided that this is done in accordance with a joint protocol established in accordance with N.J.A.C. 13:37-6.3 Standards for joint protocols between advanced practice nurses and collaborating anesthesiologists. This protocol would need to include, but not be limited to, a section governing the availability of a anesthesiologist to consult with the APN/anesthesia on site, on-call or by electronic means.

The Department proposes to amend existing N.J.A.C. 8:43G-6.3(g) to delete the requirement that a physician supervising the administration of general or major regional anesthesia be “immediately available,” to correct a grammatical error, and to establish that the physician supervising the operating room may concurrently be engaged in patient care subject to the specified exceptions.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

The Department proposes to amend existing N.J.A.C. 8:43G-6.3(h)2 to delete references to certified registered nurse anesthetists and registered nurse anesthetists from the list of professionals who are authorized to administer anesthetic agents for conscious sedation only under the supervision of a physician with privileges to administer or supervise anesthetic agents for conscious sedation and who is immediately available.

The Department proposes to add new N.J.A.C. 8:43G-6.3(h)3 to include APNs/anesthesia within the list of professionals authorized to administer anesthetic agents for conscious sedation, provided that this is done in accordance with a joint protocol established in accordance with N.J.A.C. 13:37-6.3. This protocol would need to include, but not be limited to, a section governing the availability of an anesthesiologist to consult with the APN/anesthesia on site, on-call or by electronic means.

The Department proposes to amend existing N.J.A.C. 8:43G-6.3(j)2 to delete references to certified registered nurse anesthetists, registered nurse anesthetists, and advanced practice nurses from the list of professionals authorized to administer minor regional blocks only under the supervision of a physician with privileges to administer or supervise administration of minor regional blocks and who is immediately available.

The Department proposes amendments at existing N.J.A.C. 8:43G-6.3(j)2iv, proposed for recodification as new N.J.A.C. 8:43G-6.3(j)2ii, to delete reference to the Board of Nursing, as only the Board of Medical Examiners has jurisdiction over certified nurse midwives and physician assistants, and to require practitioners to operate within their respective scopes of practice as established by applicable laws, which would

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

include statutes, case law, administrative decisions, and other sources of law administered by the Board of Medical Examiners, in addition to the rules the Board of Medical Examiners promulgates.

The Department proposes to add new N.J.A.C. 8:43G-6.3(j)3 to include APNs/anesthesia within the list of professionals authorized to administer minor regional blocks, provided that this is done in accordance with a joint protocol established in accordance with N.J.A.C. 13:37-6.3. This protocol would need to include, but not be limited to, a section governing the availability of an anesthesiologist to consult with the APN/anesthesia on site, on-call or by electronic means.

N.J.A.C. 8:43G-6.4 would continue to establish standards for anesthesiologist availability.

N.J.A.C. 8:43G-6.5 would continue to establish standards for anesthesia patient services. The Department proposes to amend existing N.J.A.C. 8:43G-6.5 Anesthesia patient services, to add APNs/anesthesia to the professionals responsible for making or certifying a preanesthesia note.

N.J.A.C. 8:43G-6.6 would continue to establish standards for anesthesia supplies and equipment. N.J.A.C. 8:43G-6.7 would continue to establish standards for maintenance and inspections of anesthesia supplies and equipment. N.J.A.C. 8:43G-6.8 would continue to establish standards for anesthesia patient monitoring. N.J.A.C. 8:43G-6.9 would continue to establish standards for anesthesia staff education and training. N.J.A.C. 8:43G-6.10 would continue to establish standards for anesthesia continuous quality improvement methods.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

Subchapter 7 establishes standards for hospital cardiac services. The Department acknowledges that existing N.J.A.C. 8:33E Certificate of Need: Cardiac Diagnostic Facilities and Cardiac Surgery Centers contains provisions that reflect best practices that supersede some provisions of N.J.A.C. 8:43G-7. The Department is developing a separate rulemaking proposal to make N.J.A.C. 8:43G-7 consistent with N.J.A.C. 8:33E.

N.J.A.C. 8:43G-7.1 would continue to establish the scope of the subchapter and definitions of terms used therein. N.J.A.C. 8:43G-7.2 would continue to address cardiac surgery policies and procedures. N.J.A.C. 8:43G 7.3 would continue to address cardiac surgery staff qualifications. N.J.A.C. 8:43G-7.4 would remain reserved. N.J.A.C. 8:43G-7.5 would continue to address cardiac surgery staff time and availability. N.J.A.C. 8:43G-7.6 would remain reserved.

N.J.A.C. 8:43G-7.7 would continue to address cardiac surgery patient services. N.J.A.C. 8:43G-7.8 would continue to address cardiac surgery space and environment. N.J.A.C. 8:43G-7.9 would continue to address cardiac surgery supplies and equipment. N.J.A.C. 8:43G-7.10 would continue to address cardiac surgery staff education. N.J.A.C. 8:43G-7.11 would remain reserved. N.J.A.C. 8:43G-7.12 would continue to address cardiac surgery continuous quality improvement methods. N.J.A.C. 8:43G-7.13 would remain reserved.

N.J.A.C. 8:43G-7.14 would continue to address cardiac catheterization (hereinafter referred to as CC) policies and procedures. N.J.A.C. 8:43G-7.15 would continue to address CC staff qualifications. N.J.A.C. 8:43G-7.16 would continue to address CC staff time and availability. N.J.A.C. 8:43G-7.17 would continue to address

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

CC patient services. N.J.A.C. 8:43G-7.18 would continue to address CC space and environment. N.J.A.C. 8:43G-7.19 would continue to address CC supplies and equipment. N.J.A.C. 8:43G-7.20 would continue to address CC staff education and training. N.J.A.C. 8:43G-7.21 would continue to address CC quality assurance methods.

N.J.A.C. 8:43G-7.22 would continue to establish the scope of a pilot catheterization program (hereinafter referred to as a PCT). N.J.A.C. 8:43G-7.23 would continue to address requirements for PCT licensure. N.J.A.C. 8:43G-7.24 would continue to address PCT policies and procedures. N.J.A.C. 8:43G-7.25 would continue to address PCT staff qualifications. N.J.A.C. 8:43G-7.26 would continue to address PCT staff time and availability. N.J.A.C. 8:43G-7.27 would continue to address PCT quality improvement. N.J.A.C. 8:43G-7.28 would continue to address percutaneous transluminal coronary angioplasty ("PTCA") policies and procedures. N.J.A.C. 8:43G-7.29 would continue to address PTCA staff qualifications. N.J.A.C. 8:43G-7.30 would continue to address PTCA staff time and availability. N.J.A.C. 8:43G-7.31 would continue to address PTCA space and environment.

N.J.A.C. 8:43G-7.32 would continue to address electrophysiology studies (hereinafter referred to as EPS) staff qualifications. N.J.A.C. 8:43G-7.33 would continue to address EPS staff time and availability. N.J.A.C. 8:43G-7.34 would continue to address board eligibility status of persons performing EPS.

N.J.A.C. 8:43G-7.35 would continue to address pediatric cardiac services standards and scope. N.J.A.C. 8:43G-7.36 would continue to address pediatric cardiac surgery (hereinafter referred to as PCS) policies and procedures. N.J.A.C. 8:43G-7.37

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

would continue to address PCS staff qualifications. N.J.A.C. 8:43G-7.38 would continue to address PCS staff time and availability. N.J.A.C. 8:43G-7.39 would continue to address PCS space and environment. N.J.A.C. 8:43G-7.40 would continue to address PCS supplies and equipment. N.J.A.C. 8:43G-7.41 would continue to address PCS continuous quality improvement methods. N.J.A.C. 8:43G-7.42 would remain reserved.

N.J.A.C. 8:43G-7.43 would continue to address pediatric CC policies and procedures. N.J.A.C. 8:43G-7.44 would continue to address pediatric CC staff qualifications. N.J.A.C. 8:43G-7.45 would continue to address pediatric CC continuous quality improvement methods.

N.J.A.C. 8:43G-7.46 would continue to address staff qualification waivers.

Subchapter 7A establishes standards for comprehensive and primary stroke centers. N.J.A.C. 8:43G-7A.1 would continue to establish the scope of the subchapter.

N.J.A.C. 8:43G-7A.2 Definitions would continue to establish definitions of terms used in the subchapter. The Department proposes to amend existing N.J.A.C. 8:43G-7A.2 to add a definition of the term "hospitalist."

N.J.A.C. 8:43G-7A.3 would continue to establish standards for primary stroke center (hereinafter referred to as PSC) licensure designation.

N.J.A.C. 8:43G-7A.4 Primary stroke center staff qualifications would continue to establish standards for PSC staff qualifications. The Department proposes to amend existing N.J.A.C. 8:43G-7A.4(b) to add hospitalists to the list of professionals who are authorized to serve on an acute care stroke team, and to add critical care, family medicine, general internal medicine, general surgery, and anesthesiology to the list of

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

specializations in which a team member must hold board certification or board eligibility to be eligible to serve on the team.

N.J.A.C. 8:43G-7A.5 would continue to establish standards for PSC education and training of staff and the public. N.J.A.C. 8:43G-7A.6 would continue establish standards for PSC continuous quality improvement facilitated by patient-level data collection through use of the form at N.J.A.C. 8:43G-7A Appendix that is incorporated by reference.

N.J.A.C. 8:43G-7A.7 would continue to establish standards for comprehensive stroke center (hereinafter referred to as CSC) staffing. N.J.A.C. 8:43G-7A.8 would continue to establish standards for CSC education and training of staff and the public. N.J.A.C. 8:43G-7A.9 would continue to establish standards for CSC continuous quality improvement.

N.J.A.C. 8:43G-7A.10 would continue to establish standards for PSC and CSC licensing and compliance.

Subchapter 8 establishes standards for hospitals' central services. N.J.A.C. 8:43G-8.1 would continue to establish standards for central service policies and procedures. N.J.A.C. 8:43G-8.2 would continue to establish standards for central service staff qualifications. N.J.A.C. 8:43G-8.3 would continue to establish standards for central service staff education and training. N.J.A.C. 8:43G-8.4 would continue to establish standards for central service patient services. N.J.A.C. 8:43G-8.5 would continue to establish standards for single-use medical devices and outsourcing. N.J.A.C. 8:43G-8.6 would continue to establish standards for central service space and environment. N.J.A.C. 8:43G-8.7 would continue to establish standards for use and

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

sterilization of patient care items. N.J.A.C. 8:43G-8.8 would continue to establish standards for monitoring the sterilization cycle. N.J.A.C. 8:43G-8.9 remain reserved. N.J.A.C. 8:43G-8.10 would continue to establish standards for central service quality improvement methods. N.J.A.C. 8:43G-8.11 would continue to establish standards for sterilizer patient services. N.J.A.C. 8:43G-8.12 and 8.13 would remain reserved.

Subchapter 9 establishes standards for critical and intermediate care services. N.J.A.C. 8:43G-9.1 would continue to establish the scope of the subchapter. N.J.A.C. 8:43G-9.2 would continue to establish standards for critical care structural organizations. N.J.A.C. 8:43G-9.3 would remain reserved. N.J.A.C. 8:43G-9.4 would continue to establish standards for critical care policies and procedures. N.J.A.C. 8:43G-9.5 would continue to establish standards for critical care staff qualifications. N.J.A.C. 8:43G-9.6 would remain reserved. N.J.A.C. 8:43G-9.7 would continue to establish standards for critical care staff time and availability. N.J.A.C. 8:43G-9.8 would remain reserved. N.J.A.C. 8:43G-9.9 would continue to establish standards for critical care patient service. N.J.A.C. 8:43G-9.10 would remain reserved. N.J.A.C. 8:43G-9.11 would continue to establish standards for critical care space and environment. N.J.A.C. 8:43G-9.12 would remain reserved. N.J.A.C. 8:43G-9.13 would continue to establish standards for critical care supplies and equipment. N.J.A.C. 8:43G-9.14 would continue to establish standards for critical care staff education. N.J.A.C. 8:43G-9.15 would remain reserved. N.J.A.C. 8:43G-9.16 would continue to establish standards for critical care continuous quality improvement methods. N.J.A.C. 8:43G-9.17 would remain reserved.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

N.J.A.C. 8:43G-9.18 would continue to establish standards for intermediate care standards and scope. N.J.A.C. 8:43G-9.19 would continue to establish standards for intermediate care structural organization. N.J.A.C. 8:43G-9.20 would continue to establish standards for intermediate care policies and procedures. N.J.A.C. 8:43G-9.21 would continue to establish standards for intermediate care staff qualifications. N.J.A.C. 8:43G-9.22 would remain reserved. N.J.A.C. 8:43G-9.23 would continue to establish standards for intermediate care staff education and training. N.J.A.C. 8:43G-9.24, intermediate care continuous quality improvement methods.

Subchapter 10 establishes standards for hospital dietary services. N.J.A.C. 8:43G-10.1 would continue to establish standards for dietary policies and procedures, 10.2 would remain reserved. N.J.A.C. 8:43G-10.3 would continue to establish standards for dietary staff qualifications. N.J.A.C. 8:43G-10.4 would continue to establish standards for dietary staff time and availability. N.J.A.C. 8:43G-10.5 would remain reserved. N.J.A.C. 8:43G-10.6 would continue to establish standards for dietary patient services. N.J.A.C. 8:43G-10.7 would remain reserved. N.J.A.C. 8:43G-10.8 would continue to establish standards for dietary staff education and training. N.J.A.C. 8:43G-10.9 would remain reserved. N.J.A.C. 8:43G-10.10 would continue to establish standards for dietary continuous quality improvement methods.

Subchapter 11 establishes standards for hospital discharge planning. N.J.A.C. 8:43G-11.1 would continue to establish standards for discharge planning (hereinafter referred to as DP) structural organization. N.J.A.C. 8:43G-11.2 would remain reserved. N.J.A.C. 8:43G-11.3 would continue to establish standards for DP policies and procedures. N.J.A.C. 8:43G-11.4 would continue to establish standards for DP staff

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

qualifications. N.J.A.C. 8:43G-11.5 would continue to establish standards for DP patient services. N.J.A.C. 8:43G-11.6 would continue to establish standards for DP continuous quality improvement methods.

Subchapter 12 establishes standards for hospital emergency department and trauma services.

N.J.A.C. 8:43G-12.1 would continue to establish standards for emergency department (hereinafter referred to as ED) structural organization.

N.J.A.C. 8:43G-12.2 Emergency department policies and procedures would continue to establish standards for ED policies and procedures. The Department proposes to amend existing N.J.A.C. 8:43G-12.2 to require hospitals to maintain their trauma registries in accordance with N.J.A.C. 8:43G-12.21(b), in addition to (a) and (c), all of which establish standards for trauma registries.

N.J.A.C. 8:43G-12.3 would continue to establish standards for ED staff qualifications. N.J.A.C. 8:43G-12.4 would continue to establish additional pediatric requirements for EDs. N.J.A.C. 8:43G-12.5 would continue to establish standards for ED staff time and availability. N.J.A.C. 8:43G-12.6 would continue to establish definitions of terms used in the subchapter. N.J.A.C. 8:43G-12.7 would continue to establish standards for ED patient services. N.J.A.C. 8:43G-12.8 would remain reserved. N.J.A.C. 8:43G-12.9 would continue to establish standards for ED space and environment. N.J.A.C. 8:43G-12.10 would continue to establish standards for ED staff education and training. N.J.A.C. 8:43G-12.11 would continue to establish standards for ED continuous quality improvement methods.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

N.J.A.C. 8:43G-12.12 would continue to establish the scope and purpose of N.J.A.C. 8:43G-12.12 through 12.23, which govern trauma services. N.J.A.C. 8:43G-12.13 would continue to establish definitions of terms used in N.J.A.C. 8:43G-12.12 through 12.23. N.J.A.C. 8:43G-12 14 would continue to establish standards for trauma services structural organization. N.J.A.C. 8:43G-12.15 would continue to establish standards for trauma services policies and procedures. N.J.A.C. 8:43G-12.16 would continue to establish standards for trauma services staff qualifications. N.J.A.C. 8:43G-12.17 would continue to establish standards for trauma services staff time and availability. N.J.A.C. 8:43G-12.18 would continue to establish standards for trauma services patient services. N.J.A.C. 8:43G-12.19 would continue to establish standards for trauma services environment. N.J.A.C. 8:43G-12.20 would continue to establish standards for trauma services quality improvement. N.J.A.C. 8:43G-12.21 would continue to establish standards for trauma services trauma registry. N.J.A.C. 8:43G-12.22 would continue to establish standards for trauma services compliance. N.J.A.C. 8:43G-12.23 would continue to establish standards for pediatric trauma services.

N.J.A.C. 8:43G-12A establishes standards for emergency care for sexual assault victims. N.J.A.C. 8:43G-12A.1 would continue to establish the purpose and scope of the subchapter. N.J.A.C. 8:43G-12A.2 would continue to describe and incorporate by reference an informational brochure that appears at N.J.A.C. 8:43G-12A Appendix, and is available in English and Spanish at the Department's webpage. N.J.A.C. 8:43G-12A.3 would continue to establish definitions of terms used in the subchapter. N.J.A.C. 8:43G-12A.4 would continue to establish standards for emergency care of sexual assault victims. N.J.A.C. 8:43G-12A.5 would continue to establish standards for

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

policies and procedures concerning personnel training. N.J.A.C. 8:43G-12A.6 would continue to establish standards for written information on emergency contraception and sexually transmitted diseases for sexual assault victims. N.J.A.C. 8:43G-12A.7 would continue to establish standards for investigation and compliance. N.J.A.C. 8:43G-12A.8 would continue to address the availability of penalty imposition for violations of the subchapter.

Subchapter 13 establishes standards for hospital housekeeping and laundry services. N.J.A.C. 8:43G-13.1 would continue to establish standards for housekeeping policies and procedures. N.J.A.C. 8:43G-13.2 would continue to establish standards for housekeeping and staff qualifications. N.J.A.C. 8:43G-13.3 would remain reserved. N.J.A.C. 8:43G-13.4 would continue to establish standards for housekeeping patient services. N.J.A.C. 8:43G-13.5 would continue to establish standards for housekeeping supplies and equipment. N.J.A.C. 8:43G-13.6 would remain reserved. N.J.A.C. 8:43G-13.7 would continue to establish standards for housekeeping staff education and training. N.J.A.C. 8:43G-13.8 would continue to establish standards for housekeeping staff quality assurance methods.

N.J.A.C. 8:43G-13.9 would continue to establish standards for laundry policies and procedures. N.J.A.C. 8:43G-13.10 would continue to establish standards for laundry staff qualifications. N.J.A.C. 8:43G-13.11 would continue to establish standards for laundry patient services. N.J.A.C. 8:43G-13.12 would continue to establish standards for laundry space and environment. N.J.A.C. 8:43G-13.13 would continue to establish standards for laundry supplies and equipment. N.J.A.C. 8:43G-13.14 would continue to establish standards for laundry staff education and training. N.J.A.C. 8:43G-

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

13.15 would continue to establish standards for laundry continuous quality improvement methods.

N.J.A.C. 8:43G-13.16 would continue to establish standards for sanitation policies and procedures. N.J.A.C. 8:43G-13.17 would continue to establish standards for sanitation staff qualifications. N.J.A.C. 8:43G-13.18 would continue to establish standards for sanitation patient services. N.J.A.C. 8:43G-13.19 would continue to establish standards for sanitation space and environment. N.J.A.C. 8:43G-13.20 would continue to establish standards for sanitation quality improvement methods.

N.J.A.C. 8:43G-13.21 would continue to establish standards for regulated medical waste policies and procedures. N.J.A.C. 8:43G-13.22 would continue to establish standards for regulated medical waste and solid waste management.

Subchapter 14 establishes standards for infection control and sanitation services.

N.J.A.C. 8:43G-14.1 Infection control program structural organization would continue to establish standards for infection control structural organization. Existing N.J.A.C. 8:43G-14.1(d)1iii requires facilities to base their infection prevention and control activities on certain published guidelines that the Centers for Disease Control and Prevention establishes, as amended and supplemented. The Department proposes amendments throughout (d)1iii to update and correct these references, to identify the most recent editions and titles of the applicable guidelines, and to reflect that these publications are available at the CDC website at http://www.cdc.gov.

N.J.A.C. 8:43G-14.2 would remain reserved. N.J.A.C. 8:43G-14.3 would continue to establish standards for infection control and hospital epidemiology staff qualifications. N.J.A.C. 8:43G-14.4 would remain reserved. N.J.A.C. 8:43G-14.5 would

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

continue to establish standards for infection control staff time and availability. N.J.A.C. 8:43G-14.6 would continue to establish standards for infection control patient services. N.J.A.C. 8:43G-14.7 would continue to establish standards for infection control staff education and training. N.J.A.C. 8:43G-14.8 would continue to establish standards for infection control continuous improvement methods. N.J.A.C. 8:43G-14.9 through 14.16 would remain reserved.

Subchapter 15 establishes standards for hospital medical records. N.J.A.C. 8:43G-15.1 would continue to establish standards for medical records structural organization. N.J.A.C. 8:43G-15.2 would continue to establish standards for medical records policies and procedures. N.J.A.C. 8:43G-15.3 would continue to establish standards for medical records patient services. The Department proposes to amend existing N.J.A.C. 8:43G-15.3 Medical records patient services at (d)5i to add domestic partners and civil union partners to the list of persons included within the definition of "legally authorized representatives" of patients for purposes of records access, for consistency with the Domestic Partnership Act, P.L. 2003, c. 246 (approved January 12, 2004), codified at N.J.S.A. 26:8A-1 et seq., and "An Act concerning marriage and civil unions, establishing a commission and revising and supplementing various parts of the statutory law," P.L. 2006, c. 103 (approved December 21, 2006), and consistent with the Department's civil union and domestic partnership memoranda.

N.J.A.C. 8:43G-15.4 Medical records staff qualifications would continue to establish standards for medical records staff qualifications. Existing N.J.A.C. 8:43G-15.4 requires directors of medical records to hold credentials, issued by the American Medical Record Association, as either accredited record technicians or registered

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

record administrators. The American Medical Record Association changed its name in 1991 to the American Health Information Management Association, and changed the titles of the professional credentials it conveys to members of the profession from "accredited record technician" to "accredited health information technician" and from "registered record administrator" to "registered health information administrator." See the Association's website, http://www.ahima.org, particularly at http://www.ahima.org/about/history.aspx. The Department proposes to amend existing N.J.A.C. 8:43G-15.4 to reflect these changes in nomenclature, and to provide contact information for the Association.

N.J.A.C. 8:43G-15.5 would continue to establish standards for staff education. N.J.A.C. 8:43G-15.6 would remain reserved. N.J.A.C. 8:43G-15.7 would continue to establish standards for medical records continuous quality assurance methods.

Subchapter 16 establishes standards for hospital medical staff services. N.J.A.C. 8:43G-16.1 would continue to establish standards for medical staff structural organization.

N.J.A.C. 8:43G-16.2 Medical staff policies and procedures would continue to establish standards for medical staff policies and procedures. The Department proposes to amend existing N.J.A.C. 8:43G-16.2(b) to correct a cross-reference.

N.J.A.C. 8:43G-16.3 would continue to establish standards for medical staff qualifications. N.J.A.C. 8:43G-16.4 would remain reserved. N.J.A.C. 8:43G-16.5 would continue to establish standards for medical staff time and availability.

N.J.A.C. 8:43G-16.6 Medical staff patient services would continue to establish standards for medical staff patient services. These standards require the performance

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

of medical histories and physical examinations of patients admitted to hospitals, and identify which healthcare professionals can perform them and the specified times prior and subsequent to admission during which these must be performed. The Department proposes to amend N.J.A.C. 8:43G-16.6(b) to expand from seven days to 30 days the period within which preadmission medical histories and physical examinations are to be performed for hospital and outpatient surgery admissions, and to expand from 24 to 48 hours the period within which these are to be performed after admission.

The Department proposes to amend existing N.J.A.C. 8:43G-16.6(b) further by recodifying part of the subsection as new paragraph (b)1. The Department proposes to amend new (b)1 to establish that, if a preadmission medical history and physical examination is performed earlier than seven days before admission within the 30-day period that (b) establishes, the facility is required to supplement the patient's medical record with records memorializing the performance of the following additional evaluation procedures.

Proposed new N.J.A.C. 8:43G-16.6(b)1i would require the attending physician, advanced practice nurse or physician assistant to perform a written assessment of the patient that includes a physical examination no earlier than seven days prior to admission and no later than 48 hours after admission. Proposed new N.J.A.C. 8:43G-16.6(b)1i would articulate that purpose of this assessment would be to observe changes that have occurred with respect to the patient's medical status since the preadmission medical history and physical examination, to identify areas with respect to which the facility needs additional data, and to confirm that the patient continues to need the procedure or care for which the facility admitted the patient.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

Proposed new N.J.A.C. 8:43G-16.6(b)1ii would require the patient's attending physician, advanced practice nurse or physician assistant to write an update note no earlier than seven days prior to admission and no later than 48 hours after admission addressing the patient's current status and any changes thereto, regardless of whether changes were noted during an assessment performed pursuant to (b)1ii, and would require this update note to be written on or attached to the medical history and physical examination performed pursuant to (b).

Proposed new N.J.A.C. 8:43G-16.6(b)2 would require the medical history and physical examination, and any assessment or update performed pursuant to (b)1, to be included in the patient's medical record within 48 hours of admission, except in an emergency, or, for an outpatient, prior to surgery.

The procedure established in N.J.A.C. 8:43G-16.6(b), as proposed for amendment, would authorize advanced practice nurses and physician assistants to perform assessments in the hospital setting, in addition to physicians, who are the only professionals authorized to conduct these assessments under the existing rule. The proposed amendment would make the rule consistent with the Advanced Practice Nurse Certification Act, N.J.S.A. 45:11-45 and the Physician Assistant Licensing Act, N.J.S.A. 9-27.10, et seq., which expanded the respective licensed scopes of practice of these healthcare professionals to include these assessments.

N.J.A.C. 8:43G-16.7 would continue to establish standards for medical staff education. N.J.A.C. 8:43G-16.8 would continue to establish standards for medical staff continuous quality assurance methods.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

Subchapter 17 establishes standards for hospital nurse staffing. N.J.A.C. 8:43G-17.1 would continue to establish standards for nurse staffing. N.J.A.C. 8:43G-17.2 would remain reserved.

Subchapter 17A establishes mandatory staff level posting and reporting standards. N.J.A.C. 8:43G-17A.1 would continue to establish the authority for, and the scope and purpose of, the subchapter. N.J.A.C. 8:43G-17A.2 would continue to establish definitions of terms used in the subchapter. N.J.A.C. 8:43G-17A.3 would continue to establish standards for information required to be posted, and records retention. N.J.A.C. 8:43G-17A.4 would continue to establish standards for posting locations and incorporates by reference forms that are to be used to post required information, which appear at N.J.A.C. 8:43G-17A Appendices A, B, and C. N.J.A.C. 8:43G-17A.5 would continue to establish reporting requirements. N.J.A.C. 8:43G-17A.6 would continue to identify the availability of penalties for violations.

Subchapter 18 establishes standards for nursing care services. N.J.A.C. 8:43G-18.1 would continue to establish standards for nursing care structural organization. N.J.A.C. 8:43G-18.2 would continue to establish standards for nursing care policies and procedures. N.J.A.C. 8:43G-18.3 would continue to establish standards for nursing care staff qualifications. N.J.A.C. 8:43G-18.4 would continue to establish standards for nursing care involving the use of restraints. N.J.A.C. 8:43G-18.5 would continue to establish standards for nursing care patient services. N.J.A.C. 8:43G-18.6 would continue to establish standards for nursing care services related to pharmaceutical services. N.J.A.C. 8:43G-18.7 would continue to establish standards for nursing care staff education and training. N.J.A.C. 8:43G-18.8 would remain reserved. N.J.A.C.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

8:43G-18.9 would continue to establish standards for nursing care continuous quality assurance methods.

Subchapter 19 establishes standards for hospital obstetrics. N.J.A.C. 8:43G-19.1 would continue to establish definitions of terms used in the subchapter. N.J.A.C. 8:43G-19.2 would continue to establish standards for obstetrics policies and procedures. N.J.A.C. 8:43G-19.3 would continue to establish standards for obstetrics staff qualifications. N.J.A.C. 8:43G-19.4 would continue to establish standards for obstetrics staff time and availability. N.J.A.C. 8:43G-19.5 would continue to establish standards for obstetrics patient services. N.J.A.C. 8:43G-19.6 would continue to establish standards for maternal-fetal transport and neonatal transport. N.J.A.C. 8:43G-19.7 would continue to establish standards for obstetrics space and environment. N.J.A.C. 8:43G-19.8 would continue to establish standards for obstetric staff education and training. N.J.A.C. 8:43G-19.9 would remain reserved. N.J.A.C. 8:43G-19.10 would continue to establish standards for obstetric continuous quality improvement.

N.J.A.C. 8:43G-19.11 would continue to establish standards for labor and delivery staff time and availability. N.J.A.C. 8:43G-19.12 would continue to establish standards for labor, delivery, anesthesia, and recovery patient services. N.J.A.C. 8:43G-19.13 would continue to establish standards for postpartum policies and procedures and staff time and availability. N.J.A.C. 8:43G-19.14 would continue to establish standards for postpartum patient services.

N.J.A.C. 8:43G-19.15 would continue to establish standards for newborn care policies and procedures. N.J.A.C. 8:43G-19.16 would continue to establish standards for normal newborn nurse staff qualifications, and staff time and availability. N.J.A.C.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

8:43G-19.17 would continue to establish standards for intermediate nursery staff qualifications, staff time and availability. N.J.A.C. 8:43G-19.18 would continue to establish standards for neonatal intensive care nursery staff qualification, staff time, and availability. N.J.A.C. 8:43G-19.19 would continue to establish standards for newborn care patient services. N.J.A.C. 8:43G-19.20 would continue to establish standards for newborn care supplies and equipment.

N.J.A.C. 8:43G-19.21 would continue to establish the scope of nurse-midwifery standards at N.J.A.C. 8:43G-19.22 through 19.26. N.J.A.C. 8:43G-19.22 would continue to establish standards for nurse-midwifery structural organization. N.J.A.C. 8:43G-19.23 would continue to establish standards for nurse-midwifery policies and procedures. N.J.A.C. 8:43G-19.24 would continue to establish standards for nurse-midwifery staff qualifications. N.J.A.C. 8:43G-19.25 would continue to establish standards for nurse-midwifery staff education. N.J.A.C. 8:43G-19.26 would continue to establish standards for nurse-midwifery quality assurance methods.

N.J.A.C. 8:43G-19.27 would continue to establish standards for obstetric/non-obstetric mix program. N.J.A.C. 8:43G-19.28 would continue to establish standards for obstetric/non-obstetric mix patient services.

N.J.A.C. 8:43G-19.29 would continue to establish standards for physical plant general compliance for new construction, alteration, or renovation for newborn care. N.J.A.C. 8:43G-19.30 would continue to establish standards for functional areas for newborn care. N.J.A.C. 8:43G-19.31 would continue to establish general newborn care functional area requirements. N.J.A.C. 8:43G-19.32 would continue to establish standards for neonatal unit resuscitation area. N.J.A.C. 8:43G-19.33 would continue to

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

establish standards for neonatal admission/observation/continuing care nursery or area. N.J.A.C. 8:43G-19.34 would continue to establish standards for normal newborn nursery or holding area. N.J.A.C. 8:43G-19.35 would continue to establish standards for infectious nursery. N.J.A.C. 8:43G-19.36 would continue to establish standards for intermediate care nursery. N.J.A.C. 8:43G-19.37 would continue to establish standards for intensive care nursery. N.J.A.C. 8:43G-19.38 would continue to establish standards for shared services. N.J.A.C. 8:43G-19.39 through 19.53 would remain reserved.

Subchapter 20 establishes standards for hospital employee health services. N.J.A.C. 8:43G-20.1 would continue to establish standards for employee health policies and procedures.

N.J.A.C. 8:43G-20.2 Employee health services would continue to establish standards for employee health services. The Department proposes to amend existing N.J.A.C. 8:43G-20.2(d), which addresses tuberculosis screening, to reflect the most recent editions of and citations to publications governing facilities' development of tuberculosis infection control exposure plans.

The Department proposes to amend existing N.J.A.C. 8:43G-20.2(d)1 to improve sentence structure and user-friendliness, to address the necessity of and procedures for repeat and follow-up screenings, and to add the interferon gamma release assay to the Mantoux tuberculin skin test as the approved methods by which to screen for tuberculosis, consistent with N.J.A.C. 8:57 Communicable Diseases at Subchapter 5, Management of Tuberculosis. See, in particular, N.J.A.C. 8:57-5.8 Diagnostic evaluations.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

Proposed new N.J.A.C. 8:43G-20.2(d)2ii and iii would address the circumstances under which employees testing positive upon screening are to be referred for medical evaluation, would authorize asymptomatic employees who have tested positive after screening to continue to work while awaiting medical clearance, and would prohibit symptomatic employees from returning to work pending medical clearance.

N.J.A.C. 8:43G-20.3 would remain reserved. N.J.A.C. 8:43G-20.4 would continue to establish standards for employee health education. N.J.A.C. 8:43G-20.5 would remain reserved. N.J.A.C. 8:43G-20.6 would continue to establish standards for employee health continuous quality improvement methods.

Subchapter 21 establishes standards for oncology services. N.J.A.C. 8:43G-21.1 would continue to establish the scope of oncology standards in the subchapter. N.J.A.C. 8:43G-21.2 would continue to establish standards for oncology structural organization. N.J.A.C. 8:43G-21.3 would remain reserved. N.J.A.C. 8:43G-21.4 would continue to establish standards for oncology policies and procedures. N.J.A.C. 8:43G-21.5 would continue to establish standards for oncology staff qualifications. N.J.A.C. 8:43G-21.6 would remain reserved. N.J.A.C. 8:43G-21.7 would continue to establish standards for oncology staff time and availability. N.J.A.C. 8:43G-21.8 would remain reserved. N.J.A.C. 8:43G-21.9 would continue to establish standards for oncology patient services. N.J.A.C. 8:43G-21.10 would remain reserved. N.J.A.C. 8:43G-21.11 would continue to establish standards for oncology space and environment. N.J.A.C. 8:43G-21.12 would remain reserved. N.J.A.C. 8:43G-21.13 would continue to establish standards for oncology supplies and equipment. N.J.A.C. 8:43G-21.14 would remain reserved. N.J.A.C. 8:43G-21.15 would continue to establish standards for oncology

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

staff education. N.J.A.C. 8:43G-21.16 would remain reserved. N.J.A.C. 8:43G-21.17 would continue to establish standards for oncology continuous quality improvement methods.

Subchapter 22 establishes standards for hospital pediatrics. N.J.A.C. 8:43G-22.1 would continue to establish the scope of the subchapter in providing pediatric and pediatric intensive care standards. N.J.A.C. 8:43G-22.2 would continue to establish standards for pediatric and pediatric intensive care policies and procedures. N.J.A.C. 8:43G-22.3 would continue to establish standards for pediatric and pediatric intensive care patient services. N.J.A.C. 8:43G-22.4 would remain reserved. N.J.A.C. 8:43G-22.5 would continue to establish standards for pediatrics and pediatric intensive care supplies and equipment. N.J.A.C. 8:43G-22.6 would continue to establish standards for pediatrics and pediatric intensive care staff education. N.J.A.C. 8:43G-22.7 would remain reserved. N.J.A.C. 8:43G-22.8 would continue to establish standards for pediatric and pediatric intensive care quality assurance methods.

N.J.A.C. 8:43G-22.9 would establish the scope of pediatrics standards at N.J.A.C. 8:43G-22.10 through 12. N.J.A.C. 8:43G-22.10 would continue to establish standards for pediatrics staff qualifications. N.J.A.C. 8:43G-22.11 would remain reserved. N.J.A.C. 8:43G-22.12 would continue to establish standards for pediatrics space and environment.

N.J.A.C. 8:43G-22.13 would continue to establish the scope of pediatric intensive care (hereinafter referred to as PIC) standards at N.J.A.C. 8:43G-22.14 through 22. N.J.A.C. 8:43G-22.14 would continue to establish standards for PIC structural organization. N.J.A.C. 8:43G-22.15 would continue to establish standards for PIC staff

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

qualifications. N.J.A.C. 8:43G-22.16 would continue to establish standards for PIC staff time and availability. N.J.A.C. 8:43G-22.17 would continue to establish standards for PIC patient services. N.J.A.C. 8:43G-22.18 would remain reserved. N.J.A.C. 8:43G-22.19 would continue to establish standards for PIC space and environment. N.J.A.C. 8:43G-22.20 would continue to establish standards for PIC supplies and equipment. N.J.A.C. 8:43G-22.21 reserved. N.J.A.C. 8:43G-22.22 would continue to establish standards for PIC continuous quality improvement methods.

Subchapter 22A establishes standards for licensure designation of children's hospitals. N.J.A.C. 8:43G-22A.1 would continue to establish the scope of children's hospital designation standards in the subchapter. N.J.A.C. 8:43G-22A.2 would continue to establish standards for organizational structure. N.J.A.C. 8:43G-22A.3 would continue to establish standards for continuous quality improvement. N.J.A.C. 8:43G-22A.4 would continue to establish standards for medical staff and teaching program. N.J.A.C. 8:43G-22A.5 would continue to establish standards for building and facilities. N.J.A.C. 8:43G-22A.6 would continue to establish standards for essential special care services.

Subchapter 23 establishes standards for hospital pharmacy services. N.J.A.C. 8:43G-23.1 would continue to establish standards for pharmacy structural organization. N.J.A.C. 8:43G- 23.2 would continue to establish standards for pharmacy policies and procedures. N.J.A.C. 8:43G- 23.3 would continue to establish standards for pharmacy staff qualifications. N.J.A.C. 8:43G-23.4 would continue to establish standards for pharmacy staff time and availability. N.J.A.C. 8:43G-23.5 would remain reserved. N.J.A.C. 8:43G- 23.6 would continue to establish standards for pharmacy patient

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

services. N.J.A.C. 8:43G-23.7 would remain reserved. N.J.A.C. 8:43G-23.8 would continue to establish standards for pharmacy space and environment. N.J.A.C. 8:43G-23.9 would continue to establish standards for pharmacy staff education and training. N.J.A.C. 8:43G-23.10 would continue to establish standards for pharmacy continuous quality improvement methods. N.J.A.C. 8:43G-23.11 would remain reserved.

Subchapter 24 establishes standards for plant maintenance and fire and emergency preparedness. N.J.A.C. 8:43G-24.1 would continue to establish standards for plant maintenance structural organization. N.J.A.C. 8:43G- 24.2 would continue to establish standards for plant maintenance policies and procedures. N.J.A.C. 8:43G-24.3 would continue to establish standards for plant maintenance staff qualifications. N.J.A.C. 8:43G-24.4 would continue to establish standards for plant maintenance services. N.J.A.C. 8:43G- 24.5 would remain reserved. N.J.A.C. 8:43G-24.6 would continue to establish standards for plant maintenance staff education. N.J.A.C. 8:43G-24.7 would remain reserved.

N.J.A.C. 8:43G-24.8 Physical plant general compliance for new constructions, alteration or renovation would continue to establish standards for physical plant general compliance for new construction, alteration or renovation. The Department proposes to amend existing N.J.A.C. 8:43G-24.8(a) to reflect the correct title and most recent edition of a hospital architecture publication to which hospitals must adhere, as amended and supplemented, and to provide contact information for the publisher and retailer of the publication. The Department also proposes to amend the section by deleting reference to portions of the BOCA Basic Building Code of the New Jersey Uniform Construction Code, N.J.A.C. 5:23 that could conflict with the hospital architecture publication, as

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

these potential conflicts are resolved in the revised version of the hospital architecture publication.

N.J.A.C. 8:43G-24.9 through 24.12 would remain reserved.

N.J.A.C. 8:43G-24.13 Fire and emergency preparedness would continue to establish standards for fire and emergency preparedness. The Department proposes to amend existing N.J.A.C. 8:24.13(a) to reflect the correct title and most recent edition of an applicable publication establishing fire code standards, and to provide contact information for the publisher. The Department proposes to amend existing N.J.A.C. 8:24.13(k) to change the telephone numbers of the Department to which facilities are to report fires that require patient relocation.

N.J.A.C. 8:43G-24.14 would remain reserved.

Subchapter 25 establishes standards for hospital post mortem services. N.J.A.C. 8:43G-25.1 would continue to establish standards for post mortem services policies and procedures. N.J.A.C. 8:43G-25.2 would continue to establish standards for post mortem staff qualifications. N.J.A.C. 8:43G-25.3 would continue to establish standards for post mortem patient services. N.J.A.C. 8:43G-25.4 would continue to establish standards for post mortem space and environment. N.J.A.C. 8:43G-25.5 would continue to establish standards for post mortem supplies and equipment.

Subchapter 26 establishes standards for hospital psychiatric services. N.J.A.C. 8:43G-26.1 would continue to establish the scope of the subchapter. N.J.A.C. 8:43G-26.2 would continue to establish standards for psychiatry policies and procedures. N.J.A.C. 8:43G-26.3 would continue to establish standards for psychiatry staff qualifications. N.J.A.C. 8:43G-26.4 would remain reserved. N.J.A.C. 8:43G-26.5 would

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

continue to establish standards for psychiatry staff time and availability. N.J.A.C. 8:43G-26.6 would remain reserved. N.J.A.C. 8:43G-26.7 would continue to establish standards for psychiatry patient services. N.J.A.C. 8:43G-26.8 would remain reserved. N.J.A.C. 8:43G-26.9 would continue to establish standards for psychiatry space and environment. N.J.A.C. 8:43G-26.10 would remain reserved. N.J.A.C. 8:43G-26.11 would continue to establish standards for psychiatric supplies and equipment. N.J.A.C. 8:43G-26.12 would continue to establish standards for psychiatry staff education. N.J.A.C. 8:43G-26.13 would remain reserved. N.J.A.C. 8:43G-26.14 would continue to establish standards for psychiatry quality assurance methods.

Subchapter 27 establishes standards for continuous quality improvement programs. N.J.A.C. 8:43G-27.1 would continue to establish standards for continuous quality improvement (hereinafter referred to as CQI) structural organization. N.J.A.C. 8:43G-27.2 would continue to establish standards for CQI policies and procedures. N.J.A.C. 8:43G-27.3 would continue to establish standards for CQI staff qualifications. N.J.A.C. 8:43G-27.4 would remain reserved. N.J.A.C. 8:43G-27.5 would continue to establish standards for CQI patient services. N.J.A.C. 8:43G-27.6 would continue to establish standards for performance measurement and assessment system.

Subchapter 28 establishes standards for radiology and radiation oncology services. N.J.A.C. 8:43G-28.1 would continue to establish standards for radiology structural organization. N.J.A.C. 8:43G-28.2 would continue to establish standards for radiology policies and procedures. N.J.A.C. 8:43G-28.3 and 28.4 would remain reserved. N.J.A.C. 8:43G-28.5 would continue to establish standards for radiology continuous quality improvement methods. N.J.A.C. 8:43G-28.6 would remain reserved.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

N.J.A.C. 8:43G-28.7 would continue to establish standards for diagnostic services staff qualifications. N.J.A.C. 8:43G-28.8 would continue to establish standards for diagnostic services staff time and availability. N.J.A.C. 8:43G-28.9 would remain reserved. N.J.A.C. 8:43G-28.10 would continue to establish standards for diagnostic services patient services. N.J.A.C. 8:43G-28.11 would remain reserved. N.J.A.C. 8:43G-28.12 would continue to establish standards for diagnostic services supplies and equipment.

N.J.A.C. 8:43G-28.13 would continue to establish standards for radiation oncology services staff qualifications. N.J.A.C. 8:43G-28.14 would continue to establish standards for radiation oncology services staff time and availability. N.J.A.C. 8:43G-28.15 would remain reserved. N.J.A.C. 8:43G-28.16 would continue to establish standards for radiation oncology patient services. N.J.A.C. 8:43G-28.17 would remain reserved. N.J.A.C. 8:43G-28.18 would continue to establish standards for radiation oncology services supplies and equipment. N.J.A.C. 8:43G-28.19 would continue to establish standards for radiation therapy continuous quality improvement methods. N.J.A.C. 8:43G-28.20 would continue to establish standards for staff education. N.J.A.C. 8:43G-28.21 would remain reserved. N.J.A.C. 8:43G-28.22 would continue to establish standards for megavoltage radiation oncology (MRO) program utilization. N.J.A.C. 8:43G-28.23 would continue to establish standards for independent verification of MRO equipment calibration. N.J.A.C. 8:43G-28.24 would continue to establish standards for data to be maintained and reported.

Subchapter 29 establishes standards for physical and occupational therapy. N.J.A.C. 8:43G-29.1 would continue to establish standards for physical therapy policies and procedures. N.J.A.C. 8:43G-29.2 would remain reserved. N.J.A.C. 8:43G-29.3

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

would continue to establish standards for physical therapy staff qualifications. N.J.A.C. 8:43G-29.4 would remain reserved. N.J.A.C. 8:43G-29.5 would continue to establish standards for physical therapy staff time and availability. N.J.A.C. 8:43G-29.6 would continue to establish standards for physical therapy patient services. N.J.A.C. 8:43G-29.7 would remain reserved. N.J.A.C. 8:43G-29.8 would continue to establish standards for physical therapy space and environment. N.J.A.C. 8:43G-29.9 would continue to establish standards for physical therapy supplies and equipment. N.J.A.C. 8:43G-29.10 would continue to establish standards for physical therapy staff education. N.J.A.C. 8:43G-29.11 would remain reserved. N.J.A.C. 8:43G-29.12 would continue to establish standards for physical therapy quality assurance methods.

N.J.A.C. 8:43G-29.13 would continue to establish standards for occupational therapy policies and procedures. N.J.A.C. 8:43G-29.14 would remain reserved. N.J.A.C. 8:43G-29.15 would continue to establish standards for occupational therapy staff qualifications. N.J.A.C. 8:43G-29.16 would remain reserved. N.J.A.C. 8:43G-29.17 would continue to establish standards for occupation therapy patient services. N.J.A.C. 8:43G-29.18 would remain reserved. N.J.A.C. 8:43G-29.19 would continue to establish standards for occupational therapy space and environment. N.J.A.C. 8:43G-29.20 would continue to establish standards for occupational therapy supplies and equipment. N.J.A.C. 8:43G-29.21 would continue to establish standards for occupational staff education. N.J.A.C. 8:43G-29.22 would remain reserved. N.J.A.C. 8:43G-29.23 would continue to establish standards for occupational therapy quality assurance methods.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

Subchapter 30 establishes standards for hospital renal dialysis services. N.J.A.C. 8:43G-30.1 would continue to establish the scope of the renal dialysis services standards. N.J.A.C. 8:43G-30.2 would continue to establish definitions of terms used in the subchapter. N.J.A.C. 8:43G-30.3 would continue to establish general provisions for inpatient renal dialysis services. N.J.A.C. 8:43G-30.4 would continue to establish general provisions ambulatory renal dialysis services. N.J.A.C. 8:43G-30.5 would continue to establish physical plant requirements for inpatient renal dialysis units. N.J.A.C. 8:43G-30.6 would continue to establish staffing requirements for inpatient dialysis services. Proposed N.J.A.C. 8:43G-30.7 would continue to establish standards for inpatient care planning.

Subchapter 31 establishes the standards for hospital respiratory services. N.J.A.C. 8:43G-31.1 would continue to establish standards for respiratory care structural organization and would establish definitions of terms used in the subchapter. N.J.A.C. 8:43G-31.2 would continue to establish standards for respiratory care policies and procedures. N.J.A.C. 8:43G-31.3 would continue to establish standards for respiratory care staff qualifications. N.J.A.C. 8:43G-31.4 reserved. N.J.A.C. 8:43G-31.5 would continue to establish standards for respiratory care staff time and availability. N.J.A.C. 8:43G-31.6 would remain reserved. N.J.A.C. 8:43G-31.7 would continue to establish standards for respiratory care patient services. N.J.A.C. 8:43G-31.8 would remain reserved. N.J.A.C. 8:43G-31.9 would continue to establish standards for respiratory care space and environment. N.J.A.C. 8:43G-31.10 would remain reserved. N.J.A.C. 8:43G-31.11 would continue to establish standards for respiratory care supplies and equipment. N.J.A.C. 8:43G-31.12 would continue to

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

establish standards for respiratory care staff education. N.J.A.C. 8:43G-31.13 would remain reserved. N.J.A.C. 8:43G-31.14 would continue to establish standards for continuous quality improvement methods.

Subchapter 32 establishes standards for hospital same-day stay services. N.J.A.C. 8:43G-32.1 would continue to establish the scope of the subchapter. N.J.A.C. 8:43G-32.2 would continue to establish standards for same-day (hereinafter referred to as SD) surgery services structural organization. N.J.A.C. 8:43G-32.3 would continue to establish standards for SD surgery services policies and procedures. N.J.A.C. 8:43G-32.4 would continue to establish standards for SD surgery services staff qualifications. N.J.A.C. 8:43G-32.5 would continue to establish standards for SD surgery services patient services. N.J.A.C. 8:43G-32.6 would remain reserved. N.J.A.C. 8:43G-32.7 would continue to establish standards for SD surgery services space and environment. N.J.A.C. 8:43G-32.8 would remain reserved. N.J.A.C. 8:43G-32.9 would continue to establish standards for SD surgery services continuous quality improvement methods.

N.J.A.C. 8:43G-32.10 would continue to establish standards for SD medical services and the scope of N.J.A.C. 8:43G-32.11 through 32.20. N.J.A.C. 8:43G-32.11 would continue to establish standards for SD medical services structural organization. N.J.A.C. 8:43G-32.12 would continue to establish standards for SD medical services policies and procedures. N.J.A.C. 8:43G-32.13 would continue to establish standards for SD medical services staff time and availability. N.J.A.C. 8:43G-32.14 would continue to establish standards for SD medical services patient services. N.J.A.C. 8:43G-32.15 would remain reserved. N.J.A.C. 8:43G-32.16 would continue to establish standards for SD medical services space and environment. N.J.A.C. 8:43G-32.17

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

would remain reserved. N.J.A.C. 8:43G-32.18 would continue to establish standards for SD medical services education. N.J.A.C. 8:43G-32.19 would remain reserved. N.J.A.C. 8:43G-32.20 would continue to establish standards for SD medical services continuous quality improvement methods.

N.J.A.C. 8:43G-32.21 would continue to establish standards for observation services and the scope of N.J.A.C. 8:43G-32.22 and 32.33. N.J.A.C. 8:43G-32.22 would continue to establish standards for observation service policies and procedures. N.J.A.C. 8:43G-32.23 would continue to establish standards for observation service space and environment.

Subchapter 33 establishes standards for hospital social work services. N.J.A.C. 8:43G-33.1 would continue to establish standards for social work structural organization. N.J.A.C. 8:43G-33.2 would continue to establish standards for social work policies and procedures. N.J.A.C. 8:43G-33.3 would continue to establish standards for social work staff qualifications. N.J.A.C. 8:43G-33.4 and 33.5 would remain reserved. N.J.A.C. 8:43G-33.6 would continue to establish standards for social work patient services. N.J.A.C. 8:43G-33.7 would remain reserved. N.J.A.C. 8:43G-33.8 would continue to establish standards for social work space and environment. N.J.A.C. 8:43G-33.9 would continue to establish standards for social work staff education and training. N.J.A.C. 8:43G-33.10 would continue to establish standards for social work continuous quality improvement methods.

Subchapter 34 establishes standards for surgical services. N.J.A.C. 8:43G-34.1 would continue to establish standards for surgery structural organization. N.J.A.C. 8:43G-34.2 would remain reserved. N.J.A.C. 8:43G-34.3 would continue to establish

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

standards for surgery policies and procedures. N.J.A.C. 8:43G-34.4 would continue to establish standards for surgery staff qualifications. N.J.A.C. 8:43G-34.5 would continue to establish standards for surgery staff time and availability. N.J.A.C. 8:43G-34.6 would continue to establish standards for surgery patient services. N.J.A.C. 8:43G-34.7 would continue to establish standards for surgery space and environment. N.J.A.C. 8:43G-34.8 would continue to establish standards for surgery supplies and equipment. N.J.A.C. 8:43G-34.9 would continue to establish standards for surgery staff education. N.J.A.C. 8:43G-34.10 would remain reserved. N.J.A.C. 8:43G-34.11 would continue to establish standards for surgery continuous quality improvement methods. N.J.A.C. 8:43G-34.12 would remain reserved.

Subchapter 35 establishes standards for postanesthesia care services. N.J.A.C. 8:43G-35.1 would continue to establish standards for postanesthesia care policies and procedures. N.J.A.C. 8:43G-35.2 would continue to establish standards for postanesthesia care staff qualifications. N.J.A.C. 8:43G-35.3 would continue to establish standards for postanesthesia care staff time and availability. N.J.A.C. 8:43G-35.4 would continue to establish standards for postanesthesia care patient services. N.J.A.C. 8:43G-35.5 would remain reserved. N.J.A.C. 8:43G-35.6 would continue to establish standards for postanesthesia care supplies and equipment. N.J.A.C. 8:43G-35.7 would continue to establish standards for postanesthesia care staff education and training. N.J.A.C. 8:43G-35.8 would remain reserved. N.J.A.C. 8:43G-35.9 would continue to establish standards for postanesthesia care continuous quality improvement methods.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

Subchapter 36 addresses standards for satellite emergency departments. N.J.A.C. 8:43G-36.1 would continue to establish the scope of the subchapter. N.J.A.C. 8:43G-36.2 would continue to establish definitions of terms used in the subchapter. N.J.A.C. 8:43G-36.3 would continue to establish standards for services in satellite emergency departments (hereinafter referred to as SEDs). N.J.A.C. 8:43G-36.4 would continue to establish standards for compliance with N.J.A.C. 8:43G-2.13 in SEDs with respect to child abuse and neglect. N.J.A.C. 8:43G-36.5 would continue to establish standards for patient rights in SEDs. N.J.A.C. 8:43G-36.6 would continue to establish standards for in SED administrative and structural organization. N.J.A.C. 8:43G-36.7 would continue to establish standards for reportable events in SEDs. N.J.A.C. 8:43G-36.8 would continue to establish standards for SED administrative and staff qualifications. N.J.A.C. 8:43G-36.9 would continue to establish standards for SED staff time and availability. N.J.A.C. 8:43G-36.10 would continue to establish standards for SED administrative and staff education. N.J.A.C. 8:43G-36.11 would continue to establish standards for SED occupational health structural organization. N.J.A.C. 8:43G-36.12 would continue to establish standards for SED disaster planning. N.J.A.C. 8:43G-36.13 would continue to establish standards for SED mandatory equipment. N.J.A.C. 8:43G-36.14 would continue to establish standards for SED continuous quality improvement. N.J.A.C. 8:43G-36.15 would continue to establish standards for SED physical plant.

Subchapter 37 establishes standards for extracorporeal shock wave lithotripsy services (ESWL). N.J.A.C. 8:43G-37.1 would continue to require compliance with

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

applicable standards established in the licensing rule for ESWL services in ambulatory care facilities at N.J.A.C. 8:43A-29 and N.J.A.C. 8:43G.

Subchapter 38 establishes standards for long-term acute care hospitals. N.J.A.C. 8:43G-38.1 would continue to establish the scope of the subchapter. N.J.A.C. 8:43G-38.2 would continue to establish standards for compliance with certain rules and laws. N.J.A.C. 8:43G-38.3 would continue to establish standards for special hospital policies and procedures. N.J.A.C. 8:43G-38.4 would continue to establish standards for special hospital staff qualifications. N.J.A.C. 8:43G-38.5 would continue to establish standards for staff time and availability. N.J.A.C. 8:43G-36.6 would continue to establish standards for quality improvement methods.

Because the Department has provided a 60-day comment period for this notice of proposal, this notice is excepted from the calendar requirement set forth at N.J.A.C. 1:30-3.3(a)5.

Social Impact

The Health Care Facilities Planning Act and amendments thereto, P.L. 1971, c.136 and 138, codified at N.J.S.A. 26:2H-1 et seq., enjoin the Department of Health and Senior Services to protect and promote the public health and safety in New Jersey. The Act mandates the Department to develop “standards and procedures relating to the licensing of health care facilities and the institution of additional health care services” to ensure the continuity and accessibility of health care services. The Department fulfills this mandate through the readoption of the hospital licensing rules, at N.J.A.C. 8:43G, as proposed for amendments. The rules proposed for readoption, as proposed for

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

amendment, would continue to establish minimum licensure standards for all health care services that licensed acute care hospitals provide.

Establishing rules that set minimum standards in the operation of acute care hospitals is necessary to protect public health and safety. Facilities must employ qualified patient care staff who possess specified skill levels to provide the services that patients under their care require. Hospitals must ensure continuity and coordination of health care services and keep accurate records of patient care provided. Officers and administrators of licensed acute care hospitals must appropriately direct and support acute care hospital services and provide oversight of the quality of care.

Given the potential benefits to patients accruing from acute care hospital services, it is important that hospitals providing these services maintain satisfactory levels of patient care. This is especially true in light of the challenges presented to acute care hospitals by rapid changes in the demand for services and evolving service modalities in an increasingly competitive health care environment. A need to maintain acceptable measures of facility performance exists to continue to protect consumers of hospital-based services. The rules proposed for readoption, as proposed for amendment, would continue to fulfill this need and ensure a high level of quality care, leading to improved health, safety, and overall wellness of patients receiving acute care hospital services.

A description of the social impact of the proposed amendments follows.

The proposed amendment at N.J.A.C. 8:43G-1.1 would make the chapter scope consistent with the actual practice of the Department's regulation of psychiatric hospitals

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

through the chapter, thereby avoiding possible confusion by the regulated community and the public.

The proposed amendments at N.J.A.C. 8:43G-1.2 and other sections throughout the chapter establishing definitions of terms would ensure that the regulated community understands the Department's intended meaning in its use of the terms defined therein.

The proposed amendment at N.J.A.C. 8:43G-2.2 would provide certainty to regulated facilities as to the amounts and due dates of licensing fees, and the services the Department performs for those fees.

The proposed amendment at N.J.A.C. 8:43G-2.5 would implement the regulatory compliance statement process. The Department anticipates that this process will enable to meet its regulatory oversight functions within its available resources, while ensuring that Federally recognized and approved accrediting bodies continue to inspect hospitals. This will help to avoid redundant use of hospital and Department resources while maintaining public confidence in the safety, quality, and efficacy of care that hospitals in the State provide.

The proposed amendments at N.J.A.C. 8:43G-4.1 and 15.3 would address the Department's continuing receipt of reports that hospital staff sometimes fail to recognize or understand the status of civil union partners and domestic partners as legally equivalent to spouses with respect to patient visitation, records access, and other patient rights, despite the fact that the State's domestic partnership law has been in effect since 2004, and the civil union law has been in effect since 2007, and despite the New Jersey Supreme Court's holding in *Lewis v. Harris,* 188 *N.J.* 415 (2006), requiring

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

the State, and by extension, all places of public accommodation, to treat civil union partners equivalently with married persons.

The President of the United States, Barack Obama, recently reiterated the importance of protecting these rights in his April 15, 2010, "Memorandum for the Secretary of Health and Human Services" on the subject, "Respecting the Rights of Hospital Patients to Receive Visitors and to Designate Surrogate Decision Makers for Medical Emergencies" (hereinafter referred to as the Memorandum), available at http://www.whitehouse.gov/the-press-office/presidential-memorandum-hospital-visitation. In the Memorandum, the President requests the Secretary to take regulatory and other actions to ensure that health care facilities receiving Medicare and Medicaid funding respect the rights of all patients to receive visitors and designate surrogate decisionmakers, with particular emphasis on rectifying problems experienced by members of the gay, lesbian, bisexual and transgender community.

The proposed amendments would also alert the regulated community and the public as to the applicability of the New Jersey Law Against Discrimination to hospitals, which prohibits unlawful discrimination against groups the Law identifies as suspect classes.

The proposed amendment at N.J.A.C. 8:43G-6.2 requiring annual review rather than triennial review of policies and procedures of hospitals' anesthesia services would ensure that these policies remain responsive to evolving standards for best practices in anesthesia care. The proposed amendment at N.J.A.C. 8:43G-6.3 and 6.5 would acknowledge the Board of Nursing's expansion of the scope of practice of advanced

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

practice nurses to include anesthesia services, subject to the execution of a joint protocol.

The proposed amendment at N.J.A.C. 8:43G-7A.4 would recognize hospitalists as appropriate members of hospital stroke teams given their training and expertise, and would add additional relevant disciplines to the team of health care professionals eligible to provide stroke care.

The proposed amendment at N.J.A.C. 8:43G-16.6 would provide patients and their care providers with additional time to obtain required preadmission and post-admission medical histories and physical examinations, while ensuring that qualified healthcare professionals conduct assessments to update those plenary evaluations promptly before the performance of the actual care or procedures for which each patient is admitted. The amendment would also give effect to the actions of the Boards of Nursing and Medical Examiners in expanding the appropriate scope of practice of advanced practice nurses and physician assistants, respectively, given their training and expertise, to include the performance of these evaluations.

The proposed amendment at N.J.A.C. 8:43G-20.2 would make the chapter consistent with N.J.A.C. 8:57 in establishing the approved methods for screening hospital staff for tuberculosis by adding the interferon gamma release assay to the Mantoux tuberculin skin test, and would provide additional guidance to the regulated community as to appropriate procedures to conduct follow-up activities. The proposed amendment would also permit employees to avoid redundant testing procedures and loss of service while waiting for medical clearance when they test positive but are

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

asymptomatic, while at the same time protecting hospital communities from the spread of tuberculosis by symptomatic personnel.

The proposed amendments throughout the chapter updating references to publications applicable to the regulated community and providing contact information to sources of those publications would alert the regulated community to the revision of these publications and inform the community how to obtain the revised versions. This helps to ensure that the regulated community implements the most current standards generally accepted by experts in each particular subject matter affecting hospital operations. This, in turn, increases the likelihood that New Jersey hospitals continue provide state-of-the-art services and facilities to New Jersey consumers.

Economic Impact

The Department anticipates that hospitals have incurred, and would continue to incur, expenses in complying with the rules proposed for readoption. These expenses are associated with ensuring appropriate staffing ratios and staff qualifications, obtaining necessary supplies, developing policies and procedures, training staff, maintaining a system of medical records management and information technology, collecting and reporting data, managing and maintaining facilities, participating in continuous quality improvement measures, and paying applicable licensure and relicensure fees and, as applicable, penalties for noncompliance.

The Department incurs expenses associated with receiving reported data, and surveying facilities for compliance, and enforcing applicable laws. Personnel, supplies,

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

information technology, travel, recordkeeping, and overhead are among these expenses.

The proposed amendment at N.J.A.C. 8:43G-2.5, establishing a means by which facilities subject to the chapter can be deemed to be in compliance with applicable licensure standards by obtaining and submitting proof of accreditation by recognized accrediting entities, will enable the Department and facilities to avoid expenses associated with potentially duplicative surveillance activities. This, in turn, will enable the Department to direct its resources toward complaint response.

The proposed amendment at N.J.A.C. 8:43G-16.6, providing additional time in which patients are to have preadmission and postadmission evaluations, may save healthcare resources by reducing the need for redundant evaluations, while ensuring that a patient's healthcare status is confirmed prior to the performance of the care or procedure for which the patient is admitted.

The Department anticipates that the other proposed amendments would have no economic impact in excess of the types of expensed facilities generally incur, which the first paragraph, above, describes.

The rules proposed for readoption have provided and, with the proposed amendments, would continue to provide facilities with flexibility in management and administrative practices, such as in developing policies and procedures best suited theca facility's particular circumstances, in hiring and allocating staff to best meet patent care needs, and in deciding whether and in what manner to provide services. This allows facilities to conserve resources by determining the most efficient deployment of services and personnel. Enabling facilities to use an expanded coterie of professionals

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

to conduct patient assessment, treatment planning and delivery of care promotes continuity and coordination of care to reduce duplication, overlap and fragmentation of services while ensuring that patient receive necessary services and quality care.

Federal Standards Analysis

Federal regulations govern the operation of acute care hospitals, as set forth in 42 CFR Ch. IV, Refs & Annos. The Centers for Medicare and Medicaid Services of the Department of Health and Human Services, established in its Conditions of Participation for Hospitals, Subchapter G: Standards and Certification, codified at 42 CFR Part 482, the standards hospitals must follow to participate in the Federal programs. These Conditions of Participation serve as a survey mechanism for selected hospitals participating as providers in the Medicare and Medicaid Programs. Some of the Conditions of Participation are not comprehensive and have not been updated recently. Accordingly, there are rules contained within N.J.A.C. 8:43G that exceed Federal standards. For example, Subchapter 5 and Subchapter 12, relating to “Hospital Administration and General Hospital-Wide Policies” and “Emergency Department and Trauma Services,” respectively, contain requirements that exceed Federal requirements.

N.J.A.C. 8:43G-5.2(c) requires acute care hospitals to treat all patients regardless of their ability to pay. This requirement is consistent with N.J.S.A. 26:2H-18.64, which provides in pertinent part that, “no hospital shall deny any admission or appropriate service to a patient on the basis of that patient’s ability to pay or source of payment.” No Federal standards contain such a requirement.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

Subchapter 12, Emergency Department and Trauma Services would exceed 42 CFR § 482.55, pertaining to emergency services, only to the extent that the rules elaborate on Federal standards that require “appropriate” staffing levels and training without providing additional guidance or suitable licensure criteria. Specifically, 42 CFR § 482.55 requires that “the hospital must meet the emergency needs in accordance with acceptable standards of practice,” and 42 CFR § 482.55(b)2 requires that, “there must be adequate medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility.” In contrast, N.J.A.C. 8:43G-12 establishes specific “acceptable standards of practice,” and identifies unambiguously identifies “adequate medical and nursing personnel qualified in emergency care” in an enforceable standard. The Department has found it essential in order to maintain effective licensing requirements, which assure the delivery of quality services and which, thereby, protect the public safety to set these minimum standards.

Certification Pursuant to N.J.A.C. 1:30-5.1(c)4iii(4)

I certify that the above analysis permits the public to accurately and plainly understand the purposes and expected consequences of the proposed readoption with amendments.

____

Poonam Alaigh, MD, MSHCPM, FACP, Commissioner

Department of Health and Senior Services

Dated: , 2010

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

Jobs Impact

The Department believes that the rules proposed for readoption have not resulted, and, with the proposed amendments, would not result in an increase or decrease the number of jobs available in licensed health care facilities.

Agriculture Industry Impact

The rules proposed for readoption have not had and, with the proposed amendments, would not have an impact on the agriculture industry of the State.

Regulatory Flexibility Statement

The rules proposed for readoption and the proposed amendments would impose requirements only on acute care hospitals licensed in New Jersey, which are not "small businesses" within the meaning of the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. Therefore, the rules proposed for readoption and the proposed amendments would impose no requirements on small businesses. Therefore, no regulatory flexibility analysis is necessary.

Smart Growth Impact

The rules proposed for readoption have not had and, with the proposed amendments, would not have an impact on the achievement of smart growth and implementation of the State Development and Redevelopment Plan.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

Housing Affordability Impact

The rules proposed for readoption have had, and, with the proposed amendments, would continue to have, an insignificant impact on affordable housing in New Jersey and there is an extreme unlikelihood that the rules would evoke a change in the average costs associated with housing because the rules establish hospital licensure standards and have no bearing on housing issues.

Smart Growth Development Impact

The rules proposed for readoption have had, and, with the proposed amendments, would continue to have, an insignificant impact on smart growth and there is an extreme unlikelihood that the rules would evoke a change in housing production in Planning areas 1 or 2 or within designated centers under the State Development and Redevelopment Plan in New Jersey because the rules establish hospital licensure standards and have no bearing on housing issues.

Full text of the proposed readoption may be found in the New Jersey Administrative Code at N.J.A.C. 8:43G.

Full text of the proposed amendments follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

SUBCHAPTER 1. GENERAL PROVISIONS

8:43G-1.1 Scope and purpose

(a) These rules and standards apply to each licensed general**, psychiatric** or special hospital facility. They are intended for use in State surveys of the hospitals and any ensuing enforcement actions. They are also designed to be useful to consumers and providers as a mechanism for privately assessing the quality of care provided in any acute care hospital.

(b) (No change.)

8:43G-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

…

"Deemed status" means an acknowledgment of compliance with certain Department licensure standards that the Department grants to a hospital because the hospital holds accreditation from an accrediting body recognized by the Centers for Medicare and Medicaid Services (CMS) pursuant to 42 CFR Part 488, in place of the Department determining the hospital's compliance status by means of the Department independently performing a licensure inspection using Department staff.

1. The Department, through the granting of deemed status, substitutes the standards of the accrediting body for certain selected Department licensing standards.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

…

“Facility” means a general acute care, special or psychiatric hospital licensed pursuant to this chapter.

…

[“Licensee” means the corporation, association, partnership or person authorized by the Department of Health to operate an institution and on whom rests the responsibility for maintaining acceptable standards in all areas of operation.]

“Inspection” includes a survey, inspection, investigation, or other regulatory oversight activity necessary for the Department to carry out an obligation imposed by applicable State licensing rules, statutes, or Federal Medicare/Medicaid certification regulations or statutes including any on-site visit to a hospital by Department staff to determine a facility’s compliance with applicable State licensing rules, statutes, or Federal Medicare /Medicaid certification regulations or statutes.

“License” means the certificate issued by the Department for the operation of a facility.

1. A license constitutes the facility’s authority to receive patients and residents and to perform the services included within the scope of this chapter and as specified on the license.

“Licensee” means a person or organization to which the Department grants a license to operate a health facility that has ultimate authority and responsibility for the operation, management, control, conduct, and functioning of the facility.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

"Licensing Office" means the Office of Certificate of Need and Healthcare Facility Licensure, Division of Health Facilities Evaluation and Licensing, New Jersey State Department of Health and Senior Services, PO Box 358, Trenton, New Jersey 08625-0358.

…

"Regulatory compliance statement" means a submission to the Licensing Office consisting of:

1. A written attestation on facility letterhead, signed by a facility's chief executive officer, stating that the facility is in compliance with the requirements of N.J.A.C. 8:43G and that the facility will continue to remain in compliance during the term of the license;

2. A copy of a documentation of a facility's certification by or accreditation from an accrediting body recognized by the Centers for Medicare and Medicaid Services (CMS); and

3. Upon request of the Licensing Office, a copy of the accrediting body's most recent report of its survey of the facility and recommendations for corrective actions, and a progress report of all corrective actions the facility has taken in response to the accreditation body's report.

"Survey" means the evaluation of the quality of care and/or the fitness of the premises, staff, and services provided by a facility as conducted by the Department and/or its designees to determine compliance or non-compliance with applicable State licensing laws, including statutes and rules and Federal Medicare and/or Medicaid certification laws, including statutes and regulations.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

…

8:43G-1.4 Information and complaint procedure

(a) Questions regarding hospital licensure may be addressed to the [Certificate of Need and Acute Care Licensure Program at the following address:

New Jersey State Department of Health and Senior Services

Division of Health Care Quality and Oversight

PO Box 360

Trenton, NJ 08625-0360

Current address and contact information can be obtained at the Department's website address: www.state.nj.us/health/hcsa/hcsaforms.html] **Licensing Office**.

(b) (No change.)

SUBCHAPTER 2. LICENSURE PROCEDURE

8:43G-2.1 Certificate of Need

(a) (No change.)

(b) Application forms for a Certificate of Need and instructions for completion may be obtained from[:

Certificate of Need and Acute Care Licensure Program

Division of Health Care Quality and Oversight

New Jersey State Department of Health and Senior Services

PO Box 360

Trenton, New Jersey 08625-0360] **the Licensing Office.**

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

(c) (No change.)

8:43G-2.2 Application for licensure

(a) Where applicable, following receipt of a Certificate of Need as a hospital, any person, organization, or corporation desiring to operate a hospital shall make application to the Commissioner for a license on forms prescribed by the Department. Such forms may be obtained from the Department's website address www.state.nj.us/health/hcsa/hcsaforms.html or from[:

Director

Certificate of Need and Acute Care Licensure Program

Division of Health Care Quality and Oversight

New Jersey State Department of Health and Senior Services

PO Box 360

Trenton, New Jersey 08625-0360] **the Licensing Office.**

(b) – (f) (No change.)

(g) Each general acute care, special, and psychiatric hospital shall be assessed a biennial inspection fee of $5,000 **for the review of licensure application forms including the regulatory compliance statement to validate that the facility continues to comply with applicable State licensing laws, including statutes and rules and Federal Medicare and/or Medicaid certification laws, including statutes and regulations**.

1. This **biennial inspection** fee shall be assessed [in the year the facility will be inspected, along with the annual] **every other year at licensure renewal**

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

and shall be in addition to the annual licensure fee for that year. The **biennial inspection** fee shall be [added to] **assessed at the time of** the initial licensure fee for new facilities **and shall be in addition to the licensure fee.**

2. Failure to pay the inspection fee shall result in non-renewal of the license for existing facilities and the refusal to issue an initial license for new facilities.

3. This fee shall be imposed only every other year even if inspections occur more frequently [and only for the inspection required to either issue an initial license or to renew an existing license. This fee shall not be imposed for any other type of inspection].

(h) – (j) (No change.)

8:43G-2.4 Surveys and temporary license

(a) When the written application for licensure pursuant to N.J.A.C. 8:43G-2.2 is approved and the building is ready for occupancy, a survey of the facility by representatives of the Division of Health [Care Quality and Oversight] **Facilities Evaluation and Licensing** of the Department [shall] **may** be conducted at the Department's discretion to determine if the facility meets the standards set forth in this chapter.

1. **If the Department conducts a survey,** [Representatives] **representatives** of the Division of Health [Care Quality and Oversight] **Facilities Evaluation and Licensing** of the Department shall discuss the findings of the

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

survey, including any deficiencies found, with representatives of the hospital facility.

2. The hospital facility shall notify the Division of Health [Care Quality and Oversight] **Facilities Evaluation and Licensing** of the Department in writing when the deficiencies, if any, have been corrected. Following review of the hospital facility's report, the [Division of Health Care Quality and Oversight's] Acute Care Survey Program **of the Division of Health Facilities Evaluation and Licensing** may schedule one or more surveys of the facility prior to occupancy.

(b) – (d) (No changes.)

(e) [Survey visits may be made to a hospital at any time by] **Regardless of whether a facility holds deemed status,** authorized staff of the Department[. Such] **may make survey visits to a hospital at any time, which** visits may include, but are not limited to**, complaint investigations,** the review of all hospital documents and patient records, and conferences with patients.

(f) (No change.)

8:43G-2.5 Full license

(a) A full license shall be issued to the [operator] **licensee** on expiration of the temporary license, if the surveys by the Department have determined that the health care facility is operated as required by N.J.S.A. 26:2H-1 et seq., and amendments thereto, and by the rules pursuant thereto.

(b) – (e) (No change.)

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

(f) Each facility shall submit a regulatory compliance statement to the Licensing Office as part of the facility's licensure renewal application.

1. The Department shall not renew a license if the Department does not receive a facility's regulatory compliance statement.

2. The Department may conduct an inspection of a hospital with deemed status before issuing a renewal license to the hospital if the certifying or accrediting body has not conducted an on-site inspection of the hospital in the preceding three years and the Department determines that an inspection of the hospital by the certifying or accrediting body is not scheduled within 30 days prior to the expiration of the license.

8:43G-4.1 Patient rights

(a) Every New Jersey hospital patient shall have the following rights, none of which shall be abridged by the hospital or any of its staff. The hospital administrator shall be responsible for developing and implementing policies to protect patient rights and to respond to questions and grievances pertaining to patient rights. These rights shall include at least the following:

1.– 22. No change.

23. To be advised in writing of the hospital rules and regulations that apply to the conduct of patients and visitors.

i. The partner in a civil union of a patient, and/or the domestic partner of a patient, shall have the same visitation privileges as if the visitor were the patient's spouse.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

ii. A facility shall not require a patient or the patient's civil union partner or domestic partner to produce proof of that partnership status as a condition of affording visitation privileges, unless the facility in similar situations requires married patients or their spouses to produce proof of marital status.

iii. Visitation privileges shall not be denied or abridged on the basis of race, creed, color, national origin, ancestry, age, marital status, affectional or sexual orientation, familial status, disability, nationality, sex, gender identity or expression, or source of lawful income.

iv. Visitation may be restricted in medically appropriate circumstances or based on the clinical decision of a health care professional charged with the patient's care;

24- 31. (No change.)

8:43G-5.2 Administrative and hospital-wide policies and procedures

(a) – (k) (No change.)

[(*l*) The hospital shall develop and implement a policy for the facility to be smoke-free by April 1, 1995.

(m) The hospital shall develop and implement a method to prevent smoking by patients who have been designated as "not responsible".]

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

(*l*) The hospital shall ensure that there is no smoking in the facility by employees, visitors or patients.

SUBCHAPTER 6. ANESTHESIA

8:43G-6.1 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Accreditation Council of Graduate Medical Education" means the Accreditation Council of Graduate Medical Education, for which the contact information is 515 North State Street Suite 2000, Chicago, Il 60654-4865; website http://www.acgme.org; telephone (312) 755-5000; and telefacsimile (312) 755-7498.

…

"Advanced practice nurse specializing in anesthesia" or "APN/anesthesia" means an advanced practice nurse anesthetist who is certified, or recertified, as applicable, by either the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists of the National Board on Certification and Recertification of Nurse Anesthetists and who meets the conditions for practice as an APN specializing in anesthesia at N.J.A.C. 13.37-7.

"American Board of Anesthesiology" means The American Board of Anesthesiology, Inc., for which the contact information is 4208 Six Forks Road, Suite 900, Raleigh, North Carolina 27609-5735; website http://www.theaba.org; corporate office telephone (919) 745-2200 and telefacsimile (919) 745-2201; and

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

customer service center telephone (866) 999-7501 and telefacsimile (866) 999-7503.

"American College of Anesthesiology" means an entity established in 1947 by the American Society of Anesthesiologists that offered a "Fellow in Anesthesiology" certification until 1982.

"American Osteopathic Association" means the American Osteopathic Association, for which the contact information is 142 East Ontario Street, Chicago, IL 60611-8710; website http://www.osteopathic.org; telephone (800) 621-1773 or (312) 202-8000; and telefacsimile (312) 202-8200.

"American Osteopathic Board of Anesthesiology" means the American Osteopathic Board of Anesthesiology, for which the contact information is 2260 E. Saginaw Street Suite B, East Lansing, MI 48823; website http://www.aocaonline.org/contact.htm; telephone (517) 339-0919; and telefacsimile 517-339-0910.

…

"Anesthesiologist" means a physician who has successfully completed [an approved] **a** residency program in anesthesiology **approved by the Accreditation Council of Graduate Medical Education or the American Osteopathic Association**, or who is a diplomate of either the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or who was made a Fellow of the American College of Anesthesiology before 1982.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

"Anesthetic agent" means any drug or combination of drugs administered with the purpose of creating conscious sedation, [deep sedation,] regional anesthesia or general anesthesia.

…

["Certified registered nurse anesthetist" (CRNA) means a registered professional nurse who is licensed by the New Jersey State Board of Nursing and who holds current certification under a program governed or approved by the American Association of Nurse Anesthetists (AANA), and who meets the conditions for practice as set forth at N.J.A.C. 13:37-13.1.]

…

["Deep sedation" means a drug induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.]

…

"National Board on Certification and Recertification of Nurse Anesthetists" means the National Board on Certification and Recertification of Nurse Anesthetists, for which the contact information is 222 South Prospect Avenue, Park Ridge, IL 60068-4001; website http://www.nbcrna.com; telephone (866) 894-3908; telefacsimile (847) 825-2762 or (847) 825-CRNA; and email addresses

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

certification@nbcrna.com for certification inquiries and recertification@nbcrna.com for recertification inquiries.

…

["Registered nurse anesthetist" means an individual who is a qualified candidate for certification under a program governed or approved by the American Association of Nurse Anesthetists (AANA), subject to the limitations and restrictions established by the New Jersey State Board of Nursing (N.J.A.C. 13:37-13.2, Practice pending the results of the examination).]

…

8:43-6.2 Anesthesia services, policies and procedures

(a) Anesthesia services shall be administered in accordance with written policies and procedures that are reviewed at least [every three years] **annually**, and revised [more frequently] as needed[. They] **to ensure the safety of patients during the administration and conduct of, and emergence from, anesthesia, and** shall include at least the following:

1. – 4. (No change.)

(b) An anesthesia department shall be:

1. Administered under the overall supervision of a qualified physician director; and

2. Operated in accordance with applicable laws governing the scope of practice of professionals performing anesthesia services within the anesthesia department.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

8:43G-6.3 Anesthesia staff: qualifications for administering anesthesia

(a) – (c) (No change.)

(d) Anesthetic agents administered with the purpose of creating conscious sedation, [deep sedation,] major regional anesthesia, or general anesthesia shall be administered in any location in the hospital only in accordance with medical staff policies and procedures.

(e) General or major regional anesthesia shall be administered and monitored only by the following:

1. (No change.)

2. Under the supervision of an anesthesiologist[:

i. A certified registered nurse anesthetist;

ii. A registered nurse anesthetist; or

iii. A]**, a** physician resident, **a** dental resident, or a student nurse anesthetist participating in a nationally approved graduate training program leading to a recognized specialty;

[3. Under the supervision of a privileged physician who has privileges in accordance with medical staff bylaws to administer or supervise the administration of anesthesia:

i. A certified registered nurse anesthetist;]

3. An APN/anesthesia, in accordance with a joint protocol established in accordance with N.J.A.C. 13:37-6.3 Standards for joint protocols between advanced practice nurses and collaborating

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

anesthesiologists, which joint protocol shall address sections governing the availability of a anesthesiologist to consult with the APN/anesthesia on site, on-call or by electronic means, and the presence of an anesthesiologist during induction, emergence, and critical change in status; or

4. (No change.)

(f) (No change.)

(g) [The supervision of general or major regional anesthesia shall be provided by a physician who is immediately available.] The **operating room** supervising physician may concurrently be responsible for patient care, with the exception of performing major surgery, **or** administering general [anesthesia,] or major regional anesthesia.

(h) Anesthetic agents used for conscious sedation shall be administered only by the following:

1. (No change.)

2. Under the supervision of a physician who has privileges in accordance with medical staff bylaws to administer or supervise anesthetic agents used for conscious sedation and who is immediately available:

[i. A certified registered nurse anesthetist;

ii. A registered nurse anesthetist; or

iii.] **i.** A physician resident, **a** dental resident, or a student nurse anesthetist participating in a nationally approved graduate training program leading to a recognized specialty; or

[iv.] **ii.** (No change in text.)

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

3. An APN/anesthesia, in accordance with a joint protocol established in accordance with N.J.A.C. 13:37-6.3 Standards for joint protocols between advanced practice nurses and collaborating anesthesiologists, which joint protocol shall address sections governing the availability of a anesthesiologist to consult with the APN/anesthesia on site, on-call or by electronic means, and the presence of an anesthesiologist during induction, emergence, and critical change in status.

(i) (No change.)

(j) Minor regional blocks shall be administered by the following:

1. (No change.)

2. Under the supervision of a physician who has privileges in accordance with medical staff bylaws to administer or supervise minor regional blocks and who is immediately available:

[i. A certified registered nurse anesthetist;

ii. A registered nurse anesthetist; or

iii.] **i.** (No change in text.)

[iv.] **ii.** A certified nurse midwife[,] **or** a physician assistant[, or an advanced practice nurse as permitted by the scope of practice rules of] **acting in accordance with applicable laws administered by** the [New Jersey] State Board of Medical Examiners [and New Jersey State Board of Nursing] **governing the scope of practice.**

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

3. An APN/anesthesia, in accordance with a joint protocol established in accordance with N.J.A.C. 13:37-6.3 Standards for joint protocols between advanced practice nurses and collaborating anesthesiologists, which joint protocol shall address sections governing the availability of a anesthesiologist to consult with the APN/anesthesia on site, on-call or by electronic means, and the presence of an anesthesiologist during induction, emergence, and critical change in status; or

8:43G-6.5 Anesthesia patient services

(a) A preanesthesia note, reflecting evaluation of the patient and review of the patient record prior to administration of anesthesia, shall be made or certified by **the APN/anesthesia or** the physician administering or supervising**, as applicable,** the administration of anesthesia and entered into the medical record of each patient receiving anesthesia at any anesthetizing location.

(b) – (d) (No change.)

8:43G-6.8 Anesthesia supplies and equipment; patient monitoring

(a) – (k) (No change.)

(ℓ) Monitoring of regional labor analgesia shall include: documented temperature, pulse, respiration, blood pressure, and oxygen saturation until the patient is deemed stable based on written criteria established by the [Department] **department** of

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

[Anesthesia] **anesthesia**. The patient shall be monitored subsequently in accordance with hospital protocol.

(m) (No change.)

SUBCHAPTER 7A. STROKE CENTERS

8:43G-7A.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings:

…

"Hospitalist" means a licensed physician whose primary professional focus is hospital medicine and who is board certified or board eligible in critical care, neurology, emergency medicine, family medicine, general internal medicine, surgery, or anesthesiology.

…

8:43G-7A.4 Primary stroke center staff qualifications

(a) There shall be a physician director of a primary stroke center, who may also serve as a physician member of a stroke team, who is board[-]certified in neurology or neurosurgery and who shall meet two or more of the following qualifications:

1. – 4 . (No change.)

(b) At a minimum, an acute care stroke team shall consist of:

1. A neurologist, [or] emergency physician**, or hospitalist** who is board[-] certified or board[-] eligible in **critical care**, neurology**,** [or] emergency medicine**,**

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

family medicine, general internal medicine, general surgery or anesthesiology with special competence in caring for acute stroke patients; and

2. (No change.)

(c) – (e) (No change.)

SUBCHAPTER 12. EMERGENCY DEPARTMENT AND TRAUMA SERVICES

8:43G-12.2 Emergency department policies and procedures

(a) – (h) (No change.)

(i) The hospital shall maintain a trauma registry in accordance with N.J.A.C. 8:43G-12.21(**a**) [and] **through** (c).

SUBCHAPTER 14. INFECTION CONTROL

8:43G-14.1 Infection control program structural organization

(a) – (c) (No change.)

(d) The infection control program shall oversee**,** but not be limited to, the following activities:

1. Formulating a system for surveillance, prevention, and control of nosocomial infections[.]**;**

i. Surveillance[: Surveillance] of nosocomial infections shall be performed. The surveillance process shall include at least the following elements:

(1) – (7) (No change.)

ii. (No change.)

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

iii. Prevention and control[: Activities] **activities** shall be based on Centers for Disease Control and Prevention published guidelines and Hospital Infection Control Practices Advisory Committee (that is, HICPAC) recommendations. An exception to the adoption of the following guidelines shall be allowed providing that there is a sound infection**-**control rationale based upon scientific research or epidemiologic data. The following published guidelines and recommendations are incorporated herein by reference, as amended and supplemented:

(1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections [(1981)] **(2009**);

(2) Guideline**s** for **the** Prevention of Intravascular [Device] **Catheter**-Related Infections [(Infection Control and Hospital Epidemiology 1996; 17: 438-73 and American Journal of Infection Control 996; 24: 262-93)]**, MMWR, August 9, 2002; 51 (No. RR-10)**;

(3) (No change.)

(4) Guideline for [Prevention and Control of Nosocomial] **Preventing Health-Care—Associated** Pneumonia [(American Journal of Infection Control, August 1994; 22:247-92 and Infection Control and Hospital Epidemiology, September 1994; 15:587-627 and Respiratory Care, December 1994; 39: 1191-1236)] **2003: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee, MMWR, March 26,**

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

2004; 53 (No. RR-03), published by the Coordinating Center for Health Information and Service, available at http://www.cdc.gov/mmwr/PDF/rr/rr5303.pdf and at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm;

(5) Guideline for [Handwashing and Hospital Environmental Control (1985)] **Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force, MMWR 2002; 51 (No. RR-16), published by the Coordinating Center for Health Information and Service, available at http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf and at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm;**

(6) Disinfection and Sterilization in Healthcare Facilities, 2008;

[(6)] **(7)** Guideline for Infection Control in Hospital Personnel (1998);

[(7)] **(8)** Guideline for Isolation Precautions [in Hospitals (Infection Control and Hospital Epidemiology 1996; 17:53-80 and the American Journal of Infection Control 1996; 24:24-52)]**: Preventing Transmission of Infectious Agents (2007)**;

[(8)] **(9)** Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health Care [Facilities (] **Settings,**

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

2005, Morbidity and Mortality Weekly Report [1994; 43: 11-22)]**,**
December 30, 2005; 54 (No. RR-17); and

[(9) [HICPAC Recommendations for Preventing the Spread of Vancomycin Resistance. (Infection Control and Hospital Epidemiology 1995; 16: 105-113)]

(10) Management of Multi-Resistant Organisms in Healthcare Settings (2006).

iv. The guidelines listed in (d)1iii above are available from [the National Technical Information Service (NTIS) by calling 703-487-4650 or writing the NTIS, 5285 Port Royal Road, Springfield, Virginia 22161. The complete set of the seven Guidelines for the Prevention and Control of Nosocomial Infections are listed under the publication number: PB86133022. Further information is available on] the Centers for Disease Control and Prevention National Center of Infectious Diseases web site at[: http://www.cdc.gov/ncidod/hip. The HICPAC Recommendations for Preventing the Spread of Vancomycin Resistance is available on the CDC web site at: http://www.cdc.gov/ncidod/vancom.htm, and CDC's Hospital Infections Program's Methicillin-resistant Staphylococcus Aureus: Facts for Healthcare Workers is available at: http://www.cdc.gov/nicdod/hip/aresist/mrsahcw.htm] **http://www.cdc.gov**.

2. – 6. (No change.)

NOTE: (No change.)

(e) – (g) (No change.)

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

SUBCHAPTER 15. MEDICAL RECORDS

8:43G-15.3 Medical record**s** patient services

(a) – (c) (No change.)

(d) If a patient or the patient's legally authorized representative requests, in writing, a copy of his or her medical record, a legible, written copy of the record shall be furnished at a fee based on actual costs. One copy of the medical record from an individual admission shall be provided to the patient or the patient's legally authorized representative within 30 days of request, in accordance with the following:

1. – 4. (No change.)

5. For purposes of this subsection, “legally authorized representative” means the following:

i. Spouse**, domestic partner, or civil union partner**;

ii. – vi. (No change.)

(e) – (g) (No change.)

8:43G-15.4 Medical records staff qualifications

There shall be a full-time medical record**s** director who is an accredited [record] **health information** technician or a registered [record] **health information** administrator under a certification program approved by the American [Medical Record] **Health Information Management** Association**, for which the contact information is American Health Information Management Association (AHIMA), 233 N. Michigan**

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

Avenue, 21st Floor, Chicago, IL 60601-5809; website http://www.ahima.org; email info@ahima.org; telephone (312) 233-1100; and telefacsimile (312) 233-1090.

SUBCHAPTER 16. MEDICAL STAFF

8:43G-16.2 Medical staff policies and procedures

(a) (No change.)

(b) All physician orders for medication, treatment, and restraints shall be in writing. All orders for restraints shall be made in accordance with requirements at N.J.A.C. 8:43G-18.4(c) through (e) and [(i)] **(h)**.

(c) – (f) (No change.)

8:43G-16.6 Medical staff patient services

(a) (No change.)

(b) Each patient admitted to the hospital shall have a medical history and physical examination that includes a provisional diagnosis performed by a clinical practitioner within [seven] **30** days [prior to] **before a hospital or outpatient surgery** admission or within [24] **48** hours after admission.

1. If the history and physical were performed [within] **earlier than** seven days [prior to] **before** admission, the patient's **medical** history and physical examination record completed [by the attending physician, advanced practice nurse or physician assistant] **pursuant to (b) above** shall be included in the medical record [, with any subsequent changes recorded at the time of

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

admission.] **together with the following, subject to the timeline established in 2 below with respect to outpatient surgery patients:**

i. A written assessment performed by the attending physician, advanced practice nurse or physician assistant no earlier than seven days before and no later than 48 hours after the patient's admission that includes a physical examination of the patient to update any components of the patient's medical status that may have changed since the prior history and physical, to address any areas as to which more current data are needed, and to confirm that the necessity of the procedure or care for which the patient was admitted is still present and the history and physical are still current; and

ii. Regardless of whether there were any changes in the patient's status noted in the assessment performed pursuant to (b)1i above, an update note written by the attending physician, advanced practice nurse or physician assistant no earlier than seven days before and no later than 48 hours after the patient's admission addressing the patient's current status and any changes thereto, which note shall be on or attached to the history and physical performed pursuant to (b) above; and

2. The history and physical, and all updates and assessments, shall be included in the patient's medical record, except in emergency situations, within 48 hours after a hospital admission or, for an outpatient, prior to surgery.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

(c) – (f) (No change.)

SUBCHAPTER 20. EMPLOYEE HEALTH

8:43G-20.2 Employee health services

(a) – (c) (No change.)

(d) [Tuberculosis screening:]The facility shall establish policies and procedures for the detection and control of the transmission of [*M.*] ***Mycobacterium*** *tuberculosis* that include, but are not limited to, developing a Tuberculosis Infection Exposure Control Plan ("TB plan"), according to the guidelines set forth in "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care [Facilities, 1994] **Settings, 2005**." The Morbidity and Mortality Weekly Report published by the Epidemiology Program Office, Centers for Disease and Control and Prevention (CDC) and available from the Superintendent of Documents, US Government Printing Office, Washington, DC 20402-9325 (MMWR), [October 28, 1994] **December 30, 2005**, volume [43] **54**, Number RR-[13] **17**, p. [1-132] **1 through 141**, pursuant to the Occupational Safety and Health Act (OSH Act) of 1970, incorporated herein by reference as supplemented and amended.

1. [Newly] **With respect to newly** hired employees[: The]**, the** facility shall identify a new employee's baseline status of exposure to *M. tuberculosis.* Upon employment, the facility shall **either draw blood for an interferon gamma release assay (IGRA) or** administer a two-step Mantoux tuberculin skin test, using five tuberculin units of purified protein derivative to all employees. Employees are defined, for the purpose of this subsection, as full and part-time

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

employees, volunteer staff, and [physicians, either] **primary care providers who are** salaried by the facility **and/**or [with] **who have** clinical privileges to provide medical care at the facility.

i. Employees whose IGRA result is "positive" have latent TB infection. A "negative" IGRA result indicates the employee has no latent TB infection. Employees whose IGRA result is "indeterminate" shall repeat the IGRA.

[i.] **ii.** Employees [with a] **whose initial Mantoux tuberculin skin test result is** "negative" (less than 10 **millimeters (**mm**)** of induration or less than five mm of induration if the individual is immunosuppressed) [result following the first Mantoux skin test are] **shall be** administered a second test in one to three weeks.

[ii] **iii.** Employees [with a] **whose first or second IGRA result is "positive" or whose first or second Mantoux tuberculin skin test result is** "positive" (greater than 10 mm of induration or greater than five mm of induration if the individual is immunosuppressed) [result following either the first or second test are] **shall be** referred for a medical evaluation to determine whether there is evidence of latent tuberculosis infection or active tuberculosis disease.

(1) (No change.)

(2) The facility shall **not** permit **an** employee[s with positive] **whose IGRA or** Mantoux **tuberculin skin** test result **was positive**

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

to begin working [after] **unless and until** the employee [has submitted] **submits** written medical clearance to the facility.

[iii.] **iv.** Exceptions **to the requirements in (d)1 above are as follows**:

(1) Employees who provide documentation of negative results of a single Mantoux **tuberculin** skin test performed within the 12 months preceding the start of employment shall receive only one Mantoux **tuberculin** skin test upon hire.

(2) Employees with prior documentation of negative results of two Mantoux **tuberculin** skin tests performed within 12 months preceding the start of employment, and without signs and symptoms of active tuberculosis, shall not be required to be tested upon hire; however, a Mantoux **tuberculin** skin test shall be required within 12 months of the last **Mantoux** tuberculin skin test.

(3) Employees who provide documentation of positive **IGRA or** Mantoux **tuberculin** skin test results shall be exempt from screening.

(4) (No change.)

2. [Periodic screening of personnel:]The facility shall establish policies and procedures for [the] periodic screening of **eligible personnel for** *M. tuberculosis* [in eligible personnel, including] **that includes**, but **is** not limited to **the following requirements**:

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

i. [Testing:]The facility shall administer [a] **an IGRA or a** Mantoux **tuberculin** skin test to all [tuberculin-negative] employees **whose prior IGRA or Mantoux tuberculin skin test results were negative at least** annually [at minimum]. Frequency of testing shall be determined by the level of risk assigned by the facility's TB plan;

ii. The facility shall require an employee, whose IGRA or Mantoux tuberculin skin test results are positive upon follow-up testing conducted after the employee had IGRA or Mantoux tuberculin skin test results that were negative, to undergo medical evaluation in accordance with (d)1iii(1) above;

iii. An asymptomatic employee referred to medical evaluation may continue to work while awaiting written medical clearance. The facility shall not permit a symptomatic employee to return to work until the employee submits written medical clearance.

[ii. Recordkeeping:]The facility shall maintain records of the results of employee **IGRA and** Mantoux tuberculin **skin** testing.

3. [Further information: Questions] **Persons with questions** regarding tuberculosis control may [be directed to:

New Jersey Department of Health and Senior Services] **request further information from the** Tuberculosis Program **of the Department at** PO Box 369**,** Trenton, NJ 08625-0369**; telephone** (609) 588-7522**.**

(e) – (k) (No change.)

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

SUBCHAPTER 24. PLANT MAINTENANCE AND FIRE AND EMERGENCY PREPAREDNESS

8:43G-24.8 Physical plant general compliance for new construction, alteration or renovation

(a) The hospital shall comply with the New Jersey Uniform Construction Code (N.J.A.C. 5:23 under Use Group I-2), standards imposed by the United States Department of Health and Human Services [(HHS)], the New Jersey Departments of Health and Senior Services and Community Affairs, and the Guidelines for Design and Construction of [Hospital and Healthcare] **Health Care** Facilities [(2001 edition, as published by The American Institute of Architects Press, 1735 New York Ave., NW, Washington, D.C. 20006, ISBN 1-57165-992-04, as amended and supplemented, incorporated herein by reference. In order to avoid conflict between N.J.A.C. 5:23 and the other standards listed above, Sections 501.3, 610.4.1, 704.0, 705.0, 706.0, 708.0, and 916.5 of the 1987 BOCA Basic Building Code of the New Jersey Uniform Construction Code shall not govern with respect to health care facilities]**, 2010 edition, incorporated herein by reference, as amended and supplemented, published by the American Society of Healthcare Engineering of the American Hospital Association, 155 North Wacker Drive, Chicago, IL 60606, Pub. No. ISBN 978-0-87258-859-2, available through the Facility Guidelines Institute, telephone (800) 242-2628, website www.fgiguidelines.org, or by writing to AHA Services Inc., PO Box 933283, Atlanta GA31193-3283.**

(b) (No change.)

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

8:43G-24.13 Fire and emergency preparedness

(a) The hospital shall comply with the [1985 edition of the] National Fire Protection Association ["Life Safety Code" (N.F.P.A. 101,] **publication, NFPA 101®: Life Safety Code®, 2009 Edition, (**Chapter 12 for new construction and Chapter 13 for existing construction), available from [NFPA] **the National Fire Protection Association, 11 Tracy Drive, Avon, MA 02322-1136; headquarters address, National Fire Protection Association,** 1 Batterymarch Park, Quincy, MA[, 02169, (1-800-] **02269-7471, telephone (800)** 344-3555[)] **or (617) 770-3000, telefacsimile (617) 770-0700, website www.nfpa.org; remit to address, National Fire Protection Association, PO Box 9689, Manchester, NH 03108-9689**. If the building was constructed prior to 1968, the hospital shall have the option of applying for approval from the [State] Department [of Health] under Fire Safety Evaluation System [(FSES)] requirements. Such approval shall be obtained prior to the annual licensure inspection survey and shall include prearranged inspection by a [State] Department [of Health] surveyor.

(b) – (j) (No change.)

(k) There shall be a procedure for investigating and reporting fires. All fires that result in a patient or patients being moved shall be reported to the [New Jersey State] Department [of Health] immediately by telephone at [(609) 588-7725 or (609) 392-2020] **(609) 292-5960 or,** after business hours**, (800) 792-9770,** and followed up in writing within 72 hours. In addition, a written report of the investigation shall be forwarded to the Department [of Health] as soon as it becomes available.

(*l*) (No change.)

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code*. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

SUBCHAPTER 31. RESPIRATORY CARE

8:43G-31.11 Respiratory care supplies and equipment

(a) (No change.)

(b) Pulse oximeters and end-tidal [CO[2]] **carbon dioxide (CO^2)** monitors shall be available for patients in the hospital who have a medical condition that requires oxygen and carbon dioxide monitoring.

(c) – (d) (No change.)

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.

The official version of any departmental rulemaking activity (notices of proposal or adoption) are published in the *New Jersey Register* or *New Jersey Administrative Code.* Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern.