COLORADO
Department of Public Health & Environment

To: Members of the State Board of Health

From: Jo Tansey, Acute Care and Nursing Facilities Branch Chief, Health Facilities & Emergency Medical Services Division

Through: D. Randy Kuykendall, Director, Health Facilities & Emergency Medical Services Division (DRK)

Date: August 18, 2021

Subject: Rulemaking Hearing concerning 6 CCR 1011-1, Chapter 4- General Hospitals, Chapter 10 – Rehabilitation Hospitals, Chapter 18 – Psychiatric Hospitals, and Chapter 19 – Hospital Units

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The Colorado Department of Public Health and Environment, through regulations promulgated by the State Board of Health, possesses the statutory authority to set minimum standards for the operation of General Hospitals, Rehabilitation Hospitals, Psychiatric Hospitals, and Hospital Units. These standards are codified at 6 CCR 1011-1, Chapter 4 (General Hospitals), Chapter 10 (Rehabilitation Hospitals), Chapter 18 (Psychiatric Hospitals), and Chapter 19 (Hospital Units), referred to herein as the Hospital Chapters. The purpose of the standards in the Hospital Chapters is to ensure the health, safety, and welfare of individuals who receive care at these institutions. In setting these standards, the Department must consider and balance the needs of patients, the realities and limitations facing hospitals, and advances in healthcare delivery. Additionally, many hospitals in Colorado are certified by the Centers for Medicare and Medicaid Services (CMS) to provide care, and receive payment for services rendered, to individuals covered by these federal healthcare plans. As such, these hospitals must maintain compliance with the federal regulations (Conditions of Participation) in addition to the state licensure regulations found in the Hospital Chapters. The Department has historically worked to maintain regulations that are compatible with the federal regulations in order to ease the burden faced by hospitals.

The last comprehensive revision to the Hospital Chapters took place in 2009, with very few substantive changes to the regulations in the intervening ten years. As such, the Department, through the Health Facilities and Emergency Medical Services Division, began a comprehensive review of these regulations in October 2019, in order to modernize these vitally important regulations and ensure compatibility with statutory law, federal regulatory requirements, and industry best practices. The Division hosted monthly stakeholder meetings, from October 2019 through May 2021, with a pause in meetings in April, May, and December 2020 and January 2021 to respect the needs of hospitals to devote all resources to addressing the COVID-19 pandemic. Despite the challenges presented by the COVID-19 pandemic, the Division and stakeholders were able to finish the comprehensive review of the Hospital Chapters on schedule and gain consensus on the proposed regulatory revisions. The Division believes the proposed revisions will modernize the Hospital Chapters, bringing the regulations consistent with current standards of practice, while also creating a regulatory scheme that can evolve along with the field of healthcare, which should alleviate the need to complete frequent regulatory revisions as language becomes outdated or obsolete.

Changes are proposed in almost every area of the Hospital Chapters, ranging from re-organization to substantive changes. The following list outlines areas where major substantive changes have been made in each of the Hospital Chapters:

Chapter 4 – General Hospitals

- Specialty Hospital definition added
- Facilities Guidelines Institute (FGI) Compliance and Clarity
- Antibiotic Stewardship
- Telehealth
- Nursing Services
- Diagnostic and Therapeutic Imaging
- Dietary Services
- Emergency Services
- Cord Blood Banking
- Psychiatric Services

Chapter 10 – Rehabilitation Hospitals

- FGI Compliance and Clarity

Chapter 18 – Psychiatric Hospitals

- FGI Compliance and Clarity
- Psychiatric Emergency Services

Chapter 19 – Hospital Units

- Reorganization of the entire chapter with no substantive changes to the regulatory standards

STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY
for Amendments to
6 CCR 1011-1, Standards for Hospitals and Health Facilities
Chapter 4 – General Hospitals, Chapter 10 – Rehabilitation Hospitals, Chapter 18 – Psychiatric Hospitals, and Chapter 19 – Hospital Units

Basis and Purpose.

The last comprehensive revision to 6 CCR 1011-1, Chapter 4 (General Hospitals), Chapter 10 (Rehabilitation Hospitals), Chapter 18 (Psychiatric Hospitals), and Chapter 19 (Hospital Units), herein referred to as the Hospital Chapters, took place in 2009, and there have been very few substantive changes to the regulations in the intervening ten years. As such, the updates to the regulations are necessary to modernize the standards to ensure they meet the needs of hospitals to respond to the changes in industry standards and best practices, while also providing patient protections. Recognizing that the healthcare industry is one that is constantly evolving, while the regulatory process operates at a speed that cannot always-timely address changes, the proposed regulations create a regulatory scheme that can accommodate these changes in practice without requiring substantive updates each time a change occurs. This is accomplished by directing the hospital to develop and implement policies and procedures that rely on nationally recognized guidelines and standards of practice, as opposed to the Department detailing the requirements for various programs or services within the regulations. Additionally, while it is not a requirement that hospitals obtain certification through the Centers for Medicare and Medicaid Services (CMS) to operate in Colorado, many hospitals maintain both certification by CMS and licensure by the State of Colorado. Recognizing this, the Department worked to ensure that the state licensure regulations were compatible with the federal regulations, where appropriate, so that hospitals can establish policies and procedures that meet state and federal regulations congruently.

Before explaining the major changes made to the Hospital Chapters, it is helpful to understand how these regulations interact with one another. Chapter 4 – General Hospitals sets the standards for all general hospitals, and sets the baseline standards for all services that exist across all hospital types (General, Rehabilitation, Psychiatric, or Units). For example, an administrator at a Psychiatric Hospital who wants to understand the nurse staffing requirements will look at the relevant portion of Chapter 18 – Psychiatric Hospitals, which directs the reader back to the relevant portion of Chapter 4 – General Hospitals. The impact of this structure on this rulemaking resulted in many major, substantive changes to Chapter 4, which apply to, and impact, the other chapters, and with fewer changes to the text of Chapters 10, 18, and 19. Non-substantive changes in organization and regulation structure have been made in all Hospital Chapters. As such, much of the language appears in the small caps, red font that indicates new language. However, where the language is not actually new, and has simply been moved for organization purposes, this is denoted with comments.

Areas of Substantive Change:

- Specialty Hospitals: The concept of specialty hospitals is new to the Hospital Regulations, and is found in Part 2 - Definitions of Chapter 4. This concept was created in order to recognize, and accommodate, that as our healthcare system has evolved, there are hospitals that offer a full range of medical services found in a General Hospital, but limited to one class of disease or medical issue (e.g. respiratory, or orthopedic). It was determined by the stakeholder group that these hospitals should

be required to meet all of the same standards as a General Hospital, with the exception of maintaining a dedicated Emergency Department.

- Facilities Guidelines Institute (FGI) Compliance and Clarity: Prior to the Department's adoption of the standards of FGI to govern the safe design and construction of healthcare facilities, regulations were incorporated into the Hospital Chapters addressing issues such as square footage requirements, HVAC requirements, and more. Upon the adoption of FGI by the Department, this language became obsolete, and in some instances, contradictory. However, this language was not removed from the Hospital Chapters. This has created confusion for Department staff, architects, hospitals, and others in determining which standard (FGI vs. Hospitals Chapter) should apply. The proposed regulations remove this conflicting or duplicative language from the Hospital Chapters, along with many definitions that were used only in the context of those regulatory provisions.
- Antibiotic Stewardship: Hospitals are now required to incorporate the concept of Antibiotic Stewardship into their existing Infection Prevention and Control programs. CMS added this as a requirement for hospitals in 2019 and the stakeholders and Department agreed this was an important concept to implement.
- Telehealth: One result of the COVID-19 pandemic has been the rapid expansion of healthcare delivery through telehealth and telemedicine. The proposed revisions address telehealth, requiring that hospitals develop and implement policies and procedures governing its use in their facilities, to ensure basic protections for patients are in place while allowing hospitals to be flexible in their adoption of this practice.
- Nursing Services: The stakeholders and the Department wanted to address the growing concern around the adequacy of nurse staffing and the impacts that inadequate staffing has on patient care and the workforce, but to do so in a way that was achievable given the current nurse shortage and differences in resources across the various regions of the state. A separate workgroup met 3 times, outside of the full stakeholder meetings, to gain an understanding of the issues and reach consensus on proposed language. The proposed revisions, adopted by the entire stakeholder group, include the following changes: 1) increase the minimum staffing requirements to 1 nurse and 1 auxiliary personnel on duty at all times in each inpatient care unit and the emergency department; 2) the development of a master nurse staffing plan and plans for each inpatient unit and emergency department; 3) establishment of a nurse staffing oversight process to evaluate the efficacy of the staffing plans.
- Diagnostic and Therapeutic Imaging: In order to remain consistent with the current standard of practice, General Hospitals will be required to maintain Computed Tomography (CT) availability full-time, with a requirement that they develop and implement a policy to address times when the CT may be unavailable (e.g. machine malfunction, power outages, etc.) Rehabilitation Hospitals and Psychiatric Hospitals are exempt from the requirement to maintain CT availability at all times.
- Dietary Services: Based on the request of stakeholders, Registered Dieticians were added to the list of individuals authorized to write therapeutic diet orders.
- Emergency Services: In addition to the fact that the newly-created specialty hospitals are not required to maintain a dedicated emergency department, the proposed revisions modernize the language in this section while allowing hospitals to define what equipment and resources the hospital must maintain to address emergencies, based on its scope of services. The proposed language clarifies that Rehabilitation Hospitals and Psychiatric Hospitals are not required to maintain a dedicated Emergency Department.
- Cord Blood Banking: The existing regulations contained outdated standards for the administration of the National Cord Blood Banking program. Oversight of this program subsequently moved under the U.S. Health Resources and Services Administration,

where it is administered via a contract system. Because the program and standards for participation are controlled by contract, the proposed revisions remove this obsolete language.

- Psychiatric Services: The proposed revisions add flexibility to the qualifications for staff that oversee delivery of psychology services.The existing regulations limited oversight of these services to a licensed psychologist, and the proposed revisions add licensed psychiatrist and licensed clinical social worker to the list of eligible service directors. This change was made at the request of stakeholders to increase the availability of these services in rural or under-resourced areas. Recognizing that pediatric psychiatric patients represent a growing portion of the patient population served by Colorado hospitals, significant changes were made in this section, adding additional requirements that address the unique needs of these patients. These standards apply to General Hospitals that offer Psychiatric Services as well as all Psychiatric Hospitals.
- Rehabilitation Hospitals (Chapter 10): There are very few substantive changes in this chapter, which applies only to licensed rehabilitation hospitals. The areas that were changed involve clarifying that rehabilitation hospitals do not need to maintain CT availability at all times (as is proposed to be required by general hospitals) and clarifying the rehabilitation hospitals are not required to maintain or administer blood products.
- Psychiatric Hospitals (Chapter 18): In this chapter, which applies only to licensed psychiatric hospitals, the section addressing emergency services and the Emergency Department in Psychiatric Hospitals has been renamed to “Psychiatric Emergency Services” and revised to clarify the standards for hospitals that maintain a dedicated Emergency Department versus those that do not. These standards ensure Psychiatric Hospitals remain consistent with obligations under the federal Emergency Medical Treatment and Labor Act (EMTALA) for Emergency Departments, and to make these standards consistent with General Hospitals where appropriate.
- Hospital Units (Chapter 19): The proposed revisions contain no substantive changes in standards. Instead, the chapter has been completely reorganized in order to decrease redundancy and simplify the chapter.

Specific Statutory Authority.
Statutes that require or authorize rulemaking:

Section 25-1-128, C.R.S.
Section 25-1.5-103, C.R.S.
Section 25-3-100.5, et. seq., C.R.S.

Is this rulemaking due to a change in state statute?

_____ Yes, the bill number is _____. Rules are ___ authorized ___ required.
___X__ No

Does this rulemaking include proposed rule language that incorporate materials by reference?

_____ Yes ___ URL
___X_ No

Does this rulemaking include proposed rule language to create or modify fines or fees?

_____ Yes
___X_ No

Does the proposed rule language create (or increase) a state mandate on local government?
___X__ No.

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;
- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

REGULATORY ANALYSIS
For Amendments to
6 CCR 1011-1, Standards for Hospitals and Health Facilities
Chapter 4 – General Hospitals, Chapter 10 – Rehabilitation Hospitals, Chapter 18 – Psychiatric Hospitals, and Chapter 19 – Hospital Units

1. A description of the classes of persons affected by the proposed rule, including the classes that will bear the costs and the classes that will benefit from the proposed rule.

Group of persons/entities Affected by the Proposed Rule	Size of the Group	Relationship to the Proposed Rule Select category: C/S/B
Licensed hospitals and hospital units:	(116 total)	C
Licensed Children's Hospitals	3	C
Licensed Critical Access Hospitals	32	C
Licensed Hospital Units	2	C
Licensed General Hospitals	65	C
Licensed Psychiatric Hospitals	8	C
Licensed Rehabilitation Hospitals	6	C
Patients receiving care at licensed hospitals and hospital units	Unknown	B
Colorado Hospital Association	101 Member Hospitals	S
Colorado Nurses Association	Unknown - Represents all of Colorado's RNs	S
Colorado Center for Nursing Excellence	Over 175 clinical and educational partners from all segments of Colorado's healthcare workforce pipeline	S
Colorado Organization of Nurse Leaders	Unknown – professional nurse leaders	S
Colorado Religious Coalition for Reproductive Choice	Unknown	S
Colorado Rural Health Center	149 Member Organizations	S

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, please use this relationship categorization key:

C = individuals/entities that implement or apply the rule.
S = individuals/entities that do not implement or apply the rule but are interested in others applying the rule.
B = the individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by or be at-risk because of the standard communicated in the rule or the manner in which the rule is implemented.

More than one category may be appropriate for some stakeholders.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

   The Department does not foresee an economic impact to any type of hospital (General, Rehabilitation, Psychiatric or Hospital Unit) as the intent of the rule is to align with existing Centers for Medicare and Medicaid Services (CMS) regulations as much as is appropriate. Nearly all facilities impacted by these proposed changes are already subject to CMS oversight. It is the Department's intent that clearer regulations will result in improved health, safety, and welfare for Colorado citizens and visitors who make use of licensed hospitals. By maintaining alignment with the federal conditions of participation, where practicable, hospitals avoid unnecessary duplication of efforts related to policy and procedure development and implementation.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

   A. Anticipated CDPHE personal services, operating costs or other expenditures:

      The proposed amendments are cost neutral.

      Anticipated CDPHE Revenues:

      The proposed amendments are revenue neutral.

   B. Anticipated personal services, operating costs or other expenditures by another state agency:

      N/A

      Anticipated Revenues for another state agency:

      N/A

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

   Along with the costs and benefits discussed above, the proposed revisions:

   ___ Comply with a statutory mandate to promulgate rules.
   _X__ Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.
   _X__ Maintain alignment with other states or national standards.
   _X__ Implement a Regulatory Efficiency Review (rule review) result
   _X__ Improve public and environmental health practice.
   _X__ Implement stakeholder feedback.

Advance the following CDPHE Strategic Plan priorities (select all that apply):

Reduce Greenhouse Gas (GHG) emissions economy-wide from 125.716 million metric tons of CO2e (carbon dioxide equivalent) per year to 119.430 million metric tons of CO2e per year by June 30, 2020 and to 113.144 million metric tons of CO2e by June 30, 2023.

___ Contributes to the blueprint for pollution reduction ___ Reduces carbon dioxide from transportation ___ Reduces methane emissions from oil and gas industry ___ Reduces carbon dioxide emissions from electricity sector
Reduce ozone from 83 parts per billion (ppb) to 80 ppb by June 30, 2020 and 75 ppb by June 30, 2023. ___ Reduces volatile organic compounds (VOC) and oxides of nitrogen (NOx) from the oil and gas industry. ___ Supports local agencies and COGCC in oil and gas regulations. ___ Reduces VOC and NOx emissions from non-oil and gas contributors
Decrease the number of Colorado adults who have obesity by 2,838 by June 30, 2020 and by 12,207 by June 30, 2023. ___ Increases the consumption of healthy food and beverages through education, policy, practice and environmental changes. ___ Increases physical activity by promoting local and state policies to improve active transportation and access to recreation. ___ Increases the reach of the National Diabetes Prevention Program and Diabetes Self-Management Education and Support by collaborating with the Department of Health Care Policy and Financing.
Decrease the number of Colorado children (age 2-4 years) who participate in the WIC Program and have obesity from 2120 to 2115 by June 30, 2020 and to 2100 by June 30, 2023. ___ Ensures access to breastfeeding-friendly environments.
Reverse the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023. ___ Reverses the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023. ___ Performs targeted programming to increase immunization rates. ___ Supports legislation and policies that promote complete immunization and exemption data in the Colorado Immunization Information System (CIIS).
Colorado will reduce the suicide death rate by 5% by June 30, 2020 and 15% by June 30, 2023. ___ Creates a roadmap to address suicide in Colorado. ___ Improves youth connections to school, positive peers and caring adults, and promotes healthy behaviors and positive school climate. ___ Decreases stigma associated with mental health and suicide, and increases help-seeking behaviors among working-age males, particularly within high-risk industries. ___ Saves health care costs by reducing reliance on emergency departments and connects to responsive community-based resources.
The Office of Emergency Preparedness and Response (OEPR) will identify 100% of jurisdictional

gaps to inform the required work of the Operational Readiness Review by June 30, 2020. ___ Conducts a gap assessment. ___ Updates existing plans to address identified gaps. ___ Develops and conducts various exercises to close gaps.
For each identified threat, increase the competency rating from 0% to 54% for outbreak/incident investigation steps by June 30, 2020 and increase to 92% competency rating by June 30, 2023. ___ Uses an assessment tool to measure competency for CDPHE's response to an outbreak or environmental incident. ___ Works cross-departmentally to update and draft plans to address identified gaps noted in the assessment. ___ Conducts exercises to measure and increase performance related to identified gaps in the outbreak or incident response plan.
100% of new technology applications will be virtually available to customers, anytime and anywhere, by June 20, 2020 and 90 of the existing applications by June 30, 2023. ___ Implements the CDPHE Digital Transformation Plan. ___ Optimizes processes prior to digitizing them. ___ Improves data dissemination and interoperability methods and timeliness.
10. Reduce CDPHE's Scope 1 & 2 Greenhouse Gas emissions (GHG) from 6,561 metric tons (in FY2015) to 5,249 metric tons (20% reduction) by June 30, 2020 and 4,593 tons (30% reduction) by June 30, 2023. ___ Reduces emissions from employee commuting ___ Reduces emissions from CDPHE operations
11. Fully implement the roadmap to create and pilot using a budget equity assessment by June 30, 2020 and increase the percent of selected budgets using the equity assessment from 0% to 50% by June 30, 2023. ___ Used a budget equity assessment

__X__ Advance CDPHE Division-level strategic priorities.

- Regulatory Review

The costs and benefits of the proposed rule will not be incurred if inaction was chosen. Costs and benefits of inaction not previously discussed include:

Inaction has neither monetary cost nor benefit; however, inaction will result in a regulatory framework for Hospitals that is outdated and increasingly obsolete in today's healthcare landscape.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

The Department worked closely with the stakeholders to ensure that there would not be substantial economic costs to the proposed regulations. During the process none of the proposed revisions were identified by the stakeholders as being overly costly or intrusive, therefore alternatives were not explored.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

- The American Civil Liberties Union (ACLU) of Colorado approached the Department with a request to add language into Chapter 4 – General Hospitals that would require hospitals to identify services offered in the realm of reproductive health, end-of-life options, and gender-affirming care, and to post that information on the hospital's website. While the stakeholders were supportive of the general idea of the proposal, especially as it relates to informing consumers on where they can receive desired care or treatment, there were concerns identified through the process. Primarily, while the services may be offered by a hospital system, they are often not offered specifically by or at an individual hospital (or by any other licensed healthcare facility) and instead are provided at provider-based locations or doctor's offices. This leads to two potential outcomes: 1) the hospital is forced to answer "no" to the services being offered, which could create a misconception that an individual cannot obtain those services even at the system-level; or 2) the list of services on the disclosure will be whittled down to such a small number that it loses any value to the consumer. Additionally, at smaller or rural hospitals, the provision of these services is often provider-dependent. Due to the nature of turnover in these facilities, the availability of services may change frequently. This would require significant and frequent upkeep from the hospital perspective to ensure the information published on the hospital website is accurate. Ultimately, it was determined that there was not a strong patient safety basis to adding this into the Hospital Chapters. The Department would only be able to survey for compliance with this on a complaint-basis, and the Department cannot mandate any hospital offer these services. This would not increase access to services for consumers and could lead to greater consumer confusion. Based on the stakeholder feedback, and in conversation with the ACLU of Colorado, the Department ultimately determined not to incorporate these requirements into the Hospital Chapters at this time.
- The Department was approached early-on into the stakeholder process with interest in addressing perceived nurse staffing shortages and issues. One potential solution that was identified was promulgating mandated nurse to patient ratios in the Hospital Chapters, similar to those that have been implemented in California. The Department, and stakeholders broadly, were not supportive of mandated ratios, as there is no room for a nuanced approach based on resource availability. However, in order to address the underlying concerns, the Department and stakeholders overhauled the Nursing Services language to require hospitals to create master staffing plans and establish an oversight process to evaluate these plans.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

The Department reviewed several sources of information in the writing of these rules, such as: the CMS State Operations Manual, which contains the regulations and explanatory guidance for the federal conditions of participation; laws and regulations from other states, especially related to the issues of nurse staffing and pediatric

psychiatric care; and examples of patient care policies offered by participating stakeholder hospitals. These sources informed the Department's determination of best practices to incorporate into the proposed revisions.

STAKEHOLDER ENGAGEMENT
for Amendments to
6 CCR 1011-1, Standards for Hospitals and Health Facilities
Chapter 4 – General Hospitals, Chapter 10 – Rehabilitation Hospitals, Chapter 18 – Psychiatric Hospitals, and Chapter 19 – Hospital Units

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

Early Stakeholder Engagement:
The following individuals and/or entities were invited to provide input and included in the development of these proposed rules:

Organization	**Representative Name and Title (if known)**
ACLU	Denise Maes
	Elizabeth Hinkley
Banner Health	Elaine Storrs, Chief Nursing Officer
	Julia Gentry
	Sharon Pendlebury
	Tara Guenzi
Boulder Community Health	Angela Lawrence, Nurse Manager
	Holly Pederson
	Jacqueline Attlesey-Pries
	Joe Mikoni, Associate Vice President of Diagnostic Testing and Support Services
	Jori Whitling
	Lisa Allen, Director
	Michele Sternitzky, Associate Vice President of Nursing
	Tanda Russell, Perioperative Services
Centura Health	Catherine Cordoue, Littleton Hospital
	David Sprenger, Vice President of Advocacy
	Debbie Lowary, Regulatory Affairs Program Manager
	Kelly Gallant
	Kendra Jessen-Smith, Mercy Regional Medical Center
	Mary Utsler
	Michelle Roque, Senior Value Optimization Facilitator
	Rhonda Ward, Vice President of Nursing Services, Littleton Adventist Hospital
Children's Hospital Colorado	Zach Zaslow
	Aditi Ramaswami
	Linda Michael
	Pat Givens, Chief Nursing Officer
	Sarah Heifets, Compliance and Business Ethics
	Lori Claussen, Director of Accreditation & Regulatory Compliance

Organization	Representative Name and Title (if known)
Colorado Canyons Hospital	Britney Guccini
Colorado Center for Nursing Excellence	Ingrid Johnson
Colorado Department of Healthcare Policy and Financing	Janna Leo, Hospital Policy Specialist, Medicaid Operations
	Justen Adams, Hospital Policy Specialist, Health Programs
	Matthew Colussi Benefits Management Section Manager, Health Programs
	Raine Henry, Hospital Policy Specialist, Health Programs
Colorado Department of Public Health and Environment	Beck Furniss, Public Health Policy Analyst, Executive Director's Office
	Cheryl McMahon, Home & Community Facilities Branch Chief, Health Facilities and Emergency Medical Services Division (HFEMSD)
	Elaine McManis, Deputy Division Director, HFEMSD
	Elizabeth Tenney
	Erica Brudjar, Acute Care Section Manager, HFEMSD
	Jeff Beckman, Associate Division Director, HFEMSD
	Jo Tansey, Acute Care & Nursing Facilities Branch Chief, HFEMSD
	Kara Johnson-Hufford, Associate Division Director, HFEMSD
	Margaret Mohan, Retired Acute Care & Nursing Facilities Branch Chief, HFEMSD
	Martin Duffy, Trauma Section Manager, HFEMSD
	Randy Kuykendall, Division Director, HFEMSD
Colorado Department of Human Services	Elora Cleavinger
Colorado Hospital Association	Amber Burkhart
	Darlene Tad-y, Vice President, Clinical Affairs
	John Savage
	Joshua Ewing, Vice President of Legislative Affairs
	Kellie Bonthron, Director of Career Services
	Kevin Caudill
	Sylvia Park
Colorado Nurses Association	Colleen Casper
Colorado Organization of Nurse Leaders	Tricia Higgins
Colorado Religious Coalition for Reproductive Choice	Betty Boyd
Colorado Rural Health Center	Marcy Cameron
Compassion & Choices	Marci Karth Better
Complete Care	Robert Morris, CEO
Craig Hospital	Diane Reinhard
	Kyle Mickalowski, Director of Quality Management
	Tim Saunders, Compliance Officer
Delta County Memorial Hospital	Dawn Arnett

Organization	Representative Name and Title (if known)
Denver Health	Jackie Zheleznyak, Director of Government Relations
	Kathy Boyle, Chief Nursing Officer
	Lisa Ward
	Mary Ann McEntee
Eagle Valley Behavioral Health	Casey Wolfington
East Morgan County Hospital	Linda Roan, Chief Nursing Officer
Eating Recovery Center	James Feist, Facilities Director
	Matthew Compton, Compliance Manager
Encompass Health	Christy Buchanan
	Taylor Davis
Estes Park Health	Avi Nashc, Quality Coordinator
	Karlye Pope
	Kimberly Smith
Family Health West	Travis Dorr
Grand River Health	Melissa Obuhanick
Gunnison Valley Health	Andrew Bertapelle
HealthONE	Melissa Osse, Vice President of Government Relations
	Ryan Thornton
	David Leslie, Chief Nursing Officer, Presbyterian/St. Luke's and Rocky Mountain Hospital for Children
	Eric Hill, The Medical Center of Aurora
	John Roque, Chief Nursing Officer, The Medical Center of Aurora
Heart of the Rockies Regional Medical Center	Peter Edis, Vice President, Providers, Clinics, Behavioral Health
Keefe Memorial Hospital	Char Korrell
Kindred Healthcare	Janelle Kircher, CEO
Legislative Aide to State Representative Kyle Mullica	Sarah Regan
Longmont United Hospital	Mary Hillard
Memorial Regional Health	Zachary Johnson
Middle Park Health	Deb Plemmons, Vice President of Nursing
National Jewish Health	Shilay Willis
North Suburban Medical Center	Chrissy Leroux
	Ed Cook
Northern Colorado Rehabilitation and Long Term Acute Hospital of Northern Colorado	Hillary Payne
	Sean McCauley
	Stephanie Drobny
OrthoColorado Hospital	Caroline Corich, Regulatory Readiness Coordinator
Pagosa Springs Medical Center	Scott McAfee, Radiology Manager
Parker Adventist Hospital, Centura Health	Michele Johler, Regulatory Program Manager
Parkview Medical Center	Jim Caldwell

Organization	Representative Name and Title (if known)
	Jackie Vaught
	Kelea Nardini
	Maggie Welte
Penrose St. Francis Health Services	Victoria Cameron
Prowers Medical Center	Margaret White, Quality Director
Rangely District Hospital	Tamara Morgan
Salida Heart of the Rockies Regional Medical Center	April Asbury
San Luis Valley Health	Helen Ross
	Michelle Gay, Director of Compliance
	Roberta Bean
SCL Health	Beth Hepola
	Jeani Frickey Saito
	Lori Wightman
	Sadie Sullivan, Associate General Counsel
Southwest Health System	Karen Labonte
	Lisa Gates, RN
Spanish Peaks Regional Health Center	Kenda Pritchard, Chief Nursing Officer
St. Thomas More Hospital	Abigail Tate, Quality Director
St. Vincent Hospital	Meg Schroeder, Chief Nursing Officer
State Representative	Kyle Mullica, State Legislator and RN
UCHealth	Cheri Krauss
	Cindy Corsaro, Memorial Hospital
	Emily Thorp, Infection Prevention, North Region
	Katherine Howell, Chief Nursing Officer, University of Colorado Hospital
	Kathryn Trujillo, North Region
	Kristina Comer, Colorado Academy of Nutrition and Dietetics
	Marcee Paul, University of Colorado Hospital
	Marianne Benjamin, Memorial Hospital
	Mary Jo Hallaert, Accreditation Coordinator, Northern Region
	Noreen Bernard, Chief Nursing Officer, Longs Peak Hospital and Broomfield Hospital
	Patrick Conroy
	Sheryl Bardell, Regulatory Coordinator, University of Colorado Hospital
	Suzanne Golden, University of Colorado Hospital
Vail Health	Ashley Yeo, Health Information Management Director
	Caitlyn Ngam, Infection Preventionist
	Erin Satsky
	Joe Gonzales

Organization	Representative Name and Title (if known)
	Lisa Herota
	Mary Crumbaker
	Robin Sobieski, Registered Nurse Professional Development Specialist
	Sara Dembeck, Associate Chief Nursing Officer
	Shannatay Bergeron
	Tania Boyd
	Tanya Rippeth
Valley View Hospital	Aimee Johnson, Regulatory Manager
	Dawn Sculco, Chief Nursing Officer
Vibra Hospital	Kelley Degarate
Vivent Health	Thomas Deem
	Helen Whitener
	Jasmine Shea
	Judith Burke, MS, RN, Retired Nurse Executive
	Kelly Alexander
	Nic Taylor
	V. Sean

The Health Facilities and Emergency Medical Services Division (Division) held sixteen (16) monthly meetings between October 2019 and May 2021. Four (4) meetings were cancelled due to the Division's and stakeholders' response to the COVID-19 pandemic. 270 unique participants attended the monthly meetings over the course of the process.

All stakeholder meetings were open to the public, and there was substantial interest and attendance, as documented in the table above. All licensed hospitals and interested stakeholders were provided notice of meetings and of alternate methods of providing feedback. The Division sent meeting information through its portal messaging system to impacted facilities and directly emailed 105 unique stakeholders that signed up to receive such email as "interested parties." Meeting information and documents were posted to the Department google drive in advance of each meeting, including draft rules for discussion.

Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10th of the month following the Request for Rulemaking).

____ Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking.

__X__ Yes.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

There were two major policy issues encountered during the stakeholder process, the first being a request from the ACLU of Colorado to develop a disclosure process regarding certain services and procedures and the second being nurse staffing language to address perceived staffing shortages and issues, as discussed below. In all cases where there was dissent about any detail of the proposed rule set, group discussion led to an iterative process and revised language that the group could gain consensus on. In some cases, staff was directed to do additional research and come back to the group with information that helped clarify where there was consensus or where there were changes needed to achieve agreement.

- The ACLU of Colorado approached the Department with a request to add language into Chapter 4 – General Hospitals that would require hospitals to identify services offered in the realm of reproductive health, end-of-life options, and gender-affirming care, and to post that information on the hospital's website. While the stakeholders were supportive of the general idea of the proposal, especially as it relates to informing consumers on where they can receive desired care or treatment, there were concerns identified through the process. Primarily, while the services may be offered by a hospital system, they are often not offered specifically by or at an individual hospital (or by any other licensed healthcare facility) and instead are provided at provider-based locations or doctor's offices. This could lead to two potential outcomes: 1) the hospital is forced to answer "no" to the services being offered, which could create a misconception that an individual cannot obtain those services even at the system-level; or 2) the list of services on the disclosure offered by or at the hospital is whittled down to such a small number that it loses any value to the consumer. Additionally, at smaller or rural hospitals, the provision of these services is often provider-dependent. Due to the higher rate of turnover in some of these facilities, the availability of services may change frequently. This would require significant and frequent upkeep from the hospital perspective to ensure the information published on the hospital website is accurate. The Department would only be able to survey for compliance with this on a complaint-basis, and the Department cannot mandate any hospital offer these services. This would not increase access to services for consumers and could lead to greater consumer confusion. Based on the stakeholder feedback, and in conversation with the ACLU of Colorado, the Department ultimately determined not to incorporate these requirements into the Hospital chapters.
- The Department was approached early-on into the stakeholder process with interest in addressing perceived nurse staffing shortages and issues. One potential solution that was identified was promulgating mandated nurse to patient ratios in the Hospital Chapters, similar to those that have been implemented in California. The Department, and stakeholders broadly, were not supportive of mandated ratios, as there is no room for a nuanced approach based on resource availability at different hospitals. However, in order to address the underlying concerns, the Department and stakeholders overhauled the Nursing Services language to require hospitals to create master staffing plans and establish an oversight process to evaluate these plans. The Department worked closely with stakeholders and the Colorado Hospital Association and Colorado Nurses Association through a smaller workgroup in order to reach consensus.

Please identify the determinants of health or other health equity and environmental justice considerations, values or outcomes related to this rulemaking:

Overall, the proposed rule continues to hold all licensed facilities to the same standards, regardless of location or population served. However, the stakeholder group made the intentional choice in the Psychiatric Services section of Chapter 4 (which applies to Psychiatric Hospitals as well) to expand the types of providers that are qualified to oversee the delivery of psychological services to include psychiatrists and licensed clinical social workers as a way to potentially increase the availability of these services statewide.

Overall, after considering the benefits, risks and costs, the proposed rule:

Select all that apply.

X	Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.	X	Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.
	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.		Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.
	Improves access to food and healthy food options.		Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.
X	Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.		Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
	Increases a child's ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.		Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
	Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.	X	Ensures a competent public and environmental health workforce or health care workforce.
X	Other: Complies with Department's obligation to ensure all regulations are consistent with state law.		Other:_____ _____

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 4 - GENERAL HOSPITALS

6 CCR 1011-1 Chapter 4

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

INDEX

Part 1. STATUTORY AUTHORITY AND APPLICABILITY

~~1.100~~

~~1.101 STATUTORY AUTHORITY~~

~~(1) Authority to establish minimum standards through regulation and to administer and enforce such regulations is provided by Sections 25-1.5-103 and 25-3-101, C.R.S., et seq.~~

1.1 THE STATUTORY AUTHORITY FOR THE PROMULGATION OF THESE REGULATIONS IS SET FORTH IN SECTIONS 25-1.5-103 AND 25-3-101, ET SEQ., C.R.S.

~~1.1022 APPLICABILITY~~1.2 APPLICABILITY

Commented [SA1]: Throughout the proposed regulations the following terms and abbreviations may be used:

CFR/C.F.R = Code of Federal Regulations. The CFR is the entire compilation of all permanent regulations promulgated by the Federal Executive Departments.

COPs= Conditions of Participation. The Conditions of Participation are the standards developed by the Centers for Medicare and Medicaid Services (CMS) that health care organizations must meet in order to begin and continue participating in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. The COPs are analogous to the State Licensure Regulations.

FGI = Facilities Guidelines Institute. FGI is an independent, not-for-profit organization dedicated to developing guidance for the planning, design, and construction of hospitals, outpatient facilities, and residential health, care, and support facilities. The Department has adopted the FGI standards for construction for all of its newly constructed healthcare facilities.

SOM = State Operations Manual. The SOM contains the primary survey and certification rules and guidance from the Centers for Medicare and Medicaid Services. This document provides the official interpretative guidance for the Conditions of Participation (COPs) and has been used as a reference document for developing these revised state licensing regulations.

~~(1)~~(A) All hospitals shall meet applicable federal, ~~and~~ state, AND LOCAL ~~statutes~~ LAWS and regulations, including but not limited to:

~~(a)~~(1) 6 CCR 1011-1, Chapter 2, except as noted below:

~~(i)~~(A) Notwithstanding 6 CCR 1011-1, Chapter 2, ~~Section~~PART 2.2.2~~2.3.2~~, hospital services~~/~~ OR departments provided for under this Chapter 4 shall not require a separate license if they are on the hospital campus. ~~Services that are subject to separate licensure including, but not limited to, assisted living residences, hospices, hospital units, home care agencies, long term care facilities, and end stage renal dialysis treatment centers, shall not be considered part of the hospital campus.~~

(B) SERVICES THAT ARE SUBJECT TO SEPARATE LICENSURE INCLUDING, BUT NOT LIMITED TO, AMBULATORY SURGICAL CENTERS, ASSISTED LIVING RESIDENCES, HOSPICES, HOSPITAL UNITS, HOME CARE AGENCIES, NURSING CARE FACILITIES, AND DIALYSIS TREATMENT CENTERS, SHALL NOT BE CONSIDERED PART OF THE HOSPITAL CAMPUS.

Commented [SA2]: Moved from paragraph above, and terminology has been updated to be consistent.

~~(b)~~(2) This Chapter 4, except as noted below:

~~(i)~~(A) F~~f~~acilities that are federally certified or are undergoing federal certification under 42 CFR 482, ET SEQ.~~,~~ as long term CARE hospitals shall meet the requirements of this chapter, except that they shall not be required to have an emergency department, ~~obstetric~~ PERINATAL services, or anesthesia services.

~~(ii)~~(B) Facilities that have TWENTY-FIVE (25) inpatient beds or FEWER~~less~~ and are federally certified, or undergoing federal certification, under 42 CFR 485.600, ET SEQ., as critical access hospitals shall meet the requirements of this chapter, except that the staffing qualifications, level of staffing, hours of operation, and quality management requirements shall not exceed the requirements established in the aforementioned federal regulations.

(3) 6 CCR 1010-2, COLORADO RETAIL FOOD ESTABLISHMENT REGULATIONS, EXCEPT AS NOTED BELOW:

Commented [SA3]: Added to cover retail operations of a hospital. Does not apply to patient dietary services. Defining language is taken from Section 25-4-1602(14), C.R.S.

(A) THESE REGULATIONS APPLY ONLY TO A RETAIL OPERATION OF A HOSPITAL THAT STORES, PREPARES, OR PACKAGES FOOD FOR HUMAN CONSUMPTION OR SERVES OR OTHERWISE PREPARES FOOD FOR HUMAN CONSUMPTION TO CONSUMERS.

(B) THESE REGULATIONS SHALL NOT APPLY TO HOSPITAL PATIENT FEEDING OPERATIONS.

~~(2)~~(B) Contracted services shall meet the standards established herein.

~~(3) When differing standards are imposed by federal, state, or local jurisdictions, the most stringent standard shall apply.~~

Part 2. DEFINITIONS

~~2.100~~

(1) ~~"Anesthetizing location" means any area of a facility that has been designated to be used for the administration of nonflammable inhalation anesthetic agents in the course of examination or treatment, including the use of such agents for relative analgesia.~~

2.1 "AUXILIARY PERSONNEL" MEANS ANY LICENSED PRACTICAL NURSE, CERTIFIED NURSE ASSISTANT, OR EMERGENCY MEDICAL SERVICES PROVIDER WORKING UNDER THE SUPERVISION OF AN INDIVIDUAL AUTHORIZED BY LAW TO DO SO.

2.2 "CAMPUS" MEANS THE PHYSICAL AREAS IMMEDIATELY ADJACENT TO THE HOSPITAL'S MAIN BUILDING(S), OTHER AREAS AND STRUCTURES THAT ARE NOT STRICTLY CONTIGUOUS TO THE MAIN BUILDING(S) BUT ARE LOCATED WITHIN 250 YARDS OF THE MAIN BUILDING(S), AND ANY OTHER AREAS DETERMINED BY THE DEPARTMENT, ON AN INDIVIDUAL CASE BASIS, TO BE PART OF THE HOSPITAL'S CAMPUS.

(2)2.3 "Care plan" means a plan of care, treatment, and services designed to meet the needs of the patient.

(3) ~~"Cord blood unit" means neonatal blood collected from the placenta and/or the umbilical cord of a single newborn baby after separation from the baby.~~

(4)2.4 "Critical care unit" means a designated area of the hospital ~~containing a grouping of single bedrooms or enclosures accommodating not more than 6 beds each, and~~ providing specialized facilities and services to care for patients who require continuing, acute observation and concentrated, highly proficient care.

(5)2.5 "Department" means the Department of Public Health and Environment.

(6)2.6 "Dietary services equipment" means an article used in the operation of dietary services, such as, but not limited to a freezer, grinder, hood, ice maker, oven, mixer, range, slicer, or ware-washing machine. "Dietary services equipment" does not include items used for handling or storing large quantities of packaged foods received from a supplier in a cased or over-wrapped lot, such as forklifts, hand trucks, dollies, pallets, racks and skids.

(7) ~~"Distinct part" means a physically distinguishable portion from the larger hospital institution that is separately certified by the Centers for Medicaid and Medicaid Services as a nursing facility, a skilled nursing facility or a psychiatric or rehabilitation unit for the purposes of exclusion from prospective payment systems.~~

2.7 "EMERGENCY MEDICAL SERVICES PROVIDER" MEANS AN INDIVIDUAL WHO HOLDS A VALID EMERGENCY MEDICAL SERVICE PROVIDER CERTIFICATE OR LICENSE ISSUED BY THE DEPARTMENT AND INCLUDES EMERGENCY MEDICAL TECHNICIAN, ADVANCED EMERGENCY MEDICAL TECHNICIAN, EMERGENCY MEDICAL TECHNICIAN INTERMEDIATE, AND PARAMEDIC. AN EMERGENCY MEDICAL SERVICES PROVIDER IS REFERRED TO IN THIS CHAPTER 4 AS AN EMS PROVIDER.

(8)2.8 "Food-contact surfaces" means those surfaces of equipment and utensils with which food normally comes in contact~~,~~ and those surfaces from which food may drain, drip, or splash back onto surfaces in contact with food. This excludes ventilation hoods.

(9)2.9 "General hospital" means a health facility that, under an organized medical staff, offers and provides ~~twenty-four hours per day, seven days per week,~~ inpatient services, emergency medical and EMERGENCY surgical care, continuous nursing services, and necessary ancillary services, to individuals for the diagnosis or treatment of injury, illness, pregnancy, or disability, TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK.

Commented [SA4]: Suggest striking, as this term was only used in a portion of the regs that is being struck as related to FGI

Commented [SA5]: Moved from below, previously defined under "hospital campus"

Commented [SA6]: Striking as term was only used in the cord blood banking section of the regs, which is now struck

Commented [SA7]: This limitation on the number of beds was inconsistent with current practice.

Commented [SA8]: Removed because only used in the previous "off-campus" definition, which has been changed.

~~(a)~~(A) A general hospital may offer and provide, but is not limited to, outpatient, preventive, therapeutic, surgical, diagnostic, rehabilitative, or any other supportive services for periods of less than twenty-four (24) hours per day.

~~(b)~~(B) Services provided by a general hospital may be provided directly or by contractual agreement. Direct inpatient services shall be provided on the licensed premises of the general hospital.

~~(c)~~(C) A general hospital may provide services on its campus and on off-campus locations.

~~(d)~~(D) Non-direct care services (such as billing functions) necessary for the successful operation of the HOSPITAL ~~facility~~ that are not on the hospital campus may be incorporated under the license.

~~(11)~~2.10 "GOVERNING BODY" MEANS THE BOARD OF TRUSTEES, DIRECTORS, OR OTHER BODY IN WHOM THE ULTIMATE AUTHORITY AND RESPONSIBILITY FOR THE CONDUCT OF THE HOSPITAL IS VESTED.

Commented [SA9]: Not a new definition. Moved from (11) below to maintain alphabetical order.

2.11 "INPATIENT CARE UNIT" MEANS A DESIGNATED AREA OF THE HOSPITAL THAT PROVIDES A BEDROOM OR A GROUPING OF BEDROOMS WITH RESPECTIVE SUPPORTING FACILITIES AND SERVICES TO MEET THE CARE AND CLINICAL MANAGEMENT NEEDS OF INPATIENTS; AND THAT IS THEREBY PLANNED, ORGANIZED, OPERATED, AND MAINTAINED TO FUNCTION AS A SEPARATE AND DISTINCT UNIT.

Commented [SA10]: Changed to make consistent with nursing services language. Change has been made throughout the chapter.

~~(10)~~2.12"Investigational drug" ~~in accordance with 21 CFR 312.3~~ means a new drug or biological drug that is used in a clinical investigation.[‡] The term also includes a biological product that is used in vitro for diagnostic purposes. The terms "investigational drug" and "investigational new drug" are deemed to be synonymous.

~~‡ The Text of 21 CFR 312.3 is available for public inspection during regular business hours at Colorado Department of Public Health and Environment, Health facilities and Emergency Medical Services Division, 4300 Cherry Creek Drive South, Denver CO 80246-1530. Copies are also available on the web at: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=312.3~~

~~(11) "Governing board" means the board of trustees, directors, or other governing body in whom the ultimate authority and responsibility for the conduct of the hospital is vested.~~

~~(12) "Hospital campus" means the hospital's main buildings including areas and structures that are not strictly contiguous to the main building excluding parking lots and other parcels dedicated to the public's use. In order to be part of the hospital campus, any adjoining areas shall be under the same hospital operational control and ownership as described on the hospital's license application. The campus is considered one licensed facility at one location as opposed to off-campus locations or facilities subject to a separate license.~~

~~(13)~~2.13 "Licensed independent practitioner" means an individual permitted by law and the HOSPITAL ~~facility~~ to independently diagnose, initiate, alter, or terminate health care treatment within the scope of ~~his or her~~ THEIR license.

2.14 "MEDICAL STAFF" MEANS THE ORGANIZED BODY THAT IS RESPONSIBLE FOR THE QUALITY OF MEDICAL CARE PROVIDED TO PATIENTS BY THE HOSPITAL. THE MEDICAL STAFF MUST BE COMPOSED OF DOCTORS OF MEDICINE OR OSTEOPATHY. THE MEDICAL STAFF MAY ALSO INCLUDE OTHER CATEGORIES OF PHYSICIANS AND NON-PHYSICIAN PRACTITIONERS WHO ARE DETERMINED TO BE ELIGIBLE FOR APPOINTMENT BY THE GOVERNING BODY.

Commented [SA11]: New definition added from C.F.R. 482.22(a)

~~(14) "Medication monitoring" is a service provided under the supervision of a licensed physician or advanced nurse practitioner to evaluate, prescribe or administer and monitor a patient's use of psychotropic medications including anti-Parkinsonian medications.~~

2.15 "OFF-CAMPUS LOCATION" MEANS A FACILITY THAT MEETS ALL OF THE FOLLOWING CRITERIA:

(A) WHOSE OPERATIONS ARE DIRECTLY OR INDIRECTLY OWNED OR CONTROLLED BY, IN WHOLE OR IN PART, OR AFFILIATED WITH A HOSPITAL, REGARDLESS OF WHETHER THE OPERATIONS ARE UNDER THE SAME GOVERNING BODY AS THE HOSPITAL;

(B) THAT IS LOCATED MORE THAN TWO HUNDRED FIFTY (250) YARDS FROM THE HOSPITAL'S MAIN CAMPUS;

(C) THAT PROVIDES SERVICES THAT ARE ORGANIZATIONALLY AND FUNCTIONALLY INTEGRATED WITH THE HOSPITAL;

(D) THAT IS AN OUTPATIENT FACILITY PROVIDING PREVENTATIVE, DIAGNOSTIC, TREATMENT, OR EMERGENCY SERVICES; AND

(E) THAT IS NOT OTHERWISE SUBJECT TO REGULATION UNDER 6 CCR 1011-1.

~~(15) "Off-campus location" means a facility whose operations are directly owned by the hospital and under the same governing body that is not located on the hospital's campus, but which provides services that are organizationally and functionally integrated with the hospital which the hospital chooses to list under its hospital license, and is either:~~

~~(a) a distinct part unit providing rehabilitation or psychiatric services in existence prior to January 1, 2011; or~~

~~(b) an outpatient facility providing preventive, diagnostic and/or treatment services that is not regulated by a Chapter of 6 CCR 1011-1,Standards for Hospitals and Health Facilities.~~

~~(16) "Patient care unit" means a designated area of the hospital that provides a bedroom or a grouping of bedrooms with respective supporting facilities and services to meet the care and clinical management needs of inpatients; and that is thereby planned, organized, operated, and maintained to function as a separate and distinct unit.~~

~~(17)~~2.16 "Pharmacist" means a person licensed by the Colorado State Board of Pharmacy as a pharmacist.

~~(18) Reserved.~~

~~(19) "Public cord blood bank" means a public cord blood bank that has obtained all applicable federal and state licenses, certifications and registrations and is accredited as a public cord blood bank by an accrediting entity recognized or otherwise approved by the Secretary of Health and Human Services under the Public Health Service Act, as such Act may be amended. (42 U.S.C. Section 274k)~~

~~(20)~~2.17 "Recreational therapy" is the use of treatment, education, and recreation to help psychiatric patients develop and use leisure in ways that enhance their health, functional abilities, independence, and quality of life.

~~(21) "Relative Analgesia" means a state of sedation and partial block of pain perception produced in a patient by the inhalation of concentrations of nitrous oxide insufficient to produce loss of consciousness; i.e., conscious sedation.~~

~~(22) "Respiratory care" means that service which is organized to provide facilities, equipment, and personnel who are qualified by training, experience and ability to treat conditions caused by deficiencies or abnormalities associated with respiration.~~

Commented [SA12]: New definition added from 25-3-118, C.R.S.

Commented [BM13]: Added (E) based on stakeholder input

Commented [SA14]: Moved to "inpatient care unit" above

Commented [SA15]: Suggest striking as no longer used in the regulations

Commented [SA16]: Suggest striking, as this term was only used in the "anesthetizing location" definition above, which is no longer used in the regulations

Commented [SA17]: Suggest striking because this information is covered elsewhere, and we do not define other services lines of the hospital.

2.18 "SPECIALTY HOSPITAL" MEANS A HOSPITAL THAT:

(A) LIMITS ADMISSION ACCORDING TO AGE, TYPE OF DISEASE, OR MEDICAL CONDITION;

(B) DOES NOT MAINTAIN A DEDICATED EMERGENCY DEPARTMENT; AND

(C) IS NOT OTHERWISE ELIGIBLE FOR LICENSURE UNDER 6 CCR 1011-1.

~~(23)~~2.19 "Surgical recovery room" means designated room(s) designed, equipped, staffed, and operated to provide close, individual surveillance of patients recovering from acute EFFECTS ~~affects~~ of anesthesia, surgery, and diagnostic procedures.

2.20 "TELEHEALTH" MEANS A MODE OF DELIVERY OF HEALTH CARE SERVICES THROUGH HIPAA-COMPLIANT TELECOMMUNICATIONS SYSTEMS, INCLUDING INFORMATION, ELECTRONIC, AND COMMUNICATION TECHNOLOGIES, REMOTE MONITORING TECHNOLOGIES, AND STORE-AND-FORWARD TRANSFERS, TO FACILITATE THE ASSESSMENT, DIAGNOSIS, CONSULTATION, TREATMENT, EDUCATION, CARE MANAGEMENT, OR SELF-MANAGEMENT OF A PERSON'S HEALTH CARE.

~~(24)~~2.21 "Utensil" means any implement used in the storage, preparation, transportation, or service of food.

~~(25) "Voluntary cord blood donor" means a pregnant woman who has delivered or will deliver a newborn baby and/or such other individual(s) as may be identified by the hospital as required to consent to the voluntary donation of neonatal blood remaining in the placenta and/or the umbilical cord after separation from the newborn baby and who has provided timely informed written consent in accordance with standards established by the hospital pursuant to the provisions of Section 20.152 (1)(d).~~

Part 3. DEPARTMENT OVERSIGHT

~~3.100~~ 3.1 ~~APPLICATION FEES~~APPLICATION FEES

~~3.1.101 SUBMITTAL OF FEES.~~

(A) ~~Initial License~~INITIAL LICENSE (when such initial licensure is not a change of ownership). ~~A license applicant shall submit a nonrefundable fee with an application for licensure as follows:~~

~~(a) See table below.~~

(1) A LICENSE APPLICANT SHALL SUBMIT A NONREFUNDABLE FEE WITH AN APPLICATION FOR LICENSURE AS FOLLOWS:

Number of INPATIENT Beds	Fee
1 - 25 beds	$8,360.40
26 - 50 beds	$10,450.50
51 - 100 beds	$13,063.14
101 + beds	Base: $10,241.50
	Per bed: $52.25
	Cap: $20,901.02

(A) ~~Notwithstanding the provisions of Section 3.101 (1)(a), t~~The initial fee for facilities to be licensed as general hospitals, but certified as long term CARE hospitals pursuant to 42 CFR 482 ET SEQ., shall BE AS FOLLOWS~~submit~~: a base fee of $5,956.78 and a per INPATIENT bed fee of

Commented [BM18]: New definition and concept; modified from Arizona regulations. The only service a specialty hospital does not have to provide is a Dedicated E.D.

Commented [SA19]: Definition from C.R.S. 10-16-123

Commented [SA20]: Suggest striking as no longer used in the regulations

$52.25. The initial licensure fee for long term CARE hospitals shall not exceed $10,973.03.

(B) ~~Renewal License~~RENEWAL LICENSE

(1) A license applicant shall submit an application for licensure with a nonrefundable fee as shown in the following table. The total renewal fee shall not exceed $8,360.40.

(2) ~~For licenses that expire on or after September 1, 2014~~, A~~a~~ license applicant that is accredited by an accrediting organization recognized by the Centers for Medicare and Medicaid Services as having deeming authority may be eligible for a TEN (10) percent discount off the base renewal license fee. In order to be eligible for this discount, the license applicant shall SUBMIT ~~authorize its accrediting organization to submit directly to the Department~~ copies of ITS MOST RECENT RECERTIFICATION survey(s), and ANY plan(s) of correction ~~for the previous license year~~, ~~along~~ with the most recent letter of accreditation showing the license applicant has full accreditation status. ~~.~~IN ADDITION TO A COMPLETED RENEWAL APPLICATION.

Number of INPATIENT Beds	Fee	Fee with Deeming Discount
1 - 50 beds	Base: $940.54 Per bed: $12.54	Base: $846.49 Per bed: $12.54
51 - 150 beds	Base: 1,463.07 Per bed: $12.54	Base: $1,316.76 Per bed: $12.54
151+ beds	Base: $2,090.10 Per bed: $12.54 CAP: $8,360.40	Base: $1,881.09 Per bed: $12.54 CAP: $8,360.40

~~(3)~~(C) ~~Change of Ownership.~~ CHANGE OF OWNERSHIP ~~A license applicant shall submit a nonrefundable fee of $2,612.62 with an application for licensure.~~

(1) A LICENSE APPLICANT SHALL SUBMIT A NONREFUNDABLE FEE OF $2,612.62 WITH AN APPLICATION FOR LICENSURE.

~~(4)~~(D) ~~Provisional License.~~ PROVISIONAL LICENSE ~~The A license applicant may be issued a provisional license upon submittal of a nonrefundable fee of $2,612.62. If a provisional license is issued, the provisional license fee shall be PAID in addition to the initial license fee.~~

(1) A LICENSE APPLICANT MAY BE ISSUED A PROVISIONAL LICENSE UPON SUBMITTAL OF A NONREFUNDABLE FEE OF $2,612.62.

(2) IF A PROVISIONAL LICENSE IS ISSUED, THE PROVISIONAL LICENSE FEE SHALL BE PAID IN ADDITION TO THE INITIAL LICENSE FEE.

~~(5)~~(E) ~~Conditional License.~~ CONDITIONAL LICENSE ~~A facility that is issued a conditional license by the Department shall submit a nonrefundable fee ranging from 10 to 25 percent of its applicable renewal fee. The Department shall assess the fee based on the anticipated costs of monitoring compliance with the conditional license. If the conditional license is issued concurrent with the initial or renewal license, the conditional license fee shall be in addition to the initial or renewal license fee.~~

(1) A LICENSE APPLICANT THAT IS ISSUED A CONDITIONAL LICENSE BY THE DEPARTMENT SHALL SUBMIT A NONREFUNDABLE FEE RANGING FROM TEN (10) TO TWENTY-FIVE (25) PERCENT OF ITS APPLICABLE RENEWAL FEE.

(2) THE DEPARTMENT SHALL DETERMINE AND ASSESS THE FEE BASED ON THE ANTICIPATED COSTS OF MONITORING COMPLIANCE WITH THE CONDITIONAL LICENSE.

(3) CONDITIONAL LICENSE FEES SHALL BE PAID IN ACCORDANCE WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 2, PART 2.8.3.

~~(6)~~(F) ~~Other Regulatory Functions.~~ OTHER REGULATORY FUNCTIONS ~~If a facility requests an onsite inspection for a regulatory oversight function other than those listed in Sections the Department may conduct such onsite inspection upon notification to the facility of the fee in advance and payment thereof. The fee shall be calculated solely on the basis of the cost of conducting such survey. A detailed justification of the basis of the fee shall be provided to the facility upon request.~~

(1) IF A LICENSE APPLICANT REQUESTS AN ONSITE INSPECTION FOR A REGULATORY OVERSIGHT FUNCTION OTHER THAN THOSE LISTED IN PARTS 3.1(A)-(E), THE DEPARTMENT MAY CONDUCT SUCH ONSITE INSPECTION UPON NOTIFICATION TO THE HOSPITAL OF THE FEE IN ADVANCE AND PAYMENT THEREOF.

(2) THE FEE SHALL BE CALCULATED SOLELY ON THE BASIS OF THE COST OF CONDUCTING SUCH SURVEY. A DETAILED JUSTIFICATION OF THE BASIS OF THE FEE SHALL BE PROVIDED TO THE LICENSE APPLICANT UPON REQUEST.

~~(7)~~(G) ~~Off-Campus Locations~~OFF-CAMPUS LOCATIONS

~~(a)~~(1) ~~Addition, Annual Renewal and Termination of Off-Campus Locations.~~ A licens~~e~~ APPLICANT shall submit a nonrefundable fee, as set forth below, for the requested license action.

~~(i)~~(A) ADDITION OF LOCATION: $1,045.05 for the addition of each location to the list of off-campus locations under the license, except that critical access hospitals shall submit a nonrefundable fee of $522.52.

~~(ii)~~(B) ANNUAL RENEWAL: $522.52 for the annual renewal of each off-campus location listed under the license.

~~(iii)~~(I) $470.28 for the annual renewal of ~~licenses that expire on or after September 1, 2014, for~~ each off-campus location that is accredited by an accrediting organization recognized by the Centers for Medicare and Medicaid Services as having deeming authority. In order to be eligible for this discount, the license applicant shall ~~authorize its accrediting organization to~~ SUBMIT ~~directly to the Department~~ copies of ITS MOST RECENT RECERTIFICATION ~~all~~ survey(s), and ANY plan(s) of correction ~~for the previous license year, along~~ with the most recent letter of accreditation showing the license applicant has full accreditation status~~.~~ IN ADDITION TO A COMPLETED RENEWAL APPLICATION.

~~(iv)~~(C) REMOVAL OF LOCATION: $376.22 for the removal of each location from the list of off-campus locations under the license.

~~3.200~~3.2 ~~INCREASE IN LICENSED CAPACITY~~INCREASE IN LICENSED CAPACITY

(A) PLANNED INCREASE IN LICENSED CAPACITY

Commented [SA21]: Has been moved from previous 3.201 (below) with no language modifications, just formatting changes.

(1) EACH HOSPITAL SHALL COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 2, PART 2.9.6, REGARDING THE WRITTEN NOTIFICATION OF CHANGES AFFECTING THE LICENSEE'S OPERATION OR INFORMATION.

(2) IN ADDITION TO (A)(1) ABOVE, A HOSPITAL THAT WISHES TO INCREASE ITS LICENSED CAPACITY SHALL FOLLOW THE FOLLOWING PROCESS:

(A) IF A HOSPITAL NOTIFIES THE DEPARTMENT, IN WRITING, AT LEAST THIRTY (30) DAYS PRIOR TO AN INCREASE IN LICENSED CAPACITY, AN AMENDED LICENSE SHALL BE ISSUED UPON PAYMENT OF THE APPROPRIATE FEE.

(B) IF REQUESTED BY THE DEPARTMENT, THE HOSPITAL SHALL MEET WITH A DEPARTMENT REPRESENTATIVE PRIOR TO IMPLEMENTATION TO DISCUSS THE PROPOSED CHANGES.

(C) IF A HOSPITAL REQUESTING AN INCREASE IN LICENSED CAPACITY HAS BEEN SUBJECT TO CONDITIONS IMPOSED UPON ITS LICENSE, PURSUANT TO 6 CCR 1011-1, CHAPTER 2, PART 2.8.3, OR BEEN SUBJECT TO A PLAN OF CORRECTION PURSUANT TO 6 CCR 1011-1, CHAPTER 2, PART 2.10.4(B), WITHIN THE PAST TWELVE (12) MONTHS, THE HOSPITAL SHALL SUBMIT TO THE DEPARTMENT EVIDENCE THAT THE NOTED CONDITION(S) HAVE BEEN MET, OR THE PLAN OF CORRECTION IMPLEMENTED, WHEN PROVIDING THE NOTICE OF INCREASED CAPACITY.

(B) TEMPORARY INCREASE IN LICENSED CAPACITY

(1) A HOSPITAL SEEKING A TEMPORARY INCREASE IN LICENSED CAPACITY SHALL FOLLOW THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 2, PART 2.8.2(B).

~~3.201.1 Each licensee shall comply with the requirements of 6 CCR 1011-1, Chapter 2 II, section 2.10.5 regarding written notification of changes affecting the licensee's operation or information, except that the procedure regarding a proposed increase in licensed capacity set forth in Chapter 2II, section 2.10.5(A)(1) shall be as follows:~~

~~(1)(A) Subject to subpart (a), if a licensee notifies the Department in writing at least thirty (30) calendar days in advance of an increase in licensed capacity, an amended license shall be issued upon payment of the appropriate fee. Upon request by the Department, the licensee shall meet with a Department representative prior to implementation to discuss the proposed changes.~~

~~(a)(1) If a licensee requesting an increase in licensed capacity has, within 12 months prior to giving notice thereof, been subject to conditions imposed upon its license pursuant to SECTION § 2.9.4 or been subject to a plan of correction pursuant to SECTION § 2.11.3(B), the licensee shall submit to the Department satisfactory evidence that the noted condition(s) have been met or the plan of correction implemented, as applicable, in connection with the notice of increased capacity.~~

Part 4. GENERAL BUILDING AND FIRE SAFETY PROVISIONS~~PHYSICAL PLANT STANDARDS~~

Commented [SA22]: Changed to match Chapter 2, Part 3.

~~4.101 COMPLIANCE WITH FGI GUIDELINES~~

4.1 Any construction or renovation of a hospital initiated on or after July 1, 2020, shall COMPLY WITH ~~conform to Part 3 of~~ 6 CCR 1011-1, Chapter 2, PART 3, GENERAL BUILDING AND FIRE SAFETY PROVISIONS, ~~unless otherwise specified in this current Chapter.~~ WITH THE FOLLOWING ADDITIONS:

(A) FOR PURPOSES OF COMPLIANCE WITH FGI STANDARDS AT 2.1-3.4.4.3 REGARDING OBSERVATION OF ALL PATIENT CARE STATIONS FROM THE NURSE STATIONS. THE HOSPITAL MUST BE ABLE TO DIRECTLY OBSERVE THE PATIENT'S HEAD AND CHEST EITHER FROM ANY POINT WITHIN THE NURSE STATION WITHOUT THE NEED TO EXIT INTO ADJOINING SPACES OR THROUGH THE USE OF A CLOSED CIRCUIT CAMERA/MONITOR SYSTEMS STATION(S).

Commented [SA23]: Language added for clarity that this is guidance in implementing FGI requiements, and not imposing additional requirements.

Commented [SA24]: Added provision to codify the Department's interpretation for this FGI requirement.

Part 5. ~~FACILITY~~ HOSPITAL OPERATIONS

~~5.100 Central Medical Surgical Supply Services~~

~~5.200 Housekeeping Services~~

~~5.300 Maintenance Services~~

~~5.400 Waste Disposal Services~~

~~5.500 Linen and Laundry~~

~~5.100 CENTRAL MEDICAL-SURGICAL SUPPLY SERVICES~~5.1 MATERIALS MANAGEMENT SERVICES

~~5.101 ORGANIZATION AND STAFFING~~

(A)~~(1)~~ All hospitals shall provide MATERIALS MANAGEMENT ~~central medical-surgical supply~~ services with facilities for RECEIVING, processing, ~~sterilizing,~~ storing, and dispensing supplies and equipment for all departments/services of the hospital.

(B)~~(2)~~ ~~The~~ MATERIALS MANAGEMENT ~~central medical-surgical supply~~ services shall be OVERSEEN BY ~~organized as a service under the immediate supervision of~~ a person who is competent in MATERIALS management, ~~asepsis,~~ supply processing, and control methods TO ENSURE INTEGRITY OF THE SYSTEM IS MAINTAINED THROUGHOUT RECEIVING, CLEANING, PROCESSING, STORING, AND ISSUING SUPPLIES.

(C)~~(3)~~ Sufficient supporting personnel shall be assigned to the service and BE properly trained in MATERIALS MANAGEMENT ~~central medical-surgical supply~~ services.

~~5.102 PROGRAMMATIC FUNCTIONS~~

~~(1) Continuous supervision shall be maintained throughout receiving, cleaning, processing, sterilizing, and storing. A combination of controls or indicators shall be used to determine the effectiveness of the sterilization process. Bacteriological methods shall be used to evaluate the effectiveness of sterilization, by at least monthly cultures with records maintained.~~

Commented [SA25]: Removed from this Part because it was identified as related to Infection Control

(D)~~(2)~~ Written policies and procedures shall be established for all functions of ~~central medical-surgical supply~~ THE MATERIALS MANAGEMENT services.

(E) AT A MINIMUM, THE POLICIES AND PROCEDURES SHALL ADDRESS: ~~Such written procedures shall include, but not be limited to,~~ obtaining, cleaning, processing, ~~sterilizing,~~ storing, and issuing supplies~~,~~ AND THE TRAINING AND SUPERVISION OF PERSONNEL.

~~(3) Policies shall be established to provide supervision and training programs for all personnel involved in central medical-surgical supply operations and services.~~

Commented [SA26]: Incorporated into 5.1.5 above.

~~5.103 EQUIPMENT~~

~~5.104 FACILITIES~~

~~1)This service shall be separated physically from other areas of the hospital and shall include areas designated for the following: 1) Receiving; 2) Cleaning and processing; 3) Sterilizing; 4) Storing clean and sterile supplies; 5) Storing bulk supplies and equipment.~~

~~(2)A two-compartment sink, with counter or drainboard and knee-or-wrist action valves, shall be provided in the cleaning area.~~

~~(3)Adequate cabinets, cupboards, and other suitable equipment shall be provided for the processing of materials and for the storage of equipment and supplies in a clean and orderly manner.~~

~~(4)Pressurized steam sterilizers shall be installed and provided with indirect waste connections. Vents used for sterilizers that emit steam exhaust shall be installed in such a manner as to avoid recirculation.~~

~~(5) Ventilation~~

~~(a) Ventilation to this area may be supplied from the general ventilation system, if properly filtered.~~

~~(b) The flow of air should be from the clean areas toward the exhaust in the soiled area. In the case of new hospital construction or the modification of a hospital facility, the flow of air shall be from the clean areas toward the exhaust in the soiled area.~~

~~(c) Exhausts shall be installed over sterilizers to prevent condensation on walls and ceilings.~~

Commented [BM27]: 5.1.11-5.1.15 removed based on 12/5 meeting; FGI-related

~~5.200 HOUSEKEEPING SERVICES~~5.2 ENVIRONMENTAL SERVICES

~~5.201 ORGANIZATION AND STAFFING~~

(A) Each hospital shall establish organized ~~housekeeping~~ ENVIRONMENTAL services, TO ENSURE THE HOSPITAL ENVIRONMENT IS CLEAN AND SANITARY. ~~The hospital environment shall be clean and sanitary.~~

(B)~~(2)~~ ENVIRONMENTAL ~~The~~ services shall be OVERSEEN BY ~~under the supervision of~~ a person competent in environmental sanitation and management.

~~5.202 PROGRAMMATIC FUNCTIONS~~

(C)~~(1)~~ Written policies and procedures shall be established and implemented for cleaning the physical plant and equipment.

(D) The policies and procedures shall be designed to prevent and control infection. At A minimum, the policies and procedures shall address:

(1) C~~c~~leaning schedules,

(2) C~~c~~leaning methods,

(3) T~~t~~he proper use and storage of cleaning supplies,

(4) H~~h~~hand washing, and

(5) Tthe supervision and training of ~~housekeeping~~ ENVIRONMENTAL SERVICES personnel.

(E)~~(2)~~ Dry dusting and sweeping are prohibited.

~~5.203 EQUIPMENT AND SUPPLIES~~

(F)~~(1)~~ Suitable equipment and supplies shall be provided for cleaning of all surfaces. Such equipment shall be maintained in a safe, sanitary condition.

~~(2) THE selection of germicides shall be under the supervision of competent individual(s).~~

~~(3)Solutions, cleaning compounds, and hazardous substances shall be labeled properly and stored in safe places. Paper towels, tissues, and other supplies shall be stored in a manner to prevent their contamination prior to use.~~

Commented [BM28]: Removed based on 12/5 meeting; FGI-related

(G)~~(5)~~ Carts used to transport rubbish and refuse shall be constructed of impervious materials, shall be enclosed, and shall ONLY be used ~~solely~~ for this purpose.

~~5.204 FACILITIES. RESERVED.~~

~~**5.300 MAINTENANCE SERVICES**~~5.3 FACILITY SERVICES

~~5.301 ORGANIZATION AND STAFFING~~

(A) THE GROUNDS, PHYSICAL PLANT, EQUIPMENT, AND FURNISHINGS SHALL BE HAZARD FREE AND IN GOOD REPAIR.

Commented [SA29]: Broken out from the paragraph below. Not new language.

(B)~~(1)~~ The hospital shall provide facility maintenance services which shall be responsible for the upkeep of the hospital's grounds, physical plant, equipment, and furnishings. ~~The grounds, physical plant, equipment and furnishings shall be hazard free and in good repair.~~

(C)~~(2)~~ The building and mechanical programs shall be OVERSEEN BY ~~under the direction of~~ a qualified person informed in the operations of the HOSPITAL ~~facility~~ and in the building structures, their component parts, and facilities.

~~5.302 PROGRAMMATIC FUNCTIONS~~

(D)~~(1)~~ The hospital shall implement written policies and procedures to keep the entire HOSPITAL ~~facility~~ in good repair and to provide for the safety, welfare, and comfort of the occupants of the building(s).

(E) ~~(2)~~Physical Plant Maintenance

(1)~~(a)~~ Inspections and maintenance shall be conducted~~, in accordance with written maintenance schedules,~~ of physical plant systems including, but not limited to, the electrical system, emergency power generators, water supply, and ventilation.

(2) INSPECTION AND MAINTENANCE SHALL BE CONDUCTED IN ACCORDANCE WITH WRITTEN MAINTENANCE SCHEDULES.

(3)~~(b)~~ Records shall be maintained showing the date of INSPECTION AND maintenance and action taken to correct any deficiencies.

(F) ~~(3)~~ Equipment Maintenance

(1) ~~(a)~~ Inspections and preventive maintenance shall be conducted ~~in accordance with written maintenance schedules~~ of equipment, including equipment used for direct patient care, to ensure that it is in good working order.

(2) PREVENTIVE MAINTENANCE SHALL BE CONDUCTED IN ACCORDANCE WITH WRITTEN MAINTENANCE SCHEDULES.

(3) PREVENTIVE MAINTENANCE INCLUDES, BUT IS NOT LIMITED TO: ROUTINE INSPECTIONS, CLEANING, TESTING, AND CALIBRATING IN ACCORDANCE WITH MANUFACTURERS' INSTRUCTIONS, OR IF THERE ARE NOT MANUFACTURERS' INSTRUCTIONS, AS SPECIFIED BY THE HOSPITAL'S WRITTEN POLICIES AND PROCEDURES.

(4) A HOSPITAL MAY, UNDER CERTAIN CONDITIONS, USE EQUIPMENT MAINTENANCE ACTIVITIES AND FREQUENCIES THAT DIFFER FROM THOSE RECOMMENDED BY THE MANUFACTURER. HOSPITALS THAT CHOOSE TO EMPLOY ALTERNATE MAINTENANCE ACTIVITIES AND/OR SCHEDULES MUST DEVELOP, IMPLEMENT, AND MAINTAIN A DOCUMENTED ALTERNATE EQUIPMENT MAINTENANCE PROGRAM TO MINIMIZE RISKS TO PATIENTS AND OTHERS IN THE HOSPITAL ASSOCIATED WITH THE USE OF HOSPITAL OR MEDICAL EQUIPMENT.

(G) ~~(b)~~ Records shall be maintained showing the date of maintenance and action taken to correct any deficiencies.

(H) ~~(4)~~ Insect, Pest, and Rodent Control

(1) ~~(a)~~ The HOSPITAL ~~facility~~ shall develop and implement written policies and procedures for the effective control and eradication of insects, pests, and rodents.

(2) ~~(b)~~ Pesticides shall not be stored in patient or food areas and shall be kept under lock.

(3) ~~(3)~~ Only properly trained, responsible personnel shall be allowed to apply insecticides and RODENTICIDES.

~~5.303 EQUIPMENT. RESERVED.~~

~~5.304 FACILITIES~~

~~(1) Screens or other effective methods shall be provided on all exterior openings and the structure so maintained as to prevent entry of rats or mice through cracks in foundations, holes in walls, around service pipes, etc.~~

~~**5.400 WASTE DISPOSAL SERVICES**~~5.4 WASTE DISPOSAL SERVICES

~~5.401 ORGANIZATION AND STAFFING~~

(A) ~~(1)~~ The hospital shall provide for the safe disposal of all types of waste products.

(B) ~~(2)~~ Infectious waste disposal shall be OVERSEEN ~~directed~~ by a person qualified by education, training, COMPETENCIES, AND/or experience in the principles of infectious waste management.

(C) ~~(3)~~ All personnel shall wash their hands thoroughly after handling waste products.

Commented [BM30]: Added on 1/2 based on stakeholder input

Commented [SA31]: Broken out from paragraph above, not new language.

Commented [BM32]: Language added based on CMS Appendix A SOM

Commented [BM33]: Removed based on 12/5 meeting; FGI-related

Commented [BM34]: Not new language, moved from Environmental Services

~~5.402 PROGRAMMATIC FUNCTIONS~~

(D)~~(1)~~ The hospital shall DEVELOP AND implement written policies and procedures to ensure the safe disposal of waste products.

(E) THE POLICIES AND PROCEDURES SHALL ADDRESS, AT A MINIMUM, THE FOLLOWING:

(1)~~(a)~~ THE DISCHARGE OF ALL SEWAGE INTO A PUBLIC SEWER SYSTEM;

(2)~~(b)~~ GARBAGE AND REFUSE;

(A) ALL GARBAGE AND REFUSE, NOT TREATED AS SEWAGE, SHALL BE COLLECTED AND STORED IN COVERED CONTAINERS.

(B) ALL GARBAGE AND REFUSE SHALL BE REMOVED FROM THE HOSPITAL PREMISES AS FREQUENTLY AS NECESSARY TO PREVENT NUISANCE OR HEALTH HAZARDS.

(3)~~(c)~~ INFECTIOUS WASTE; AND

(A) INFECTIOUS WASTE SHALL BE HANDLED AND DISPOSED OF IN ACCORDANCE WITH THE REQUIREMENTS OF SECTION 25-15-401, ET. SEQ., C.R.S.

(4)~~(d)~~ BIOLOGICAL NON-INFECTIOUS WASTE.

~~(2) Refuse or garbage shall not be burned on the premises except in an incinerator. Incinerators shall comply with federal, state and local air pollution regulations.~~

~~5.403 EQUIPMENT~~

~~(1) Incinerators shall be so constructed as to prevent insect and rodent breeding and harborage.~~

(F) IN-FACILITY REFUSE CONTAINERS SHALL BE KEPT CLEAN, AND SINGLE-SERVICE LINERS SHALL BE USED WHEN APPROPRIATE TO THE CONTAINER.

(G)~~(2)~~ EACH HOSPITAL SHALL HAVE A~~A~~ sufficient number of ~~sound~~ water-tight containers with tight fitting lids~~,~~ to hold all refuse that accumulates between collections.~~, shall be provided. Lids must be kept on the containers. Garbage containers shall be cleaned each time emptied. (Single service container liners are recommended).~~

(H) CONTAINERS USED FOR STORING OR HOLDING REFUSE WAITING FOR COLLECTION MUST BE ENCLOSED.

(I) ACCUMULATED WASTE MATERIAL SHALL BE REMOVED FROM THE BUILDING AT LEAST DAILY.

(J) ALL EXTERNAL RUBBISH AND REFUSE CONTAINERS SHALL BE IMPERVIOUS AND TIGHTLY COVERED.

~~5.404 FACILITIES~~

~~(1) No exposed sewer line shall be located directly above working, storing, or eating surfaces in kitchens, dining rooms, pantries, or food storage rooms, or where medical or surgical supplies are prepared, processed, or stored.~~

~~(2) Racks or stands for garbage containers shall be kept in good repair. A paved storage area for the containers should be provided.~~

Commented [SA35]: Broken out from the above paragraph. Not new language

Commented [BM36]: Removed based on 12/5 meeting; FGI-related

Commented [BM37]: Removed after consulting with FGI team and Air Quality Division - if incinerators are in use they will fall under both FGI and Air Quality standards and do not need to be included in this Chapter

Commented [BM38]: Not new language, moved from Environmental Services

Commented [BM39]: Removed based on 12/5 meeting; FGI-related

~~**5.500 LINEN AND LAUNDRY SERVICES**~~5.5 LINEN AND LAUNDRY SERVICES

~~5.501 ORGANIZATION AND STAFFING~~

(A)~~(1)~~ The hospital shall provide linen and laundry services, DIRECTLY OR BY CONTRACT, TO ENSURE THE PROPER LAUNDERING OF WASHABLE GOODS AND A SUFFICIENT SUPPLY OF CLEAN LINEN. ~~There shall be proper laundering of washable goods and a sufficient supply of clean linen.~~

(B)~~(2)~~ Linen and laundry services shall be OVERSEEN BY ~~under the supervision of~~ a person qualified by education, training, COMPETENCIES, AND/or experience.

~~5.502 PROGRAMMATIC FUNCTIONS~~

(C)~~(1)~~ ~~There shall be written~~ THE HOSPITAL SHALL DEVELOP AND IMPLEMENT policies and procedures for the collection, processing, distribution, and storage of linen. ~~These policies and procedures shall be reviewed periodically by the infection control committee, as applicable.~~

(D)~~(2)~~ Clean linen shall be stored and distributed to the point of use in a way that minimizes microbial contamination from surface contact or airborne particles.

(E)~~(3)~~ Soiled linen shall be collected at the point of use and transported to the soiled linen holding room in a manner that minimizes microbial dissemination.

(F)~~(4)~~ Laundering shall be conducted in accordance with manufacturers' instructions regarding the washing machine and the cleaning agent used.

~~5.503 EQUIPMENT~~

(G)~~(1) The hospital shall use~~ Only commercial laundry equipment SHALL BE USED to process hospital linen and laundry.

~~5.504 FACILITIES~~

~~(1) Laundry Area~~

~~Handwashing facilities and a toilet should be available in the laundry area.~~

~~The general air movement shall be from the cleanest areas to the most contaminated areas.~~

~~A minimum ventilation rate of ten room volumes of outside air per hour with no recirculation is recommended for the laundry proper.~~

~~Laundry exhaust should be carried to a point above the roof or 50 feet away from any window and shall not discharge near any fresh air inlet.~~

~~2) Soiled Linen Storage and Sorting Area~~

~~(a) If a laundry is not provided in the hospital, a soiled linen storage room shall be provided.~~

~~(b) Soiled linen storage room shall be enclosed, designed and used solely for that purpose, and provided with exhaust ventilation direct to the outside.~~

~~Recirculation of air from this room shall not be permitted.~~

~~The room shall have negative pressures relative to adjacent areas.~~

~~Eight room volumes of outside air per hour is recommended for the sorting area.~~

~~In the case of new hospital construction, or modification of an existing hospital facility, the room shall also be mechanically ventilated to the outside air.~~

~~(3)Clean Linen Storage~~

~~(a) A clean linen storage and sewing room shall be provided separate from the laundry room.~~

~~(b) Clean linen stored on patient care units shall be in closets, shelves, conveyances, or rooms used only for clean linen storage.~~

Commented [BM40]: Removed based on 12/5 meeting; FGI-related

Commented [BM41]: The language that follows in part six has largely been copied and pasted from the existing language, and moved up to be reorganized.
Where there is new language, this is denoted with a comment.

Part 6. GOVERNANCE AND LEADERSHIP

~~**6.100 Governing Board**~~

~~**6.200 Administrative Officer**~~

~~**6.300 Medical Staff**~~

~~**6.100 GOVERNING BOARD**~~6.1 GOVERNING BODY

(A) EACH HOSPITAL SHALL HAVE A GOVERNING BODY THAT IS LEGALLY RESPONSIBLE FOR THE CONDUCT OF THE HOSPITAL.

(B) ORGANIZATION AND RESPONSIBILITIES OF THE GOVERNING BODY

(1) THE GOVERNING BODY SHALL:

(A) BE FORMALLY ORGANIZED WITH A WRITTEN CONSTITUTION OR ARTICLES OF INCORPORATION AND BYLAWS.

(B) HOLD MEETINGS AT REGULARLY STATED INTERVALS, BUT AT LEAST QUARTERLY, AND MAINTAIN RECORDS OF THESE MEETINGS.

(C) APPOINT AN ADMINISTRATIVE OFFICER WHO IS QUALIFIED BY EDUCATION, TRAINING, COMPETENCY, AND EXPERIENCE IN HOSPITAL ADMINISTRATION, AND DELEGATE TO THEM THE EXECUTIVE AUTHORITY AND RESPONSIBILITY FOR THE ADMINISTRATION OF THE HOSPITAL. THE ADMINISTRATIVE OFFICER SHALL:

(I) ACT AS THE LIAISON BETWEEN THE GOVERNING BODY AND THE MEDICAL STAFF.

(II) DEVELOP AND IMPLEMENT A WRITTEN ORGANIZATIONAL PLAN DEFINING THE AUTHORITY, RESPONSIBILITY, AND FUNCTIONS OF EACH CATEGORY OF PERSONNEL.

(III) DEVELOP WRITTEN POLICIES AND PROCEDURES FOR EMPLOYEE AND MEDICAL STAFF USE.

(IV) ENSURE POLICIES AND PROCEDURES ARE REVIEWED AND, IF NECESSARY, UPDATED EVERY THREE (3) YEARS, OR MORE OFTEN AS APPROPRIATE.

(2) THE GOVERNING BODY SHALL BE RESPONSIBLE FOR ALL THE FUNCTIONS PERFORMED WITHIN THE HOSPITAL THROUGH THE APPROVAL AND IMPLEMENTATION OF WRITTEN POLICIES AND PROCEDURES.

Commented [SA42]: New language

(3) WITH RESPECT TO PATIENT CARE AND SERVICES PROVIDED, THE GOVERNING BODY SHALL:

(A) PROVIDE SERVICES AND HOSPITAL DEPARTMENTS NECESSARY FOR THE WELFARE AND SAFETY OF PATIENTS.

(B) ENSURE THAT THE PATIENTS RECEIVE CARE IN A SAFE SETTING, INCLUDING PROVIDING THE EQUIPMENT, SUPPLIES, AND FACILITIES NECESSARY FOR THE WELFARE AND SAFETY OF PATIENTS.

(C) ENSURE THAT EACH HOSPITAL DEPARTMENT OR SERVICE HAS WRITTEN ORGANIZATIONAL POLICIES AND PROCEDURES THAT IDENTIFY THE SCOPE OF CARE AND SERVICES PROVIDED, THE LINES OF AUTHORITY AND ACCOUNTABILITY, AND THE QUALIFICATIONS OF THE PERSONNEL PERFORMING THE SERVICES.

(D) ENSURE SERVICES ARE PROVIDED IN ACCORDANCE WITH CURRENT STANDARDS OF PRACTICE.

(E) ENSURE HOSPITAL POLICIES AND PROCEDURES ARE AVAILABLE TO EMPLOYEES AT ALL TIMES.

(F) ENSURE THAT EACH SERVICE OR DEPARTMENT PROVIDES, AT MINIMUM, TWELVE (12) HOURS OF TRAINING ANNUALLY REGARDING THE DIRECT PATIENT CARE AND SERVICES PROVIDED BY THE SERVICE OR DEPARTMENT.

(G) PROVIDE PROFESSIONAL STAFF AND AUXILIARY PERSONNEL IN SUFFICIENT NUMBERS, TYPES, AND QUALIFICATIONS NECESSARY TO PROTECT THE HEALTH, SAFETY, AND WELFARE OF PATIENTS COMMENSURATE WITH THE SCOPE AND TYPE OF SERVICES PROVIDED.

(H) ENSURE THAT SERVICES PERFORMED UNDER A CONTRACT ARE PROVIDED IN A SAFE AND EFFECTIVE MANNER. G

Commented [SA43]: New language, based on the Conditions of Participation.

(I) ENSURE THERE IS MEDICAL STAFF COVERAGE TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK.

Commented [SA44]: Added from existing requirements in Part 11. General Patient Care services

(4) WITH RESPECT TO THE OVERSIGHT OF OFF-CAMPUS LOCATIONS, THE GOVERNING BODY SHALL ENSURE THAT EACH OFF-CAMPUS LOCATION:

(A) HAS AN ADMINISTRATOR THAT REPORTS TO AN IDENTIFIED ADMINISTRATOR OF THE HOSPITAL CAMPUS.

(B) OPERATES UNDER THE APPLICABLE POLICIES AND PROCEDURES OF THE HOSPITAL CAMPUS, AS WELL AS SPECIFIC POLICIES AND PROCEDURES THAT ADDRESS THE SERVICES PROVIDED AT THE OFF-CAMPUS LOCATION.

(C) PROVIDES CARE AND SERVICES BY QUALIFIED PERSONNEL IN ACCORDANCE WITH RECOGNIZED STANDARDS OF PRACTICE.

(D) HAS A HEALTH INFORMATION MANAGEMENT SYSTEM THAT IS INTEGRATED WITH THAT OF THE HOSPITAL CAMPUS.

(E) HAS ONSITE SUPERVISION OF SERVICES THAT IS APPROPRIATE TO THE SCOPE OF SERVICES OFFERED AND SUPERVISORY STAFF ARE AVAILABLE TO FURNISH ASSISTANCE AND DIRECTION DURING THE PERFORMANCE OF A PROCEDURE, IF NEEDED.

(F) HAS PROFESSIONAL STAFF WHO HAVE CLINICAL PRIVILEGES AT THE HOSPITAL CAMPUS.

(G) IS HELD OUT TO THE PUBLIC AS PART OF THE HOSPITAL, SUCH THAT PATIENTS KNOW THEY ARE ENTERING THE HOSPITAL AND WILL BE BILLED ACCORDINGLY.

(H) HAS EXTERIOR BUILDING SIGNAGE CONTAINING THE MAIN HOSPITAL'S NAME, BUT DOES NOT HAVE AN EMERGENCY DEPARTMENT IN CONFORMANCE WITH PART 21 OF THIS CHAPTER, EMERGENCY SERVICES, AND THAT THE OFF-CAMPUS LOCATION:

(I) POSTS SIGNAGE ON OR NEAR THE FRONT ENTRANCE INDICATING THE HOURS OF OPERATION, SERVICES PROVIDED, AND INSTRUCTIONS TO CALL 911 IN AN EMERGENCY WHEN THE LOCATION IS CLOSED;

(II) HAS A STAFF MEMBER ONSITE DURING OPERATING HOURS WITH CURRENT CERTIFICATION IN FIRST AID AND CPR; AND

(III) STAFF TRAINED TO RESPOND TO ACUTE CARE EMERGENCIES AND EMERGENCY TRANSFER PROTOCOLS, AS APPROPRIATE TO THEIR RESPONSIBILITIES.

(5) WITH RESPECT TO THE OVERSIGHT OF THE MEDICAL STAFF, THE Ggoverning body SHALL:

(A) DETERMINE WHICH CATEGORIES OF PRACTITIONERS ARE ELIGIBLE CANDIDATES FOR APPOINTMENT TO THE MEDICAL STAFF.

(B) APPOINT MEMBERS TO THE MEDICAL STAFF AFTER CONSIDERATION OF MEDICAL STAFF RECOMMENDATIONS.

(C) APPROVE MEDICAL STAFF BYLAWS AND OTHER MEDICAL STAFF POLICIES AND PROCEDURES.

(D) CONSULT DIRECTLY WITH THE APPOINTED OR ELECTED MEDICAL STAFF LEADER OR THEIR DESIGNEE.

(E) ENSURE ANY DISCIPLINARY ACTION THAT RESULTS IN A SUSPENSION, REVOCATION, OR LIMITATION OF THE PRIVILEGES OF A MEMBER OF THE MEDICAL STAFF IS REPORTED TO THE APPROPRIATE LICENSING OR CERTIFICATION AUTHORITY.

6.2 MEDICAL STAFF

Commented [BM45]: Replaced chief of staff

Commented [SA46]: New language, based on statutory requirements found at 25-3-107, C.R.S.

Modified based on 11/7 meeting and then updated based on 12/5 meeting

(A) ALL HOSPITALS SHALL HAVE AN ORGANIZED MEDICAL STAFF THAT IS RESPONSIBLE FOR THE QUALITY OF MEDICAL CARE PROVIDED TO PATIENTS BY THE HOSPITAL.

(B) ORGANIZATION AND RESPONSIBILITIES OF THE MEDICAL STAFF

(1) THE MEDICAL STAFF SHALL:

(A) BE ORGANIZED IN A MANNER APPROVED BY THE GOVERNING BODY.

(B) ADOPT WRITTEN BYLAWS, WHICH ADDRESS AT A MINIMUM:

(I) APPLICATION AND APPOINTMENT TO THE MEDICAL STAFF;

(II) PRIVILEGES AND DUTIES OF EACH CATEGORY OF MEDICAL STAFF MEMBER, IN ACCORDANCE WITH THE REQUIREMENTS OF SECTION 25-3-103.5, C.R.S.;

(III) PROFESSIONAL CONDUCT IN THE HOSPITAL;

(IV) DISCIPLINE OF MEDICAL STAFF MEMBERS;

(V) THE RIGHT TO APPEAL MEDICAL STAFF DECISIONS;

(F) ATTENDANCE REQUIREMENTS FOR MEDICAL STAFF MEETINGS; AND

(G) THE FORMATION OF COMMITTEES.

(C) ENSURE THE BYLAWS ARE APPROVED BY THE GOVERNING BODY.

(D) APPOINT OR ELECT A PHYSICIAN FROM THE ORGANIZED MEDICAL STAFF AS THE MEDICAL STAFF LEADER.

(E) MEET REGULARLY AND MAINTAIN WRITTEN RECORDS OF THESE MEETINGS.

(2) THE MEDICAL STAFF SHALL BE RESPONSIBLE FOR THE FOLLOWING:

(1) EXERCISING OVERSIGHT OF ALL MEDICAL STAFF MEMBERS OR LICENSED INDEPENDENT PRACTITIONERS IN THE HOSPITAL THROUGH PROCESSES SUCH AS PEER REVIEW AND MAKING RECOMMENDATIONS CONCERNING PRIVILEGING AND RE-PRIVILEGING.

(2) ENSURING ALL PERSONS ADMITTED AS PATIENTS TO A HOSPITAL SHALL HAVE THE BENEFIT OF CONTINUING DAILY CARE OF A MEDICAL STAFF MEMBER OR A LICENSED INDEPENDENT PRACTITIONER.

(3) DEVELOPING AND IMPLEMENTING POLICIES AND PROCEDURES FOR COORDINATING AND DESIGNATING RESPONSIBILITY WHEN MORE THAN ONE MEMBER OF THE MEDICAL STAFF OR LICENSED INDEPENDENT PRACTITIONER IS TREATING A PATIENT.

~~6.101 ORGANIZATION & STAFFING~~

~~(1) The governing board shall be organized formally with written constitution or articles of incorporation and by-laws, have meetings at regularly stated intervals, but at least quarterly, and maintain records of these meetings.~~

Commented [SA47]: New language based on statutory requirements.

(2) The governing board shall appoint an administrative officer who is qualified by training and experience in hospital administration and delegate to him or her the executive authority and responsibility for the administration of the hospital.

(3) The governing board shall appoint the medical staff. Appointments shall be made following consideration of the recommendations by the medical staff. The governing board shall establish formal liaison with; and approve the by-laws, rules, and regulations of the medical staff.

(4) The governing board shall provide professional and ancillary personnel in sufficient numbers, types and qualifications necessary to protect the health, welfare and safety of patients commensurate with the scope and type of services provided.

6.102 PROGRAMMATIC FUNCTIONS. THE GOVERNING BOARD SHALL:

(1) provide services and hospital departments necessary for the welfare and safety of patients. The scope of care and services shall be defined in writing.

(2) be responsible for all the functions performed within the hospital.

(3) ensure that each facility service/department provides, at minimum, 12 hours of training annually regarding the direct patient care and services provided by the service/department.

(4) adopt a written emergency management plan.

(a) at minimum, the plan shall address the following emergency situations:

(i) loss of heat or air conditioning.

(ii) unanticipated interruption of utilities, including water, gas, and electricity either within the facility or within a local widespread area.

(iii) fire, explosion, or other physical damage to the hospital.

(iv) local and widespread weather emergencies or natural disasters endemic to the region.

(v) pandemics or other situations where the community's need for services exceeds the availability of beds and services regularly offered by the hospital. The hospital response for emergency epidemics shall be directed by 6 CCR 1009-5, Regulation 2 – Preparations by General or Critical Access Hospitals for an Emergency Epidemic.

(b) at minimum, the plan shall address the following components of the facility response:

(i) the responsibilities of those involved in the emergency management activities within the facility, including authority to activate the plan.

(ii) patient triage, care, and discharge.

(iii) staff education and training.

(iv) coordination with the external entities involved in the implementation of the plan, which at minimum, shall include the local fire department and emergency management office.

~~(v) evacuation and relocation plans.~~

~~(c) The facility shall conduct a training exercise of an emergency scenario at least once annually.~~

~~(5) ensure that the patients receive care in a safe setting.~~

~~(6) ensure that each off-campus location:~~

~~(a) has an administrator that reports to an identified administrator of the hospital campus.~~

~~(b) operates under the applicable policies and procedures of the hospital campus, as well as specific policies and procedures that address the services provided at the off-campus location.~~

~~(c) provides care and services by qualified personnel in accordance with recognized standards of practice.~~

~~(d) has a medical records system that is integrated with that of the hospital campus.~~

~~(e) has onsite supervision of services that are appropriate to the scope and services offered and that supervisory staff are available to furnish assistance and direction during the performance of a procedure if needed.~~

~~(f) has professional staff who has clinical privileges at the hospital campus.~~

~~(g) is held out to the public as part of the hospital such that patients know they are entering the hospital and will be billed accordingly.~~

~~(h) that has exterior building signage containing the main hospital's name but does not have an emergency department in conformance with Part 18, Emergency Services:~~

~~(i) posts signage, on or near the front entrance, indicating: hours of operation, services provided, and instructions to call 911 in an emergency when the location is closed.~~

~~(ii) has a staff member onsite during operating hours with current certification in first aid and CPR. Off-campus location staff shall be trained to respond to acute care emergencies and emergency transfer protocols, as appropriate to their responsibilities.~~

~~(7) ensure that each hospital department or service shall have written organizational policies and procedures that identify the scope of the services to be provided, the lines of authority and accountability and the qualifications of the personnel performing the services. Services shall be provided in accordance with current standards of practice. Such policies and procedures shall be available to employees at all times.~~

~~(8) approve and implement a credentialing process for medical staff appointments, both employees and contractual staff.~~

~~(9) implement a quality improvement program in which each department or service participates. The quality improvement program shall:~~

~~(a) collect data to monitor core services.~~

(b) evaluate core services according to nationally recognized standards of care.

(c) identify patterns and trends of concern.

(d) recommend, implement and monitor corrective actions in response to identified concerns. Such corrective actions shall include, but not be limited to, establishing acceptable clinical competence and credentials as well as requiring ongoing professional education.

(e) conduct an annual evaluation for the prior year's quality improvement activities.

6.103 EQUIPMENT AND SUPPLIES

(1) The governing board shall provide equipment and supplies necessary for the welfare and safety of patients.

6.104 FACILITIES

(1) The governing board shall provide facilities necessary for the welfare and safety of patients.

6.200 ADMINISTRATIVE OFFICER

6.201 ORGANIZATION AND STAFFING

(1) The facility shall have an administrative officer who shall be responsible for the onsite administration of the hospital and shall maintain liaison between the governing board and the medical staff.

(2) The hospital shall be organized formally to carry out its responsibilities. The administrative officer shall be responsible for developing and implementing a written plan of organization defining the authority, responsibility, and functions of each category of personnel.

6.202 PROGRAMMATIC FUNCTIONS

(1) The administrative officer shall be responsible for the development written policies and procedures for employee and medical staff use. Policies and procedures shall be reviewed and, if necessary, updated every three years or more often as appropriate.

6.203 EQUIPMENT AND SUPPLIES. RESERVED.

6.204 FACILITIES. RESERVED.

6.300 MEDICAL STAFF

6.301 ORGANIZATION AND STAFFING

(1) All hospitals shall have an organized medical staff with written rules, regulations, and by-laws. The by-laws shall make provision for application, appointment, privileges, discipline, control, right of appeal, attendance at medical staff meetings, committees, and professional conduct in the hospital.

(2) A physician from the organized medical staff shall be appointed or elected as chief of staff.

(3) The medical staff shall meet regularly and maintain written records of these meetings.

6.302 PROGRAMMATIC FUNCTIONS

~~(1) There shall be a medical committee composed of physicians to review systematically the work of the medical staff with respect to quality of medical care.~~

~~(2) Medical records shall include final diagnosis with completion of medical records within 30 days following discharge.~~

~~(3) The admitting diagnosis, history, and physical examination shall be completed no more than thirty (30) days prior to admission or within twenty-four (24) hours after the patient's admission to the hospital. If the examination was completed prior to admission, an admission status examination of the patient shall be completed and documented in the medical record within twenty-four (24) hours after admission.~~

~~(4) All persons admitted as patients to a hospital shall have benefit of continuing daily care of a medical staff member or a licensed independent practitioner. Policies and procedures shall be developed and implemented for coordinating and designating responsibility when more than one member of the medical staff or licensed independent practitioner is treating a patient.~~

~~6.303 EQUIPMENT AND SUPPLIES. RESERVED.~~

~~6.304 FACILITIES. RESERVED.~~

PART 7. EMERGENCY PREPAREDNESS

Commented [SA48]: This was previously embedded within governing body. Have moved to its own Part for emphasis.

7.1 EMERGENCY MANAGEMENT PLAN

(A) EACH HOSPITAL SHALL DEVELOP AND IMPLEMENT A COMPREHENSIVE EMERGENCY MANAGEMENT PLAN THAT MEETS THE REQUIREMENTS OF THIS PART, UTILIZING AN ALL-HAZARDS APPROACH. THE PLAN SHALL TAKE INTO CONSIDERATION PREPAREDNESS FOR NATURAL EMERGENCIES, MAN-MADE EMERGENCIES, FACILITY EMERGENCIES, BIOTERRORISM EVENT, PANDEMIC INFLUENZA, OR AN OUTBREAK BY A NOVEL AND HIGHLY INFECTIOUS AGENT OR BIOLOGICAL TOXIN, THAT MAY INCLUDE, BUT ARE NOT LIMITED TO:

Commented [BM49]: The language for All-hazards approach was based on Appendix Z of the State Operations Manual

(1) CARE-RELATED EMERGENCIES;

(2) EQUIPMENT AND POWER FAILURES;

(3) INTERRUPTIONS IN COMMUNICATIONS, INCLUDING CYBER-ATTACKS;

(4) LOSS OF A PORTION OR ALL OF A FACILITY; AND

(5) INTERRUPTIONS IN THE NORMAL SUPPLY OF ESSENTIALS, SUCH AS WATER AND FOOD.

(B) THE EMERGENCY MANAGEMENT PLAN SHALL ADDRESS, AT A MINIMUM, THE FOLLOWING:

(1) THE PLAN SHALL BE:

(A) SPECIFIC TO THE HOSPITAL;

(B) RELEVANT TO THE GEOGRAPHIC AREA;

(C) READILY PUT INTO ACTION, TWENTY-FOUR (24) HOURS A DAY, SEVEN (7) DAYS A WEEK; AND

(D) REVIEWED AND REVISED PERIODICALLY.

(2) THE PLAN SHALL IDENTIFY:

(A) WHO IS RESPONSIBLE FOR EACH ASPECT OF THE PLAN; AND

(B) ESSENTIAL AND KEY PERSONNEL RESPONDING TO A DISASTER.

(3) THE PLAN SHALL INCLUDE:

(A) A STAFF EDUCATION AND TRAINING COMPONENT;

(B) A PROCESS FOR TESTING EACH ASPECT OF THE PLAN AT LEAST EVERY TWO (2) YEARS OR AS DETERMINED BY CHANGES IN THE AVAILABILITY OF HOSPITAL RESOURCES; AND

(C) A COMPONENT FOR DEBRIEFING AND EVALUATION AFTER EACH DISASTER, INCIDENT, OR DRILL.

7.2 EACH HOSPITAL SHALL COMPLY WITH THE REQUIREMENTS OF 6 CCR 1009-5, REGULATION 2 – PREPARATIONS BY GENERAL OR CRITICAL ACCESS HOSPITALS FOR AN EMERGENCY EPIDEMIC.

PART 8. QUALITY MANAGEMENT PROGRAM

Commented [SA50]: Was previously embedded in Governing Body, but we have removed and made it its own Part for emphasis.

8.1 EACH HOSPITAL SHALL COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 2, PART 4.1.

8.2 IF A HOSPITAL IS PART OF A HOSPITAL SYSTEM CONSISTING OF MULTIPLE HOSPITALS USING A SYSTEM GOVERNING BODY THAT IS LEGALLY RESPONSIBLE FOR THE CONDUCT OF TWO (2) OR MORE HOSPITALS, THE SYSTEM GOVERNING BODY MAY HAVE A UNIFIED QUALITY MANAGEMENT PROGRAM (QMP) PROVIDED THE QMP DOES THE FOLLOWING:

(A) TAKES INTO ACCOUNT EACH HOSPITAL'S UNIQUE CIRCUMSTANCES AND ANY SIGNIFICANT DIFFERENCES IN PATIENT POPULATIONS AND SERVICES OFFERED IN EACH HOSPITAL; AND

(B) ESTABLISHES AND IMPLEMENTS POLICIES AND PROCEDURES TO ENSURE THE NEEDS AND CONCERNS OF EACH HOSPITAL, REGARDLESS OF PRACTICE OR LOCATION, ARE GIVEN DUE CONSIDERATION, AND THAT THE UNIFIED QMP HAS MECHANISMS IN PLACE TO ENSURE THAT ISSUES LOCALIZED TO PARTICULAR HOSPITALS ARE DULY CONSIDERED AND ADDRESSED.

8.3 THE SYSTEM GOVERNING BODY IS ACCOUNTABLE FOR ENSURING THAT EACH OF ITS HOSPITALS MEET ALL OF THE REQUIREMENTS OF THIS SECTION.

Part ~~7~~9. PERSONNEL

~~7.100~~

~~7.101 ORGANIZATION AND STAFFING~~

~~(1)~~9.1 Each department or service of the hospital shall be DIRECTED BY ~~under the direction of~~ a person qualified by APPROPRIATE EDUCATION, training, COMPETENCIES, AND experience~~, and ability to direct the department or service~~.

~~(a)~~(A) ~~The~~ A physician director of a department or service shall be a member of the ~~facility's~~ HOSPITAL'S medical staff. ~~A physician director shall ensure that the quality of services provided by the medical staff of the department or service is monitored and evaluated.~~

(B) A PHYSICIAN DIRECTOR SHALL ENSURE THAT THE QUALITY OF SERVICES PROVIDED BY THE MEDICAL STAFF OF THE DEPARTMENT OR SERVICE ARE MONITORED AND EVALUATED.

Commented [SA51]: Not new language, broken out from the section above.

~~(2)~~9.2 EACH DEPARTMENT ~~There~~ shall HAVE A ~~be~~ SUFFICIENT NUMBER OF MEDICAL STAFF, NURSING STAFF, AND OTHER AUXILIARY PERSONNEL, qualified by education, TRAINING, COMPETENCIES, and experience, in each department or service to properly operate the department or service.

~~(3)~~9.3 HOSPITAL~~Facility~~ staff shall be licensed, CERTIFIED, or registered in accordance with applicable state laws and regulations, and shall provide services within their scope of practice and, as appropriate, in accordance with credentialing.

(A) HOSPITALS THAT UTILIZE EMERGENCY MEDICAL SERVICE (EMS) PROVIDERS, PURSUANT TO SECTION 25-3.5-207, C.R.S., SHALL, IN COLLABORATION WITH ITS MEDICAL STAFF, ESTABLISH OPERATING POLICIES AND PROCEDURES THAT ENSURE EMS PROVIDERS PERFORM TASKS AND PROCEDURES, AND ADMINISTER MEDICATIONS WITHIN THEIR SCOPE OF PRACTICE, AS SET FORTH IN 6 CCR 1015-3, CHAPTER TWO – RULES PERTAINING TO EMS PRACTICE AND MEDICAL DIRECTOR OVERSIGHT.

Commented [SA52]: New requirement, with language taken directly from statute at 25-3.5-207(e).

~~(4)~~9.4 All persons assigned to the direct care of, or service to, patients shall be prepared through formal education, as applicable, and on-the-job training in the principles, ~~the~~ policies, ~~the~~ procedures, and ~~the~~ techniques involved ~~so that~~ TO SAFEGUARD the welfare of patients ~~will be safeguarded~~.

~~(4)~~(A) PRIOR TO DELIVERING PATIENT CARE INDEPENDENTLY, NEW PERSONNEL SHALL RECEIVE ORIENTATION REGARDING THE PATIENT CARE ENVIRONMENT AND RELEVANT POLICIES AND PROCEDURES.

Commented [SA53]: Not new language, has been moved up from below

~~7.102 PROGRAMMATIC FUNCTIONS~~

9.5 THE HOSPITAL SHALL MAINTAIN POSITION DESCRIPTIONS THAT CLEARLY STATE THE QUALIFICATIONS AND EXPECTED DUTIES OF THE POSITION FOR ALL CATEGORIES OF PERSONNEL.

~~(1)~~9.6 THE HOSPITAL SHALL MAINTAIN ~~There shall be~~ personnel records on each ~~person~~ MEMBER of the hospital staff, TO INCLUDE ~~including~~ employment application, ~~and~~ verification of licensure, CERTIFICATION, OR REGISTRATION, AND competencies ~~and credentials for medical and professional staff~~.

(A) THE HOSPITAL SHALL MAINTAIN PROCEDURES TO ENSURE THAT STAFF FOR WHOM STATE AND/OR FEDERAL LICENSES, REGISTRATIONS, OR CERTIFICATES ARE REQUIRED HAVE A CURRENT LICENSE, REGISTRATION, OR CERTIFICATE.

~~(2)~~9.7 All personnel shall have a pre-employment physical examination and such interim examinations as may be required by the hospital administration or the health service physician.

~~(3)~~9.8 ~~There shall be library services available to meet the needs of the medical staff and other professional personnel.~~ THE HOSPITAL SHALL ENSURE ACCESS TO UP-TO-DATE REFERENCE MATERIALS FOR THE PROFESSIONAL STAFF.

~~(4) Prior to delivering patient care independently, new personnel shall receive orientation regarding the patient care environment and relevant policies and procedures.~~

~~7.103 EQUIPMENT AND SUPPLIES. RESERVED.~~

~~7.104 FACILITIES. RESERVED.~~

Part 8~~10~~. ~~MEDICAL RECORDS DEPARTMENT~~HEALTH INFORMATION MANAGEMENT

~~8.100~~

~~8.101 ORGANIZATION AND STAFFING~~

10.1 EACH HOSPITAL SHALL COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 2, PART 6, REGARDING PATIENT ACCESS TO MEDICAL RECORDS.

~~(1)~~10.2 A complete and accurate medical record shall be maintained on EACH INPATIENT AND OUTPATIENT EVALUATED OR TREATED IN ANY PART OR LOCATION OF THE HOSPITAL ~~every patient~~ from the time of INITIATION OF SERVICES ~~admission~~ through discharge. ~~In addition, complete and accurate medical records shall be maintained for patients receiving emergency and outpatient services.~~

Commented [SA54]: New language taken from the Conditions of Participation/SOM

~~(2)~~10.3 A registered record administrator or other trained medical record practitioner shall be responsible for the administration and functions of the ~~medical record department~~HEALTH INFORMATION MANAGEMENT SERVICE.

~~(3)~~10.4 There shall be a sufficient number of regular full-time and part-time employees so that ~~medical record~~HEALTH INFORMATION MANAGEMENT services may be provided as needed.

~~8.102 PROGRAMMATIC FUNCTIONS~~

~~(1)~~10.5 Medical records shall be stored in a manner so as to:

(A~~a~~) P~~p~~rovide protection from loss, damage, and unauthorized use;

(B~~b~~) P~~p~~reserve the confidentiality of health information; AND

(C) ALLOW FOR THE PROMPT RETRIEVAL OF RECORDS.

~~(2)~~10.6 Medical records shall be preserved as original records, IN A MANNER DETERMINED BY THE HOSPITAL ~~on microfilm or electronically~~,:

(A~~a~~) F~~f~~or minors, for the period of minority plus TEN (10) years (i.e., until the patient is age 28) or TEN (10) years after the most recent patient usage, whichever is later.

(B~~b~~) F~~f~~or adults, for TEN (10) years after the most recent patient care usage of the medical record.

~~(3)~~10.7 After the required time of record preservation, records may be destroyed at the discretion of the ~~facility~~ HOSPITAL IN ACCORDANCE WITH THE HOSPITAL'S RECORD RETENTION POLICY. HOSPITALS ~~Facilities~~ shall establish procedures for notification to patients whose records are to be destroyed prior to the destruction of such records.

~~(4)~~10.8 If a HOSPITAL ~~facility~~ ceases operation, the HOSPITAL ~~facility~~ shall make provision for THE secure, safe storage, and prompt retrieval of all medical records for the period specified in PART 10.6 ABOVE. ~~8.102 (2). The hospital shall publicize in a widely circulated newspaper(s) in the facility's service area a notice indicating where medical records can be retrieved.~~

(A) A HOSPITAL THAT CEASES OPERATION SHALL COMPLY WITH THE PROVISIONS OF 6 CCR 1011-1, CHAPTER 2, PART 2.14.4.

~~(5)~~10.9 All orders for diagnostic procedures, treatments, and medications shall be signed by the physician or other licensed INDEPENDENT practitioner ~~as authorized by law submitting them~~ and entered in~~to~~ the medical record ~~in ink or type; as a facsimile; or by electronic means~~. The prompt completion of a medical record shall be the responsibility of the attending physician or other

LICENSED INDEPENDENT practitioner ~~authorized by law~~. Authentication may be by written signature, identifiable initials, or computer key.

10.10 THE MEDICAL RECORD SHALL CONTAIN INFORMATION NECESSARY TO JUSTIFY ADMISSION AND CONTINUED HOSPITALIZATION, SUPPORT THE DIAGNOSIS, AND DESCRIBE THE PATIENT'S PROGRESS AND RESPONSE TO MEDICATIONS AND SERVICES.

Commented [SA55]: New language for the content of records based on the conditions of participations at 482.24(c) and 482.22(c)(5)(i)

10.11 ALL MEDICAL RECORDS SHALL INCLUDE, AT A MINIMUM, THE FOLLOWING:

(A) ADMITTING DIAGNOSIS, HISTORY, AND PHYSICAL EXAMINATION COMPLETED NO MORE THAN THIRTY (30) DAYS PRIOR TO ADMISSION OF THE PATIENT OR WITHIN TWENTY-FOUR (24) HOURS AFTER THE PATIENT'S ADMISSION TO THE HOSPITAL. IF THE EXAMINATION WAS COMPLETED PRIOR TO ADMISSION, AN ADMISSION STATUS EXAMINATION OF THE PATIENT SHALL BE COMPLETED AND DOCUMENTED IN THE MEDICAL RECORD WITHIN TWENTY-FOUR (24) HOURS AFTER ADMISSION.

(B) RESULTS OF ALL CONSULTATIVE EVALUATIONS OF THE PATIENT AND APPROPRIATE FINDINGS BY CLINICAL AND OTHER STAFF INVOLVED IN THE CARE OF THE PATIENT.

(C) DOCUMENTATION OF COMPLICATIONS, HOSPITAL ACQUIRED INFECTIONS, AND UNFAVORABLE REACTIONS TO DRUGS AND/OR ANESTHESIA.

(D) PROPERLY EXECUTED INFORMED CONSENT FORMS FOR PROCEDURES AND TREATMENTS SPECIFIED BY THE MEDICAL STAFF, OR BY FEDERAL OR STATE LAW, IF APPLICABLE, TO REQUIRE WRITTEN PATIENT CONSENT.

(E) ALL PRACTITIONERS' ORDERS, NURSING NOTES, REPORTS OF TREATMENT, MEDICATION RECORDS, RADIOLOGY AND LABORATORY REPORTS, VITAL SIGNS, AND OTHER INFORMATION NECESSARY TO MONITOR THE PATIENT'S CONDITION.

(F) DISCHARGE SUMMARY WITH OUTCOME OF HOSPITALIZATION, DISPOSITION OF CASE, AND PROVISIONS FOR FOLLOW-UP CARE.

(G) FINAL DIAGNOSIS WITH COMPLETION OF MEDICAL RECORDS WITHIN (THIRTY) 30 DAYS FOLLOWING DISCHARGE.

~~(6) The content of patient records shall be as follows.~~

~~(a) All patient records shall facilitate the continuity of care and include the following:~~

~~(i) Adequate identification - sociological data (including hospital number assigned to patient.)~~

~~(ii) Chief complaint and present illness.~~

~~(iii) History of disease or injury.~~

~~(iv) Past, family, and personal history.~~

~~(v) Physical examination reports.~~

~~(vi) Reports of any special examinations, including clinical and pathological laboratory findings. Original copies of all pathology test results shall be posted in the patient's medical record, to include reports of tests referred to another laboratory.~~

(vii) A written report of the findings and evaluation of each diagnostic imaging examination signed by the physician or other practitioner authorized by law responsible for the procedure, as applicable.

(viii) Reports of consultations by consulting physicians, when applicable.

(ix) Treatment and progress notes signed by the attending physician or other practitioner authorized by law.

(x) Findings of clinical or other staff involved in the care of the patient.

(xi) Progress notes, assessments, and plans of care.

(xii) All medications administered including the name, strength, dosage, mode of administration of the medication; date, time, and signature of the person administering.

(xiii) Signed informed consent forms.

(xiv) Final diagnosis, secondary diagnosis, complications.

(xv) Disposition of the case and instructions for follow-up care.

(xvi) Autopsy, if any.

(xvii) As applicable, rehabilitation services treatment records, progress notes of the rehabilitation therapist, and results of special tests and measurements.

(b) Inpatient records shall include the following:

(i) Date and time of admission and discharge.

(ii) Admission diagnosis.

(iii) Discharge plan and discharge summary, with outcome of hospitalization. If the patient is discharged in less than 24 hours, the discharge summary and plan may be included in the physician's progress notes.

(c) Records of all patients undergoing surgery shall include the following:

(i) History, physical, special examinations, and diagnosis recorded prior to operation.

(ii) Anesthesia record, including post-anesthetic condition signed by the anesthetist, anesthesiologist, surgeon or licensed practitioner authorized by law to sign the record.

(iii) Complete description of operative procedures and findings including the provisional diagnosis prior to the operative procedure, and post-operative diagnosis recorded and signed by the attending surgeon promptly following the operation.

(iv) The pathologist's report on all tissues removed at the operation.

(d) Records of all obstetric patients shall include the following:

(i) Record of previous obstetric history and pre-natal care including blood serology, and RH factor determination.

(ii) Admission obstetrical examination report describing conditions of mother and fetus.

(iii) Complete description of progress of labor and delivery, including reasons for induction and operative procedures.

(iv) Records of anesthesia, analgesia, and medications given in the course of labor and delivery.

(v) Records of fetal heart rate and vital signs.

(vi) Signed report of consultants when such services have been obtained.

(vii) Names of assistants present during delivery.

(viii) Progress notes including descriptions of involution of uterus, type of lochia, condition of breast and nipples, and report of condition of infant following delivery.

(e) Records of newborn infants shall be maintained as separate records and shall contain the following:

(i) Date and time of birth, birth weight and length, period of gestation, sex.

(ii) Parents' names and addresses.

(iii) Type of identification placed on infant in delivery room.

(iv) Description of complications of pregnancy or delivery including premature rupture of membranes; condition at birth including color, quality of cry, method and duration of resuscitation.

(v) Record of prophylactic instillation into each eye at delivery.

(vi) Results of newborn screening required by law and regulation.

(vii) Report of initial physical examination, including any abnormalities, signed by the attending physician.

(viii) Progress notes including temperature, weight, and feeding charts; number, consistency, and color of stools; condition of eyes and umbilical cord; condition and color of skin; and motor behavior.

(f) Records of all psychiatric patients shall include, as appropriate, the:

(i) admitting diagnosis, diagnoses of intercurrent diseases, and substantiated psychiatric diagnoses.

(ii) reason for admission or readmission.

(iii) history of findings and treatment.

~~(iv) social services records, including but not limited to, the patient's social history, strengths and deficits.~~

~~(v) patient's legal status concerning voluntary or involuntary commitment.~~

~~(vi) documentation of the use of restraint or seclusion, where applicable.~~

~~(vii) Nursing notes, updated every shift.~~

10.12~~(7)~~ The following hospital records shall be maintained:

(A~~a~~) Daily census~~.~~,

(B~~b~~) Admissions and discharge~~s~~ ~~analysis record~~ REPORT~~.~~,

(C~~c~~) Chronological register of all deliveries including live and stillbirths~~.~~,

(D~~d~~) Register of all surgeries performed (entered daily)~~.~~,

(E~~e~~) Diagnostic index~~.~~,

(F~~f~~) Physician index~~.~~,

(G~~g~~) Death register~~.~~, AND

(H~~h~~) Register of out-patient and emergency room admissions and visits.

~~8.103 EQUIPMENT AND SUPPLIES~~

~~(1) Each facility shall provide adequate supplies and equipment for the safe storage and prompt retrieval of medical records.~~

~~8.104 FACILITIES~~

~~(1) Each hospital shall provide a medical record room or other suitable medical record facilities.~~

~~(2) In the case of new hospital construction or modification of an existing hospital facility the hospital shall have a medical record department with administrative responsibility for medical records and the following shall apply:~~

~~(a) Each hospital shall provide a medical record department and other medical record facilities with supplies and equipment for medical record functions and services. This department shall include:~~

~~(i) Active Record Storage Area.~~

~~(ii) Record Review and Dictating Room for physicians.~~

~~(iii) Work area for sorting, recording, typing, filing and other assigned medical record functions shall be separate from the record review and dictating room. Consideration should be given to isolation of noisy equipment. Accommodations should be provided for conducting medical record business with hospital paramedical personnel or public individuals for legitimate access to medical records.~~

~~(iv) Medical record storage area within the department.~~

~~(v) Inactive medical record storage area. (May be omitted if microfilming used.) Medical record department shall be located in an area of the hospital that is convenient to most of the professional staff.~~

~~(b) Security measures shall be maintained by mechanical means in the absence of medical record supervision, to preserve confidentiality and to provide protection from loss, damage and unauthorized use of the medical records.~~

Part ~~9~~11. INFECTION PREVENTION AND CONTROL ~~SERVICES~~ AND ANTIBIOTIC STEWARDSHIP PROGRAMS

Commented [SA56]: Added a requirement for an antibiotic stewardship program in addition to infection control, in order to maintain consistency with the Federal Conditions of Participation.

~~9.100~~

11.1 INFECTION PREVENTION AND CONTROL PROGRAM

(A) THE HOSPITAL SHALL HAVE AN INFECTION PREVENTION AND CONTROL PROGRAM RESPONSIBLE FOR THE PREVENTION, CONTROL, AND INVESTIGATION OF INFECTIONS AND COMMUNICABLE DISEASES.

Commented [SA57]: Updated based on the COPs

(B) THE INFECTION PREVENTION AND CONTROL PROGRAM SHALL REFLECT THE SCOPE AND COMPLEXITY OF THE SERVICES PROVIDED BY THE HOSPITAL.

Commented [SA58]: New language based on the COPs

11.2 INFECTION PREVENTION AND CONTROL COMMITTEE

(A) THERE SHALL BE A MULTI-DISCIPLINARY INFECTION PREVENTION AND CONTROL COMMITTEE CHARGED WITH:

(1) DEVELOPING AND IMPLEMENTING POLICIES AND PROCEDURES REGARDING PREVENTION, SURVEILLANCE, AND CONTROL OF HEALTHCARE ACQUIRED INFECTIONS AND INFECTIOUS DISEASES.

(2) MAKING FINDINGS AND RECOMMENDATIONS TO PREVENT AND CONTROL HEALTHCARE ACQUIRED INFECTIONS AND INFECTIOUS DISEASES.

(3) REVIEWING THE POLICIES AND PROCEDURES OF THE FOLLOWING SERVICES PERIODICALLY, BUT NO LESS THAN EVERY THREE (3) YEARS: ANESTHESIA, CRITICAL CARE, DIETARY, ENVIRONMENTAL, LINEN AND LAUNDRY, MATERIALS MANAGEMENT, PEDIATRIC, PERINATAL, RESPIRATORY, AND SURGICAL AND RECOVERY.

Commented [SA59]: Moved from Hospital Operations, and was addressed in existing language

Additional services added in accordance with updates below, based on stakeholder feedback.

(B) THE COMMITTEE SHALL MAKE FINDINGS AND RECOMMENDATIONS AVAILABLE PROMPTLY TO THE INFECTION CONTROL OFFICER FOR ACTION.

(C) THE COMMITTEE SHALL MEET AT LEAST ONCE EVERY QUARTER AND MAINTAIN MINUTES OF THE MEETINGS.

(D) THE POLICIES AND PROCEDURES SHALL BE BASED ON NATIONALLY RECOGNIZED GUIDELINES AND BEST PRACTICES FOR INFECTION PREVENTION AND CONTROL. THE POLICIES SHALL ADDRESS, AT A MINIMUM, THE FOLLOWING:

(1) MAINTENANCE OF A SANITARY HOSPITAL ENVIRONMENT;

(2) DEVELOPMENT AND IMPLEMENTATION OF INFECTION PREVENTION AND CONTROL MEASURES RELATED TO HOSPITAL PERSONNEL, STAFF, AND VOLUNTEERS;

(3) MITIGATION OF RISKS ASSOCIATED WITH PATIENT INFECTIONS PRESENT UPON ADMISSION;

(4) MITIGATION OF RISKS CONTRIBUTING TO HEALTHCARE ASSOCIATED INFECTIONS, INCLUDING, BUT NOT LIMITED TO, ISOLATION PROCEDURES;

(5) MONITORING COMPLIANCE WITH ALL POLICIES, PROCEDURES, PROTOCOLS, AND OTHER INFECTION CONTROL PROGRAM REQUIREMENTS;

(6) PROGRAM EVALUATION AND REVISION ON AN ANNUAL BASIS OR AS NECESSARY;

(7) COORDINATION WITH OTHER FEDERAL, STATE, AND LOCAL AGENCIES, AS NECESSARY;

(8) COMPLYING WITH REPORTABLE DISEASE REQUIREMENTS, AS FOUND AT SECTION 25-3-601, C.R.S., ET SEQ.;

(9) IMPLEMENTATION OF INFECTION PREVENTION AND CONTROL MEASURES DURING HOSPITAL RENOVATIONS; AND

(10) TRAINING AND EDUCATION OF HOSPITAL PERSONNEL, STAFF, AND PERSONNEL PROVIDING CONTRACTED SERVICES IN THE HOSPITAL ON THE PRACTICAL APPLICATIONS OF INFECTION PREVENTION AND CONTROL GUIDELINES, POLICIES, AND PROCEDURES.

(E) A HOSPITAL WITH TWENTY-FIVE (25) BEDS OR FEWER THAT IS NOT PART OF A MULTI-HOSPITAL SYSTEM MAY CHOOSE NOT TO HAVE AN INFECTION PREVENTION AND CONTROL COMMITTEE. IF A HOSPITAL CHOOSES NOT TO HAVE AN INFECTION PREVENTION AND CONTROL COMMITTEE, THE INFECTION PREVENTION AND CONTROL OFFICER IS RESPONSIBLE FOR ENSURING ALL REQUIREMENTS OF THIS PART 11 ARE MET.

11.3 INFECTION PREVENTION AND CONTROL OFFICER

(A) THE HOSPITAL SHALL HAVE AN INFECTION PREVENTION AND CONTROL OFFICER OR OFFICERS, QUALIFIED THROUGH EDUCATION, TRAINING, COMPETENCIES, EXPERIENCE, AND/OR CERTIFICATION.

(B) THE INFECTION PREVENTION AND CONTROL OFFICER(S) SHALL IMPLEMENT THE POLICIES AND PROCEDURES AND THE RECOMMENDATIONS OF THE INFECTION CONTROL COMMITTEE.

(C) THE INFECTION PREVENTION AND CONTROL OFFICER(S) SHALL COORDINATE WITH THE ADMINISTRATIVE OFFICER, ELECTED MEDICAL STAFF LEADER, AND SENIOR NURSE EXECUTIVE TO IMPLEMENT CORRECTIVE ACTION PLANS, AS NECESSARY.

11.4 INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES REGARDING EQUIPMENT AND INSTRUMENTS

(A) THE INFECTION PREVENTION AND CONTROL COMMITTEE SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES REGARDING EQUIPMENT AND INSTRUMENT CLEANING, DISINFECTING, STERILIZING, REPROCESSING, AND STORAGE.

(B) THE POLICIES AND PROCEDURES SHALL BE BASED ON NATIONALLY RECOGNIZED GUIDELINES, SUCH AS THOSE PROMULGATED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), THE ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY (APIC), THE SOCIETY FOR HEALTHCARE EPIDEMIOLOGY OF AMERICA (SHEA), THE ASSOCIATION OF PERIOPERATIVE REGISTERED NURSES (AORN), AND/OR THE ASSOCIATION FOR THE ADVANCEMENT OF MEDICAL INSTRUMENTATION (AAMI).

(C) MANUFACTURERS' INSTRUCTIONS SHALL BE FOLLOWED FOR THE CLEANING, DISINFECTING, AND STERILIZING OF ALL REUSABLE EQUIPMENT AND INSTRUMENTS.

11.5 ANTIBIOTIC STEWARDSHIP PROGRAM

Commented [SA60]: All new language, based on the newest updates to the COPs.

(A) THE HOSPITAL SHALL HAVE AN ANTIBIOTIC STEWARDSHIP PROGRAM RESPONSIBLE FOR THE OPTIMIZATION OF ANTIBIOTIC USE THROUGH STEWARDSHIP.

(B) THE PROGRAM SHALL BE OVERSEEN BY AN INDIVIDUAL WHO IS QUALIFIED THROUGH EDUCATION, TRAINING, COMPETENCIES, AND/OR EXPERIENCE IN INFECTIOUS DISEASES AND/OR ANTIBIOTIC STEWARDSHIP.

(C) THE PROGRAM SHALL INVOLVE COORDINATION AMONG ALL COMPONENTS OF THE HOSPITAL RESPONSIBLE FOR ANTIBIOTIC USE AND RESISTANCE, INCLUDING, BUT NOT LIMITED TO, THE INFECTION PREVENTION AND CONTROL PROGRAM, THE QUALITY MANAGEMENT PROGRAM, THE MEDICAL STAFF, NURSING SERVICES, AND PHARMACY SERVICES.

(D) THE PROGRAM SHALL DOCUMENT THE EVIDENCE-BASED USE OF ANTIBIOTICS IN ALL DEPARTMENTS AND SERVICES OF THE HOSPITAL AND ANY IMPROVEMENTS IN PROPER ANTIBIOTIC USE.

(E) THE PROGRAM SHALL ADHERE TO NATIONALLY RECOGNIZED GUIDELINES AND BEST PRACTICES FOR IMPROVING ANTIBIOTIC USE.

(F) THE PROGRAM SHALL REFLECT THE SCOPE AND COMPLEXITY OF THE HOSPITAL SERVICES PROVIDED.

(G) HOSPITAL PERSONNEL AND STAFF, AS IDENTIFIED BY HOSPITAL POLICY, SHALL BE TRAINED ON THE PRACTICAL APPLICATIONS OF ANTIBIOTIC STEWARDSHIP GUIDELINES, POLICIES, AND PROCEDURES.

11.6 UNIFIED INFECTION PREVENTION AND CONTROL AND ANTIBIOTIC STEWARDSHIP PROGRAMS FOR MULTI-HOSPITAL SYSTEMS

Commented [SA61]: All new language based on the COPs

(A) IF A HOSPITAL IS PART OF A HOSPITAL SYSTEM CONSISTING OF MULTIPLE HOSPITALS USING A SYSTEM GOVERNING BODY THAT IS LEGALLY RESPONSIBLE FOR THE CONDUCT OF TWO OR MORE HOSPITALS, THE SYSTEM GOVERNING BODY MAY HAVE UNIFIED INFECTION CONTROL AND ANTIBIOTIC STEWARDSHIP PROGRAMS, PROVIDED THE UNIFIED PROGRAMS DO THE FOLLOWING:

(1) TAKE INTO ACCOUNT EACH HOSPITAL'S UNIQUE CIRCUMSTANCES AND ANY SIGNIFICANT DIFFERENCES IN PATIENT POPULATIONS AND SERVICES OFFERED IN EACH HOSPITAL.

(2) ESTABLISH AND IMPLEMENT POLICIES AND PROCEDURES TO ENSURE THE NEEDS OF EACH HOSPITAL, REGARDLESS OF PRACTICE OR LOCATION, ARE GIVEN DUE CONSIDERATION, AND THAT THE PROGRAMS HAVE MECHANISMS IN PLACE TO ENSURE THAT ISSUES LOCALIZED TO PARTICULAR HOSPITALS ARE DULY CONSIDERED AND ADDRESSED; AND

(3) ENSURE A QUALIFIED INDIVIDUAL(S) WITH EXPERTISE IN INFECTION PREVENTION AND CONTROL AND IN ANTIBIOTIC STEWARDSHIP HAS BEEN DESIGNATED AT THE HOSPITAL AS RESPONSIBLE FOR:

(A) COMMUNICATING WITH THE UNIFIED INFECTION PREVENTION AND CONTROL AND ANTIBIOTIC STEWARDSHIP PROGRAMS,

(B) IMPLEMENTING AND MAINTAINING THE POLICIES AND PROCEDURES DIRECTED BY THE UNIFIED INFECTION PREVENTION AND CONTROL AND ANTIBIOTIC STEWARDSHIP PROGRAMS, AND

(C) PROVIDING EDUCATION AND TRAINING ON THE PRACTICAL APPLICATIONS OF INFECTION PREVENTION AND CONTROL AND ANTIBIOTIC STEWARDSHIP TO HOSPITAL STAFF.

~~9.101 ORGANIZATION AND STAFFING~~

~~(1) The facility shall have an infection control program responsible for reducing the risk of acquiring and transmitting nosocomial infections and infectious diseases in the facility.~~

~~(2) There shall be a multi-disciplinary infection control committee charged with:~~

~~(a) developing written policies and procedures regarding prevention, surveillance and control of nosocomial infections and infectious diseases.~~

~~(b) making findings and recommendations to prevent and control nosocomial infections and infectious diseases.~~

~~(3) Infection control officer(s) shall implement the policies and procedures and the recommendations of the infection control committee.~~

~~9.102 PROGRAMMATIC FUNCTIONS~~

~~(1) There shall be written policies and procedures regarding infection control consistent with the following guidelines of the Centers for Disease Control and Prevention (CDC): Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007 and Guidelines for Environmental Infection Control in Health-Care Facilities, 2003. Policies and procedures shall include, but not be limited to:~~

~~(a) the admission and isolation of patients with specific infectious diseases;~~

~~(b) the control of routine use of antibiotics and adrenocorticosteroids;~~

~~(c) the inservice education programs on the control of nosocomial and infectious diseases, including but not limited to universal precautions;~~

~~(d) standards for sterilization of equipment used for direct patient care;~~

~~(e) standards for cleaning and disinfecting all areas of the hospital;~~

~~(f) standards for linen and laundry services;~~

~~(g) the implementation of infection control measures during hospital renovations;~~

~~(h) the reporting of diseases as required by laws and regulations pertaining to disease control.~~

~~(2) The committee shall make findings and recommendations available promptly to the infection control officer for action.~~

~~(3) The committee shall meet at least once every quarter and maintain minutes of the meetings.~~

Commented [SA62]: Existing language has been incorporated throughout the above proposed language.
FGI related information will be struck

Propose to strike all that follows.

~~9.103 EQUIPMENT AND SUPPLIES. RESERVED.~~

~~9.104 FACILITIES~~

~~(1) Rooms used for isolation of patients with infectious diseases should be: 1) Equipped with private toilet facilities; 2) Provided with an air supply and exhaust system that neither recirculates nor redistributes air from a central air system; 3) Designed to provide a negative or positive pressure in relation to adjacent areas.~~

~~In the case of new hospital construction, or modification of an existing hospital facility isolation room(s) shall be provided on the basis of one for each thirty (30) beds or major fraction thereof, if the hospital does not have a separate contagious disease unit. Each isolation room shall have:~~

~~(a) Handwashing facilities as required in Part 11, General Patient Care Services.~~

~~(b) Separate toilet room with bath or shower~~

~~(c) Mechanical ventilation shall be provided at the rate of six air changes per hour with no recirculation. Supply air shall be filtered using 80% efficient filters. Rooms to be of negative pressure relative to adjacent areas.~~

~~(d) An anteroom with lavatory should be provided (One anteroom may serve more than one isolation room.~~

Commented [BM63]: 9.104 (1) (a, b, c, d) all FGI-related

Part 10~~1~~2. PATIENT RIGHTS.~~

The HOSPITAL~~facility~~ shall ~~be in compliance~~ COMPLY with 6 CCR 1011-1, Chapter 2, Part ~~6~~7, CLIENT RIGHTS.

Part 11~~1~~3. GENERAL PATIENT CARE SERVICES

~~11.100~~

~~11.101 ORGANIZATION AND STAFFING~~

~~(1)~~13.1 The HOSPITAL~~facility~~ shall provide inpatient and outpatient care services. Services shall be provided in accordance with NATIONALLY-recognized standards of practice, HOSPITAL~~facility~~ policy and procedure, medical orders, and the established ~~plan of~~ care PLAN.

~~11.102 PROGRAMMATIC FUNCTIONS~~

~~(1)~~13.2 Admissions

~~(a)~~(A) Each patient admitted to the hospital shall have a visible means of identification placed on ~~his or her~~ THEIR person.

(1)~~(i)~~ ~~Notwithstanding Section 11.102 (1)(a),~~ ~~t~~The hospital may use other means of identification, in accordance with documented policies and procedures, if visible means of identification placed on the patient compromises medical or personal safety.

~~(b)~~(B) No patient shall be admitted for inpatient care to any room or area other than one regularly designated as a patient bedroom. There shall be no more patients admitted to a patient bedroom than the number for which the room is designed and equipped.

EXCEPTIONS MAY BE MADE IN THE EVENT OF FEDERALLY, STATE, OR LOCALLY-DECLARED ~~State-declared~~ emergencies ~~are exceptions~~.

~~(c)~~(C) Except in emergent situations, patients shall only be accepted for care and services when the HOSPITAL~~facility~~ can meet their identified and reasonably anticipated care, treatment, and service needs.

~~(2)~~13.3 ~~Policies and Procedures.~~ Written policies and procedures shall be developed and implemented by each department~~/~~ OR service that provides direct patient care. ~~including, but not limited to:~~ THESE POLICIES SHALL ADDRESS, AT A MINIMUM, THE FOLLOWING:

(A)~~(a)~~ P~~p~~rocedures for medical emergencies, WHICH ADDRESS THE FOLLOWING REQUIREMENTS. ~~Resuscitation services shall be available throughout the hospital.~~

(1) RESUSCITATION SERVICES SHALL BE AVAILABLE THROUGHOUT THE HOSPITAL.

(2) THE MEDICAL STAFF SHALL DEVELOP AND IMPLEMENT A POLICY AND PROCEDURE OUTLINING THE SCOPE OF SERVICES PROVIDED TO PATIENTS RECEIVING SERVICES WHO DEVELOP EMERGENCY MEDICAL CONDITIONS.

Commented [SA64]: 2 and 3 were moved from Emergency services

(3) THE HOSPITAL SHALL BE ORGANIZED AND EQUIPPED TO MEET THE NEEDS OF PATIENTS RECEIVING SERVICES WHO DEVELOP EMERGENCY MEDICAL CONDITIONS.

(A) THE FOLLOWING SHALL BE READILY AVAILABLE AT ALL TIMES IN AREAS WHERE CARE IS PROVIDED:

(I) OXYGEN;

(II) SUCTION;

(III) PORTABLE EMERGENCY EQUIPMENT, SUPPLIES, AND MEDICATIONS; AND

(IV) COMPATIBLE SUPPLIES AND EQUIPMENT FOR IMMEDIATE INTRAVENOUS THERAPY.

Commented [SA65]: (A)(1)-(4) were moved from existing language below regarding equipment and supplies.

(4) THE HOSPITAL SHALL ENSURE ALL MEDICAL STAFF, NURSING STAFF, AND AUXILIARY PERSONNEL ARE TRAINED TO PROVIDE EMERGENCY SERVICES COMMENSURATE WITH THE HOSPITAL'S SCOPE OF SERVICES, AND IN ACCORDANCE WITH NATIONALLY-RECOGNIZED STANDARDS OF CARE.

(5) THE MEDICAL STAFF SHALL CONDUCT ONGOING ASSESSMENTS OF THE EMERGENCY MEDICAL SERVICES PROVIDED TO PATIENTS RECEIVING SERVICES, AS PART OF THE HOSPITAL'S QUALITY MANAGEMENT PROGRAM, ESTABLISHED IN PART 8, QUALITY MANAGEMENT PROGRAM.

(B)~~(b)~~ C~~c~~oordination of care across multiple services~~/~~ OR departments, as applicable.

(C) TRANSFER OF INPATIENTS TO A HIGHER LEVEL OF CARE WHEN THEIR NEEDS EXCEED THE HOSPITAL'S SCOPE OF SERVICES.

~~(1)~~13.4 The hospital shall provide the necessary equipment, supplies, and medications commensurate with the scope of services ~~outlined in the policies and procedures~~.

~~(2) The hospital shall ensure all medical staff, nursing staff, and ancillary personnel are trained to provide emergency services commensurate with the scope of services outlined in the policies and procedures, and in accordance with nationally-recognized standards of care.~~

~~(3) The medical staff shall conduct ongoing assessments of the emergency services provided to inpatients through the quality management program.~~

Commented [SA66]: Moved into policies and procedures above

Commented [SA67]: Moved into policies and procedures above

~~(3)~~13.5 Patient Assessment ~~and Care Plan~~

(A)~~(a)~~ Patient assessments shall document patient needs, capabilities, limitations, and goals. Qualified staff shall:

(1)~~(i)~~ C~~c~~onduct an initial assessment of the patient's physical and psychological status; AND

(2)~~(ii)~~ C~~c~~onduct an assessment or screening upon each initial contact with therapy, social, nursing, and dietary services, and at regular intervals thereafter.

~~(4)~~13.6 Patient Care Planning

(A)~~(a)~~ A care plan shall be prepared for each patient, AND BE reviewed and revised as needed. Care plans shall:

(1)~~(i)~~ C~~c~~ontain goals, both short-term and long-term as applicable, and timeframes for meeting such goals;

(2)~~(ii)~~ B~~b~~e in writing, and ~~maintained~~ KEPT current;

(3) BE UPDATED WHEN THERE IS A CHANGE IN THE PATIENT'S CONDITION;

(4)~~(iii)~~ B~~b~~e individualized and designed to meet the patient's needs;

(5)~~(iv)~~ D~~d~~emonstrate patient-centered coordination when the patient is receiving services from multiple departments~~/~~ OR services; AND

(6)~~(v)~~ A~~a~~ddress the pain management needs of the patient.

(B)~~(b)~~ Staff shall evaluate the patient's progress based on the goals established in the care plan.

(C)~~(c)~~ The complete ~~plan of care~~ CARE PLAN shall be easily identifiable and accessible within the medical record.

~~(5)~~13.7 Orders

(A)~~(a)~~ Medications and treatments shall be given only on the order of a physician or LICENSED INDEPENDENT PRACTITIONER. ~~other practitioner authorized by law.~~

(B)~~(b)~~ Except as specified in subparagraph (~~e~~E) below, orders shall be written and shall include the date, time, practitioner giving the order, and specifications of the order. For medications, the name, strength, dosage, frequency, and route of administration shall be indicated.

(C)~~(c)~~ Orders prescribing high-risk drugs, i.e., narcotics, sedatives, anticoagulants, antibiotics, etc., shall include a time limit. Such time limit shall be agreed upon by the medical staff

and shall be ~~so~~ recorded in the ~~rules and regulations~~ POLICIES of the organized medical staff.

~~(d)~~ ~~Medical staff, in conjunction with the pharmacist, shall establish standard stop orders for all medications not specifically prescribed as to time or number of doses.~~

(D) FOR ALL MEDICATIONS NOT SPECIFICALLY PRESCRIBED AS TO TIME OR NUMBER OF DOSES, THE MEDICAL STAFF, IN CONJUNCTION WITH THE PHARMACY SERVICE, SHALL ESTABLISH STOP ORDERS FOR THESE MEDICATIONS.

(E)~~(e)~~ All verbal orders shall be authenticated by a physician or responsible individual who has the authority to issue verbal orders in accordance with hospital and medical staff policies or bylaws. The policies or bylaws shall require that:

(1)~~(i)~~ Authentication of a verbal order occurs within FORTY-EIGHT (48) hours after the time the order is made unless a read-back and verify process pursuant to paragraph (~~ii~~2) of this subsection (e~~E~~) is used. The individual receiving a verbal order shall record in writing the date and time of the verbal order, and sign the verbal order in accordance with hospital policies or medical staff bylaws.

(2)~~(ii)~~ A hospital policy may provide for a read-back and verify process for verbal orders. A read-back and verify process shall require that the individual receiving the order record it in writing and immediately read back the order to the physician or responsible individual, who shall immediately verify that the read-back order is correct. The individual receiving the verbal order shall record in writing that the order was read back and verified. If the read-back and verify process is followed, the verbal order shall be authenticated within 30 days after the date of the patient's discharge.

(3)~~(iii)~~ Verbal orders shall be used infrequently. Nothing in this section shall be interpreted to encourage the more frequent use of verbal orders by the medical staff at a hospital.

13.8 TELEHEALTH SERVICES

(A) THE HOSPITAL MAY PROVIDE TELEHEALTH SERVICES TO PATIENTS RECEIVING SERVICES.

(B) ALL TELEHEALTH SERVICES MUST MEET THE STANDARDS HEREIN AND BE PROVIDED COMMENSURATE WITH THE PATIENT'S NEEDS.

(C) THE HOSPITAL SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES GOVERNING THE USE OF TELEHEALTH. THESE POLICIES SHALL BE BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE AND ADDRESS, AT A MINIMUM, THE FOLLOWING:

(1) PROCEDURES FOR DOCUMENTING ALL TELEHEALTH CONSULTATIONS WITHIN THE PATIENT'S MEDICAL RECORD.

(2) PROCEDURES FOR ENSURING TELEHEALTH PROVIDERS ARE AUTHORIZED AND QUALIFIED TO OFFER SERVICES TO THE PATIENT.

(3) TRAINING FOR HOSPITAL STAFF REGARDING THE USE OF TELEHEALTH PLATFORMS AND TECHNOLOGY.

13.9~~(6)~~ Discharge Planning

(A)~~(a)~~ The ~~facility~~HOSPITAL shall develop a discharge plan for each inpatient. ~~Discharge planning shall be initiated early in the care, service, or treatment process.~~

(B)~~(b)~~ The ~~facility~~HOSPITAL shall develop and implement policies and procedures regarding discharge planning. ~~At minimum, the policy and procedure shall address~~: THESE POLICIES SHALL BE BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE AND ADDRESS, AT A MINIMUM, THE FOLLOWING:

(1)~~(i)~~ T~~t~~he discharge planning process;

(2) THE DEVELOPMENT OF THE DISCHARGE AND EVALUATION PLAN, WHICH SHALL BE COMPLETED UNDER THE SUPERVISION OF A REGISTERED NURSE, SOCIAL WORKER, OR OTHER APPROPRIATELY QUALIFIED PERSONNEL;

Commented [SA68]: Added based on the Conditions of Participation

(3)~~(ii)~~ T~~t~~he qualifications of the staff responsible for implementing discharge planning;

(4)~~(iii)~~ I~~i~~nitiation of discharge planning in a timely manner to allow for the arrangement of post-hospital care, as needed, AND TO AVOID UNNECESSARY DELAYS IN DISCHARGE;

Commented [SA69]: Added from CFR 482.43(a)(1)

(5) REGULAR RE-EVALUATION OF THE PATIENT'S CONDITION TO IDENTIFY CHANGES THAT REQUIRE MODIFICATION OF THE DISCHARGE PLAN;

Commented [SA70]: Added from CFR 482.43(a)(6)

(6) THE HOSPITAL'S COMPLIANCE WITH SECTION 25-1-128, C.R.S., REGARDING PATIENT DESIGNATION OF A CAREGIVER WHO WILL PROVIDE AFTERCARE FOLLOWING PATIENT DISCHARGE; AND

Commented [SA71]: Added to ensure hospitals understand they must comply with the Caregiver act.

(7)~~(iv)~~ E~~e~~valuation of the discharge planning process periodically for effectiveness.

(C)~~(c)~~ The discharge plan shall:

(1)~~(i)~~ I~~i~~nclude an evaluation of the post-hospital care needs of the patient and the availability of corresponding services, TAKING INTO CONSIDERATION THE PATIENT'S ACCESS TO THOSE SERVICES;

Commented [SA72]: Added from CFR 482.43(a)(2)

(2)~~(ii)~~ I~~i~~dentify the role of the ~~facility~~HOSPITAL staff, patient, patient's family, or designated representative in initiating and IMPLEMENTING the discharge planning process; AND

(3)~~(iii)~~ B~~b~~e discussed with the patient or designated representative prior to leaving the ~~facility~~HOSPITAL.

(D)~~(d)~~ For a patient with a discharge plan indicating the need for ~~a~~ post-hospital health care services, the HOSPITAL~~facility~~ shall:

(1)~~(i)~~ I~~i~~nform the patient of the patient's freedom to choose among providers of post-hospital care as well as the choices available under the applicable health insurance coverage.

(2)~~(ii)~~ P~~p~~rovide a comprehensive list of relevant, licensed post-hospital care providers in the geographic area requested. The information regarding post-hospital providers shall be presented in a manner that does not unduly direct patients to use a provider when such direction results in monetary or other benefits and considerations to the hospital or hospital personnel.

(3)~~(iii)~~ E~~e~~nsure that the receiving health care provider and, as applicable, the patient's primary care physician OR LICENSED INDEPENDENT PRACTITIONER receive written documentation of the patient's discharge diagnosis, continuing care orders, current medications prior to discharge, and the patient's discharge or transfer instructions. ~~Documentation shall also include contact information for the attending licensed independent practitioner. The admission and discharge summaries shall be forwarded to the receiving health care provider within 30 days of discharge, upon request by the receiving health care provider.~~

(A) DOCUMENTATION SHALL ALSO INCLUDE CONTACT INFORMATION FOR THE ATTENDING PHYSICIAN OR LICENSED INDEPENDENT PRACTITIONER.

(B) THE HOSPITAL MUST PROVIDE ALL NECESSARY MEDICAL INFORMATION PERTAINING TO THE PATIENT'S CURRENT COURSE OF ILLNESS AND TREATMENT, POST-DISCHARGE GOALS OF CARE, AND TREATMENT PREFERENCES, AT THE TIME OF DISCHARGE, TO THE APPROPRIATE POST-HOSPITAL CARE SERVICE PROVIDERS AND SUPPLIERS, FACILITIES, AGENCIES, AND OTHER OUTPATIENT SERVICE PROVIDERS AND PRACTITIONERS RESPONSIBLE FOR THE PATIENT'S FOLLOW-UP OR ANCILLARY CARE.

Commented [SA73]: New language from the Conditions of Participation. This information must be provided at the time of discharge, when it was previously provided within 30 day. However, based on stakeholder feedback it was clear the standard of practice is to provide this information at discharge so that the follow-up care providers have the information on which to act.

(E)~~(e)~~ For a patient with a discharge plan who is not transferred to another facility, the HOSPITAL~~facility~~ shall provide the patient with:

(1)~~(i)~~ A~~a~~ contact to call in case the patient has questions after discharge.

(2)~~(ii)~~ W~~w~~ritten instructions about self-care, follow up care, modified diet, ~~and~~ medications, AND signs and symptoms to be reported to the practitioner, if ~~relevant~~ APPLICABLE.

(F)~~(f)~~ The HOSPITAL~~facility~~ shall prepare a discharge summary to facilitate continuity of care that is signed by the attending physician OR LICENSED INDEPENDENT PRACTITIONER and includes the following:

(1)~~(i)~~ R~~r~~eason for admission;

(2)~~(ii)~~ S~~s~~ignificant findings;

(3)~~(iii)~~ P~~p~~rocedures and treatment provided;

(4)~~(iv)~~ P~~p~~atient's discharge condition;

(5)~~(v)~~ P~~p~~atient and family instructions;

(6)~~(vi)~~ A~~a~~ medication list indicating new, changed, or discontinued; AND

(7)~~(vii)~~ A~~a~~ list of outstanding medical issues and pending tests at the time of discharge that require follow-up.

~~11.103 EQUIPMENT/FURNITURE AND SUPPLIES~~

~~(1) All equipment used for patient care services shall be used in accordance with current standards practice, documented policies and procedures of care, as well as manufacturer's instructions.~~

Commented [SA74]: This concept is covered in Part 5.3(F) – equipment maintenance.

(2) The following shall be readily available at all times: 1) Oxygen; 2) Suction; 3) Portable emergency equipment, supplies and medications; 4) Compatible supplies and equipment for immediate intravenous therapy.

Commented [SA75]: Moved to 11.3 above.

(3) Patient bedrooms shall be equipped with movable furniture and equipment with the following for each patient: 1) Adjustable, washable bed with side rails; 2) Cabinet or bedside table; 3) Overbed table; 4) Complete personal care equipment that is sanitized or disposable including water carafe, mouth wash cups, emesis basin, wash basin, bedpan and urinal (when necessary).

11.104 FACILITIES

(1) Patient Rooms

(a) There shall be provisions for private and multiple bedrooms to meet the needs of patients and programs of the hospital. There shall be no more than four beds per patient bedroom. There should be no more than approximately 40 patient beds in a patient care unit.

(b) Each one-bed room shall contain a minimum floor area of 100 square feet. Each multiple-bed room shall contain a minimum floor area of 80 square feet per bed. This minimum floor area, may include built-ins not exceeding four feet in height.

(c) Privacy shall be provided for each patient in a multiple-bed room by the installation of approved cubicle curtains or partitions.

(d) Privacy for the patient and control of light shall be provided at each window.

(e) Each patient bedroom shall have direct entry from a corridor. In the case of new hospital construction, or modification of an existing hospital facility, the door to each patient room may be no more than 120 feet from the nursing station or from the clean or soiled holding rooms.

(f) Artificial light shall be provided and include: 1) General illumination; 2) Other sources of sufficient illumination for reading, observations, examinations, and treatments; 3) Night light controlled at the door of the bedroom; 4) Quiet operating switches (not required in existing buildings.)

(g) A lavatory complete with mixing faucet, blade controls, soap and sanitary hand drying accommodations shall be provided in each patient bedroom, except that the lavatory may be installed within the toilet room in private bedrooms.

(h) Toilet facilities shall be provided immediately adjacent to private or multiple-bed rooms in the ratio of one facility for not more than four patient beds and shall include: 1) Toilet with bedpan flushing equipment; 2) Incombustible waste paper receptacle, either seamless or with removable impervious liner; 3) Approved grab bars convenient for the safety of patients; 4) Nurse-call signal system. In new construction the door to the toilet shall be at least 2'8" in width and shall not swing into the toilet room unless provided with rescue hardware. Recommend 3'0" door.

(i) Each patient shall be provided with separate closet space or locker. In the case of new hospital construction or modification of an existing hospital facility, the closet space or locker must open into the patient room.

(j) Each patient shall be furnished with a nurse-call signal system that registers a signal from the patient, at the corridor bedroom door, at the patient care control center (nurses

station), and in service areas of the patient care unit. A duplex unit may be used for 2 patients in multi-bed rooms, but a light should be provided to indicate the patient placing the call.

(2) Service Areas

(a) The following service areas shall be provided and located conveniently for patient care: 1) Patient care control center (nurses station) accommodating a nurse call signal system from patients, a communication system with other hospital departments, and the outside; 2) Medical record recording facilities; 3) Medicine preparation area; 4) Clean holding area: 5) Soiled holding area; 6) Janitor's closet; 7) Stretcher and wheelchair storage area, 8) Nourishment station shall be provided in the case of new hospital construction, or modification of an existing hospital facility; 9) Clinical examination and treatment room: 10) Bathing facilities.

(b) The patient care control center (nurses station) shall be adequately designed and equipped.

(c) The medication preparation area shall be equipped with: 1) Cabinets with suitable locking devices to protect drugs stored therein; 2) Refrigerator equipped with thermometer and used exclusively for pharmaceutical storage; 3) Counter work space; 4) Sink with approved handwashing facilities; 5) Antidote, incompatibility, and metri-apothecary conversion charts. Only medications, equipment, and supplies for their preparation and administration shall be stored in the medication preparation area. Test reagents, general disinfectants, cleaning agents, and other similar products shall not be stored in the medication area.

(3) Linen and Laundry

(a) (Not required in hospitals of 25 beds or less if the clean supply room is conveniently located on the same floor). The clean supply room shall be equipped with: 1) Suitable counter sink with mixing faucet, blade controls, soap, and sanitary band drying facility; 2) Waste container with cover (foot controlled recommended), and impervious, disposable liner; 3) Cupboards or carts for supplies. In the case of new hospital construction, or modification of an existing hospital facility, 4) Mechanical fresh air supply to maintain positive pressure; and 5) Nurse call utility station must also be provided.

(b) There shall be a separate closed area in the clean supply room, on a cart, or in a separate closet for clean linen supplies.

(c) (Not required in hospitals of 25 beds or less if there is a clean supply room, and a soiled linen holding room or soiled linen chute conveniently located on the same floor). The soiled holding room shall be equipped with: 1) Suitable counter sink with mixing faucet, blade controls, soap, and sanitary hand-drying facility. In the case of new hospital construction, or modification of an existing hospital facility the sink must be 2-compartment. 2) Waste container with cover (foot controlled recommended) and impervious, disposable liner; 3) Soiled linen cart or hamper with impervious liner; 4) Accommodations and provisions for enclosed soiled articles; 5) Space for short-time holding of specimens awaiting delivery to laboratory; 6) Adequate shelf and counter space; and, in the case of new hospital construction, or modification of an existing hospital facility,7) Nurse call utility station; 8) A clinical flushing sink; and 9) Continuous mechanical exhaust ventilation to the outside.

(4) The janitor's closet shall be equipped with: 1) Sink, preferably a floor receptor, with mixing faucets; 2) Hook strip for mop handles from which soiled mopheads have been removed; 3)

~~Shelving for cleaning materials; 4) Approved handwashing facilities and 5) Waste receptacle with impervious liner.~~

~~The floor area should be adequate to store mop buckets on a roller carriage, wet and dry vacuum machine, and floor scrubbing machine.~~

~~(5) In new construction, recessed storage space or rooms shall be provided for extra equipment, stretchers, and wheelchairs.~~

~~(6) In new construction, the nourishment station shall contain a sink equipped for handwashing, equipment for serving nourishments between scheduled meals, refrigerator, and storage cabinets. Ice for patient service and treatment shall be provided only by ice maker - dispenser units.~~

~~(7) Patient bathing facilities shall be provided in the ratio of one tub or shower for each ten patients. Approved grab bars, and in the case of new hospital construction, or modification of an existing hospital facility, a nurse call, shall be installed at each tub or shower convenient for the safety of patients using the tub or shower. The room shall be sufficiently large to provide space for wheelchair movement and provision for privacy. In the case of new hospital construction or modification of an existing hospital facility, on each patient floor at least one shower shall be provided which will accommodate a wheelchair.~~

~~There should be toilet and lavatory facilities in the bathroom with mixing faucet, blade controls, soap, and sanitary hand-drying accommodations.~~

~~(8) Toilet facilities shall be provided for personnel on each patient care unit.~~

Part 12~~4~~. NURSING SERVICES

~~12.100~~

~~12.101 ORGANIZATION AND STAFFING~~

14.1 ~~(1)~~ There shall be a nursing department ~~The nursing department shall be organized formally~~ FORMALLY ORGANIZED to provide complete, effective care to each patient.

14.2 ~~(2)~~ ~~The~~ Nursing service~~s~~ ~~department~~ shall be DIRECTED BY ~~under the direction of~~ a registered nurse qualified by education, TRAINING, COMPETENCIES, and experience to direct effective nursing care. FOR PURPOSES OF THIS CHAPTER, THIS INDIVIDUAL IS REFERRED TO AS THE SENIOR NURSE EXECUTIVE.

~~(3) There shall be a master plan of nurse staffing for providing continuous registered nurse coverage, for distribution of nursing personnel, for replacement of nursing personnel, and for forecasting future needs. The nursing care required by different types of patients shall be the major consideration in determining the number, quality, and category of nursing personnel that are needed in any given situation.~~

14.3 THE SENIOR NURSE EXECUTIVE SHALL BE RESPONSIBLE FOR ENSURING THAT ALL NURSING STAFF HAVE THE QUALIFICATIONS, COMPETENCIES, AND EXPERIENCE NECESSARY TO DELIVER THE CARE ASSIGNED IN ACCORDANCE WITH PROFESSIONAL STANDARDS OF PRACTICE AND HOSPITAL POLICY AND PROCEDURE.

Commented [SA76]: Not new language, moved from the end of section

14.4 NURSING SERVICES POLICIES AND PROCEDURES

(A) THE SERVICE SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES THAT ESTABLISH THE STANDARDS FOR PERFORMANCE OF SAFE NURSING CARE.

(B) THE POLICIES AND PROCEDURES SHALL BE BASED ON NATIONALLY-RECOGNIZED PRACTICE GUIDELINES AND DATA-DRIVEN MEASURES.

(C) THE POLICIES AND PROCEDURES SHALL BE REVIEWED PERIODICALLY AND REVISED AS NECESSARY, NO LESS THAN EVERY THREE (3) YEARS.

14.5 NURSING STAFF SHALL CONDUCT INITIAL AND ONGOING ASSESSMENTS AND SCREENINGS OF THE PATIENT'S PHYSICAL, COGNITIVE, BEHAVIORAL, EMOTIONAL, AND PSYCHOSOCIAL STATUS IN SUFFICIENT SCOPE AND DETAIL TO MEET THE NEEDS OF THE PATIENT, ACCORDING TO HOSPITAL POLICY AND PROFESSIONAL STANDARDS OF PRACTICE.

14.6 Nurse Staffing Plans

(A) MASTER NURSE STAFFING PLAN

(1) There shall be a MASTER NURSE STAFFING PLAN ~~hospital master plan of nurse staffing~~, which provide~~s~~ for continuous registered nurse coverage, for distribution of nursing and auxiliary personnel, and for forecasting future needs.

(2) THE MASTER NURSE STAFFING PLAN MUST BE BASED ON THE DIFFERENT TYPES OF PATIENTS CARED FOR ON EACH INPATIENT CARE UNIT AND IN THE EMERGENCY DEPARTMENT, THE SKILL MIX, SPECIALIZED QUALIFICATIONS, AND LEVEL OF COMPETENCY NECESSARY FOR NURSING STAFF TO ENSURE THAT THE HOSPITAL IS STAFFED TO MEET THE SAFETY AND HEALTHCARE NEEDS OF PATIENTS.

(3) THE MASTER NURSE STAFFING PLAN SHALL SPECIFY HOW EACH PATIENT IS PROVIDED ACCESS TO CARE FROM A REGISTERED NURSE, WHEN APPLICABLE.

(4) ONCE THE MASTER NURSE STAFFING PLAN HAS BEEN INITIATED, ONGOING STAFFING EFFECTIVENESS SHALL BE REVIEWED AND DOCUMENTED THROUGH THE NURSE STAFFING OVERSIGHT PROCESS.

(5) THE MASTER NURSE STAFFING PLAN MUST BE REVIEWED PERIODICALLY, AND REVISED AS NECESSARY, NO LESS THAN EVERY THREE (3) YEARS.

(B) INPATIENT CARE UNIT AND EMERGENCY DEPARTMENT PLANS

(1) EACH OPEN INPATIENT CARE UNIT AND EMERGENCY DEPARTMENT WITHIN THE HOSPITAL SHALL HAVE A TWENTY-FOUR (24) HOUR NURSE STAFFING PLAN.

(C) THE MASTER NURSE STAFFING PLAN, INPATIENT CARE UNIT PLANS, AND EMERGENCY DEPARTMENT PLANS SHALL BE MADE AVAILABLE TO AND REVIEWED WITH EACH INDIVIDUAL MEMBER OF THE NURSING STAFF ANNUALLY. THE HOSPITAL SHALL MAINTAIN DOCUMENTATION OF THE ANNUAL PLAN REVIEWS.

(D) WHEN UPDATES ARE MADE TO THE MASTER NURSE STAFFING PLAN, INPATIENT CARE UNIT PLAN, OR EMERGENCY DEPARTMENT PLAN, THE UPDATES SHALL BE MADE AVAILABLE TO EACH MEMBER OF THE NURSING STAFF.

14.7 ~~(4)~~ The authority and responsibility of each nurse and AUXILIARY ~~nursing~~ personnel shall be CLEARLY-DEFINED ~~defined clearly~~ in written policies. ~~Licensed practical nurses and~~ auxiliary ~~nursing~~ personnel shall ~~be assigned~~ ONLY BE ASSIGNED ~~those~~ duties for which they are qualified, and shall be under the supervision of a registered nurse.

Commented [SA77]: Added second sentence to address stakeholder concern about how Dept. would define. Dept. would survey to the facility-defined standards and facility-identified guidelines.

Commented [BM78]: Added based on 11/5 meeting

Commented [SA79]: Moved from (B) below.

Commented [SA80]: Section revised based on stakeholder feedback.
-Removed requirement that plans be reviewed at orientation.
-Did not specify the forum in which the review must take place
-Dept. added requirement for documentation for survey/verification purposes.

Commented [SA81]: Remove to be consistent throughout chapter

~~(5) At least one registered nurse shall be on duty at all times in each patient care unit. One registered nurse shall be designated in charge and shall be delegated the authority and responsibility for the nursing services on that patient care unit. Additional registered nurses, licensed practical nurses, or other auxiliary personnel shall be available.~~

14.8 AT LEAST ONE (1) REGISTERED NURSE AND ONE (1) AUXILIARY PERSONNEL SHALL BE ON DUTY AT ALL TIMES IN EACH OPEN INPATIENT UNIT AND IN THE EMERGENCY DEPARTMENT. ADDITIONAL STAFFING NEEDS SHALL BE DETERMINED BY THE HOSPITAL'S MASTER NURSE STAFFING PLAN.

14.9 ONE (1) REGISTERED NURSE QUALIFIED BY EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE, SHALL BE DESIGNATED IN CHARGE OF EACH OPEN INPATIENT CARE UNIT AND THE EMERGENCY DEPARTMENT, AND THAT INDIVIDUAL SHALL BE DELEGATED THE AUTHORITY AND RESPONSIBILITY FOR THE NURSING SERVICES ON THAT UNIT. ADDITIONAL REGISTERED NURSES OR OTHER AUXILIARY PERSONNEL SHALL BE AVAILABLE.

Commented [SA82]: Moved from paragraph above. Not new language.

14.10 NURSE STAFFING OVERSIGHT PROCESS

(A) EACH HOSPITAL SHALL ESTABLISH AND MAINTAIN A NURSE STAFFING OVERSIGHT PROCESS.

(B) THE NURSE STAFFING OVERSIGHT PROCESS SHALL, AT A MINIMUM:

(1) DEVELOP THE MASTER NURSE STAFFING PLAN, INCLUDING A SPECIFIC PLAN FOR EACH INPATIENT CARE UNIT AND EMERGENCY DEPARTMENT; AND

(2) DESCRIBE THE PROCESS FOR ADDRESSING CONCERNS BROUGHT FORTH BY STAFF.

(C) THE NURSE STAFFING OVERSIGHT PROCESS SHALL HAVE AT LEAST 50% OR GREATER PARTICIPATION BY CLINICAL STAFF NURSES, IN ADDITION TO AUXILIARY PERSONNEL AND NURSE MANAGEMENT.

(D) THE HOSPITAL SHALL DEVELOP, DOCUMENT, AND IMPLEMENT A NURSE STAFFING OVERSIGHT CHARTER OR GUIDELINE THAT SHALL ADDRESS, AT A MINIMUM, THE FOLLOWING:

(1) THE PROCESS FOR HOW COMPLAINTS AND FEEDBACK FROM HOSPITAL STAFF RELATED TO NURSE STAFFING ARE RECEIVED AND PROCESSED;

(2) HOW DECISIONS ARE MADE; AND

(3) HOW THE STAFFING PLANS WILL BE MONITORED, EVALUATED, AND MODIFIED OVER TIME.

(E) THE NURSE STAFFING OVERSIGHT PROCESS DOCUMENTATION SHALL BE MADE AVAILABLE TO HOSPITAL NURSING STAFF.

(F) IF THE RESULTS OF THE REVIEW AND THE WRITTEN REPORT INDICATE THAT THE CURRENT MASTER NURSE STAFFING PLAN HAS NOT RESULTED IN ADEQUATE STAFFING, AND/OR THE HEALTHCARE NEEDS OF THE PATIENTS ARE NOT MET, THE STAFFING PLAN SHALL BE MODIFIED THROUGH THE NURSE STAFFING OVERSIGHT PROCESS.

(G) REPORT REQUIREMENTS

(1) A WRITTEN REPORT SHALL BE MADE TO THE HOSPITAL'S GOVERNING BODY, WHICH MAINTAINS THE RESPONSIBILITY TO PROTECT THE HEALTH, SAFETY, AND WELFARE OF PATIENTS, COMMENSURATE WITH THE SCOPE AND TYPES OF SERVICES PROVIDED AT THE HOSPITAL, EITHER DIRECTLY OR THROUGH THE SENIOR NURSE EXECUTIVE.

(2) THE PURPOSE OF THE REPORT IS TO ENSURE THE HOSPITAL IS ADEQUATELY STAFFED, AND THE HEALTHCARE NEEDS OF PATIENTS ARE MET. THE FOLLOWING FACTORS, AT A MINIMUM, SHALL BE ADDRESSED IN THE REPORT:

(A) CURRENT BEST PRACTICES, TAKING INTO CONSIDERATION COMMUNITY STANDARDS, AND BENCHMARKING OR EVIDENCE-BASED METRICS, AS APPLICABLE;

(B) PATIENT CENSUS;

(C) PATIENT ACUITY OR WORKLOAD;

(D) CHURN (ADMISSIONS/DISCHARGES/TRANSFERS);

(E) SKILL MIX;

(F) RN EDUCATION;

(H) PATIENT OUTCOMES; AND

(I) WORKFORCE METRICS AND STAFF FEEDBACK.

(3) THE REPORT SHALL BE ISSUED TO THE GOVERNING BODY FOR APPROVAL FOLLOWING EACH REVIEW OF THE STAFFING PLAN.

~~(6) The director of nursing shall be responsible for ensuring that all nursing staff have the qualifications, skills and experience necessary to deliver the care assigned in accordance with professional standards of practice and facility policy and procedure.~~

~~12.102 PROGRAMMATIC FUNCTIONS~~

~~(1) There shall be written nursing procedures that establish the standards of performance for safe, effective nursing care of patients. These procedures shall be reviewed periodically and revised as necessary.~~

~~(2)Nursing staff shall conduct initial and ongoing assessments and screenings of the patient's physical, cognitive, behavioral, emotional, and psychosocial statusg in sufficient scope and detail to meet the needs of the patient, according to facility policy and professional standards of practice.~~

~~12.103 EQUIPMENT. RESERVED.~~

~~12.104 FACILITIES. RESERVED.~~

Part 13~~5~~. PHARMAC~~Y~~EUTICAL SERVICES

~~13.100~~

~~13.101 ORGANIZATION AND STAFFING~~

~~(1)~~15.1 The PHARMACY SERVICE ~~pharmaceutical services~~ of the hospital shall be organized and maintained primarily for the benefit of the hospital patients, and shall be operated in accordance with federal and state laws and regulations.

~~(2)~~15.2 The pharmacy service shall be under the direct supervision of a pharmacist licensed to practice pharmacy in the State of Colorado.

~~(3) Provision shall be made for convenient and prompt 24-hour availability of drugs for administration to patients. Emergency pharmacy services shall be available 24 hours per day. If a pharmacist is not available on site on a 24-hour basis, a pharmacist shall be available on-call within 30 minutes.~~

15.3 AVAILABILITY OF PHARMACY SERVICES

(A) THE PHARMACY SERVICES SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES ENSURING CONVENIENT AND PROMPT TWENTY-FOUR (24) HOUR AVAILABILITY OF DRUGS FOR ADMINISTRATION TO PATIENTS.

(B) EMERGENCY PHARMACY SERVICES SHALL BE AVAILABLE TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK.

(C) IF A PHARMACIST IS NOT AVAILABLE ON SITE ON A TWENTY-FOUR (24)-HOUR BASIS, A PHARMACIST SHALL BE AVAILABLE ON-CALL WITHIN THIRTY (30) MINUTES.

~~(4)~~15.4 A pharmacist shall be responsible for compounding, preparing, labeling, transferring between containers, and dispensing drugs, including direct supervision of qualified personnel performing such tasks.

~~13.102 PROGRAMMATIC FUNCTIONS~~

~~(1)~~15.5 ~~Pharmacy and Therapeutic Committee.~~ PHARMACY AND THERAPEUTIC COMMITTEE

(A) There shall be a hospital P~~p~~harmacy and T~~t~~herapeutic C~~c~~ommittee to assist in the formulation of broad professional policies regarding the evaluation, selection, procurement, distribution, use, safety procedures, MINIMIZATION OF DRUG ERRORS, and other matters relating to drugs in hospitals.

Commented [SA83]: From COP 482.25

~~(2)~~15.6 ~~Compliance with External Standards.~~ Pharmacies shall~~:~~ BE REGISTERED BY THE COLORADO STATE BOARD OF PHARMACY AND HAVE A CURRENT DRUG ENFORCEMENT ADMINISTRATION REGISTRATION.

~~(a) be registered by the Colorado State Board of Pharmacy.~~

~~(b) have a current Drug Enforcement Administration registration.~~

~~(3) Inventory. The facility shall develop and implement policies and procedures regarding:~~

15.7~~(a) stocking of medications~~. The pharmacy shall maintain a current formulary of approved drugs and biologicals. ~~The facility shall maintain an adequate stock of the medications listed in the formulary. The facility shall be responsible for the quality, quantity and sources of supply of all medications. Drug stocks shall not contain outdated, unusable, or mislabeled products.~~

(A) THE HOSPITAL SHALL MAINTAIN AN ADEQUATE STOCK OF THE MEDICATIONS LISTED IN THE FORMULARY.

(B) THE HOSPITAL SHALL BE RESPONSIBLE FOR THE QUALITY, QUANTITY, AND SOURCES OF SUPPLY OF ALL MEDICATIONS.

(C) MEDICATION STOCKS SHALL NOT CONTAIN OUTDATED, UNUSABLE, OR MISLABELED PRODUCTS.

(D) THE HOSPITAL SHALL HAVE PROCESSES TO APPROVE AND PROCURE MEDICATIONS THAT ARE NOT ON THE HOSPITAL'S FORMULARY.

15.8~~(b) pharmaceutical service transactions.~~ Current records shall be maintained that account for the receipt, distribution, disposition, and destruction of drugs and biologicals.

15.9~~(c) controlled substances and other drugs subject to abuse and illegal distribution.~~ The receipt, distribution, administration, and disposition of controlled substances shall be readily traceable. ~~Mechanisms shall be implemented to ensure the security of the drugs and prevent and detect the diversion of controlled substances and other drugs that may be abused or illegally sold. When diversion is detected, appropriate corrective measures shall be implemented.~~

(A) MECHANISMS SHALL BE IMPLEMENTED TO ENSURE THE SECURITY OF THE DRUGS AND TO PREVENT AND DETECT THE DIVERSION OF CONTROLLED SUBSTANCES AND OTHER DRUGS THAT MAY BE ABUSED OR ILLEGALLY SOLD.

(B) WHEN DIVERSION IS DETECTED, APPROPRIATE CORRECTIVE MEASURES SHALL BE IMPLEMENTED IN ACCORDANCE WITH HOSPITAL POLICY AND PROCEDURE.

~~(d) after-hours access. If the pharmacy is not open 24 hours, 7 days per week, the facility shall have a policy and procedure regarding after-hour access. The policy and procedure shall specify the personnel permitted access to the drug storage area(s). There shall be accountability for all doses of drugs removed when the pharmacist is not present.~~

Commented [SA84]: Incorporated into policies and procedures below

15.10~~(e) recall and drug discontinuation management.~~ The ~~facility~~ HOSPITAL shall alert appropriate staff to remove any drugs or biologicals subject to a recall or discontinuation for safety reasons.

~~(f) disposal of unused prepared medications.~~

~~(g) periodic inspection of the medication storage area.~~

~~(4) Storage. The facility shall develop and implement policies and procedures regarding:~~

15.11~~(a) the prevention of unauthorized access to drugs and biologicals.~~ All drugs and biologicals shall be kept in a secure area~~,~~ TO PREVENT UNAUTHORIZED ACCESS. All controlled drugs shall be kept in a locked secure area.

15.12~~(b) maintenance of therapeutic integrity.~~ Drugs and biologicals shall be stored under the proper conditions of sanitation, temperature, light, moisture, ventilation, and segregation, TO MAINTAIN THERAPEUTIC INTEGRITY.

15.13 PHARMACY POLICIES AND PROCEDURES

(A) THE PHARMACY SERVICE SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES, BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE THAT ADDRESS, AT A MINIMUM, THE FOLLOWING:

(1) AFTER-HOURS ACCESS, INCLUDING THE FOLLOWING REQUIREMENTS:

(A) IF THE PHARMACY IS NOT OPEN TWENTY-FOUR (24) HOURS, SEVEN (7) DAYS PER WEEK, THE HOSPITAL SHALL HAVE A POLICY AND PROCEDURE REGARDING AFTER-HOUR ACCESS TO MEDICATIONS.

(B) THE POLICY AND PROCEDURE SHALL SPECIFY THE PERSONNEL PERMITTED ACCESS TO THE MEDICATION STORAGE AREA(S).

(C) THERE SHALL BE ACCOUNTABILITY FOR ALL DOSES OF MEDICATIONS REMOVED WHEN THE PHARMACIST IS NOT PRESENT.

(2) THE DISPOSAL OF UNUSED MEDICATIONS.

(3) THE SAFE AND APPROPRIATE PROCUREMENT, STORAGE, PREPARATION, DISPENSING, USE, TRACKING AND CONTROL, AND DISPOSAL OF MEDICATIONS AND MEDICATION DELIVERY DEVICES THROUGHOUT THE HOSPITAL.

Commented [SA85]: Language taken from the SOM

(4) PERIODIC INSPECTION OF THE MEDICATION STORAGE AREA.

~~(5)~~15.14 ~~Medication Administration.~~ MEDICATION ADMINISTRATION~~Medications shall be identified with at least the name, strength, and dosage. Prior to administration, the name, strength, dosage, frequency and route of administration on the patient order shall be checked. The facility shall develop and implement policies and procedures regarding:~~

(A) PRIOR TO ADMINISTRATION, MEDICATIONS SHALL BE CHECKED FOR INTEGRITY AND TO ENSURE THE MEDICATION HAS NOT EXPIRED.

(B) PRIOR TO ADMINISTRATION, THE FOLLOWING SHALL BE VERIFIED: PATIENT, TIME, MEDICATION, DOSAGE, ROUTE OF ADMINISTRATION, AND INDICATION.

(C) THE HOSPITAL SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES, BASED ON NATIONALLY-RECOGNIZED GUIDELINES ADDRESSING, AT A MINIMUM, THE FOLLOWING:

(1)~~(a)~~ T~~t~~he review of patient drug profiles.

(2) MEDICATION MONITORING.

(3)~~(b)~~ THE safe administration of drugs and biologicals. SPECIFICALLY, o~~O~~nly APPROPRIATELY-TRAINED ~~persons~~ INDIVIDUALS who are authorized by law and the ~~facility~~ HOSPITAL ~~and are appropriately trained~~ shall administer medications.

(4)~~(c)~~ M~~m~~onitoring and documenting the effects of medication, including but not limited to, the process for monitoring the first dose of a medication that has been identified as one with the potential for serious adverse reactions.

(5)~~(d)~~ I~~i~~dentification and reporting of adverse reactions, interactions, and medication errors.

(6)~~(e)~~ S~~s~~self-administration OF MEDICATION,~~. Policies and procedures shall include, but not be~~ INCLUDING BUT NOT limited to, storage and documentation of the self-administered drugs. Patients shall only be permitted to self-administer medications pursuant to an order from a PHYSICIAN OR licensed independent practitioner.

(7)~~(f)~~ U~~u~~se of the patient's own medications. Drugs and biologicals brought into the ~~facility~~ HOSPITAL by the patient may be administered only if the medication can be accurately identified by the pharmacy, secured, and pursuant to an order from an ~~the~~ attending PHYSICIAN OR licensed independent practitioner.

(8)~~(g)~~ M~~m~~edications brought into the ~~facility~~ HOSPITAL by practitioners to be administered to patients.

(9)~~(h)~~ T~~t~~he review of medication orders by a pharmacist for appropriateness.

~~(6)~~15.18 ~~Information Resources.~~THE HOSPITAL SHALL ENSURE ~~ACCESS~~ UP-TO-DATE RESOURCES ARE ~~Up-to-date resources shall be made readily~~ available to professional staff regarding the

appropriate use of drugs and biologicals, including but not limited to: therapeutic use, potential adverse effects, dosage, and routes of administration.

~~(7)~~15.19 ~~Investigational Drugs~~INVESTIGATIONAL DRUGS

(A) If investigational drugs are used, policies and procedures shall be developed and implemented for their safe and proper use.

(B) Investigational drugs shall be used only:

(1) W~~w~~hen there is written approval of an Institutional Review Board (IRB), established in accordance with federal law and regulation; AND

(2) U~~u~~nder the supervision of a member of the medical staff and administered in accordance with an IRB approved protocol.

15.20 COMPOUNDING MEDICATIONS

Commented [SA86]: Language taken from COPS 482.25(b)(1)

(A) ALL COMPOUNDING OF MEDICATIONS USED OR DISPENSED BY THE HOSPITAL SHALL BE PERFORMED CONSISTENT WITH STANDARDS OF SAFE PRACTICE APPLICABLE TO BOTH STERILE AND NON-STERILE COMPOUNDING.

(B) THE HOSPITAL SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES TO ENSURE THE SAFE DEVELOPMENT AND STORAGE OF COMPOUNDED MEDICATIONS AND/OR ADMIXTURES.

~~13.103 EQUIPMENT~~

15.21~~(1)~~ A refrigerator with thermometer and freezing compartment shall be provided for the proper storage of thermolabile products.

~~(2) The facility shall have a Laminar flow or other class 100 environment for preparing intravenous admixtures.~~

~~13.104 FACILITIES~~

15.22~~(1)~~ Facilities shall be provided for the adequate storage, preparation, and dispensing of drugs with security, proper lighting, temperature control, moisture, ventilation, and sanitation facilities

Part 14~~6~~. LABORATORY SERVICES

~~**14.100 CLINICAL PATHOLOGY**~~16.1 CLINICAL PATHOLOGY

~~14.101 ORGANIZATION AND STAFFING~~

(A)~~(1)~~ Clinical pathology services shall be made available as required by the needs of the medical staff. Emergency laboratory services shall be ~~made~~ available TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK. ~~whenever needed~~.

Commented [SA87]: COP 482.27(a)(1) requires emergency lab services 24/7

(B)~~(2)~~ The laboratory shall be under the supervision of a physician~~,~~ certified in clinical pathology, either on a full-time, part-time, or consulting basis. THIS INDIVIDUAL ~~The pathologist~~ shall provide, at a minimum, monthly consultative visits.

(C)~~(3)~~ There shall be a sufficient number of clinical laboratory technologists~~,~~ qualified by EDUCATION, training, COMPETENCIES, and experience, to promptly and proficiently perform the laboratory tests and examinations required of them.

~~14.102 PROGRAMMATIC FUNCTIONS~~

(D)~~(1)~~ All clinical pathology services shall be ordered by a physician or a LICENSED INDEPENDENT PRACTITIONER ~~person authorized by law to use the results of such findings~~.

(E)~~(2)~~ Clinical pathology services shall comply with the requirements set forth in the Clinical Laboratory Improvement Amendments (CLIA).

~~(3) Policies and Procedures~~

(F)~~(a)~~ A manual outlining all procedures performed in the laboratory shall be complete and readily available for reference.

(G)~~(b)~~ The conditions and procedures for referring specimens to another laboratory SHALL be in writing and available in the laboratory.

(H)~~(c)~~ Procedures for the adequate precautions for discarding specimens shall be in use, INCLUDING sterilization, incineration, or both.

~~(4) Records~~

(I)~~(a)~~ A record system shall be established which ensures that specimens are adequately identified, properly processed, and permanently recorded.

(J)~~(b)~~ Duplicate copies of all reports shall be kept in the laboratory in a manner which permits ready identification and accessibility for two (2) years.

~~14.103 EQUIPMENT AND SUPPLIES~~

(K~~1~~) All equipment shall be in good working order, be routinely checked and be precise in terms of calibration.

(L~~2~~) If tests are performed in the specialties of mycobacteriology, mycology, and/or virology, the laboratory shall be equipped with a microbiological safety cabinet, with an adequately filtered exhaust system.

(M~~3~~) Vacuum breakers must be present on sinks where specimens are handled or discarded to ensure that the water supply is not contaminated.

~~14.104 FACILITIES. RESERVED.~~

~~**14.2**00 **BLOOD BANKING**~~16.2 BLOOD BANKING

~~14.201 ORGANIZATION AND STAFFING~~

(A)~~(1)~~ The hospital shall provide for the procurement, storage, and transfusion of blood as needed for routine and emergency cases.

~~14.202 PROGRAMMATIC FUNCTIONS~~

(B)(1) Standards of the American Association of Blood Banks shall be used; or ~~the administrative staff of~~ the hospital ~~must~~ SHALL substitute~~, in writing,~~ alternate standards which are safe and adequate for the collection and administration of blood and blood products, AND ARE BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE.

(C)~~(2)~~ Blood and blood products shall only be administered upon order of a physician or other LICENSED INDEPENDENT PRACTITIONER ~~practitioner authorized by law~~.

(D)~~(3)~~ Before administering a blood transfusion, the following shall be AUTHENTICATED ~~identified accurately and verified by a registered nurse and a licensed health care professional acting within his or her standard of practice~~ BY THE INDIVIDUAL ADMINISTERING THE TRANSFUSION AND ONE OTHER INDIVIDUAL (OR AN AUTOMATED, ELECTRONIC IDENTIFICATION SYSTEM, SUCH AS BAR CODING): 1) patient; 2) patient's blood specimen; 3) type, crossmatch, and expiration date of donor blood.

Commented [SA88]: This is a combination of AABB standards and Joint Commission standards.

(E)~~(4)~~ Records must be kept which show the complete receipt and disposition of blood.

(F)~~(5)~~ Each unit of blood typed and cross-matched for transfusion must be adequately identified ~~by an attached tag which cannot be removed from the unit accidentally~~.

~~14.203 EQUIPMENT AND SUPPLIES~~

(G)~~(1)~~ ~~Equipment shall be available which ensures safe storage and transfusion of blood.~~ THE HOSPITAL SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES TO ENSURE THE SAFE STORAGE AND TRANSFUSION OF BLOOD PRODUCTS.

(H)~~(2)~~ Refrigerators used to store blood ~~overnight~~ shall have a recording thermometer and an adequate alarm system. The refrigerator shall be on the emergency power source.

~~14.204 FACILITIES~~

~~(1) Facilities shall be available to ensure safe storage and transfusion of blood.~~

Part 15~~7~~. DIAGNOSTIC AND THERAPEUTIC IMAGING SERVICES

~~15.100~~

~~15.101 ORGANIZATION AND STAFFING~~

~~(1) The hospital shall provide diagnostic radiology services in accordance with the scope of care established pursuant to Section 6.102 (1). Radiological imaging shall be available at all times. The hospital may provide other diagnostic and therapeutic imaging services. such as ultrasound and magnetic resonance imaging.~~

17.1 THE HOSPITAL SHALL HAVE RADIOLOGICAL IMAGING, INCLUDING COMPUTED TOMOGRAPHY (CT), AVAILABLE ON CAMPUS, AT ALL TIMES. THE HOSPITAL MAY PROVIDE OTHER DIAGNOSTIC OR THERAPEUTIC IMAGING SERVICES EITHER ON CAMPUS OR MADE AVAILABLE OFF-SITE.

(A) THE HOSPITAL SHALL DEVELOP A POLICY TO BE IMPLEMENTED IN THE EVENT RADIOLOGY EQUIPMENT, INCLUDING CT, IS UNAVAILABLE.

(B) THE POLICY SHALL INCLUDE PROCEDURES FOR NOTIFICATION OF EMS PROVIDERS AND AGENCIES AND ANY OTHER IMPACTED FACILITIES OR PROVIDERS.

17.2~~(2)~~ Imaging services shall be DIRECTED BY ~~under the direction of~~ a qualified physician. ~~Radiology services shall be under the supervision of a full-time or consulting radiologist whose professional competence has been determined by the organized medical staff~~.

17.3 RADIOLOGY SERVICES SHALL BE UNDER THE SUPERVISION OF A QUALIFIED, FULL-TIME OR CONSULTING RADIOLOGIST

~~15.102 PROGRAMMATIC FUNCTIONS~~

17.4~~(1)~~ Radiological services involving the use of machines that produce ionizing radiation or the use of radioactive materials for diagnostic OR THERAPEUTIC purposes shall be in compliance with 6 CCR 1007-1, Rules and Regulations Pertaining to Radiation Control.

~~(2) The hospital shall be responsible for the formulation, implementation and periodic review of written policies and procedures governing the services offered and in addition include the management of patients with infectious diseases, critical care patients, and patients who experience medical emergencies.~~

Commented [SA89]: Covered through the proposed language that follows

17.5 THE SCOPE AND COMPLEXITY OF RADIOLOGICAL SERVICES MAINTAINED OR MADE AVAILABLE MUST BE SPECIFIED IN WRITING, AND DEMONSTRATE HOW THE HOSPITAL MEETS THE NEEDS OF ITS PATIENTS.

17.6 THE HOSPITAL MUST DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES THAT:

(A) PROVIDE SAFETY FOR AFFECTED PATIENTS AND HOSPITAL PERSONNEL;

(B) ARE BASED ON NATIONALLY RECOGNIZED GUIDELINES, SUCH AS THOSE PROMULGATED BY THE AMERICAN MEDICAL ASSOCIATION, AMERICAN COLLEGE OF RADIOLOGY, AND THE AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS;

(C) COMPLY WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS GOVERNING RADIOLOGICAL SERVICES; AND

(D) ARE REVIEWED PERIODICALLY AND UPDATED AS NEEDED, NO LESS THAN EVERY THREE (3) YEARS.

17.7 THE POLICIES AND PROCEDURES SHALL ADDRESS, AT A MINIMUM, THE FOLLOWING:

(A) APPLICATION OF THE FUNDAMENTAL PRINCIPLE OF AS LOW AS REASONABLY ACHIEVABLE TO IONIZING RADIATION SERVICES.

(B) ENSURING PROCEDURES ARE ROUTINELY PERFORMED IN A SAFE MANNER, UTILIZING PARAMETERS AND SPECIFICATIONS THAT ARE APPROPRIATE TO THE ORDERED STUDY OR PROCEDURE.

(C) ENSURING PROTOCOLS ARE DESIGNED TO MINIMIZE THE AMOUNT OF RADIATION WHILE MAXIMIZING THE YIELD AND PRODUCING DIAGNOSTICALLY ACCEPTABLE IMAGE QUALITY.

(D) IDENTIFICATION OF PATIENTS AT HIGH-RISK FOR ADVERSE EVENTS FOR WHOM A PROCEDURE MAY BE CONTRAINDICATED (E.G. PREGNANT WOMEN, INDIVIDUALS WITH KNOWN ALLERGIES TO CONTRAST AGENTS, INDIVIDUALS WITH IMPLANTED DEVICES).

(E) MANAGEMENT OF PATIENTS WITH INFECTIOUS DISEASES, CRITICAL CARE PATIENTS, AND PATIENTS WHO EXPERIENCE MEDICAL EMERGENCIES.

(F) TRAINING REQUIRED BY PERSONNEL PERMITTED TO ENTER AREAS WHERE RADIOLOGIC SERVICES ARE PROVIDED.

(G) TRAINING AND, AS APPLICABLE, QUALIFICATIONS REQUIRED FOR PERSONNEL WHO PERFORM DIAGNOSTIC IMAGING STUDIES OR THERAPEUTIC PROCEDURES UTILIZING RADIOLOGIC SERVICES EQUIPMENT.

(H) ESTABLISHMENT AND MAINTENANCE OF SAFETY PRECAUTIONS AGAINST RADIATION HAZARDS, INCLUDING, BUT NOT LIMITED TO:

(1) CLEAR AND EASILY RECOGNIZABLE SIGNAGE IDENTIFYING HAZARDOUS RADIATION AREAS,

(2) LIMITATIONS ON ACCESS TO AREAS CONTAINING RADIOLOGIC SERVICES EQUIPMENT,

(3) APPROPRIATE USE OF SHIELDING, AND

(4) IDENTIFICATION AND USE OF APPROPRIATE CONTAINERS TO BE USED FOR VARIOUS RADIOACTIVE MATERIALS, IF APPLICABLE, WHEN STORED, IN TRANSPORT BETWEEN LOCATIONS WITHIN THE HOSPITAL, IN USE, AND DURING OR AFTER DISPOSAL.

(I) ENSURING PERIODIC INSPECTIONS OF RADIOLOGY EQUIPMENT ARE CONDUCTED, CURRENT, AND THAT PROBLEMS IDENTIFIED ARE CORRECTED IN A TIMELY MANNER. EQUIPMENT MUST BE INSPECTED IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS AND FEDERAL AND STATE LAWS, REGULATIONS, AND GUIDELINES.

(J) PERIODIC CHECKS FOR AMOUNT OF RADIATION EXPOSURE FOR DIAGNOSTIC IMAGING SERVICE PERSONNEL AS WELL AS OTHER HOSPITAL EMPLOYEES WHO MAY BE REGULARLY EXPOSED TO RADIATION.

17.8(3) Diagnostic OR THERAPEUTIC imaging services shall be ordered by a physician or other LICENSED INDEPENDENT practitioner ~~authorized by law~~. The order shall include the name of the patient, the name of the ordering individual, and the radiological procedure ordered. Services shall be provided in accordance with the order.

17.9 THE PERFORMANCE OF RADIOLOGIC STUDIES MUST BE DONE ON CAMPUS, OR AT A FACILITY OFF THE HOSPITAL'S CAMPUS WHEN RESOURCES ARE NOT AVAILABLE ON CAMPUS.

17.10 THE INTERPRETATION OF RADIOLOGIC STUDIES MAY BE PERFORMED REMOTELY BY A TELERADIOLOGY PRACTITIONER, IN A TIMELY FASHION.

Commented [SA90]: Language from the SOM to capture the use of teleradiology.

~~15.103 EQUIPMENT AND SUPPLIES. RESERVED.~~

~~15.104 FACILITIES~~

~~(1) The facilities used to provide diagnostic imaging services shall have adequate space, storage (including storage for radiological images), lighting and ventilation.~~

Commented [SA91]: Propose to strike as covered by FGI

PART 18. NUCLEAR MEDICINE SERVICES

Commented [BM92]: Moved whole Part from Part 27 at the end of the document.

18.1 THE HOSPITAL MAY PROVIDE NUCLEAR MEDICINE SERVICES. IF A HOSPITAL PROVIDES NUCLEAR MEDICINE SERVICES, THE SERVICES MUST MEET THE NEEDS OF THE PATIENTS IN ACCORDANCE WITH ACCEPTABLE STANDARDS OF PRACTICE.

(A) NUCLEAR MEDICINE SERVICES MUST BE ORDERED ONLY BY PRACTITIONERS WHOSE SCOPE OF FEDERAL OR STATE LICENSURE AND DEFINED STAFF PRIVILEGES ALLOW SUCH REFERRALS.

(B) THE GOVERNING BODY AND MEDICAL STAFF MAY ALSO AUTHORIZE PRACTITIONERS WHO DO NOT HAVE HOSPITAL CLINICAL PRIVILEGES TO ORDER SUCH STUDIES OR PROCEDURES, AS PERMITTED UNDER STATE LAW.

18.2 NUCLEAR MEDICINE SERVICES SHALL BE DIRECTED BY ~~UNDER THE DIRECTION OF~~ A PHYSICIAN QUALIFIED IN NUCLEAR MEDICINE.

18.3 THE QUALIFICATIONS, TRAINING, FUNCTIONS, AND RESPONSIBILITIES OF THE NUCLEAR MEDICINE PERSONNEL MUST BE SPECIFIED BY THE PHYSICIAN DIRECTOR AND APPROVED BY THE MEDICAL STAFF.

18.4 NUCLEAR MEDICINE SERVICES, INCLUDING THE PREPARATION, LABELING, USE, TRANSPORTATION, STORAGE, AND DISPOSAL OF RADIOACTIVE MATERIALS SHALL COMPLY WITH 6 CCR 1007-1, RULES AND REGULATIONS PERTAINING TO RADIATION CONTROL.

18.5 THERE SHALL BE WRITTEN POLICIES AND PROCEDURES FOR ALL SERVICES OFFERED, BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE THAT ADDRESS, AT A MINIMUM, THE FOLLOWING:

(A) THE QUALIFICATIONS NECESSARY TO PREPARE AND/OR OVERSEE IN-HOUSE RADIO-PHARMACEUTICALS, IF APPLICABLE.

(B) STEPS TO TAKE IN THE EVENT OF AN ADVERSE REACTION.

(C) PROTECTION FROM NON-THERAPEUTIC RADIATION EXPOSURE FOR PATIENTS AND VISITORS WHILE IN THE HOSPITAL.

(D) INFORMATION TO BE PROVIDED TO PATIENTS WHO RECEIVE NUCLEAR MEDICINE THERAPY AND STILL HAVE RADIOACTIVE PARTICLES IN THEIR BODIES REGARDING HOW TO PREVENT AND/OR MINIMIZE RADIATION EXPOSURE OF OTHERS.

18.6 THE HOSPITAL MUST MAINTAIN SIGNED AND DATED REPORTS OF NUCLEAR MEDICINE INTERPRETATIONS, CONSULTATIONS, AND PROCEDURES, AND MAINTAIN COPIES OF ALL NUCLEAR MEDICINE REPORTS AS PART OF THE PATIENT'S MEDICAL RECORD IN ACCORDANCE WITH PART 10 OF THIS CHAPTER.

18.7 THE HOSPITAL MUST MAINTAIN RECORDS OF THE RECEIPT AND DISTRIBUTION OF RADIO-PHARMACEUTICALS.

Part 1~~6~~9. DIETARY SERVICES

~~16.100~~

~~16.101 ORGANIZATION AND STAFFING~~

19.1~~(1)~~ The~~re~~ HOSPITAL shall HAVE~~be~~ an organized ~~food~~ DIETARY service THAT IS planned, equipped, and staffed to serve adequate meals to patients. Food prepared outside the hospital shall be from sources that comply with these regulations and other applicable laws and regulations.

19.2~~(2)~~ DIETARY SERVICES SHALL BE DIRECTED BY A ~~A~~ person qualified by EDUCATION, training, COMPETENCIES, and experience. ~~in food service shall direct the dietary services~~.

19.3~~(3)~~ A registered dietitian shall be responsible, ON A FULL-TIME, PART-TIME, OR CONSULTANT BASIS, for the nutritional aspects of care, including but not limited to, the evaluation of the nutritional status

Commented [BM93]: Language is a combination of the COP and Interpretive guidelines.

and needs of patients, the review of modified and special diets for nutritional adequacy, and patient counseling.

19.4~~(4)~~ If 24-hour dietary services are not provided, other means of providing adequate nourishment for patients shall be made available.

19.5~~(5)~~ ~~The facility's~~ Dietary services shall be integrated, as necessary, with other departments and services of the HOSPITAL ~~facility~~, including but not limited to, infection PREVENTION AND control and pharmacy.

~~16.102 PROGRAMMATIC FUNCTIONS~~

~~(1) Patient Care~~

19.6~~(a)~~ The nutritional needs of the patients shall be met in accordance with recognized dietary standards and in accordance with orders of the PHYSICIAN OR licensed independent practitioners responsible for the care of the patient, A REGISTERED DIETITIAN, OR A QUALIFIED NUTRITION PROFESSIONAL AS AUTHORIZED BY THE MEDICAL STAFF AND IN ACCORDANCE WITH STATE LAW GOVERNING DIETITIANS AND NUTRITION PROFESSIONALS.

Commented [BM94]: Modified from SOM

19.7~~(b)~~ The HOSPITAL ~~facility~~ shall develop and implement policies and procedures ~~regarding:~~ BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE THAT ADDRESS, AT A MINIMUM, THE FOLLOWING:

(A~~i~~) T~~t~~he triggers and processes for conducting A nutritional risk screening OR assessment of clinically relevant malnutrition~~,~~ and the integration of therapeutic interventions into the patient's care plan.

(B~~ii~~) I~~i~~nfection control methods for the provision of services to patients in isolation. These policies and procedures shall be developed in conjunction with and reviewed periodically by the Infection PREVENTION AND Control Committee. Food served to patients in isolation because of infectious diseases shall be SERVED WITH ~~in~~ disposable utensils. ~~or in utensils that shall be sterilized~~.

Commented [SA95]: Added to the list of policies and procedures reviewed by the IPCC

(C) FOOD CONDITION, PREPARATION, HANDLING, AND STORAGE, IN ACCORDANCE WITH NATIONALLY-RECOGNIZED GUIDELINES.

(D) METHODS TO ENSURE HYGIENIC PRACTICES, ADDRESSING, AT A MINIMUM, THE FOLLOWING CONCEPTS: STAFF HYGIENE, FOOD-CONTACT SURFACES, DIETARY SERVICES EQUIPMENT, UTENSILS, WAREWASHING, CLEAN ENVIRONMENT, STORAGE, AND WASTE DISPOSAL.

19.8~~(c)~~ Therapeutic diets and nourishments shall be served as prescribed by the attending licensed independent practitioner, REGISTERED DIETITIAN, OR QUALIFIED NUTRITION PROFESSIONAL. A current diet manual APPROVED BY THE DIETITIAN shall be available to ~~medical staff and~~ ALL MEDICAL, NURSING, AND FOOD SERVICE personnel for fulfilling dietary prescriptions.

Commented [BM96]: Modified based on SOM

19.9~~(d)~~ Menus shall be varied to meet patient needs. Food allergies and intolerances, personal tastes, desires, cultural patterns, and religious beliefs of patients shall be considered and, IF APPLICABLE, reasonable menu adjustments made.

~~(2) Food: Condition, Preparation/Handling, Storage~~

Commented [SA97]: Propose to delete section, and have included a policy requirement at 19.7(C) above.

~~(a) Condition~~

(i) Food shall be in sound condition, free from spoilage, misbranding, or contamination, and shall be safe for human consumption.

(ii) All food served shall be from approved sources. An approved source is a source that is inspected by and in compliance with the standards of a local, state, and/or federal agency responsible for the oversight of the production, processing, and/or preparation of food.

(iii) Poisonous and toxic materials shall be used only in such ways that they will neither contaminate food nor be hazardous to employees.

(b) Preparation and Handling

(i) Food shall be palatable and prepared using methods that conserve nutritive value, flavor, and appearance.

(ii) Unwrapped food on display for service shall be protected against contamination by sneeze guards and other devices.

(iii) Food being conveyed shall be covered, completely wrapped or packaged to protect from contamination.

(iv) Potentially perishable foods shall be maintained at a temperature of 41°F (5°C). or below, or 135°F (57°C). or above.

(v) Convenient and suitable utensils, including self-service, such as forks, knives, tongs, and spoons shall be used to handle food at all points where food is prepared and served.

(c) Storage

(i) Containers of food shall be stored above the floor on clean racks, dollies, or other clean surfaces to protect them from contamination.

(ii) Stored foods shall be clearly identifiable and dated, as appropriate.

(iii) Poisonous and toxic materials shall be labeled and stored separately from food.

(iv) Food shall not be placed under: sewer lines; water lines that are not protected to intercept potential drips, including leaking automatic fire protection sprinkler heads; or lines on which water has condensed.

(3) Hygienic Practices. The facility's dietary services shall be operated in a manner that prevents foodborne illness.

Commented [SA98]: Propose to delete section, and have included a policy requirement at 16.6(D) above.

(a) Staff Hygiene

(i) Employees shall wash their hands thoroughly in a hand washing facility before starting work and as often as may be necessary to remove soil and contamination. Each employee shall wash his hands before resuming work after visiting the toilet room. Handwashing shall not be conducted in kitchen sinks used for cleaning kitchenware or as part of food preparation; instead, separate handwashing facilities shall be used.

~~(ii) All dietary employees shall wear hair nets, head-bands, caps, or other effective hair restraints. Beards and mustaches that are not closely cropped shall be covered.~~

~~(iii) Employees shall not use tobacco in any form while engaged in food preparation, service, or equipment washing areas.~~

~~(iv) No person, while infected with a disease in a communicable form which can be transmitted by foods or who is afflicted by a boil, or an infected wound, shall work in a food service setting in any capacity in which there is a likelihood of such person contaminating food or food contact surfaces with pathogenic organisms or transmitting diseases to other persons.~~

~~(b) Food-contact surfaces, dietary services equipment, and utensils shall be:~~

~~(i) non-toxic, smooth, made of impervious materials, free of open seams, not readily corrosible, and free of difficult-to-clean internal corners and crevices.~~

~~(ii) clean to sight and touch, except when current or recent usage precludes it.~~

~~(iii) cleaned and disinfected in a manner and at intervals that are in accordance with recognized standards and the facility's written policies and procedures. Food contact surfaces shall be cleaned and disinfected using methods and agents approved as safe for food contact surface application and either at intervals not to exceed four hours when the surface is in continuous use, or if not in continuous use, after final use each work day.~~

~~(c) Warewashing~~

~~(i) Utensils shall be pre-rinsed or pre-scraped, and, when necessary, pre-soaked, to remove gross particles and soil.~~

~~(ii) Manual Warewashing. Sinks shall be cleaned and disinfected before use. A thermometer shall be readily available and frequently used to monitor temperatures. The temperature of the wash solution shall be not less than 110°F (43°C) unless a different temperature is specified on the cleaning agent manufacturer's label instructions. Ware shall be rinsed free of detergent and abrasive with clean water, disinfected and air-dried. Disinfection shall be conducted in accordance with one of the following methods:~~

~~(A) Immersion for at least 1 minute in a clean solution containing a minimum of 50 parts per million (mg/L) and no more than 200 parts per million (mg/L) of available chlorine as hypochlorite and having a temperature of at least 75°F (24°C); or~~

~~(B) Immersion for at least 1 minute in a clean solution containing at least 12.5 parts per million of available iodine, having a pH range not higher than 5.0, unless otherwise certified to be effective by the manufacturer, and at a temperature of at least 75°F (24°C); or~~

~~(C) Immersion in a clean solution containing a quarternary ammonia product or any other chemical sanitizing agent allowed under Sanitizers, 21 CFR Section 178.1010.~~

(iii) Mechanical Warewashing. Commercial ware washing machines shall be used. Machines shall be operated in accordance with manufacturers' instructions.

(iv) Utility ware, pots, pans, and similar utensils shall be cleaned in an area separated from the dishwashing operation.

(v) Separate drainboards shall be used for soiled utensils prior to washing and for clean utensils following disinfecting.

(d) Clean Environment

(i) The walls, ceiling and floors of all areas where food is stored, prepared or served shall be kept clean and in good repair.

(ii) All non-food contact surfaces of equipment, including transport vehicles, shall be cleaned as often as necessary to keep the equipment free from the accumulation of dust, dirt, food particles, and other debris.

(iii) Dietary services areas and loading docks shall be protected from and free of vermin.

(e) Storage. Utensils and dietary services equipment shall be cleaned and disinfected prior to storage.

(i) Cleaned and disinfected utensils and dietary services equipment shall be handled in a way that protects them from contamination.

(ii) Spoons, knives, and forks shall be touched only by their handles. Cups, glasses, bowls, plates, and similar items shall be handled without contact with inside surfaces or surfaces that contact the user's mouth.

(iii) Cleaned and disinfected utensils and dietary services equipment shall be stored 6 inches above the floor in a clean, dry location in a way that protects them from contamination by splash, dust, and other means.

(iv) Utensils and dietary services equipment shall not be placed under: sewer lines; water lines that are not protected to intercept potential drips, including leaking automatic fire protection sprinkler heads; or lines on which water has condensed.

(v) Utensils shall be air-dried before being stored or shall be stored in a self-draining position.

(vi) Glasses and cups shall be stored inverted. Other stored utensils shall be covered or inverted, wherever practical. Facilities for the storage of knives, forks and spoons shall be designed and used to present the handle to the staff or user. Unless tableware is pre-wrapped, holders for knives, forks and spoons at self-service locations shall protect these articles from contamination and present the handle of the utensil to the consumer.

(f) Waste Disposal

(i) Garbage and refuse located in the dietary services area shall be placed in impervious containers equipped with tightly fitting covers when filled or stored, or not in continuous use.

16.103 EQUIPMENT AND SUPPLIES

Commented [SA99]: Strike as covered by FGI

(1) Adequate equipment shall be provided for efficient preparation of meals.

(2) A minimum of two units of refrigeration shall be provided to protect foods kept on hand. Refrigerators and storerooms used for perishable foods shall be equipped with reliable thermometers.

(3) Walk-in refrigerators and freezers shall have inside lighting and inside lock releases, or an audiovisual signal system as a suitable safety device.

(4) Equipment on tables or counters, unless readily movable, shall be installed so as to facilitate cleaning and safety.

(5) Floor-mounted equipment, unless readily movable shall be sealed to the floor to prevent liquids or debris from settling under the equipment. Lubricated bearings and gears shall be constructed so that lubricants cannot get into the food.

(6) Food waste grinders shall be installed in compliance with applicable laws and regulations and manufacturer's instructions.

16.104 FACILITIES

(1) Adequate space shall be provided to allow for fixed and movable equipment and employee functions for receiving and storage, refrigeration, food preparation, and dishwashing.

(2) Clean, well-ventilated food storerooms shall be provided.

(3) Facilities and systems for storage of silverware shall be designed and maintained to prevent contamination.

(4) Areas for preparing food and storing and cleaning utensils shall be adequately lighted.

(5) Rooms for preparing and serving food and warewashing shall be well ventilated. Filters shall be readily removable for cleaning or replacement.

(6) Adequate, clean toilet facilities shall be provided.

(7) Separate handwashing facilities with soap and sanitary hand-drying accommodations shall be conveniently provided.

(8) Separate two-compartment sinks are required for manual washing operations, and they shall be of such length, width, and depth to permit complete immersion of equipment and utensils.

(9) In the case of new hospital construction, or modification of an existing hospital facility, the following shall apply:

(a) Cart washing space must be provided, preferably in the dishwashing area. Hot water and a floor drain must be provided in this area.

(b) A lounge, complete with lockers and toilet facilities for the dietary staff shall be provided near the kitchen.

(c) Dining area(s) must be provided for staff, visitors and patients.

~~(d) Warewashing Operations~~

~~(i) Commercial mechanical dishwashing equipment shall be physically separate from food preparation and service areas.~~

~~(ii) The dishwash room shall be arranged such that clean dishes are discharged from the dish machine onto a clean dish table outside the dishwash room.~~

~~(iii) On or after March 2, 2010, separate three-compartment sinks are required for manual washing operations, and they shall be of such length, width, and depth to permit complete immersion of equipment and utensils. Each sink compartment used in manual warewashing operations shall be supplied with hot and cold water under pressure through a mixing faucet.~~

PART ~~17~~20. ANESTHESIA SERVICES

~~17.100~~

~~17.101 ORGANIZATION AND STAFFING~~

~~(1)~~20.1 The hospital shall provide anesthesia services commensurate with the SCOPE OF services provided by the hospital.

20.2 ADMINISTRATION OF ANESTHESIA

(A) GENERAL OR REGIONAL ANESTHESIA SHALL BE ADMINISTERED ONLY BY THE FOLLOWING INDIVIDUALS:

(1) A PHYSICIAN QUALIFIED BY EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE IN PROVIDING ANESTHESIA;

(2) A CERTIFIED REGISTERED NURSE ANESTHETIST; OR

(3) AN APPROPRIATELY-QUALIFIED ANESTHESIOLOGIST ASSISTANT, UNDER THE SUPERVISION OF AN ANESTHESIOLOGIST.

(B) IN THE CASE OF DENTAL TREATMENT, DENTISTS MAY ADMINISTER LOCAL AND INHALATION ANESTHETICS.

~~(2) General, or regional, anesthesia or analgesia shall be administered only by a physician qualified by training, experience and ability in anesthesiology; or a registered nurse anesthetist graduated from a certified school. In case of dental treatment, dentists may administer local anesthetics.~~

~~17.102 PROGRAMMATIC FUNCTIONS~~

~~(1)~~20.3 Patients recovering from anesthesia shall remain under continuous care of a registered nurse. ~~Nurses shall have been instructed in the care of post-anesthetic patients, shall have no other duties during the time they are caring for such patients, and shall have facilities for immediate communication with the attending surgeon, anesthesiologist, or qualified substitute present in the hospital.~~

(A) NURSES SHALL HAVE BEEN INSTRUCTED IN THE CARE OF POST-ANESTHETIC PATIENTS, SHALL HAVE NO OTHER DUTIES DURING THE TIME THEY ARE CARING FOR SUCH PATIENTS, AND SHALL HAVE FACILITIES FOR IMMEDIATE COMMUNICATION WITH THE ATTENDING SURGEON, ANESTHESIOLOGIST, OR QUALIFIED SUBSTITUTE PRESENT IN THE HOSPITAL.

~~17.103 EQUIPMENT~~

(1)20.4 There shall be equipment AND FACILITIES for the administration of anesthesia ~~that is~~ commensurate with the clinical procedures and programs conducted within the hospital.

~~(2) Anesthesia equipment shall be cleaned properly and sterilized after each use excepting multi-use heat sensitive equipment may be disinfected using a process that is bactericidal, tuberculocidal and virucidal. Hypodermic needles, syringes, and allied equipment shall be sterilized, unless disposed of after use. Written procedures shall be developed for these processes.~~

Commented [SA100]: Covered by new proposed language at 17.5 below.

20.5 THE HOSPITAL SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES REGARDING THE CLEANING AND STERILIZATION OF ANESTHESIA EQUIPMENT. THESE POLICIES SHALL BE BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND BE REVIEWED BY THE INFECTION PREVENTION AND CONTROL COMMITTEE.

20.6 THE HOSPITAL SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES REGARDING THE DELIVERY OF ANESTHESIA SERVICES. THE POLICIES SHALL BE BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE AND SHALL ADDRESS, AT A MINIMUM, THE FOLLOWING:

(A) PATIENT CONSENT,

(B) INFECTION CONTROL PRACTICES,

(C) SAFETY PRACTICES IN ALL ANESTHETIZING AREAS,

(D) PROTOCOL FOR SUPPORTIVE LIFE FUNCTIONS,

(E) REPORTING REQUIREMENTS,

(F) DOCUMENTATION REQUIREMENTS, AND

(G) EQUIPMENT REQUIREMENTS, AS WELL AS THE MONITORING, INSPECTION, TESTING, AND MAINTENANCE OF ANESTHESIA EQUIPMENT.

Commented [SA101]: (A)-(G) are taken from COP 482.52(b)

~~17.104 FACILITIES~~

~~(1) There shall be facilities for the administration of anesthesia that are commensurate with the clinical procedures and programs conducted within the hospital.~~

Commented [SA102]: Integrated into 20.4 above

~~(2) Areas used to care for post-anesthetic patients shall have facilities for immediate communication with the attending surgeon, anesthesiologist, or qualified substitute present in the hospital.~~

Commented [SA103]: Propose to strike as covered by FGI.

Part ~~18~~21. EMERGENCY SERVICES

21.1 ALL GENERAL HOSPITALS SHALL MAINTAIN A DEDICATED EMERGENCY DEPARTMENT AND SHALL FOLLOW THE STANDARDS IN PART 21.3 BELOW.

21.2 LICENSED REHABILITATION HOSPITALS, PSYCHIATRIC HOSPITALS, HOSPITAL UNITS, LONG-TERM CARE HOSPITALS, AS DEFINED AT 42 U.S.C. 1395X(CCC), AND SPECIALTY HOSPITALS, AS DEFINED AT PART 2.18 ABOVE, SHALL NOT BE REQUIRED TO MAINTAIN A DEDICATED EMERGENCY DEPARTMENT AND SHALL FOLLOW THE STANDARDS IN PART 21.4 BELOW. IF THE HOSPITAL CHOOSES TO MAINTAIN A DEDICATED EMERGENCY DEPARTMENT, IT SHALL FOLLOW THE STANDARDS IN PART 21.3 BELOW.

21.3 DEDICATED EMERGENCY DEPARTMENT

(A) ORGANIZATION

(1) THE EMERGENCY DEPARTMENT SHALL BE FORMALLY ORGANIZED AS A DEPARTMENT OR SERVICE DIRECTED BY ~~UNDER THE DIRECTION OF~~ A QUALIFIED MEMBER OF THE MEDICAL STAFF.

Commented [BM104]: Existing language from 18.101 (3)

(2) THE EMERGENCY DEPARTMENT SHALL PROVIDE EMERGENCY SERVICES TWENTY-FOUR (24) HOURS A DAY, INCLUDING PROVIDING IMMEDIATE LIFESAVING INTERVENTION, RESUSCITATION, AND STABILIZATION.

Commented [BM105]: Similar language from current rule 18.101 (1)

(3) THE ENTRANCE TO THE EMERGENCY DEPARTMENT SHALL BE CLEARLY MARKED AND SEPARATE FROM THE MAIN HOSPITAL ENTRANCE.

Commented [BM106]: In existing regulations

(4) THE HOSPITAL SHALL INTEGRATE ITS EMERGENCY DEPARTMENT WITH OTHER HOSPITAL DEPARTMENTS, AS NEEDED, TO ENSURE THE HOSPITAL CAN IMMEDIATELY MAKE AVAILABLE THE FULL EXTENT OF ITS PATIENT RESOURCES TO ASSESS AND RENDER APPROPRIATE CARE.

(5) PATIENTS SHALL BE DISCHARGED FROM THE EMERGENCY DEPARTMENT ONLY UPON A PHYSICIAN OR LICENSED INDEPENDENT PRACTITIONER'S RECORDED AUTHORIZATION, INCLUDING INSTRUCTIONS GIVEN TO THE PATIENT FOR FOLLOW-UP CARE.

Commented [BM107]: Existing language from 18.102 (2)

(6) THE EMERGENCY DEPARTMENT SHALL BE CONVENIENTLY LOCATED WITH RESPECT TO RADIOLOGICAL AND LABORATORY SERVICES. THE EMERGENCY DEPARTMENT SHALL BE SEPARATE AND REMOVED FROM SURGICAL AND OBSTETRICAL SUITES.

Commented [BM108]: In existing regulations

(7) IF PROVIDED, OPERATING ROOMS LOCATED WITHIN THE EMERGENCY DEPARTMENT SHALL MEET THE REQUIREMENTS SPECIFIED IN PART 24, SURGICAL AND RECOVERY SERVICES.

(B) PERSONNEL

(1) A PHYSICIAN OR LICENSED INDEPENDENT PRACTITIONER MUST BE AVAILABLE AT ALL TIMES TO THE EMERGENCY DEPARTMENT TO DIRECT CARE.

Commented [SA109]: Modified existing requirements 18.101 (4) and (5) to create bullets (A) through (D)

(2) NURSE STAFFING SHALL BE PROVIDED IN ACCORDANCE WITH THE REQUIREMENTS OF PART 14 OF THIS CHAPTER, NURSING SERVICES.

(3) THE HOSPITAL SHALL ENSURE THE AVAILABILITY OF ADDITIONAL PERSONNEL DURING AN UNEXPECTED INFLUX OF PATIENTS.

(4) A ROSTER OF ON-CALL MEDICAL STAFF MEMBERS MUST BE AVAILABLE IN THE EMERGENCY DEPARTMENT.

(C) SCOPE OF SERVICES

(1) THE HOSPITAL SHALL DEVELOP POLICIES AND PROCEDURES OUTLINING THE SCOPE OF SERVICES PROVIDED IN THE EMERGENCY DEPARTMENT, INCLUDING, BUT NOT LIMITED TO THE FOLLOWING:

Commented [BM110]: Existing language 18.101 (2)

(A) PROCEDURES FOR IMMEDIATELY ADDRESSING AND TREATING ANY INCIDENTS OF OVERDOSE OR ACCIDENTAL POISONING.

Commented [SA111]: Replacement concept for the existing poison control chart requirement.

(2) SERVICES RENDERED SHALL BE BASED ON NATIONALLY-RECOGNIZED GUIDELINES, PROCEDURE MANUALS, AND REFERENCE MATERIALS.

(3) THE HOSPITAL SHALL TRANSFER PATIENTS TO A HIGHER LEVEL OF CARE WHEN THEIR NEEDS EXCEED THE HOSPITAL'S SCOPE OF SERVICES.

(D) MINIMUM SERVICES

(1) THE HOSPITAL SHALL PROVIDE THE NECESSARY RESOURCES, INCLUDING INSTRUMENTS, EQUIPMENT, AND PERSONNEL, IN ACCORDANCE WITH ACCEPTABLE STANDARDS OF PRACTICE, AND SHALL ENSURE RESOURCES ARE IMMEDIATELY AVAILABLE TO MEET THE NEEDS OF PRESENTING PATIENTS.

(2) THE HOSPITAL SHALL PROVIDE THE NECESSARY RESOURCES TO ADDRESS, AT A MINIMUM, THE FOLLOWING TYPES OF EMERGENCIES FOR BOTH ADULT AND PEDIATRIC PATIENTS: AIRWAY, CARDIAC, CIRCULATORY, NEUROLOGIC, OBSTETRIC, ORTHOPEDIC, PULMONARY, AND PSYCHIATRIC.

21.4 HOSPITALS WITHOUT A DEDICATED EMERGENCY DEPARTMENT

(A) SIGNAGE INDICATING THAT THE HOSPITAL DOES NOT HAVE AN EMERGENCY DEPARTMENT SHALL BE POSTED AT ALL PUBLIC ENTRANCES.

(B) THE HOSPITAL SHALL HAVE THE ABILITY TO PROVIDE BASIC LIFE SAVING MEASURES TO PATIENTS, STAFF, AND VISITORS, AND SHALL HAVE WRITTEN POLICIES FOR THE APPRAISAL OF EMERGENCIES, INITIAL TREATMENT, AND TRANSFER WHEN APPROPRIATE.

~~18.100~~

~~18.101 ORGANIZATION~~ AND STAFFING

~~(1) Each general hospital shall be organized and equipped to provide emergency treatment at any hour to persons presenting or presented for this purpose. Such treatment shall be rendered in an area specifically designated for this service, and hereafter referred to as the "emergency department".~~

~~(2) Each hospital shall have a well defined plan for the provision of emergency care. This plan shall relate to community need and the capability of the hospital. If the hospital elects to transfer patients, the referring hospital shall institute essential life saving measures and provide emergency procedures.~~

~~(3) The emergency department shall be organized formally as a department or service of the organized medical staff.~~

~~(4) Provision shall be made for medical staff coverage at any hour.~~

~~(5) A registered nurse qualified by training and experience in emergency procedures shall be available at all times to supervise nursing care in the emergency unit. Nursing staff shall be available to cover average utilization. Provision shall be made for additional nursing personnel during unusual circumstances.~~

~~18.102 PROGRAMMATIC FUNCTIONS~~

~~(1) Emergency patient care shall be guided by written policies, and shall be supported by appropriate procedure manuals and reference material.~~

~~(2) Each patient shall be discharged from the emergency department only upon a physician's recorded authorization including instructions given to the patient for follow-up care.~~

Commented [SA112]: Modified existing language from 18.101 (2)

Commented [BM113]: Proposed language taken from Trauma regulations and modifies existing rule 18.103 (1) and (2)

Commented [SA114]: New language to incorporate the concept of specialty hospitals that are not required to maintain a dedicated emergency department.

Commented [SA115]: All existing language is proposed to be struck. Please see comments in proposed language to see where existing language or concepts have been incorporated in the draft rule.

~~(3) A poison control chart and the location and telephone number of the nearest poison control center shall be posted prominently in the emergency department.~~

~~18.103 EQUIPMENT AND SUPPLIES~~

~~(1) Equipment, supplies and drugs shall be provided commensurate with the scope of operation.~~

~~(2) The equipment and supplies shall include but not be limited to the administration of blood, plasma, plasma expanders, parenteral solutions; the administration of oxygen; tracheotomy; the control of bleeding; emergency splinting of fractures; and gastric lavage. X-Ray permeable stretchers intended for use as examining tables should be provided.~~

~~18.104 FACILITIES~~

Commented [SA116]: Will be struck as covered by FGI. With exceptions as noted in the proposed language above.

~~(1) Emergency facilities should be conveniently located with respect to radiological and laboratory services. Emergency facilities shall be separate and removed from surgical and obstetrical suites and shall consist, as a minimum of the following:~~

~~(a) A well-marked entrance, separate from the main hospital entrance, at grade level and sheltered from the weather with provisions for ambulance and pedestrian service.~~

~~(b) A reception and control area with visual control of the entrance, waiting room and treatment area. (Required for hospitals of 50 beds or more).~~

~~(c) Communications with appropriate nursing stations outside the emergency unit and connected to emergency power source.~~

~~(d) Public waiting space with toilet facilities, telephone, drinking fountain, stretcher and wheelchair storage.~~

~~(e) Emergency room equipped with clinical sink and handwashing facilities.~~

~~(f) Nurses station which may be combined with reception and control area, or it may be within the emergency room.~~

~~(g) Storage for clean supplies.~~

~~*Required only in case of new hospital construction, or modification of an existing hospital facility.~~

~~(2) If provided, operating rooms located within the emergency unit shall meet the requirements specified in Part 21 surgical suite and recovery room(s).~~

~~(3) The following physically separated areas must be provided: 1) An adequate waiting room, 2) public toilet facilities, 3) public phone, 4) drinking fountain, 5) patient preparation area with adjacent toilet room, handwashing and provision for storing patient's clothing, 6) provisions within the patient preparation area for medication storage and preparation, 7) recovery room equipped as specified in Part 21, Section 11.~~

Part ~~19~~22. OUTPATIENT SERVICES

~~19.100~~

~~19.101 ORGANIZATION AND STAFFING~~

22.1~~(1)~~ THE H~~H~~ospitals~~s~~ shall provide outpatient services THAT MEET THE NEEDS OF PATIENTS, IN ACCORDANCE WITH ACCEPTABLE STANDARDS OF PRACTICE.

22.2 OUTPATIENT SERVICES MUST BE APPROPRIATELY ORGANIZED AND INTEGRATED WITH INPATIENT SERVICES. THERE SHALL BE ONE OR MORE INDIVIDUALS DESIGNATED THE RESPONSIBILITY FOR OVERSIGHT OF THE OUTPATIENT SERVICES.

Commented [SA117]: Combination of COP 482.53(a) and 482.54(b)

22.3 NURSING SERVICES

(A) OUTPATIENT NURSING SERVICES SHALL BE UNDER THE SUPERVISION OF A REGISTERED NURSE QUALIFIED BY EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE.

Commented [SA118]: Not new language. Moved from below.

(B) EACH OUTPATIENT SERVICE SHALL HAVE A SUFFICIENT NUMBER OF QUALIFIED MEDICAL STAFF, NURSING STAFF, AND AUXILIARY PERSONNEL, BASED ON THE SCOPE AND COMPLEXITY OF THE OUTPATIENT SERVICES OFFERED.

Commented [SA119]: Modified COP language from 482.54(b)

(C) THE NURSE STAFFING PLAN REQUIREMENTS IN PART 14 OF THIS CHAPTER SHALL NOT APPLY TO THE HOSPITAL'S OUTPATIENT SERVICES.

22.4~~(2) There shall be specific written~~ THE HOSPITAL SHALL DEVELOP AND IMPLEMENT policies AND PROCEDURES, BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF CARE THAT ADDRESS, AT A MINIMUM, THE FOLLOWING: ~~for admissions and discharge of patients, physician responsibility, staffing, and procedures for individual patient care, and equipment and supplies.~~

(A) ADMISSIONS AND DISCHARGE OF PATIENTS,

(B) PHYSICIAN RESPONSIBILITY,

(C) STAFFING, AND

(D) INDIVIDUAL PATIENT CARE, AND EQUIPMENT AND SUPPLIES.

22.5 OUTPATIENT SERVICES MUST BE ORDERED BY A PHYSICIAN OR LICENSED INDEPENDENT PRACTITIONER WHO IS:

(A) RESPONSIBLE FOR THE CARE OF THE PATIENT;

(B) LICENSED IN THE STATE WHERE THEY PROVIDE CARE TO THE PATIENT;

(C) ACTING WITHIN THEIR SCOPE OF PRACTICE UNDER STATE LAW; AND

(D) AUTHORIZED IN ACCORDANCE WITH STATE LAW AND POLICIES ADOPTED BY THE MEDICAL STAFF AND APPROVED BY THE GOVERNING BODY TO ORDER THE APPLICABLE OUTPATIENT SERVICES.

Commented [SA120]: From COP 482.54(c).

~~(3) The nursing service shall be under the supervision of a registered nurse qualified by training, experience and ability. There shall be such professional and non-professional personnel as required for efficient operation.~~

22.6 EACH OUTPATIENT SERVICE SHALL PROVIDE THE FOLLOWING, IN PHYSICALLY SEPARATED AREAS:

Commented [BM121]: Not new language, pulled from below.

(A) ADEQUATE WAITING ROOM;

(B) PUBLIC TOILET FACILITIES;

(C) PUBLIC PHONE;

(D) DRINKING FOUNTAIN;

(E) PATIENT PREPARATION AREA, WITH ADJACENT TOILET ROOM, HANDWASHING, AND PROVISION FOR STORING PATIENT'S CLOTHING;

(F) PROVISIONS WITHIN THE PATIENT PREPARATION AREA FOR MEDICATION STORAGE AND PREPARATION; AND

(G) RECOVERY ROOM EQUIPPED AS SPECIFIED IN PART 24, SURGICAL AND RECOVERY SERVICES.

~~19.102 PROGRAMMATIC FUNCTIONS. RESERVED.~~

~~19.103 EQUIPMENT AND SUPPLIES. RESERVED.~~

~~19.104 FACILITIES~~

~~(1) The following physically separated areas shall be provided: 1) An adequate waiting room, 2) public toilet facilities, 3) public phone, 4) drinking fountain, 5) patient preparation area with adjacent toilet room, handwashing and provision for storing patient's clothing, 6) provisions within the patient preparation area for medication storage and preparation, 7) recovery room equipped as specified in Part 21, Surgical and Recovery Services.~~

Part 2~~0~~3. PERINATAL SERVICES

~~20.100 Labor, Delivery, and Newborn Care~~

~~20.150 Public Umbilical Cord Blood Collection~~

~~20.100 LABOR, DELIVERY AND NEWBORN CARE~~

~~20.101 ORGANIZATION AND STAFFING~~

23.1(~~1~~) The ~~facility~~ HOSPITAL shall provide emergent labor and delivery services in accordance with federal law. The ~~facility~~ HOSPITAL may provide non-emergent perinatal care services. If ~~the facility~~ provides~~D~~ ~~non-emergent perinatal care services~~, the following standards shall apply.

23.2(~~2~~) ~~Physician Services~~PHYSICIAN SERVICES

(A)(~~a~~) The director of obstetrical services shall be a physician who is board eligible or certified in obstetrics. However, an acute care hospital with one hundred (100) beds or FEWER~~less~~ located in a rural area may have a physician director who is qualified by EDUCATION, training, COMPETENCIES, and experience to direct the scope of care provided.

(B)(~~b~~) The director of ~~newborn~~ NEONATE services shall be a physician who is board eligible or certified in pediatrics. However, an acute care hospital with one hundred (100) beds or FEWER~~less~~ located in a rural area may have a physician director who is qualified by EDUCATION, training, COMPETENCIES, and experience to direct the scope of care provided.

(C)(~~c~~) There shall be a physician with obstetrical privileges in the hospital or able to arrive within THIRTY (30) minutes of being summoned.

23.3(~~3~~) ~~Nursing Services~~NURSING SERVICES

(A)(~~a~~) Labor, delivery, ~~and newborn~~ NEONATE, AND POSTPARTUM nursing care shall be ~~under the supervision of~~ SUPERVISED BY a registered nurse QUALIFIED BY ~~with~~ EDUCATION, training, COMPETENCIES, and experience. ~~in perinatal nursing.~~

(B)(~~b~~) A registered nurse qualified by EDUCATION, training, COMPETENCIES, and experience in delivery room nursing shall be present as a circulating nurse during each delivery. ~~Additional registered and licensed practical nurses or auxiliary nursing personnel shall be available as necessary.~~

(C) ADDITIONAL REGISTERED AND LICENSED PRACTICAL NURSES OR AUXILIARY PERSONNEL SHALL BE AVAILABLE AS NECESSARY.

Commented [SA122]: Moved from (2) directly above

(D)(~~c~~) Maternity patients shall be closely observed by a registered nurse during and after delivery until vital signs are established, shock and hemorrhage are not evidenced, and the patient is awake.

(E)(~~d~~) A registered nurse shall supervise the nursing care of NEONATES ~~newborn infants~~. A REGISTERED nurse shall be in attendance in the nursery at all times that neonates are present.

23.4(~~4~~) All deliveries shall be attended by an obstetrician, a physician with obstetrical privileges, or a certified nurse midwife, except in emergencies.

23.5(~~5~~) The ~~facility~~ HOSPITAL shall have obstetrical and neonatal specialists, as appropriate to the HOSPITAL'S SCOPE OF SERVICES. ~~scope of care provided.~~

~~20.102 PROGRAMMATIC FUNCTIONS~~

23.6(~~1~~) The HOSPITAL~~facility~~ shall develop and implement admission and transfer criteria for perinatal services that reflect the HOSPITAL'S scope of SERVICES. ~~care provided by the facility.~~

23.7(~~2~~) ~~Labor and Delivery~~ LABOR AND DELIVERY

(A~~a~~) ~~Policies and Procedures.~~ The HOSPITAL~~facility~~ shall develop and implement policies and procedures~~,~~ BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF CARE THAT ADDRESS, AT A MINIMUM, THE FOLLOWING: ~~regarding:~~

(1) R~~r~~eceipt of prenatal records for admissions, other than emergency admissions.

(2) M~~m~~anagement of labor, including but not limited to the monitoring of the well-being of the mother and the fetus. ~~There shall be the capability of performing a Cesarean section within 30 minutes of the decision to perform such a delivery method.~~

(3) CESAREAN SECTIONS, INCLUDING THE FOLLOWING:

(A) THE CAPABILITY OF PERFORMING A CESAREAN SECTION WITHIN THIRTY (30) MINUTES OF THE DECISION TO PERFORM SUCH A DELIVERY METHOD.

(B) VAGINAL BIRTH AFTER A CESAREAN SECTION.

(4~~iii~~) U~~u~~se of analgesic and anesthetic agents for pain management and the responsibilities of persons who administer it. THIS POLICY SHALL BE developed in consultation with the anesthesia service.

~~(iv) vaginal birth after a Cesarean section.~~

(5~~v~~) P~~p~~ostpartum assessments and care of the obstetrical patient and the ~~newborn~~ NEONATE.

(6~~vi~~) I~~i~~dentification AND MANGEMENT of high risk obstetrical patients ~~and management of such patients~~ including protocols for consultations and for the transfer of patients whose needs exceed the HOSPITAL'S SCOPE OF SERVICES ~~scope of care provided by the facility~~ to a facility capable of providing the appropriate level of care. The transfer is a joint responsibility of the sending and receiving facilities.

(7~~vii~~) P~~p~~rotocols for visitors during labor and delivery.

(8~~viii~~) M~~m~~iscarriages and stillbirths.

(9) ANY POLICIES AND PROCEDURES REQUIRED BY FEDERAL OR STATE LAW.

(10) INFECTION PREVENTION AND CONTROL. THESE POLICIES SHALL BE REVIEWED BY THE INFECTION PREVENTION AND CONTROL COMMITTEE AND SHALL INCLUDE THE FOLLOWING:

(A) OBSTETRIC PATIENTS SHALL BE SEPARATED FROM OTHER PATIENTS, WITH THE EXCEPTION OF NON-INFECTIOUS GYNECOLOGICAL PATIENTS.

(B) A PROTOCOL TO BE FOLLOWED FOR OBSTETRIC PATIENTS AND NEONATES WITH SUSPECTED OR CONFIRMED COMMUNICABLE DISEASE.

(C) ISOLATION OF COMMUNICABLE DISEASE CASES, BASED ON NATIONALLY-RECOGNIZED PERINATAL STANDARDS OF PRACTICE. IF A NEONATE IS ISOLATED WITH THEIR MOTHER, BOTH SHALL BE ISOLATED IN A PRIVATE ROOM.

(B~~b~~) There shall be AN APPROPRIATELY-CREDENTIALED staff member present at every delivery who has been trained according to nationally recognized standards ~~and credentialed by the facility~~ in neonatal resuscitation.

23.8(~~3~~) ~~Newborn Care~~NEONATE CARE

(A~~a~~) Identification shall be placed securely on each ~~infant~~ NEONATE before removal from the delivery room.

(B~~b~~) ~~Newborn~~NEONATE screening shall be conducted in accordance with 5 CCR 1005-4, Newborn Screening and Second Newborn Screening AND 6 CCR 1009-6, NEWBORN HEARING SCREENING.

(C~~c~~) Security measures shall be instituted to safeguard ~~newborns~~ NEONATES against access by unauthorized persons.

(D~~d~~) ~~Policies and Procedures.~~ The ~~facility~~ HOSPITAL shall develop and implement policies and procedures~~,~~ BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE, THAT ADDRESS, AT A MINIMUM, THE FOLLOWING: ~~regarding:~~

(1~~i~~) S~~s~~tabilization of ~~newborns~~ NEONATES after birth, including stabilization of high-risk ~~newborns~~ NEONATES.

(2~~ii~~) M~~m~~onitoring OF ~~newborns~~ NEONATES, INCLUDING THE FOLLOWING REQUIREMENTS: ~~Infants shall be examined at least daily until discharge. An appropriately credentialed licensed independent practitioner shall perform a physical exam of the newborn prior to discharge.~~

(A) EXAMINATION OF NEONATES AT LEAST ONCE PER DAY UNTIL DISCHARGE.

(B) A PHYSICAL EXAMINATION PERFORMED BY AN APPROPRIATELY-CREDENTIALED LICENSED INDEPENDENT PRACTITIONER PRIOR TO DISCHARGE OF THE NEONATE.

(3~~iii~~) C~~c~~are of high risk NEONATES ~~newborns~~, including protocols for consultations and for the transfer of neonates whose needs exceed the HOSPITAL'S SCOPE OF SERVICES ~~scope of care provided by the facility~~ to a facility recognized for its capability to provide the appropriate higher level of care. The transfer is a joint responsibility of the sending and receiving facilities.

(4~~iv~~) P~~p~~arent and sibling visitation of NEONATES ~~newborns~~.

(5~~v~~) A~~a~~dmission and care of neonates born outside of the HOSPITAL ~~facility~~.

(I~~4~~) ~~Discharge Planning.~~DISCHARGE PLANNING

(1) As part of the discharge planning process, the ~~facility~~ HOSPITAL shall assess the educational needs of the ~~mother~~ PARENT(S) and provide, or arrange for, education in self-care and NEONATE ~~newborn~~ care, as appropriate.

(~~5~~) ~~Infection Control~~

(a) ~~Obstetric patients shall be separated from other patients, with the exception of non-infectious gynecological patients.~~

(b) ~~The facility shall develop and implement policies and procedures to maintain an environment that protects patients from infections, to include, but not be limited to:~~

(i) ~~a protocol to be followed for obstetric patients and newborns with suspected or confirmed communicable disease. Isolation of communicable disease cases shall be conducted in accordance with written perinatal standards of practice. If an infant is isolated with his or her mother, both shall be isolated in a private room.~~

(ii) ~~handwashing. At minimum, personnel shall cleanse their hands before and after handling each patient.~~

(iii) ~~the flow of hospital staff between the perinatal care service and other services/departments of the hospital based on infection control criteria.~~

~~20.103 EQUIPMENT AND SUPPLIES~~

~~(1) Delivery Room. The following equipment and supplies shall be available for each delivery room:~~

~~(a) Infant warmer.~~

~~(b) Suction and resuscitation equipment for adults and infants.~~

~~(c) Supplies for spinal, epidural, and saddle-block anesthesia.~~

~~(d) Instruments and supplies for management of normal delivery and obstetric emergencies.~~

~~(e) Emergency drugs, solutions, and supplies.~~

Commented [SA123]: Moved to labor and delivery policies above

Commented [SA124]: Moved to labor and delivery policies above.

Commented [SA125]: Covered by the general infection prevention and control policies/requirements

Commented [SA126]: Covered by the general infection prevention and control policies/requirements

Commented [BM127]: striking since covered by FGI.

(f) Infant identification.

(2) Nursery. Each nursery shall be equipped with the following:

(a) Easily cleaned bassinet for each infant.

(b) Storage space for the individual infant supplies in a compartment in the bassinet or on an individual table; however, infant supplies other than suction bulbs shall not be stored within the bassinet basket.

(c) Incubator or warmer.

(d) Infant emergency equipment and supplies essential to resuscitation.

(e) Diaper waste receptacles with foot controls and disposable impervious liners.

(f) Soiled linen waste receptacles with foot controls and disposable impervious liners.

(g) Accurate easily cleaned scales.

20.104 FACILITIES

(1) Labor and Delivery

(a) Physical arrangements shall separate obstetric patients from other patients, with the exception of non-infectious gynecological patients.

(b) The delivery suite and labor room(s) shall be located so as to minimize traffic to patients, visitors, and personnel from other areas of the hospital.

(c) The design of and equipment in labor room(s) shall meet the requirements for a private bedroom specified in Part 11, General Patient Care Services except that windows need not be provided if mechanical ventilation is installed.

(d) There shall be a delivery room or operating room equipped for major obstetrical operative procedures, including caesarian section.

(e) In case of new hospital construction, or modification of an existing hospital facility the following shall apply:

(i) In hospitals of 30 beds or less, one operating suite may be used for surgical or delivery procedures, providing there is a labor room equipped for emergency delivery adjacent and accessible to the suite and with a minimum area of 180 sq. ft., no dimension to be less than 12'0" except ceiling height. Ventilation of the emergency delivery room must be either a separate system from that in the operating suite, allowing recirculation in each area, or if connected to the same system as the operating suite, the system must provide 100% exhaust with no recirculation.

(ii) Sub-sterilizing room adjacent; to delivery room(s) will not be required unless major gynecological surgical procedures are performed in the delivery room.

(f) The requirements specified in Part 21, Surgical and Recovery Services, Section 21.104, with the exception of the requirements for the operating room shall be met.

(2) Nursery

(a) The nursery should be located in the labor and delivery patient care unit as close to the mothers as possible and away from the line of traffic of others than maternity services. The nursery(ies) shall be separated physically and functionally from other hospital services.

(b) A minimum of twenty-four (24) square feet per infant shall be provided within the nursery.

(c) A control area shall be provided to serve as a work space and nursery entry for security.

(d) A fixed view window shall be provided between nursery(ies) and control area or between two nursery(ies). Curtains or drapes when used in nurseries shall be laundered frequently and maintained flame-retardant.

(e) The nursery(ies) shall be well lighted to permit optimal observation and for easy detection of jaundice or cyanosis.

(f) Wall surfaces shall be washable and non-glare. Acoustical ceiling tile is permissible if it is noncombustible and washable.

(g) A minimum ventilation rate of 12 room volumes of outdoor air per hour with no recirculation shall be provided by mechanical supply and exhaust air systems. Filters with a minimum efficiency of 90-99 percent in the retention of particles shall be provided. Positive air pressure relative to the air pressure of adjoining areas should be maintained. A temperature of 75-82° F. and a relative humidity of less than 50% is recommended.

(h) Nursery facilities shall be available for the immediate isolation of all newborn infants who have or are suspected of having communicable disease. Such nursery facilities shall have a minimum of 30 square feet of space for each bassinet or incubator.

(i) The following shall be provided in each nursery:

(i) Lavatory with mixing faucet, knee, foot or automatically operated, soap and sanitary hand-drying accommodations.

(ii) Piped oxygen with outlets, one for every four bassinets.

(iii) In the case of new hospital construction, or modification of an existing hospital facility, a nurse call system shall be provided.

20.150 PUBLIC UMBILICAL CORD BLOOD COLLECTION

Commented [SA128]: This program is now overseen by HRSA, and is awarded based on a contract. Because this program is not something that a hospital can opt into without being awarded a contract, and because the contract will control the standards of the program. We recommend striking this section in its entirety.

20.151 ORGANIZATION AND STAFFING. Reserved.

20.152 PROGRAMMATIC FUNCTIONS

(1) A hospital licensed under this Chapter that is certified by the Centers for Medicare and Medicaid Services may elect to participate in a public umbilical cord blood collection program. A hospital that so elects shall adopt policies, procedures, and best practice guidelines establishing:

(a) Standards for ensuring all such donations are transported to a public cord blood bank;

(b) Standards governing the collection, temporary storage, and transport of public umbilical cord blood donations to a public cord blood bank. Such standards shall specify that collection, transport, processing, and storage shall be accomplished at no cost to the donor(s);

(c) Person(s) required to provide written informed consent to the voluntary donation, collection, storage, and use of an umbilical cord blood donation and a plan to address potential objections to donation;

(d) Standards governing how the hospital will obtain or work with the public cord blood bank to obtain timely informed written consent on a hospital-approved consent form for the voluntary donation, collection, storage, and use of cord blood after providing adequate disclosure of information. As used in this paragraph "adequate disclosure of information" means standardized, objective information concerning cord blood unit donation, including full disclosure of risks involved, sufficient to allow an umbilical cord blood donor to make an informed decision as to whether to volunteer to participate the hospital's umbilical cord blood donation program. Such information shall be provided in a language understood by the donor(s);

(e) Standards ensuring that donation request, consent, and collection procedures do not interfere with standard labor and delivery practices, or otherwise endanger the safety of or health care provided to the mother and baby;

(f) Standards ensuring secure links are maintained between the medical records of donors and the banked cord blood unit. All such records shall be maintained in a confidential and secure manner that affords the full protection of all applicable laws; and;

(g) Standards governing how the hospital will advise the appropriate donor(s) of any abnormality discovered during testing, in a manner that is appropriate in relation to the nature and severity of the abnormality.

(2) A participating hospital shall ensure that the public cord blood bank provides timely education and periodic in-service training regarding policies, procedures and best practice guidelines established in accordance with paragraph 20.152(1) to the hospital's authorized health care professionals who are or will be engaged in collecting, temporarily storing or transferring umbilical cord blood donations following the birth of a newborn baby.

(3) A participating hospital shall submit such statistical and other non-identifying information concerning voluntary participation in an umbilical cord blood collection program as may be required by the department.

20.153 EQUIPMENT AND SUPPLIES. RESERVED.

20.154 FACILITIES. RESERVED.

Part 24. SURGICAL AND RECOVERY SERVICES

21.100

21.101 ORGANIZATION AND STAFFING

~~(1)~~24.1 The hospital shall provide emergency surgical care COMMENSURATE WITH THE SCOPE AND TYPES OF SERVICES PROVIDED AT THE HOSPITAL. ~~in accordance with the scope of care established pursuant to Section 6.102 (1)~~. THE HOSPITAL ~~and~~ may provide other surgical services.

24.2 SURGICAL AND RECOVERY SERVICES SHALL BE DIRECTED BY ~~UNDER THE DIRECTION OF~~ A PHYSICIAN QUALIFIED BY EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE.

~~(2)~~24.3 The nursing service of the surgical suite shall be ~~under the supervision~~ SUPERVISED BY ~~of~~ a registered nurse qualified by EDUCATION, training, COMPETENCIES, and experience to direct operating room nursing SERVICES.

~~(3)~~24.4 A registered nurse qualified by EDUCATION, training, COMPETENCIES, and experience in operating room nursing shall be present as a circulating nurse during operative procedures.

~~(4) At least one registered nurse shall be on duty at all times in the surgical recovery room when patients are present. Nurses shall have been instructed in the care of post-anesthetic and post-surgical patients, shall have no other duties during the time they are caring for such patients. Additional registered and licensed practical nurses, and auxiliary nursing personnel shall be available. The nursing care required by different types of patients shall be the major consideration in determining the number, quality, and category of nursing personnel that are needed in any given situation.~~

Commented [SA129]: Moved below and broken out into a list format

24.5 STAFFING

(A) AT LEAST ONE (1) REGISTERED NURSE SHALL BE ON DUTY AT ALL TIMES IN THE SURGICAL RECOVERY ROOM WHEN PATIENTS ARE PRESENT.

(1) NURSES SHALL HAVE BEEN INSTRUCTED IN THE CARE OF POST-ANESTHETIC AND POST-SURGICAL PATIENTS AND SHALL HAVE NO OTHER DUTIES DURING THE TIME THEY CARE FOR SUCH PATIENTS.

(B) ADDITIONAL REGISTERED NURSES AND AUXILIARY PERSONNEL SHALL BE AVAILABLE.

(C) THE NURSING CARE REQUIRED BY DIFFERENT TYPES OF PATIENTS SHALL BE THE MAJOR CONSIDERATION IN DETERMINING THE NUMBER, QUALITY, AND CATEGORY OF NURSING PERSONNEL THAT ARE NEEDED IN ANY GIVEN SITUATION.

24.6 SURGICAL PRIVILEGES

Commented [SA130]: Language taken from COP §482.51(a)(4)

(A) SURGICAL SERVICES SHALL MAINTAIN A ROSTER OF PRACTITIONERS SPECIFYING THE SURGICAL PRIVILEGES OF EACH PRACTITIONER.

(B) SURGICAL PRIVILEGES SHALL BE DELINEATED FOR ALL PRACTITIONERS PERFORMING SURGERY IN ACCORDANCE WITH THE COMPETENCIES OF EACH PRACTITIONER.

(C) SURGICAL PRIVILEGES SHALL BE REVIEWED AND UPDATED AT LEAST EVERY TWO (2) YEARS.

~~21.102 PROGRAMMATIC FUNCTIONS~~

24.7 THE HOSPITAL SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES RELATED TO SURGICAL AND RECOVERY SERVICES. THE POLICIES AND PROCEDURES SHALL BE BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF CARE. THESE POLICIES SHALL ADDRESS, AT A MINIMUM, THE FOLLOWING:

(A) ADMISSION OF PATIENTS, PERSONNEL, AND VISITORS;

(B) AUTHORITY AND RESPONSIBILITIES OF NURSING PERSONNEL;

(C) ADMISSION AND LENGTH OF STAY OF PATIENTS IN THE SURGICAL RECOVERY ROOM;

(D) INFECTION PREVENTION AND CONTROL POLICIES, INCLUDING, BUT NOT LIMITED TO, THE CLEANING AND STERILIZATION OF SURGICAL SUPPLIES AND EQUIPMENT. THIS POLICY SHALL BE REVIEWED BY THE INFECTION PREVENTION AND CONTROL COMMITTEE;

(E) DOCUMENTATION REQUIREMENTS, INCLUDING, BUT NOT LIMITED TO, INFORMED CONSENT FOR SURGICAL PROCEDURES, WHEN APPLICABLE; AND

(F) SURGICAL SMOKE EVACUATION, IN COMPLIANCE WITH THE REQUIREMENTS OF SECTION 25-3-120, C.R.S.

24.8 THE HOSPITAL SHALL MAINTAIN MINIMUM LIFE SUPPORT AND RESUSCITATIVE EQUIPMENT IN THE SURGICAL SUITES. THE MINIMUM EQUIPMENT MAINTAINED SHALL BE BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE AND BE COMMENSURATE WITH THE SCOPE OF SERVICES OFFERED BY THE HOSPITAL.

~~(1) Policies related to the surgical suite shall be written and available for staff use. Policies shall include the admission of patients, personnel, and visitors.~~

~~(2) Policies governing the authority and responsibilities of nursing personnel and the admission and length of stay of patients in the surgical recovery room shall be written.~~

~~21.103 EQUIPMENT~~

~~(1) Equipment in anesthetizing areas shall be constructed of metal or other electrically conductive material and equipped with rubber pads, leg tips, casters, or equivalent devices which are conductive.~~

~~(2) Only approved portable X-ray equipment shall be used in anesthetizing locations.~~

~~(3) At least one pressurized steam sterilizer or equivalent shall be installed in the sub-sterilizing room, and provided with indirect waste connections and recording thermometer that indicates temperature in discharge line of sterilizer. In the case of new hospital construction, or modification of an existing hospital facility pressurized steam sterilizer or equivalent, shall be installed in each sub-sterilizing facility, and provided with an indirect waste connection and a recording thermometer that indicates temperature in the discharge line of the sterilizer.~~

~~21.104 FACILITIES~~

~~(1) Signs identifying the surgical suite shall be posted at each entrance to the suite.~~

~~(2) Interior finishes in the surgical suite shall be smooth, unbroken, and shall facilitate and withstand frequent cleaning and disinfecting.~~

~~(3) The surgical suite shall be located so that traffic will not pass through the suite to any other part of the hospital and shall be separated physically from the delivery suite and emergency department. However, in hospitals of 30 beds or less, one operating suite may be used for surgical and delivery procedures, providing there is a labor room equipped for emergency delivery adjacent and accessible to the suite and with a minimum area of 180 sq. ft. See Section 9.3.1.~~

~~(4) Operating Room~~

Commented [SA131]: COP §482.51(b)(2)

Commented [SA132]: Newly added statutory requirement.

Commented [SA133]: Propose to strike all that follows as covered by FGI

(a) The surgical suite shall be provided with at least one operating room. There should be one operating room for each 50 beds or major fraction thereof up to and including 200 beds. Above 200 beds the number of operating rooms will be based on the expected average of daily operations.

(b) The operating room design, equipment, and functional layout should be commensurate to the surgical procedures performed.

(c) Each operating room should not be less than 18 feet in any one dimension.

(d) Operating room(s) shall be provided with an approved electrical nurse call system. In the case of new hospital construction, or modification of an existing hospital facility, this system must be to the operations and control station or nurses station where additional help is available.

(e) General and spot illumination shall be provided in each operating room.

(f) The ceiling height shall not be less than 9 feet in operating rooms.****

(g) Each operating room shall be provided with piped oxygen. Nitrous oxide and vacuum are recommended.

In addition to operating room(s) the following physically separated areas shall be provided within the suite. In the case of new hospital construction or modification of an existing hospital facility these areas shall be separated by doors and/or walls: 1) Sub-sterilizing facilities; 2) Scrubup area; 3) Cleanup room: 4) Instrument and supply storage; 5) Anesthesia storage; 6) Janitor's facilities: 7) Doctors' locker and dressing room; 8) Nurses' locker and dressing room; 9) Stretcher alcove. In the case of new hospital construction, or modification of an existing hospital facility, an anesthesia workroom must also be provided. Stretcher space must also be provided in the surgery suite.

**** Not required in existing buildings.

(5) The sub-sterilizing room shall be physically separated from but adjacent to the operating room for service to the room without passing through contaminated areas. In the case of new hospital construction, or modification of an existing hospital facility, sub-sterilizing facilities shall be located to serve each operating room conveniently. More than one sub-sterilizing facility shall be provided if a suite of operating rooms is not compactly arranged

(6) The scrubup area shall be adjacent to the operating room to permit immediate access to the room after scrubbing. Surgeon scrub sink(s) with knee or foot controls shall be installed in the scrubup area.

(7) A clinical sink with an integral fresh water trap seal, and a sink with wrist-blade or foot-action valves shall be installed in each cleanup room.

(8) Toilet, shower, and lavatory facilities shall be provided in the doctors' locker rooms and in the nurses' locker rooms.

(9) In the case of new hospital construction, or modification of an existing hospital facility, at least one anesthesia equipment workroom for the cleaning, testing and storage of anesthesia equipment shall be provided. It shall contain a work counter and sink. In hospitals of 30 beds or less, the anesthesia workroom may be combined with other spaces provided that the resulting plan will not compromise the best standards of safety and of medical and nursing practices.

(10) Ventilation

(a) Operating rooms shall be provided with a minimum ventilation rate of 8 room volumes of outdoor air per hour with no recirculation, except when not in use, by mechanical supply and exhaust air systems. In the case of new hospital construction or modification of an existing hospital facility, operating rooms shall be provided with a minimum ventilation rate of twenty-five room volumes of air per hour by mechanical supply and exhaust air systems. (a) Outdoor air intakes shall be located as far as practical but not less than 25 feet from the exhausts from any ventilating system, combustion equipment, medical-surgical vacuum system, or plumbing vent or areas which may collect noxious fumes. The bottom of outdoor air intakes shall be located as high as practical but not less than three feet above ground level, or if installed through the roof, 3 feet above the roof level. (b) All air supplied to sensitive areas such as operating and delivery rooms and nurseries shall be delivered at or near the ceiling of the area served.

(b) Filters shall be installed down draft from blower and provide a minimum efficiency of 90% of 1-5 micron size particles. In the case of new hospital construction, or modification of an existing hospital facility: 1) All ventilation or air conditioning systems serving surgery and delivery suites shall have a minimum of two filter beds. Filter Bed No. 1 shall be located upstream of the air conditioning equipment and shall have a minimum efficiency of 25%. 2) Filter Bed No. 2 shall be downstream of the supply fan and air conditioning equipment and humidifying equipment. Filter Bed No. 2 shall have a minimum efficiency of 90% of 1-5 micron size particles. 3) Each filter bed serving sensitive areas shall have a manometer installed across each filter bed.

(c) Exhaust outlets, at least two (2), shall be provided, not less than 4 inches above the floor. In the case of new hospital construction, or modification of an existing hospital facility, exhaust outlets, at least two (2), shall be provided in each operating room, not less than 4 inches above the floor.

(d) The entire surgical suite shall have a balanced air pressure. The surgical suite shall be maintained at a positive air pressure relative to the air pressures of adjacent areas within the hospital. In the case of new hospital construction, or modification of an existing hospital facility, operating rooms shall have a positive air pressure relative to the air pressures of adjacent rooms within the suite. The surgical suite shall be maintained at a positive air pressure relative to the air pressures of adjacent areas within the hospital.

(11) Surgical Recovery Room

(a) The design and equipment shall conform generally to the critical care unit. In the case of new hospital construction, or modification of an existing hospital facility, the surgical recovery room must provide for the visual observation of all patients, medicine dispensing facilities, charting facilities, clinical sink with a bedpan washer attachment, and storage space for supplies and equipment.

(b) The surgical recovery room(s) shall be located in the surgical suite or adjacent thereto.

(c) The surgical recovery room shall have facilities for immediate communications with the attending surgeon, anesthesiologist, or qualified substitute present in the hospital.

Part 225. CRITICAL CARE SERVICES

22.100

22.101 ORGANIZATION AND STAFFING

~~(1)~~25.1 The hospital may provide critical care services in a critical care unit. ~~The following standards shall apply only if the hospital provides such services.~~ IF PROVIDED, THE FOLLOWING STANDARDS SHALL APPLY.

~~22.102 PROGRAMMATIC FUNCTIONS~~

~~(1) There shall be specific written policies for admission and discharge of patients, physician responsibility, staffing, and procedures for individual patient care.~~

Commented [SA134]: Incorporated into 25.4

25.2 CRITICAL CARE SERVICES SHALL BE DIRECTED BY ~~UNDER THE DIRECTION OF~~ A PHYSICIAN QUALIFIED BY EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE.

25.3 NURSE STAFFING

(A) THE NURSING SERVICE SHALL BE SUPERVISED BY A REGISTERED NURSE QUALIFIED BY EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE.

(B) AT LEAST ONE (1) REGISTERED NURSE AND ONE (1) AUXILIARY PERSONNEL SHALL BE ON DUTY AT ALL TIMES TO GIVE DIRECT PATIENT CARE.

(C) ADDITIONAL NURSING AND AUXILIARY PERSONNEL SHALL BE AVAILABLE, CONSISTENT WITH THE NURSING CARE REQUIRED BY THE DIFFERENT TYPES OF PATIENTS, AND THE NURSE STAFFING PLAN REQUIREMENTS OF PART 14, NURSING SERVICES.

Commented [SA135]: Existing language modified to reflect the changes made in nursing services related to staffing.

25.4 THE HOSPITAL SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES RELATED TO CRITICAL CARE SERVICES. THE POLICIES AND PROCEDURES SHALL BE BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE. THESE POLICIES SHALL ADDRESS, AT A MINIMUM, THE FOLLOWING:

(A) CRITERIA FOR ADMISSION, TRANSFER IN AND OUT, AND DISCHARGE OF PATIENTS FROM THE SERVICE;

(B) PHYSICIAN RESPONSIBILITY;

(C) STAFFING;

(D) PROCEDURES FOR INDIVIDUAL PATIENT CARE; AND

(E) EQUIPMENT AND SUPPLIES, INCLUDING CLEANING AND STERILIZATION OF EQUIPMENT. THIS SPECIFIC POLICY SHALL BE REVIEWED BY THE INFECTION PREVENTION AND CONTROL COMMITTEE.

~~(2) The nursing service shall be under the supervision of a registered nurse qualified by, training, = experience and ability. At least a minimum of one registered nurse shall be on duty at all times to give direct patient care. Additional nursing personnel shall be available, consistent with the nursing care required by the different types of patients.~~

~~22.103 EQUIPMENT AND SUPPLIES~~

~~(1) There shall be written policies regarding equipment and supplies.~~

Commented [SA136]: Incorporated into policies and procedures at 25.4

~~(2) The equipment shall include: 1) Variable height beds with safety sides; 2) Bedside cabinets; 3) Sphygnomannometers; 4) Resuscitation apparatus; 5) Additional equipment as oxygen tents, pacemaker, defibrillator, and electrocaridiography apparatus.~~

Commented [SA137]: Recommend striking all that follows as covered by FGI

~~22.104 FACILITIES~~

~~(1) A system shall be established for calling selected emergency personnel to the unit.~~

~~(2) The critical unit shall have: 1) Intravenous rods installed in ceilings or walls, or attached to beds; 2) Piped oxygen; 3) Suction outlets; 4) Emergency signal system at each bed and nurses station, 5) In case of new hospital construction or modification of an existing hospital facility, an emergency call from unit to outside the unit where additional personnel are available shall be provided.~~

~~(3) The area shall be sufficient in size to allow movable equipment to be placed on either side of the bed(s) and provide at least 80 square feet per bed in multiple bedrooms and 100 square feet in single bedrooms. Space for storage of commonly used equipment and supplies shall be provided. (Storage carts are recommended). A patient care control center (nurses station), medicine preparation area, clean and soiled holding areas, and janitor's closet conforming to the requirements of Part 11, General Patient Care Services, shall be provided in proximity to the bedrooms or within the enclosures. When more than one enclosure is provided within room, the size of these areas should be increased.~~

~~(4) A toilet complete with flushing attachments shall be provided in each room. In case of new hospital construction or modification of an existing hospital facility the door to the toilet room shall be 2'8" wide, 3'0" recommended.~~

~~(5) A lavatory complete with mixing faucet, blade controls, soap, and sanitary hand-drying accommodations shall be provided within each room.~~

~~(6) Two duplex convenience outlets shall be installed in proximity to the head of each bed. General lighting shall be uniform throughout the room and controlled by a dimmer. The electrical system shall be connected to the emergency power system. In the case of new hospital construction, or modification of an existing hospital facility, four duplex convenience outlets shall be installed in proximity to the head of each bed.~~

~~(7) A waiting room shall be provided. This may be shared with as adjacent patient care unit.~~

Part 23~~6~~. RESPIRATORY CARE SERVICES

~~23.100~~

~~23.101 ORGANIZATION AND STAFFING~~

~~(1)~~26.1 The hospital may provide respiratory care services. ~~The following standards shall apply only if the hospital provides such services.~~ IF PROVIDED, THE FOLLOWING STANDARDS SHALL APPLY.

~~(2) The respiratory care service should be under the direct supervision of a committee of the organized medical staff, or a physician who has had special training in respiratory diseases and therapy.~~

26.2 RESPIRATORY CARE SERVICES SHALL BE DIRECTED BY ~~UNDER THE DIRECTION OF~~ A PHYSICIAN QUALIFIED BY EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE.

~~23.102 PROGRAMMATIC FUNCTIONS~~

~~(1)~~26.3 PERSONNEL

(A) Respiratory care services shall be administered only by persons qualified by EDUCATION, training, COMPETENCIES, AND experience ~~and ability~~ in respiratory therapy.

(B) THERE SHALL BE ADEQUATE NUMBERS OF RESPIRATORY THERAPISTS, RESPIRATORY THERAPY TECHNICIANS, AND OTHER PERSONNEL QUALIFIED BY EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE TO RESPOND TO THE RESPIRATORY CARE NEEDS OF THE PATIENTS.

Commented [SA138]: Additional requirement from the SOM at 482.57(a)(2)

(C) PERSONNEL QUALIFIED TO PERFORM SPECIFIC PROCEDURES, AND THE AMOUNT OF SUPERVISION REQUIRED FOR PERSONNEL TO CARRY OUT SPECIFIC PROCEDURES, MUST BE DESIGNATED IN WRITING.

Commented [SA139]: Additional requirement from the SOM at §482.57(b)(1)

26.4 SERVICES MUST ONLY BE PROVIDED UNDER THE ORDERS OF A QUALIFIED PHYSICIAN OR LICENSED INDEPENDENT PRACTITIONER WHO IS RESPONSIBLE FOR THE CARE OF THE PATIENT, ACTING WITHIN THEIR SCOPE OF PRACTICE, AND WHO IS AUTHORIZED BY THE HOSPITAL'S MEDICAL STAFF TO ORDER THE SERVICES IN ACCORDANCE WITH HOSPITAL POLICIES AND PROCEDURES.

Commented [SA140]: Additional requirement from the SOM at §482.57(b)(3)

~~23.103 EQUIPMENT AND SUPPLIES~~

~~(1)~~26.5 The equipment and FACILITIES PROVIDED for respiratory care services shall be commensurate with the clinical procedures and programs of the hospital.

26.6 THE HOSPITAL SHALL DEVELOP POLICIES AND PROCEDURES RELATED TO THE CLEANING AND STERILIZATION OF RESPIRATORY CARE EQUIPMENT. THIS POLICY SHALL BE REVIEWED BY THE INFECTION PREVENTION AND CONTROL COMMITTEE.

~~(2) Respiratory care equipment shall be cleaned properly and disinfected after each use in accordance with written procedures. The disinfection process shall be bactericidal, tuberculocidal, and virucidal.~~

~~23.104 FACILITIES~~

~~(1) The facilities for respiratory care services shall be commensurate with the clinical procedures and programs of the hospital.~~

Commented [SA141]: Combined into 26.5 above

Part 24~~7~~. REHABILITATION SERVICES

~~24.101 ORGANIZATION AND STAFFING~~

27.1~~(1)~~ The ~~facility~~HOSPITAL may provide rehabilitation services. IF PROVIDED, THE FOLLOWING STANDARDS SHALL APPLY. ~~The following standards apply only if the HOSPITALfacility provides such services. Rehabilitation services include physical therapy, occupational therapy, audiology, speech pathology, and other rehabilitative therapies.~~

(A) FOR PURPOSES OF THIS PART 27, REHABILITATION SERVICES INCLUDE PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY, SPEECH PATHOLOGY, AND OTHER REHABILITATIVE THERAPIES.

27.2~~(2)~~ Rehabilitation services shall be performed under the supervision of qualified practitioners.

27.3~~(3)~~ The ~~facility~~HOSPITAL may provide a rehabilitation service under either a single-service or a multi-service rehabilitation department.

27.4~~(4)~~ The director of THE single- or multi-service rehabilitation department shall have the necessary education, training, COMPETENCIES, and experience to direct the services provided by the department.

27.5~~(5)~~ There shall be a sufficient number of qualified supervisory staff to evaluate each patient, initiate the plan of treatment, and supervise supportive personnel.

~~24.102 PROGRAMMATIC FUNCTIONS~~

27.6~~(1)~~ Rehabilitation services shall be delivered in accordance with orders issued by the attending PHYSICIAN OR licensed independent practitioner or provided within the scope of practice and HOSPITAL~~facility~~ policy for the delivery of care provided by the therapist.

27.7~~(2)~~ The ~~facility~~HOSPITAL shall develop and implement written policies and procedures governing the management and care of patients. THESE POLICIES SHALL BE BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF CARE. ~~At minimum,~~ The policies and procedures shall address, AT A MINIMUM, THE FOLLOWING:

(A)~~(a)~~ ~~I~~initial patient evaluation and regular assessments.

(B)~~(b)~~ C~~c~~are plans~~. Care plans shall~~ THAT describe the patient's: functional limitations; measurable short and long term goals; and type, amount, frequency, and duration of services.

(C)~~(c)~~ THE PROCEDURES FOR ensuring that the patient's response to treatment is communicated to the attending licensed independent practitioner in a timely manner.

(D)~~(d)~~ If rehabilitation services are provided on an outpatient basis, the ~~facility~~HOSPITAL shall specify how orders from outside sources will be managed.

(E) CLEANING, DISINFECTING, AND STERILIZATION (IF APPLICABLE) OF EQUIPMENT AND SUPPLIES AFTER USE.

27.8~~(3)~~ Treatment and progress shall be documented, including progress toward long and short-term goals, for each visit or session.

~~(4) Equipment shall be appropriately cleaned and disinfected after use.~~

Commented [SA142]: Incorporated into policies and procedures above

~~24.103 EQUIPMENT AND SUPPLIES~~

27.9~~(1)~~ There shall be appropriate FACILITIES, equipment, and supplies to meet the rehabilitative care needs of patients.

~~24.104 FACILITIES~~

~~(1) There shall be adequate facilities, space and storage areas to meet the rehabilitative care needs of patients.~~

Part 2~~5~~8. PEDIATRIC SERVICES

~~25.100~~

~~25.101 ORGANIZATION AND STAFFING~~

28.1~~(1)~~ The hospital shall provide pediatric patient care ~~in accordance~~ COMMENSURATE with ITS IDENTIFIED SCOPE OF SERVICES. ~~the scope of care established pursuant to Section 6.102 (1)~~

28.2 DIRECTOR OF PEDIATRIC SERVICES

(A) THE DIRECTOR OF PEDIATRIC SERVICES SHALL BE A PHYSICIAN QUALIFIED BY EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE.

(B) THE DIRECTOR OF PEDIATRIC SERVICES AT A HOSPITAL THAT MAINTAINS A DEDICATED PEDIATRIC DEPARTMENT SHALL BE A PHYSICIAN WHO IS BOARD ELIGIBLE OR CERTIFIED IN PEDIATRICS.

~~(2) The director of pediatric services shall be a physician qualified by experience and training to direct the scope of care provided. If the facility has a dedicated pediatric department, the department shall be under the direction of a physician who is board eligible or certified, in pediatrics.~~

28.3 PEDIATRIC NURSING CARE

(A) PEDIATRIC NURSING CARE SHALL BE DIRECTED BY A REGISTERED NURSE QUALIFIED BY EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE.

(B) ALL NURSING PERSONNEL ASSIGNED TO CARE FOR CHILDREN SHALL BE ORIENTED TO THE SPECIAL CARE OF CHILDREN.

~~(3) Pediatric nursing care shall be under the direction of a registered nurse qualified by training, experience and ability to direct effective pediatric nursing. All nursing personnel assigned to care for children shall be oriented to the special care of children.~~

28.4~~(4)~~ The ~~facility~~ HOSPITAL shall have pediatric specialists as appropriate to the HOSPITAL'S SCOPE OF SERVICES. ~~scope of care provided~~.

~~25.102 PROGRAMMATIC FUNCTIONS~~

28.5~~(1)~~ The hospital shall not admit children to patient bedrooms where accommodations are shared with adults, with the exception of acute care cases where the child and adult are related and the needs of the patients can be adequately addressed.

28.6~~(2)~~ The hospital shall develop and implement policies and procedures~~,~~ BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE, THAT ADDRESS, AT A MINIMUM, THE FOLLOWING:, ~~as appropriate, regarding:~~

(A~~a~~) A~~a~~dmission criteria for pediatric services that addresses the ages of patients served and reflects the HOSPITAL'S SCOPE OF SERVICES ~~level of services offered by the facility~~.

(B~~b~~) T~~t~~he transfer of pediatric patients whose needs exceed the HOSPITAL'S scope of service~~s~~ ~~provided by the facility~~ to a facility capable of providing the appropriate level of care. The transfer is a joint responsibility of the sending and receiving facility.

(C~~c~~) A~~a~~ssessments based on the age and developmental stage of the patient.

(D~~d~~) P~~p~~ediatric consultations.

(E~~e~~) W~~we~~ight and/or length based drug administration and dosing. THIS POLICY SHALL BE DEVELOPED in coordination with THE PHARMACY SERVICE. ~~the pharmaceutical services~~.

(F~~f~~) P~~p~~arent visitation, overnight stays, and respite care.

(G~~g~~) C~~c~~hild-proofing measures, such as the covering of electrical outlets, to prevent patient injury.

(H~~h~~) O~~o~~rganized play and educational activities appropriate to the ~~facility's~~ HOSPITAL'S pediatric population.

(~~i~~i) R~~r~~regular and routine cleaning of ~~play~~ equipment in the pediatric area, INCLUDING PLAY EQUIPMENT. ~~in accordance with infection control requirements.~~ THIS POLICY SHALL BE REVIEWED BY THE INFECTION PREVENTION AND CONTROL COMMITTEE.

(J~~j~~) S~~s~~ecurity measures to prevent harm, kidnapping, or elopement.

~~25.103 EQUIPMENT AND SUPPLIES~~

28.7~~(1)~~ The ~~facility~~ HOSPITAL shall have appropriate equipment and supplies for the pediatric services provided.

28.8~~(2)~~ When a DEDICATED pediatric INpatient care unit is established it shall provide, AT A MINIMUM:

(a) W~~w~~ashable tables and chairs of various sizes; AND

(b) A~~a~~ppropriate entertainment and educational materials.

~~25.104 FACILITIES~~

~~(1) The facility shall have separate pediatric patient care unit(s) when the number of pediatric beds is or exceeds 14 beds.~~

~~(2) When a pediatric patient care unit is established it shall provide:~~

~~(a) a playroom with washable tables and chairs of various sizes, storage for equipment and supplies, and appropriate entertainment materials.~~

~~(b) an examination and treatment room with equipment and supplies appropriate for the care of children.~~

~~(c) rooms designed and furnished to facilitate grouping patients according to condition and age groups.~~

~~(d) space with adequate facilities for safe storing and warming of food.~~

~~(3) Reasonable privacy, without limiting necessary observation, shall be available for adolescents.~~

Part 2~~6~~9. PSYCHIATRIC SERVICES

~~26.100~~

~~26.101 ORGANIZATION AND STAFFING~~

~~(1)~~29.1 ~~General h~~Hospitals may provide psychiatric services. IF PROVIDED, THE FOLLOWING STANDARDS SHALL APPLY. ~~however, facilities that do not provide psychiatric or substance abuse services shall develop and implement a written plan for the referral of patients to treatment options. The following standards apply only if the facility provides psychiatric care. Psychiatric care includes, but is not limited to, the provision of the following as appropriate to the patient: psychiatric physician and nursing services, psychological services, social services, occupational therapy and recreational therapy.~~

(A) HOSPITALS THAT DO NOT PROVIDE PSYCHIATRIC SUBSTANCE-USE DISORDER SERVICES SHALL DEVELOP AND IMPLEMENT A WRITTEN PLAN FOR THE REFERRAL OF PATIENTS TO TREATMENT OPTIONS.

Commented [SA143]: Propose to strike all that follows as covered by FGI

(A) FOR PURPOSES OF THIS PART 29, PSYCHIATRIC CARE INCLUDES, BUT IS NOT LIMITED TO, THE PROVISION OF THE FOLLOWING AS APPROPRIATE TO THE PATIENT: PSYCHIATRIC PHYSICIAN AND NURSING SERVICES, PSYCHOLOGICAL SERVICES, SOCIAL SERVICES, OCCUPATIONAL THERAPY, AND RECREATIONAL THERAPY.

~~(2)~~29.2 The director of psychiatric services shall be a physician who is board certified or has met the training and experience requirements for examination by the American Board of Psychiatry and Neurology or the American Osteopathy Board of Neurology and Psychiatry.

~~(3)~~29.3 Nursing Services

(A) PSYCHIATRIC NURSING DIRECTOR

(1) PSYCHIATRIC NURSING CARE SHALL BE DIRECTED BY A REGISTERED NURSE QUALIFIED BY EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE TO EFFECTIVELY DIRECT PSYCHIATRIC NURSING, PROVIDE SKILLED NURSING CARE AND THERAPY, AND EVALUATE THE NURSING CARE FURNISHED.

(2) EDUCATION AND EXPERIENCE REQUIREMENTS:

(A) THE PSYCHIATRIC NURSING DIRECTOR SHALL HAVE EITHER A BACHELOR'S DEGREE IN NURSING AND TWO (2) YEARS OF CLINICAL EXPERIENCE IN A PSYCHIATRIC SETTING; OR

(B) AN ASSOCIATE'S DEGREE IN NURSING AND FIVE (5) YEARS OF EXPERIENCE IN A PSYCHIATRIC SETTING.

(3) REGARDLESS OF EDUCATION AND EXPERIENCE LEVEL, THE PSYCHIATRIC NURSING DIRECTOR SHALL HAVE AT LEAST ONE (1) YEAR OF NURSE SUPERVISION EXPERIENCE AS A REGISTERED NURSE.

(B) ADDITIONAL NURSING PERSONNEL

(1) A REGISTERED NURSE QUALIFIED BY EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE TO PROVIDE PSYCHIATRIC CARE SHALL BE AVAILABLE IN THE PSYCHIATRIC UNIT TWENTY-FOUR (24) HOURS PER DAY, SEVEN (7) DAYS PER WEEK.

(2) ALL NURSING PERSONNEL ASSIGNED TO CARE FOR SPECIFIC POPULATIONS, SUCH AS PEDIATRIC OR GERIATRIC PATIENTS, SHALL BE QUALIFIED BY EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE TO PROVIDE CARE TO THAT POPULATION.

~~(a) Psychiatric nursing care shall be under the direction of a registered nurse qualified by training, experience and ability to effectively direct psychiatric nursing, provide skilled nursing care and therapy, and evaluate the nursing care furnished. At minimum, such registered nurse shall have either a bachelor's degree in nursing and two years of clinical experience in a psychiatric setting or an associate degree in nursing and five years of experience in a psychiatric setting. In addition, the psychiatric nursing director shall have at least one year of nurse supervision experience as a registered nurse.~~

~~(b) A registered nurse qualified by education, experience to provide psychiatric care shall be available in the psychiatric unit 24 hours per day, 7 days per week.~~

~~(c) All nursing personnel assigned to care for specific populations, such as pediatric or geriatric patients, shall be trained, have the necessary experience, and maintain current competency. Unexpected emergency events that require the use of nurses that lack the~~

Commented [SA144]: All information that follows has been incorporated into the language above, with slight modifications for clarity.

~~necessary training, experience or competency are exceptions; such events shall be documented and, where possible, planned for in the future. Inexpert nursing personnel in such events shall be assigned to the lowest acuity situations possible.~~

Commented [SA145]: This information has been removed from this part, because it is adequately covered in the requirements of Part 14 – Nursing Services

~~(4)~~29.4 Psychology services, if provided, shall be DIRECTED BY ~~under the direction of~~ a licensed psychologist, LICENSED PSYCHIATRIST, OR LICENSED CLINICAL SOCIAL WORKER. There shall be sufficient psychology services to meet the needs of the patients IN ACCORDANCE WITH CARE PLANS.

~~(5)~~29.5 Social services shall be DIRECTED BY ~~under the direction of~~ an individual with a master's degree in social work or an individual with a related master's degree and documented training, COMPETENCIES, AND experience to oversee the social services provided by the hospital. ~~There shall be sufficient social work staff to provide psychosocial data for diagnosis and treatment, participate in discharge planning, and arrange for follow-up care.~~

(A) THE HOSPITAL SHALL ENSURE THERE IS SOCIAL WORK STAFF AVAILABLE TO PROVIDE PSYCHOLOGICAL DATA FOR DIAGNOSIS AND TREATMENT, PARTICIPATE IN DISCHARGE PLANNING, AND ARRANGE FOR FOLLOW-UP CARE, IN ORDER TO MEET THE NEEDS OF THE PATIENTS IN ACCORDANCE WITH CARE PLANS.

~~(6) There shall be a sufficient number of qualified personnel to provide therapeutic and recreational therapy programming designed to improve the client's ability to adjust to social stress, physical demands, and daily living skills to meet the needs of the patients, in accordance with the care plan.~~

29.6 THE HOSPITAL SHALL ENSURE THERE ARE QUALIFIED PERSONNEL AVAILABLE TO PROVIDE THERAPEUTIC AND RECREATIONAL THERAPY PROGRAMMING DESIGNED TO IMPROVE THE PATIENT'S ABILITY TO ADJUST TO SOCIAL STRESS, PHYSICAL DEMANDS, AND DAILY LIVING SKILLS, IN ORDER TO MEET THE NEEDS OF THE PATIENTS IN ACCORDANCE WITH CARE PLANS.

~~(7) There shall be a sufficient number of qualified clinical and supportive staff to assess the needs of psychiatric patients, implement individualized active treatment care plans, and ensure a safe therapeutic environment for patients and staff.~~

29.7 THE HOSPITAL SHALL ENSURE THERE ARE QUALIFIED CLINICAL AND SUPPORTIVE STAFF AVAILABLE TO ASSESS THE NEEDS OF PSYCHIATRIC PATIENTS, IMPLEMENT INDIVIDUALIZED ACTIVE TREATMENT CARE PLANS, AND ENSURE A SAFE, THERAPEUTIC ENVIRONMENT FOR PATIENTS AND STAFF, IN ORDER TO MEET THE NEEDS OF THE PATIENTS IN ACCORDANCE WITH CARE PLANS.

29.8 THE HOSPITAL SHALL PROVIDE ANNUAL TRAINING TO DIRECT CARE PERSONNEL ON THE FOLLOWING TOPICS, AT A MINIMUM:

(A) USE OF LEAST-RESTRICTIVE ALTERNATIVES;

(B) MANAGEMENT OF ASSAULTIVE AND SELF-DESTRUCTIVE BEHAVIORS, INCLUDING EFFECTIVE METHODS TO DE-ESCALATE VARIOUS STATES OF AGITATION;

Commented [SA146]: Concept incorporated from existing language below.

(1) THIS TRAINING SHALL ALSO BE PROVIDED TO SECURITY PERSONNEL ASSIGNED TO THE SERVICE.

(C) PATIENT RIGHTS, IN COMPLIANCE WITH 6 CCR 1011-1, CHAPTER 2, PART 7; AND

(D) SPECIAL NEEDS OF THE PATIENT POPULATION.

~~26.102 PROGRAMMATIC FUNCTIONS~~

~~(1)~~29.9 Patient Assessments

(~~a~~A) Within FOUR (4) hours of admission, an initial assessment for immediate safety needs shall be conducted by qualified personnel.

(~~b~~B) Within EIGHT (8) hours of admission, a nursing assessment shall be conducted. Care shall be provided, as determined by the nursing assessment, to maintain the individual's safety and physical well-being.

(~~c~~C) Within TWENTY-FOUR (24) hours of admission for inpatients, ~~and~~OR WITHIN THREE (3) days of initiating services for outpatients, a comprehensive psychiatric assessment shall be conducted by medical staff. The assessment shall include, but not be limited to: ~~medical history and physical evaluation; psychiatric history; a complete mental status exam, including but not limited a determination of the onset of the illness and circumstances leading to admission; and current attitudes, behavior, memory, and orientation.~~

(1) MEDICAL HISTORY AND PHYSICAL EVALUATION;

(2) PSYCHIATRIC HISTORY;

(3) A COMPLETE MENTAL STATUS EXAM, INCLUDING BUT NOT LIMITED A DETERMINATION OF THE ONSET OF THE ILLNESS AND CIRCUMSTANCES LEADING TO ADMISSION; AND

(4) CURRENT ATTITUDES, BEHAVIOR, MEMORY, AND ORIENTATION.

~~(2)~~29.10 Care Plan. ~~The patient shall receive services in accordance with an individualized care plan that meets the needs of the patient. The plan shall:~~

(A) THE PATIENT SHALL RECEIVE SERVICES IN ACCORDANCE WITH AN INDIVIDUALIZED CARE PLAN THAT MEETS THE NEEDS OF THE PATIENT.

(B) THE PLAN SHALL:

~~(a)~~(1) ~~b~~Be initiated within TWENTY-FOUR (24) hours after admission and updated as needed for inpatients, ~~and~~OR within SEVEN (7) days after initiating treatment for outpatients.

~~(b)~~(2) ~~b~~Be developed by an interdisciplinary team and based on the psychiatric, medical, social behavior, and developmental aspects of the patient as identified through assessments. ~~The interdisciplinary team shall complete the care plan within 72 hours of admission and review the plan at least every 7 days for appropriateness for the first 30 days, more often if indicated by changes in the patient's condition. For inpatient stays longer than 30 days and up to 12 months, subsequent care plan reviews shall be conducted at intervals specified by the patient's psychiatrist; however, such intervals shall not exceed 30 days. For inpatient stays longer than 12 months, subsequent care plan reviews shall be conducted at intervals specified by the patient's psychiatrist, however, such intervals shall not exceed 3 months.~~

(A) THE INTERDISCIPLINARY TEAM SHALL COMPLETE THE CARE PLAN WITHIN SEVENTY-TWO (72) HOURS OF ADMISSION AND REVIEW THE PLAN AT LEAST EVERY SEVEN (7) DAYS FOR APPROPRIATENESS FOR THE FIRST THIRTY (30) DAYS, OR MORE OFTEN IF INDICATED BY CHANGES IN THE PATIENT'S CONDITION.

(B) FOR INPATIENT STAYS LONGER THAN THIRTY (30) DAYS, AND UP TO TWELVE (12) MONTHS, SUBSEQUENT CARE PLAN REVIEWS SHALL BE CONDUCTED AT INTERVALS SPECIFIED BY THE PATIENT'S PSYCHIATRIST. SUCH INTERVALS SHALL NOT EXCEED THIRTY (30) DAYS.

(C) FOR INPATIENT STAYS LONGER THAN TWELVE (12) MONTHS, SUBSEQUENT CARE PLAN REVIEWS SHALL BE CONDUCTED AT INTERVALS SPECIFIED BY THE PATIENT'S PSYCHIATRIST. SUCH INTERVALS SHALL NOT EXCEED THREE (3) MONTHS.

~~(c)~~(3) ~~i~~Include short- and long-term goals with measurable outcomes, active treatment modalities to be used, and the responsibility of each member of the treatment team.

~~(d)~~(4) ~~r~~Reflect patient and family participation to the extent possible.

~~(e)~~(5) ~~as applicable,~~ Incorporate environmental modifications necessary to keep the patient from harming self or others, AS APPLICABLE.

~~(3)~~29.11 ~~Policies and Procedures.~~ The HOSPITAL ~~facility~~ shall develop and implement policies and procedures, BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE THAT ADDRESS, AT A MINIMUM, THE FOLLOWING: ~~regarding:~~

~~(a)~~(A) Restraint and seclusion consistent with state and federal law and regulation, including 6 CCR 1011-1, Chapter 2, Part 8, Protection of Persons from Involuntary ~~r~~Restraint OR SECLUSION. Medications shall only be used for treatment and stabilization, not for staff convenience.

~~(b)~~(B) Admissions and discharge compliant with involuntary commitment law and regulation.

~~(c)~~(C) Safety and security precautions for the prevention of suicide, assault, elopement, and patient injury at all hours. This POLICY shall include, AT A MINIMUM ~~but not be limited to~~, protocols for:

(1)~~(i)~~ Systematic assessments and elimination of environmental risks, to include periodic checking of breakaway hardware;

(2)~~(ii)~~ Summoning immediate assistance for staff and patients;

(3)~~(iii)~~ Opening locked or barricaded doors in the event of an emergency, using methods that do not cause harm to patients; AND

(4) IMMEDIATELY ADDRESSING AND TREATING ANY INCIDENTS OF OVERDOSE OR ACCIDENTAL POISONING.

~~(d)~~(D) Behavior management techniques ranging from the least to most restrictive and when techniques that can result in harm to the patient are authorized.

~~(e)~~(E) ~~if applicable,~~ The use of electroconvulsive therapy, consistent with Section 13-20-401, C.R.S., et seq., IF APPLICABLE. THIS POLICY SHALL ADDRESS THE FOLLOWING: ~~The facility shall have policies and procedures consistent with standard of practice that address the indications for use, informed consent, medical clearance, response to life- or limb-threatening emergencies, and the services and facilities necessary to provide treatment adequately and safely.~~

(1) INDICATIONS FOR USE,

(2) INFORMED CONSENT,

(3) MEDICAL CLEARANCE,

(4) RESPONSE TO LIFE- OR LIMB-THREATENING EMERGENCIES, AND

(5) THE SERVICES AND FACILITIES NECESSARY TO PROVIDE TREATMENT ADEQUATELY AND SAFELY.

~~(f)~~(F) ~~if applicable,~~ Medical detoxification and any other types of substance~~-~~USE DISORDER ~~abuse~~ treatment, IF APPLICABLE.

~~(g)~~(G) Medication monitoring.

~~(h)~~(H) Visitors.

(I) CONFIDENTIALITY.

(1) THIS POLICY SHALL ENSURE THAT ALL INFORMATION ABOUT PSYCHIATRIC PATIENTS, WHETHER ORAL OR WRITTEN, SHALL BE KEPT CONFIDENTIAL BY ALL PERSONNEL, STAFF (INCLUDING VOLUNTEERS), AND PHYSICIANS OR LICENSED INDEPENDENT PRACTITIONERS AT THE HOSPITAL, AND SHALL ONLY BE DISCLOSED IN ACCORDANCE WITH STATE AND FEDERAL LAW.

~~(4)~~29.12 Discharge Planning~~. In addition to the discharge planning requirements under Part 11, General Patient Care Services:~~

(A) THE SERVICE SHALL COMPLY WITH THE DISCHARGE PLANNING REQUIREMENTS IN PART 13, GENERAL PATIENT CARE SERVICES.

~~(a)~~(B) The patient's discharge plan shall include notations from each member of the patient's interdisciplinary team regarding continuity of care, as appropriate.

~~(b)~~(C) In evaluating the post hospital care needs, the ~~facility~~HOSPITAL shall consider the patient's ability to comply with the medication regimen and to live independently.

~~(5)~~29.13 ~~Children and Adolescents~~ PEDIATRIC PSYCHIATRIC SERVICES

~~(i)~~(A) Children, adolescent, and adult populations ~~are~~ SHALL not be commingled ON INPATIENT CARE UNITS ~~in ways that compromise patient safety~~.

(1) CHILDREN SHALL BE CLASSIFIED AS AGES FIVE (5) THROUGH TWELVE (12).

(2) ADOLESCENTS SHALL BE CLASSIFIED AS AGES THIRTEEN (13) THROUGH EIGHTEEN (18).

(3) THE HOSPITAL SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES GOVERNING THE DECISION-MAKING PROCESS TO PLACE A PATIENT OF ONE AGE CATEGORY (CHILDREN/ADOLESCENT/ADULT) ON A UNIT DESIGNED AND OPERATED FOR A DIFFERENT AGE CATEGORY.

~~(ii) School-age patients shall have educational exposure if they are to be hospitalized for over 14 days~~

(B) THE HOSPITAL SHALL MAKE APPROPRIATE EDUCATION PROGRAMS AVAILABLE TO ALL SCHOOL-AGE PATIENTS WHO WILL BE HOSPITALIZED FOR OVER FOURTEEN (14) DAYS.

(1) THESE EDUCATIONAL PROGRAMS MAY BE PROVIDED BY EITHER THE LOCAL SCHOOL DISTRICT OR BY THE HOSPITAL.

(2) IF PROVIDED BY THE HOSPITAL, THE EDUCATIONAL PROGRAM SHALL BE APPROVED BY THE COLORADO DEPARTMENT OF EDUCATION.

Commented [SA147]: Section (B) has been updated based on statutes and the Office of Behavioral Health regulations

~~(a)~~(C) Hospitals shall develop and implement policies and procedures~~,~~ REGARDING THE TREATMENT OF PEDIATRIC PATIENTS. THESE POLICIES SHALL BE BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE AND SHALL ADDRESS, AT A MINIMUM, THE FOLLOWING: ~~to ensure that:~~

(1) TRAINING REQUIREMENTS FOR ALL PERSONNEL REGARDING THE SPECIAL NEEDS OF PEDIATRIC PATIENTS.

(2) STRATEGIES REGARDING FAMILY INVOLVEMENT IN THE CARE OF THE PATIENT.

(3) PROVISION OF PSYCHIATRIC, SOCIAL, AND RECREATION SERVICES IN A MANNER THAT IS APPROPRIATE FOR PEDIATRIC PATIENTS.

(4) MODIFICATIONS TO THE POLICIES DEVELOPED AND IMPLEMENTED PURSUANT TO PART 29.11, AS APPROPRIATE, TO MEET THE NEEDS OF PEDIATRIC PATIENTS.

Commented [SA148]: Language developed based on a comparison of multiple state regulations.

(D) IN ADDITION TO THE ASSESSMENT REQUIREMENTS IN PART 29.9(C), AN ASSESSMENT OF A PEDIATRIC PATIENT SHALL ALSO ADDRESS THE FOLLOWING:

(1) THE IMPACT OF THE PATIENT'S CONDITION ON THE FAMILY AND THE FAMILY'S IMPACT ON THE PATIENT;

(2) THE PATIENT'S LEGAL CUSTODY STATUS;

(3) THE PATIENT'S GROWTH AND DEVELOPMENT, INCLUDING PHYSICAL, EMOTIONAL, COGNITIVE, EDUCATIONAL, NUTRITIONAL, AND SOCIAL DEVELOPMENT; AND

(4) THE PATIENT'S PLAY AND DAILY ACTIVITY NEEDS.

Commented [SA149]: Part (D) is all new language

~~(6) Poison control information shall be readily available.~~

Commented [SA150]: Concept of dealing with poisoning/overdoses has been added to policies and procedures above.

~~(7) Direct care and security personnel shall have annual in-service training on effective methods to de-escalate various states of agitation associated with emotional disturbed behaviors.~~

Commented [SA151]: Moved to training section added above.

~~(8) Patient Confidentiality. The hospital shall develop policies and procedures to ensure that all information about psychiatric patients whether oral or written, shall be maintained confidential by all personnel, staff (including volunteers) and attending providers at the facility, and shall only be disclosed in accordance with state and federal law.~~

Commented [SA152]: Incorporated into policies and procedures, above.

~~26.103 EQUIPMENT. RESERVED.~~

~~26.104 FACILITIES~~

~~(1) When a psychiatric patient care unit is established, the unit shall be designed to maximize a home-like environment. The unit shall provide:~~

Commented [SA153]: Propose to strike all that follows because it is covered by FGI.

(a) a day-room or solarium.

(b) an area for dining.

(c) space for therapy and recreation with storage facilities for supplies.

(d) a conference and interview room.

(e) two or more seclusion rooms. A seclusion room shall:

(i) be designed to prevent patient hiding, escape, injury, or suicide.

(ii) not have electrical switches or receptacles.

(f) Storage for patient effects

(i) Each patient shall be provided with individual storage space which is readily accessible to patients at reasonable times, with systems in place to protect patient property against theft or loss.

(ii) A staff controlled, secured storage area shall be provided for patient's effects determined potentially harmful, such as cigarette lighters, nail files and patient contraband.

(g) a system for summoning help in the event of an emergency.

(2) The physical plant and interior details shall be designed such that the capacity for self-injury is minimized.

(3) New construction

(a) For additions of previously uninspected or unlicensed square footage under the license and relocations in whole or in part to another physical plant for which the complete submission of construction plans and documents for plan review was received on or after July 1, 2011, the facility shall:

(I) In toilet and bathing facilities, grab bars shall be designed to prevent them from being used for hanging.

Part 27. NUCLEAR MEDICINE SERVICES

Commented [BM154]: Moved to after Part 15

27.100

27.101 ORGANIZATION AND STAFFING

(1) The hospital may provide nuclear medicine services. The following standards shall apply only if the hospital provides such services.

(2) Nuclear medicine services shall be under the direction of a qualified physician.

27.102 PROGRAMMATIC FUNCTIONS

(1) Nuclear medicine services shall be in compliance with 6 CCR 1007-1, Rules and Regulations Pertaining to Radiation Control.

~~(2) There shall be written policies and procedures for all services offered which shall additionally include:~~

~~(a) steps to take in the event of an adverse reaction.~~

~~(b) protection from non-therapeutic radiation exposure for patients and visitors while in the hospital.~~

~~(c) information to be provided to patients who receive nuclear medicine therapy and still have radioactive particles in their bodies regarding how to prevent minimize radiation exposure of others.~~

~~27.103 EQUIPMENT. RESERVED.~~

~~27.104 FACILITIES. RESERVED.~~

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 10 - REHABILITATION HOSPITALS

6 CCR 1011-1 Chapter 10
[Editor's Notes follow the text of the rules at the end of this CCR Document.]

INDEX

Part 1. STATUTORY AUTHORITY AND APPLICABILITY

Commented [BM155]: Removed paragraphs before as part of conforming amendments

~~**1.101 STATUTORY AUTHORITY**~~

~~(1)~~1.1 Authority to establish minimum standards through regulation and to administer and enforce such regulations is provided by Sections 25-1.5-103 and 25-3-101, C.R.S., et seq.

~~**1.102 APPLICABILITY**~~1.2 APPLICABILITY

~~(1)~~(A) All hospitals shall meet applicable federal, ~~and~~ state, AND LOCAL LAWS~~statutes~~ and regulations, including but not limited to:

~~(a)~~(1) 6 CCR 1011-1, Chapter 2.

~~(b)~~(2) This Chapter 10.

~~(c)~~(3) ~~Provisions of~~ 6 CCR 1011-1, Chapter 4. ~~IV, General Hospitals, as referenced herein.~~

~~(2)~~(B) Contracted services shall meet the standards established herein.

Part 2. DEFINITIONS

~~**2.100**~~

THE DEFINITIONS UNDER 6 CCR 1011-1, CHAPTER 4, PART 2, DEFINITIONS, SHALL APPLY UNLESS THE CONTEXT DICTATES OTHERWISE. IN ADDITION, THE FOLLOWING DEFINITIONS SHALL APPLY:

Commented [BM156]: Added this language based on Chap 18 Struck through 2.1, 2.3, 2.4, 2.6, and 2.8 since they are all included in Chap 4 definitions with the same definition

~~**2.101 GENERAL DEFINITIONS**~~

~~(1) "Department" means the Department of Public Health and Environment, unless the context dictates otherwise.~~

~~(2) "Division" means the Health Facilities and Emergency Medical Services Division, unless the context dictates otherwise.~~

Commented [SA157]: Suggest striking, as not used in regulations

~~(3) "Governing board" means the board of trustees, directors, or other governing body in whom the ultimate authority and responsibility for the conduct of the hospital is vested.~~

~~(4) "General Hospital" means a hospital licensed pursuant to 6 CCR 1011-1, Chapter 4 IV, General Hospitals.~~

~~(5)~~2.1 "Occupational therapy" means a rehabilitation procedure guided by a qualified therapist who, under medical supervision, uses any purposeful activity to gain from the patient the desired physical function and/or mental response.

~~(6) "Patient care unit" means a designated area of the hospital that provides a bedroom or a grouping of bedrooms with respective supporting facilities and services to provide adequate nursing care and clinical management of inpatients; and that is thereby planned, organized, operated, and maintained to function as a separate and distinct unit.~~

~~(7) Reserved~~

~~(8)~~2.2 "Rehabilitation hospital" means a HOSPITAL~~facility~~ that is intended to provide a community with a type of facility, licensed as a hospital, capable of rendering quality service to those patients not acutely ill and not requiring surgical, intensive, maternity, or extensive radiological or clinical laboratory services, on a direct admission thereto or as a secondary referral admission subject to the clinical judgment of attending physicians, and who may, therefore, receive a relatively high level of special medical and nursing care directed primarily to a rehabilitative or restorative process commensurate with the individual clinical diagnosis. In general, but subject to specific conditions governing a particular HOSPITAL~~facility~~ within a given community, it is intended that a rehabilitation hospital offer its services on the basis of a full spectrum of community need without singular identification with any specific age groups or economic status of patients served.

~~(9) "Respiratory care" is that service which is organized to provide facilities, equipment, and personnel who are qualified by training, experience and ability to treat conditions caused by deficiencies or abnormalities associated with respiration.~~

Part 3. DEPARTMENT OVERSIGHT

~~3.101 APPLICATION FEES.~~3.1 APPLICATION FEES. Fees shall be submitted to the Department as specified below.

(A) INITIAL LICENSE (WHEN SUCH LICENSURE IS NOT A CHANGE OF OWNERSHIP)

~~(1)~~(1) ~~Initial License (when such initial licensure is not a change of ownership).~~ A license applicant shall submit a nonrefundable fee with an application for licensure as follows: base fee of $5,956.78 and a per bed fee of $52.25. The initial licensure fee shall not exceed $10,973.03.

(B) RENEWAL LICENSE

~~(2) Renewal License.~~

~~(a)~~(1) A license applicant shall submit an application for licensure with a nonrefundable fee as follows: Base fee of $1,672.08 and a per bed fee of $12.54. The total renewal fee shall not exceed $8,360.40.

~~(b)~~(2) ~~For licenses that expire on or after September 1, 2014,~~ A~~a~~ license applicant that is accredited by an accrediting organization recognized by the Centers for Medicare and Medicaid Services as having deeming authority may be eligible for a $160 discount off the base renewal license fee. In order to be eligible for this discount, the license applicant shall SUBMIT ~~authorize its accrediting organization to submit directly to the Department~~ copies of ITS MOST RECENT RECERTIFICATION survey(s) and plan(s) of correction ~~for the previous license year~~, ~~along with~~ AND the most recent letter of accreditation showing the license applicant has full accreditation status.~~.~~ IN ADDITION TO A COMPLETED RENEWAL APPLICATION.

(C) CHANGE OF OWNERSHIP

~~(3)~~(1) ~~Change of Ownership.~~ A license applicant shall submit a nonrefundable fee of $2,612.62 with an application for licensure.

(D) PROVISIONAL LICENSE

~~(4)~~(1) ~~Provisional License.~~ The license applicant may be issued a provisional license upon submittal of a nonrefundable fee of $2,612.62. If a provisional license is issued, the provisional license fee shall be in addition to the initial license fee.

(E) CONDITIONAL LICENSE

~~(5)~~(1) ~~Conditional License.~~ A LICENSE APPLICANT~~facility~~ that is issued a conditional license by the Department shall submit a nonrefundable fee ranging from TEN (10) to TWENTY-FIVE (25) percent of its applicable renewal fee. ~~The Department shall assess the fee based on the anticipated costs of monitoring compliance with the conditional license. If the conditional license is issued concurrent with the initial or renewal license, the conditional license fee shall be in addition to the initial or renewal license fee~~.

(2) THE DEPARTMENT SHALL ASSESS THE FEE BASED ON THE ANTICIPATED COSTS OF MONITORING COMPLIANCE WITH THE CONDITIONAL LICENSE.

(3) CONDITIONAL LICENSE FEES SHALL BE PAID IN ACCORDANCE WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 2, PART 2.8.3.

Part 4. ~~RESERVED~~GENERAL BUILDING AND FIRE SAFETY PROVISIONS

Commented [BM158]: Updated to reflect other chapters.

4.1 ANY CONSTRUCTION OR RENOVATION OF A REHABILITATION HOSPITAL INITIATED ON OR AFTER JULY 1, 2020, SHALL CONFORM TO 6 CCR 1011-1, CHAPTER 2, PART 3, GENERAL BUILDING AND FIRE SAFETY PROVISIONS, INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

(A) THE HOSPITAL SHALL COMPLY WITH THE FACILITY GUIDELINES INSTITUTE STANDARD AT 2.2-2.6.2.7 REGARDING A NURSE CALL SYSTEM.

Part 5. HOSPITAL~~FACILITY~~ OPERATIONS

~~The facility shall provide services in accordance with Chapter IV, Subpart 5.100 - Central Medical-Surgical Supply Services, Subpart 5.200 – Housekeeping Services, Subpart 5.300 – Maintenance Services, Subpart 5.400 - Waste Disposal Services, and Subpart 5.500 - Linen and Laundry Services.~~

THE HOSPITAL SHALL COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 4, PART 5, HOSPITAL OPERATIONS.

Part 6. GOVERNANCE AND LEADERSHIP

6.1 The HOSPITAL~~facility~~ shall have a governing BODY ~~board~~, administrative officer, and medical staff in conformance with the standards established in 6 CCR 1011-1, Chapter 4 ~~IV~~, Part 6, Governance and Leadership. THE FOLLOWING REQUIREMENTS SHALL ALSO APPLY:

(A) ~~In addition,~~ The APPOINTED OR ELECTED MEDICAL STAFF LEADER ~~Chief of Staff~~ shall have training and expertise in rehabilitation medicine.

(B) The qualifications of the medical staff shall meet the needs of the patients in accordance with the scope of services provided by the HOSPITAL~~facility~~.

PART 7. EMERGENCY PREPAREDNESS

THE HOSPITAL SHALL COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 4, PART 7, EMERGENCY PREPAREDNESS, EXCEPT 7.2 WHICH PERTAINS TO GENERAL OR CRITICAL ACCESS HOSPITALS ONLY.

PART 8. QUALITY MANAGEMENT PROGRAM

THE HOSPITAL SHALL COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 4, PART 8, QUALITY MANAGEMENT PROGRAM.

Part ~~7~~9. PERSONNEL

The HOSPITAL~~facility~~ shall COMPLY ~~be in conformance~~ with the standards established in 6 CCR 1011-1, Chapter 4 ~~IV~~, Part ~~7~~9, Personnel.

Part 8~~10~~. ~~MEDICAL RECORDS DEPARTMENT~~HEALTH INFORMATION MANAGEMENT

The HOSPITAL~~facility~~ shall COMPLY ~~have a medical records department in conformance~~ with the REQUIREMENTS OF ~~standards established in~~ 6 CCR 1011-1, Chapter 4, Part ~~8~~ 10, HEALTH INFORMATION MANAGEMENT ~~Medical Records Department~~.

Part ~~9~~11. INFECTION PREVENTION AND CONTROL AND ANTIBIOTIC STEWARDSHIP ~~SERVICES~~ PROGRAMS

The HOSPITAL~~facility~~ shall COMPLY WITH ~~provide services in conformance~~ with the REQUIREMENTS OF ~~standards established in~~ 6 CCR 1011-1, Chapter 4, Part ~~9~~11, Infection PREVENTION AND Control AND ANTIBIOTIC STEWARDSHIP PROGRAMS ~~Services~~.

Part ~~10~~12. PATIENT RIGHTS

The HOSPITAL ~~facility~~ shall ~~be in compliance~~ COMPLY with THE REQUIREMENTS OF 6 CCR 1011-1, Chapter 2, Part ~~6~~ 7, CLIENT RIGHTS.

Part ~~11~~13. GENERAL PATIENT CARE SERVICES

The HOSPITAL ~~facility~~ shall COMPLY~~provide services in conformance~~ with the REQUIREMENTS OF ~~standards established in~~ 6 CCR 1011-1, Chapter 4, Part ~~11~~13, General Patient Care Services.

Part ~~12~~14. NURSING ~~DEPARTMENT~~ SERVICES

The HOSPITAL~~facility~~ shall COMPLY ~~have a nursing department in conformance~~ with the REQUIREMENTS OF ~~standards established in~~ 6 CCR 1011-1, Chapter 4, Part ~~12~~14, Nursing Services.

Part ~~13~~15. PHARMACY~~EUTICAL~~ SERVICES

The HOSPITAL~~facility~~ shall COMPLY ~~provide pharmaceutical services in conformance~~ with the REQUIREMENTS OF ~~standards established in~~ 6 CCR 1011-1, Chapter 4, Part ~~13~~15, Pharmacy~~eutical~~ Services.

Part ~~14~~16. LABORATORY SERVICES

The HOSPITAL~~facility~~ shall COMPLY ~~provide laboratory services in conformance~~ with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~14~~16, Laboratory Services, EXCEPT THAT THE HOSPITAL SHALL NOT BE REQUIRED TO MAINTAIN OR ADMINISTER BLOOD PRODUCTS.

Part ~~15~~17. DIAGNOSTIC AND THERAPEUTIC IMAGING SERVICES

The HOSPITAL ~~facility~~ MAY PROVIDE DIAGNOSTIC AND THERAPEUTIC IMAGING SERVICES. IF SUCH SERVICES ARE PROVIDED, THE HOSPITAL SHALL COMPLY ~~provide diagnostic imaging services in conformance~~ with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~15~~17, Diagnostic AND THERAPEUTIC Imaging Services, EXCEPT THAT THE HOSPITAL SHALL NOT BE REQUIRED TO MAINTAIN COMPUTED TOMOGRAPHY (CT) SERVICES ON-CAMPUS, AT ALL TIMES.

PART 18. NUCLEAR MEDICINE SERVICES

THE HOSPITAL MAY PROVIDE NUCLEAR MEDICINE SERVICES. IF SUCH SERVICES ARE PROVIDED, THE HOSPITAL SHALL COMPLY WITH THE STANDARDS ESTABLISHED IN 6 CCR 1011-1, CHAPTER 4, PART 18, NUCLEAR MEDICINE SERVICES.

Part ~~16~~19. DIETARY SERVICES

The HOSPITAL~~facility~~ shall COMPLY ~~provide services in conformance~~ with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~16~~19, Dietary Services.

Part ~~17~~20. ANESTHESIA SERVICES

The HOSPITAL~~facility~~ may provide anesthesia services. If such services are provided, THE HOSPITAL ~~they shall be in conformance~~ SHALL COMPLY with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~17~~20, Anesthesia Services.

Part ~~18~~21. EMERGENCY SERVICES

THE HOSPITAL SHALL COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 4, PART 21, EMERGENCY SERVICES, EXCEPT THAT A HOSPITAL LICENSED AS A REHABILITATION HOSPITAL SHALL NOT BE REQUIRED TO MAINTAIN A DEDICATED EMERGENCY DEPARTMENT.

~~**18.101 ORGANIZATION AND STAFFING**~~

~~(1)18.1 Each facility shall be organized and equipped to provide emergency treatment to patients who have been admitted to the facility.~~

~~(2)18.2 Provision shall be made for medical staff coverage at any hour.~~

~~(3)18.3 A roster of physicians on call, including physicians on second call, shall be posted, together with methods whereby specialized medical services may be obtained.~~

~~**18.102 PROGRAMMATIC FUNCTIONS**~~

~~(1)18.4 Policies and procedures for staff action in the event of an emergency shall be developed by the medical staff and incorporated in a manual for staff use.~~

~~(2)18.5 The facility shall establish a transfer agreement with a general hospital to provide patients with a higher level of care when needed.~~

~~**18.103 EQUIPMENT AND SUPPLIES**~~

~~(1)18.6 Emergency equipment, supplies and medications shall be provided commensurate with the scope of emergency services as specified in the written policies and procedures.~~

~~**18.104 FACILITIES. Reserved.**~~

Part ~~19~~22. OUTPATIENT SERVICES

THE HOSPITAL MAY PROVIDE OUTPATIENT SERVICES. IF SUCH SERVICES ARE PROVIDED, THE HOSPITAL SHALL COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 4, PART 22, OUTPATIENT SERVICES.

~~**19.101 ORGANIZATION AND STAFFING**~~

~~(1) The hospital may provide outpatient services. Where outpatient services are provided, the type and quantity of facilities shall be such as to provide safe, prompt service to the number and types of patients served.~~

~~(2) The privilege of physicians and dentists in the outpatient service shall be defined in terms of their training and ability, in the same manner as their privilege in the inpatient services.~~

~~(3) There shall be sufficient qualified registered nurses and other nursing personnel to render adequate nursing service to patients.~~

~~**19.102 PROGRAMMATIC FUNCTIONS. Reserved.**~~

~~**19.103 EQUIPMENT AND SUPPLIES. Reserved.**~~

~~**19.104 FACILITIES. Reserved.**~~

~~**Part 20. Reserved.**~~

~~**Part 21.**~~ ~~**Reserved.**~~

Part ~~22.~~23. **SOCIAL AND PSYCHOLOGICAL SERVICES**

~~**22.101**~~ ~~**ORGANIZATION AND STAFFING**~~

~~(1)~~23.1 Psychological services shall be PROVIDED ~~available,~~ by persons qualified by EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE ~~training, experience and ability~~, to patients who need this service.

~~(2)~~23.2 Social services shall be provided by persons qualified by EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE. ~~training, experience and ability~~.

~~**22.102**~~ ~~**PROGRAMMATIC FUNCTIONS. Reserved.**~~

~~**22.103**~~ ~~**EQUIPMENT AND SUPPLIES. Reserved.**~~

~~**22.104**~~ ~~**FACILITIES**~~

~~(1) Office and work space for psychological testing, evaluation, and counseling shall be provided.~~

~~(2) Social services office space for private interview and counseling shall be provided.~~

Commented [SA159]: Strike as covered by FGI

Part ~~23.~~24. **RESPIRATORY CARE SERVICES**

The HOSPITAL~~facility~~ may provide respiratory care services. If such services are provided, they shall COMPLY ~~be in conformance~~ with the REQUIREMENTS OF ~~standards established in~~ 6 CCR 1011-1, Chapter 4, Part ~~23~~26, Respiratory Care Services.

Part ~~24.~~25. **REHABILITATION THERAPIES & SERVICES**

~~24.100 Occupational Therapy~~

~~24.200 Physical Therapy~~

~~24.300 Speech Therapy~~

~~24.400 Vocational Counseling~~

~~**24.100**~~25.1 ~~OCCUPATIONAL THERAPY~~OCCUPATIONAL THERAPY

~~**24.101 ORGANIZATION AND STAFFING**~~

~~(1)~~(A) The occupational therapy services shall be under direction of a physician who is licensed to practice medicine in the State of Colorado~~, preferably a diplomate of the American Board of Physical Medicine and Rehabilitation~~. However, nothing ~~in this Section 24.101 (1)~~ shall preclude the facility from having one medical director who is responsible for all rehabilitation therapies and services.

Commented [SA160]: Strike because was not a requirement, only a suggestion in previous regulations

~~**24.102 PROGRAMMATIC FUNCTIONS**~~

~~(1) There shall be written policies for the occupational therapy services which are determined jointly by the physician and the facility administrator. There shall be evidence that these policies are reviewed and revised at regular intervals.~~

Commented [SA161]: Incorporated into (B)

(B) THE PHYSICIAN DIRECTOR AND HOSPITAL ADMINISTRATOR SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES, BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE, GOVERNING THE OCCUPATIONAL THERAPY SERVICES.

(1) THESE POLICIES AND PROCEDURES SHALL BE REVIEWED AND REVISED, AS NECESSARY, NO LESS THAN EVERY THREE (3) YEARS.

~~**24.103 EQUIPMENT AND SUPPLIES**~~

~~(1) There shall be adequate and appropriate equipment and supplies as determined by the professional staff to meet the requirements for care and treatment of patients.~~

Commented [SA162]: Revised into (C) below

(C) THE OCCUPATIONAL THERAPY SERVICE SHALL MAINTAIN ADEQUATE AND APPROPRIATE EQUIPMENT AND SUPPLIES, AS DETERMINED BY THE PROFESSIONAL STAFF AND NATIONALLY-RECOGNIZED GUIDELINES, TO MEET THE REQUIREMENTS FOR THE CARE AND TREATMENT OF PATIENTS.

~~**24.104 FACILITIES**~~

~~(1) The occupational therapy services shall be located in an area convenient for all patients.~~

Commented [SA163]: Strike as covered by FGI

~~(2) The occupational therapy area shall have a reception area, an examining room, treatment area, separate toilet and lavatory facilities for patients and staff, and storage areas.~~

~~(3) There shall be adequate space in the reception area to accommodate ambulatory and wheel chair patients.~~

~~(4)~~(D) The following specific evaluation and treatment facilities must be provided by all facilities: ~~(1) Office and work space for occupational therapy staff; (2) Therapy area; (3) Storage space for supplies and equipment (5) Facilities for teaching activities of daily living.~~

(1) OFFICE AND WORK SPACE FOR OCCUPATIONAL THERAPY STAFF;

(2) THERAPY AREA;

(3) STORAGE SPACE FOR SUPPLIES AND EQUIPMENT; AND

(4) FACILITIES FOR TEACHING ACTIVITIES OF DAILY LIVING.

~~**24.200**~~25.2 ~~PHYSICAL THERAPY~~PHYSICAL THERAPY

~~**24.201 ORGANIZATION AND STAFFING**~~

~~(1)~~(A) Physical therapy services shall be under the direction of a physician who is licensed to practice medicine in the State of Colorado~~, who has a particular interest in physical medicine, and who preferably is a diplomate of the American Board of Physical Medicine and Rehabilitation~~. However, nothing ~~in this Section 24.201 (1)~~ shall preclude the facility from having one medical director who is responsible for all rehabilitation therapies and services.

Commented [SA164]: Strike because was not a requirement, only a suggestion in previous regulations

~~(2)~~(B) Physical therapy SERVICES shall be rendered only by a physical therapist licensed to practice in the State of Colorado. All personnel assisting with the physical therapy of patients must be under the direct supervision of physical therapists at all times.

~~**24.202 PROGRAMMATIC FUNCTIONS**~~

~~(1) There shall be written policies for the physical therapy services which are developed jointly by the physician and the chief physical therapist and approved by the facility administrator. There shall be evidence that these policies are reviewed and revised at regular intervals.~~

(C) THE PHYSICIAN DIRECTOR AND CHIEF PHYSICAL THERAPIST SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES GOVERNING THE PHYSICAL THERAPY SERVICES.

(1) THE HOSPITAL ADMINISTRATOR SHALL APPROVE THE POLICIES AND PROCEDURES.

(2) THE POLICIES AND PROCEDURES SHALL BE BASED ON NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF PRACTICE.

(3) THE POLICIES AND PROCEDURES SHALL BE REVIEWED AND REVISED, AS NECESSARY, NO LESS THAN EVERY THREE (3) YEARS.

~~(2)~~(D) Prosthetic and orthotic services may be provided either within the HOSPITAL ~~facility~~ or through arrangements with a qualified facility. ~~The program may be worked out in cooperation with other health facilities of the area and with official and nonofficial agencies concerned. This program should include the possibility of disaster involving loss of the facility or serious impairment of its facilities.~~

(1) THE PROGRAM MAY CONDUCTED IN COOPERATION WITH OTHER HEALTH FACILITIES IN THE AREA AND WITH OFFICIAL AND NONOFFICIAL AGENCIES CONCERNED.

(2) THIS PROGRAM SHALL INCLUDE THE POSSIBILITY OF DISASTER INVOLVING LOSS OF THE HOSPITAL OR SERIOUS IMPAIRMENT OF ITS FACILITIES.

~~**24.203 EQUIPMENT AND SUPPLIES**~~

~~(1) There shall be adequate and appropriate equipment and supplies as determined by the professional staff to meet the requirements for care and treatment of patients.~~

(E) THE PHYSICAL THERAPY SERVICE SHALL MAINTAIN ADEQUATE AND APPROPRIATE EQUIPMENT AND SUPPLIES, AS DETERMINED BY THE PROFESSIONAL STAFF AND BASED UPON NATIONALLY-RECOGNIZED GUIDELINES, TO MEET THE REQUIREMENTS FOR THE CARE AND TREATMENT OF PATIENTS.

~~**24.204 FACILITIES**~~

~~(1) The physical therapy services shall be located in an area convenient for all patients.~~

Commented [SA165]: Strike as covered by FGI

~~(2) The physical therapy area shall have a reception area, an examining room, treatment area, separate toilet and lavatory facilities for patients and staff and storage areas.~~

~~(3) There shall be adequate space in the reception area to accommodate ambulatory, stretcher and wheel chair patients.~~

~~(4) The following specific evaluation and treatment facilities must be provided by all facilities: (1) Office and work space for physical therapy staff; (2) Rehabilitation gymnasium; (3) Physical therapy treatment area; (4) Storage for supplies and equipment; (5) Outdoor exercise area (desirable but not mandatory).~~

~~(5) If orthotic and prosthetic devices are provided within the facility, space shall be provided, for fitting and adjustment services for prosthetic and orthotic devices.~~

~~24.300~~25.3 ~~SPEECH THERAPY~~SPEECH THERAPY

~~24.301 ORGANIZATION AND STAFFING~~

~~(1)~~(A) Speech therapy services shall be provided by persons qualified by EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE. ~~training, experience and ability.~~

~~24.302 PROGRAMMATIC FUNCTIONS. Reserved.~~

~~24.303 EQUIPMENT AND SUPPLIES~~

~~(1)~~ (B) Suitable equipment and supplies for speech therapy shall be provided either within the ~~facility~~HOSPITAL or through arrangements with existing community services.

~~(2)~~ (C) Suitable equipment for audiometric and other sensory testing and evaluation shall be provided either within the HOSPITAL~~facility~~ or through arrangements with existing community facilities.

~~24.304 FACILITIES~~

~~(1) Suitable space for speech therapy shall be provided either within the HOSPITALfacility or through arrangements with existing community services.~~

Commented [SA166]: Strike as covered by FGI

~~24.400~~25.4 ~~VOCATIONAL COUNSELING~~VOCATIONAL COUNSELING

~~24.401 ORGANIZATION AND STAFFING~~

~~(1)~~(A) Vocational services shall be provided by persons qualified by EDUCATION, TRAINING, COMPETENCIES, AND EXPERIENCE. ~~training, experience and ability.~~

~~24.402 PROGRAMMATIC FUNCTIONS. Reserved.~~

~~24.403 EQUIPMENT AND SUPPLIES. Reserved.~~

~~24.404 FACILITIES~~

~~(1) Office space for vocational counseling and evaluations shall be provided.~~

Commented [SA167]: Strike as covered by FGI

Part ~~25.~~26. PEDIATRIC SERVICES

The HOSPITAL~~facility~~ may provide pediatric patient care services. If such services are provided, ~~they~~ THE HOSPITAL shall ~~be in conformance~~ COMPLY with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~25~~28, Pediatric Services.

~~Part 26. Reserved.~~

~~Part 27. Reserved.~~

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 18 - PSYCHIATRIC HOSPITALS

6 CCR 1011-1 Chapter 18

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

INDEX

Part 1. STATUTORY AUTHORITY AND APPLICABILITY

~~1.101~~ ~~STATUTORY AUTHORITY~~

~~(1)~~1.1 Authority to establish minimum standards through regulation and to administer and enforce such regulations is provided by Sections 25-1.5-103 and 25-3-101, C.R.S., et seq.

1.~~102~~2 ~~APPLICABILITY~~APPLICABILITY

~~(1)~~(A) All psychiatric hospitals shall meet applicable federal, ~~and~~ state, AND LOCAL~~statutes~~ LAWS and regulations, including but not limited to:

~~(a)~~(1) 6 CCR 1011-1, Chapter 2.

~~(b)~~(2) This Chapter 18.

~~(c)~~(3) ~~Provisions of~~ 6 CCR 1011-1, Chapter 4.~~, General Hospitals, as referenced herein.~~

~~(2)~~(B) Contracted services shall meet the standards established herein.

Part 2. DEFINITIONS.

The definitions under 6 CCR 1011-1, Chapter 4 ~~IV~~, Part 2, Definitions, apply unless context dictates otherwise. In addition, the following definitions shall apply:

~~(1)~~2.1 "Psychiatric hospital" means a health facility planned, organized, operated, and maintained to provide facilities, beds, and services over a continuous period exceeding twenty-four (24) hours to individuals requiring early diagnosis and intensive and continued clinical therapy for mental illness. Services, including but not limited to, inpatient services, continuous nursing services, and necessary ancillary services, shall be provided twenty-four (24) hours per day, seven (7) days per week.

~~(2)~~2.2 "Psychiatric emergency" means an acute disturbance of thought, mood, or behavior that requires an immediate intervention to protect the patient or others from harm.

~~(3) "Psychiatric patient care unit" means a patient area which includes living, treatment, support, sleeping facilities and services designed and organized to provide adequate clinical management of patients.~~

Commented [SA168]: Only used in the context of FGI regulations that are proposed to be struck

Part 3. DEPARTMENT OVERSIGHT

~~3.10~~3.1 ~~APPLICATION FEES~~APPLICATION FEES. Nonrefundable fees shall be submitted to the dDepartment with an application for licensure as follows:

Commented [SA169]: Formatting change, not a language change. Moved it to be on the same line to maintain consistent formatting across all chapters.

(A) INITIAL LICENSE (WHEN SUCH INITIAL LICENSURE IS NOT A CHANGE OF OWNERSHIP)

(1) ~~Initial License: (when such initial licensure is not a change of ownership).~~ A license applicant shall submit a nonrefundable fee with an application for licensure as follows: base fee of $5,956.78 and a per bed fee of $52.25. The initial licensure fee shall not exceed $10,973.03.

~~(2)~~(B) ~~Renewal License:~~RENEWAL LICENSE

~~(a)~~(1) A license applicant shall submit an application for licensure with a nonrefundable fee as follows: Base fee of $1,672.08 and a per bed fee of $12.54. The total renewal fee shall not exceed $8360.40.

~~(b)~~(2) ~~For licenses that expire on or after September 1, 2014~~, Aa license applicant that is accredited by an accrediting organization recognized by the Centers for Medicare and Medicaid Services as having deeming authority may be eligible for a $160 discount off the base renewal license fee. In order to be eligible for this discount, the license applicant shall SUBMIT ~~authorize its accrediting organization to submit directly to the Department~~ copies of ITS MOST RECENT RECERTIFICATION survey(s) and plan(s) of correction ~~for the previous license year~~, ~~along with~~ AND the most recent letter of accreditation showing the license applicant has full accreditation status. ~~.~~IN ADDITION TO A COMPLETED RENEWAL APPLICATION.

(C) CHANGE OF OWNERSHIP

(~~3~~1) ~~Change of Ownership.~~ A license applicant shall submit a nonrefundable fee of $2,612.62 with an application for licensure.

(D) PROVISIONAL LICENSE

(41) ~~Provisional License.~~ The license applicant may be issued a provisional license upon submittal of a nonrefundable fee of $2,612.62. ~~If a provisional license is issued, the provisional license fee shall be in addition to the initial license fee.~~

(2) IF A PROVISIONAL LICENSE IS ISSUED, THE PROVISIONAL LICENSE FEE SHALL BE IN ADDITION TO THE INITIAL LICENSE FEE.

(E) CONDITIONAL LICENSE

(51) ~~Conditional License.~~ A LICENSE APPLICANT ~~facility~~ that is issued a conditional license by the Department shall submit a nonrefundable fee ranging from TEN (10) to TWENTY-FIVE (25) percent of its applicable renewal fee. ~~The Department shall assess the fee based on the anticipated costs of monitoring compliance with the conditional license. If the conditional license is issued concurrent with the initial or renewal license, the conditional license fee shall be in addition to the initial or renewal license fee.~~

(2) THE DEPARTMENT SHALL ASSESS THE FEE BASED ON THE ANTICIPATED COSTS OF MONITORING COMPLIANCE WITH THE CONDITIONAL LICENSE.

(3) CONDITIONAL LICENSE FEES SHALL BE PAID IN ACCORDANCE WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 2, PART 2.8.3.

Part 4. GENERAL BUILDING AND FIRE SAFETY PROVISIONS ~~AND PHYSICAL PLANT STANDARDS~~

~~4.101 COMPLIANCE WITH FGI GUIDELINES~~

Any construction or renovation of a psychiatric hospital initiated on or after July 1, 2020, shall conform to ~~Part 3 of~~ 6 CCR 1011-1, Chapter 2, PART 3, unless otherwise specified in this current Chapter.

Part 5. HOSPITAL~~FACILITY~~ OPERATIONS~~.~~

~~The facility shall provide services in accordance with Chapter IV Subpart 5.100 - Central Medical-Surgical Supply Services, Subpart 5.200 - Housekeeping Services, Subpart 5.300 - Maintenance Services, Subpart 5.400 - Waste Disposal Services, and Subpart 5.500 - Linen and Laundry Services.~~

THE HOSPITAL SHALL COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 4, PART 5, HOSPITAL OPERATIONS.

Part 6. GOVERNANCE AND LEADERSHIP~~.~~

The HOSPITAL~~facility shall have a governing board, administrative officer, and medical staff in conformance with the standards established in Chapter IV, Part 6, Governance and Leadership, except that provisions regarding off-campus locations, including without limitation, Section 6.102(6) shall not apply.~~ SHALL COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 4, PART 6, GOVERNANCE AND LEADERSHIP.

Commented [SA170]: This wording was identified by stakeholders and the Division as confusing because it seemed to limit the ability of Psychiatric Hospitals to operated licensed off-campus locations. Department does not want to limit this, so this language is being removed.

PART 7. EMERGENCY PREPAREDNESS

THE HOSPITAL SHALL COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 4, PART 7, EMERGENCY PREPAREDNESS, EXCEPT PART 7.2 WHICH PERTAINS TO GENERAL AND CRITICAL ACCESS HOSPITALS ONLY.

PART 8. QUALITY MANAGEMENT PROGRAM

THE HOSPITAL SHALL COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 4, PART 8, QUALITY MANAGEMENT PROGRAM.

Part ~~7~~9. PERSONNEL~~.~~

The HOSPITAL SHALL COMPLY ~~facility shall have a personnel department in conformance~~ with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~7~~9, Personnel. ~~Department~~.

Part ~~8~~10. ~~MEDICAL RECORDS DEPARTMENT.~~HEALTH INFORMATION MANAGEMENT

10.1 The HOSPITAL SHALL COMPLY ~~facility shall have a medical records department in conformance~~ with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~8~~10, ~~Medical Records Department~~HEALTH INFORMATION MANAGEMENT. In addition ~~to the aforementioned requirements~~, the HOSPITAL ~~facility~~ shall comply with the following:

~~(1)~~(A) ~~Medical/Surgical Services.~~ If patients are transferred offsite for medical~~/~~ OR surgical services, the circumstances and necessity for such transfer shall be documented in the patient's medical record.

Part ~~9~~11. INFECTION PREVENTION AND CONTROL AND ANTIBIOTIC STEWARDSHIP PROGRAMS ~~SERVICES~~.

11.1 The HOSPITAL~~facility~~ shall COMPLY ~~have infection control services in conformance~~ with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~9~~11, Infection PREVENTION AND Control AND ANTIBIOTIC STEWARDSHIP PROGRAMS ~~Services~~. In addition ~~to the aforementioned requirements~~, the HOSPITAL ~~facility~~ shall comply with the following:

~~(1)~~(A) The medical staff shall judge which patients with communicable diseases are within the capacity of the hospital to treat. Patients with communicable diseases that the HOSPITAL ~~facility~~ is not capable of treating shall be transferred, UNLESS OTHERWISE MEDICALLY INDICATED, to a general hospital for appropriate treatment.

Part ~~10~~2. PATIENT RIGHTS~~.~~

The HOSPITAL ~~facility~~ shall ~~be in compliance~~COMPLY with THE REQUIREMENTS OF 6 CCR 1011-1, Chapter 2, Part ~~6~~ 7, CLIENT RIGHTS~~.~~

Part ~~11~~3. GENERAL PATIENT CARE SERVICES~~.~~

13.1 The HOSPITAL ~~facility~~ shall COMPLY ~~provide patient care services in conformance~~ with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~11~~13, General Patient Care Services. ~~Sections 11.101 and 11.102.~~ In addition ~~to the aforementioned requirements~~, the HOSPITAL ~~facility~~ shall comply with the following:

~~11.102 PROGRAMMATIC FUNCTIONS~~

~~(1)~~(A) ~~Medical/Surgical Services~~MEDICAL/SURGICAL SERVICES

~~(a)~~(1) The ~~facility~~ HOSPITAL shall identify in writing the scope of medical/surgical care provided, including whether services are provided onsite or through contractual arrangements with offsite health care providers. ~~the facility's admission criteria shall reflect its ability to meet the medical/surgical needs of the patient. Transfer protocols shall be developed and implemented for patients whose needs cannot be met by the facility.~~

(A) THE HOSPITAL'S ADMISSION CRITERIA SHALL REFLECT ITS ABILITY TO MEET THE MEDICAL/SURGICAL NEEDS OF THE PATIENT.

(B) TRANSFER PROTOCOLS SHALL BE DEVELOPED AND IMPLEMENTED FOR PATIENTS WHOSE NEEDS CANNOT BE MET BY THE HOSPITAL.

~~(b)~~(2) A qualified licensed independent practitioner shall provide a diagnostic medical examination for a patient upon admission and as needed for an inpatient who experiences a medical illness.

~~(c)~~(3) Policies and procedures shall be DEVELOPED ~~written~~ and implemented regarding when pre-admission assessments will be conducted to exclude medical etiology for mental illness symptoms.

~~(2)~~(B) The ~~facility~~ HOSPITAL shall develop and implement a smoking policy in accordance with state and federal law.

~~(3)~~ (C) The hospital shall have a system for summoning help from the immediate service area and other areas of the hospital in the event of an emergency.

(D) PATIENT BEDROOMS SHALL BE EQUIPPED WITH A NONCOMBUSTIBLE WASTE RECEPTACLE, EITHER SEAMLESS OR WITH A REMOVABLE PAPER LINER, UNLESS CONTRAINDICATED AND NOTED IN THE PATIENT'S CARE PLAN.

~~11.103 EQUIPMENT/FURNITURE AND SUPPLIES~~

~~(1) Patient bedrooms shall be equipped with furniture and equipment appropriate to the needs and safety of the patient to include, but not be limited to, for each patient:~~

Commented [SA171]: Strike as covered by FGI

~~(a) a washable bed.~~

~~(b) a bedside table (or its equivalent).~~

~~(c) a cabinet.~~

~~(d) a noncombustible waste receptacle, either seamless or with a removable paper liner.~~

~~(2) If medical/surgical services are provided, there shall be adequate equipment to provide such services.~~

~~11.104 FACILITIES~~

~~(1) Patient care units shall be designed:~~

~~(a) to maximize A home-like appearance by the use of appropriate color, design, and furniture.~~

~~(b) such that the capacity for self-injury is minimized.~~

~~(2) Patient Bedrooms~~

~~(a) There shall be provision for private or multiple-bed bedrooms to meet the needs of patients and the programs of the psychiatric hospital. For additions of previously uninspected or unlicensed square footage under the license and relocations in whole or in part to another physical plant for which the complete submission of construction plans~~

and documents for plan review was received on or after July, 2011, there shall not be more than two patients per room.

(b) Each one-bed bedroom shall contain a minimum floor area of 100 square feet. Each multiple-bed bedroom shall contain a minimum floor area of 80 square feet per bed.

(c) The psychiatric hospital shall provide for privacy of patients in multiple-bed bedroom, by, for example, the use or arrangement of furnishings.

(d) Each patient bedroom shall have a window. A portion of the window shall be openable sufficient to provide adequate ventilation, unless a mechanical ventilation system is provided. A means of privacy and control of light shall be provided at each window.

(e) Artificial light shall be provided in each patient bedroom including: 1) general illumination; 2) other sources of sufficient illumination for reading and observations; and 3) silent operating switches.

(f) Each patient bedroom shall be provided with a separate closet space or locker adequate in size for the number of patients assigned to the room. In the case of new psychiatric hospital construction or modification of an existing psychiatric hospital facility, the closet space or locker must open into the patient room.

(3) Toilet Facilities. Toilet facilities shall be provided in one of two ways:

(a) Located immediately adjacent to private or multiple-bed bedrooms in the ratio of one facility for not more than four patient beds which include: 1) toilet; 2) incombustible waste paper receptacle, either seamless or with removable impervious liner, and 3) grab bars in some facilities and of a sufficient number to accommodate disabled patients.

(b) Separate men's and women's restrooms within the psychiatric patient care unit with toilets in a ratio of one toilet for not more than ten patient beds, providing partitions for privacy, and an incombustible wastepaper receptacle, either seamless or with a removable impervious liner, and grab bars available in some facilities, and of a sufficient number to accommodate disabled patients.

(4) Handwashing Facilities. Handwashing facilities shall be provided in one of two ways:

(a) A lavatory complete with soap and sanitary hand-drying accommodations be either provided in each patient bedroom or installed within the toilet room adjacent to bedrooms with no more than four patient beds per lavatory; or

(b) By the provision of separate men's and women's restrooms located in the patient care unit and containing a lavatory complete with soap and sanitary hand-drying accommodations in a ratio of at least one lavatory for each ten patient beds.

(5) Bathing Facilities. Patient bathing facilities with adequate provision for privacy and safety shall be provided in the ratio of one tub or shower for each ten patients. Some bathing facilities shall have grab bars, and there shall be a sufficient number of facilities with grab bars to accommodate disabled patients. Wheelchair accessible facilities shall be available.

(6) Storage

(a) Each patient shall be provided with individual locked storage space which is readily accessible to patients at reasonable times. The psychiatric hospital shall establish policies which, if adhered to by patients, will protect patient property against theft or loss.

(b) A staff controlled, secured storage area shall be provided for patient's effects determined potentially harmful, such as cigarette lighters, nail files, and patient contraband.

(7) Patient Care Support Facilities. A psychiatric patient care unit shall, as a minimum, contain or be reasonably accessible to the following patient care support facilities:

(a) Day-rooms or group-rooms in the ratio of one facility for not more than 25 patient beds.

(b) A dining room sufficient in size to meet the needs of the program.

(c) An occupational therapy and recreation facility.

(d) Conference/interview rooms in the ratio of one facility for not more than 25 patient beds.

(e) Seclusion rooms, in the ratio of one seclusion room for not more than 25 patient beds, which shall:

(i) be equipped with means for direct observation of occupant, protected lighting source, and other features designed to accommodate a psychiatrically agitated patient.

(ii) be at least 100 square feet,.

(iii) be mechanically ventilated quietly, at the rate of four room changes per hour (unless an outside window is available); air shall be diffused and at a comfortable temperature.

(iv) be free of hazardous equipment or devices.

(v) be designed to prevent patient hiding, escape, injury, or suicide.

(vi) Not have electrical switches or receptacles.

(f) A reasonably accessible telephone closet with a seat or telephone equipment enclosed so as to assure privacy.

(8) Service Facilities. The following service areas shall be provided and located conveniently for patient care:

(a) Patient care center (nursing station) which provides a communication system with other hospital departments.

(b) Medical record recording facilities.

(c) Medicine preparation area.

(d) Clinical supply area.

(e) Soiled linen holding area.

(f) Janitor's closet.

(g) Nourishment station.

(h) Clinical examination and treatment room.

(i) Clean linen area.

(9) Nursing Station. The nursing station shall be adequately designed and equipped to meet patient care and program needs.

(10) Medication Preparation Area

(a) The medication preparation area shall, as a minimum, be equipped with:

1) cabinets with suitable locking devices to protect drugs stored therein; 2) refrigerator equipped with thermometer and used exclusively for pharmaceutical storage and powered from the critical branch of the essential electrical system; 3) counter work space; 4) sink, with approved handwashing facilities; 5) antidote, incompatibility, and metri-apothecary conversion charts.

(b) Only medications, equipment, and supplies for their preparation and administration shall be stored in the medication preparation area. Test reagents, general disinfectants, cleaning agents, and other similar products shall not be stored in the medication preparation area.

(11) Clinical Supply Area. There shall be a clinical supply area adequately designed and equipped to meet supply needs of the psychiatric patient care unit.

(12) Clean Linen Area. There shall be a separate closed area with adequately designed supply space or a separate room for clean linen supplies.

(13) Soiled Linen Holding Room. There shall be a soiled holding room equipped with: 1) suitable counter sink, mixing faucet, blade controls, soap and sanitary hand-drying facility. (In case of new hospital construction, or modification of an existing hospital facility, the sink must be two compartments); 2) waste container with cover (foot controlled recommended) and impervious disposable liner; 3) soiled linen cart or hamper with impervious liner; 4) adequate shelf and counter space; 5) a clinical flushing sink; 6) continuous mechanical exhaust ventilation to the outside.

(14 Janitor's Closet. There shall be a janitor's closet equipped with:

1) sink, preferably a floor receptor, with mixing faucet; 2) hook-strip for mop handles from which soiled mopheads have been removed; 3) shelving for cleaning materials; 4) approved handwashing facilities (in case of new hospital construction or modification of an existing hospital facility, the floor receptor cannot be considered as a handwashing facility); and 5) waste receptacle with impervious liner. The floor area should be adequate to store mop buckets on a roller carriage and floor cleaning equipment.

(15) Nourishment Station

(a) A nourishment station where food is prepared shall include a sink equipped for handwashing, equipment for serving nourishment between scheduled meals, refrigerator, and provision for adequate storage.

(b) In the case of a patient care unit which includes a dining room conveniently located thereto, the dining room may be equipped to serve as the nourishment station.

(16) Personnel Toilet Facilities. Toilet facilities shall be provided for personnel on each patient care unit.

~~(17) Emergency Equipment and Supplies. The following shall be readily available at all times: 1) oxygen; 2) suction; 3) portable emergency equipment, supplies and medication; 4) automated external defibrillator.~~

~~(18) When medical/surgical services are provided within the facility, there shall be adequate facilities to fulfill the professional, educational and administrative needs of the service.~~

Part 12~~4~~. NURSING SERVICES ~~DEPARTMENT.~~

The HOSPITAL SHALL COMPLY ~~facility shall provide nursing services in conformance~~ with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter ~~IV~~4, Part ~~12~~14, Nursing Services.

Part 13~~5~~. PHARMACY~~EUTICAL~~ SERVICES~~.~~

The HOSPITAL~~facility~~ shall COMPLY ~~provide pharmaceutical services in conformance~~ with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~13~~15, Pharmacy~~eutical~~ Services.

Part 14~~6~~. LABORATORY SERVICES~~CLINICAL PATHOLOGY SERVICES.~~

The HOSPITAL ~~facility~~ shall COMPLY ~~provide clinical pathology services in conformance~~ with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, PART 16 ~~Subpart 14.100 Clinical Pathology~~ LABORATORY SERVICES, EXCEPT THAT THE HOSPITAL SHALL NOT BE REQUIRED TO MAINTAIN OR ADMINISTER BLOOD PRODUCTS.

Part 15~~7~~. DIAGNOSTIC AND THERAPEUTIC IMAGING SERVICES~~.~~

The HOSPITAL MAY PROVIDE DIAGNOSTIC AND THERAPEUTIC IMAGING SERVICES. IF SUCH SERVICES ARE PROVIDED, THE HOSPITAL ~~facility~~ shall COMPLY ~~provide diagnostic imaging services in conformance~~ with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~15~~17, Diagnostic AND THERAPEUTIC Imaging Services, EXCEPT THAT THE HOSPITAL SHALL NOT BE REQUIRED TO MAINTAIN COMPUTED TOMOGRAPHY (CT) SERVICES ON-CAMPUS, AT ALL TIMES.

PART 18. NUCLEAR MEDICINE SERVICES

THE HOSPITAL MAY PROVIDE NUCLEAR MEDICINE SERVICES. IF SUCH SERVICES ARE PROVIDED, THE HOSPITAL SHALL COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 4, PART 18, NUCLEAR MEDICINE SERVICES.

Part 16~~9~~. DIETARY SERVICES~~.~~

The HOSPITAL ~~facility~~ shall COMPLY ~~provide dietary services in conformance~~ with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter ~~IV~~4, Part ~~16~~19, Dietary Services.

Part ~~17~~20. ANESTHESIA SERVICES~~.~~

20.1 The HOSPITAL ~~facility~~ may provide anesthesia services. If such services are provided THE HOSPITAL ~~facility~~ shall COMPLY ~~be in conformance~~ with the ~~standards established in~~ REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~17~~20, Anesthesia Services. In addition ~~to the aforementioned requirements~~, the HOSPITAL ~~facility~~ shall comply with the following:

~~17.101 ORGANIZATION AND STAFFING. Reserved.~~

~~17.102 PROGRAMMATIC FUNCTIONS~~

~~(1)~~(A) ~~Electroconvulsive therapy.~~ In facilities in which anesthetic agents are used in electroconvulsive therapy, the administration of anesthesia shall be consistent with written policies and procedures THAT ARE BASED ON NATIONALLY-RECOGNIZED GUIDELINES.

Part 21. PSYCHIATRIC EMERGENCY SERVICES

21.1 A PSYCHIATRIC HOSPITAL SHALL NOT BE REQUIRED TO MAINTAIN A DEDICATED EMERGENCY DEPARTMENT. IF A HOSPITAL CHOOSES TO MAINTAIN A DEDICATED EMERGENCY DEPARTMENT, THE FOLLOWING STANDARDS SHALL APPLY.

21.2 DEDICATED EMERGENCY DEPARTMENT

(A) ORGANIZATION

(1) THE EMERGENCY DEPARTMENT SHALL BE DIRECTED BY A PHYSICIAN WHO IS BOARD-ELIGIBLE OR BOARD-CERTIFIED IN PSYCHIATRY.

(2) THE EMERGENCY DEPARTMENT SHALL PROVIDE EMERGENCY SERVICES TWENTY-FOUR (24) HOURS A DAY, INCLUDING PROVIDING IMMEDIATE LIFESAVING INTERVENTION, RESUSCITATION, AND STABILIZATION, WITHIN THE CAPABILITIES OF THE HOSPITAL, FOR PATIENTS, STAFF, AND VISITORS.

(3) THE ENTRANCE TO THE EMERGENCY DEPARTMENT SHALL BE CLEARLY MARKED AND SEPARATE FROM THE MAIN HOSPITAL ENTRANCE.

(4) THE HOSPITAL SHALL INTEGRATE ITS EMERGENCY DEPARTMENT WITH OTHER HOSPITAL DEPARTMENTS, AS NEEDED, TO ENSURE THE HOSPITAL CAN IMMEDIATELY MAKE AVAILABLE THE FULL EXTENT OF ITS PATIENT RESOURCES TO ASSESS AND RENDER APPROPRIATE CARE.

(5) PATIENTS SHALL BE DISCHARGED FROM THE EMERGENCY DEPARTMENT ONLY UPON A PHYSICIAN OR LICENSED INDEPENDENT PRACTITIONER'S RECORDED AUTHORIZATION INCLUDING INSTRUCTIONS GIVEN TO THE PATIENT FOR FOLLOW-UP CARE.

(B) PERSONNEL

(1) A PHYSICIAN OR LICENSED INDEPENDENT PRACTITIONER MUST BE AVAILABLE AT ALL TIMES TO THE EMERGENCY DEPARTMENT TO DIRECT CARE.

(2) NURSE STAFFING SHALL BE PROVIDED IN ACCORDANCE WITH THE REQUIREMENTS OF PART 14, NURSING SERVICES.

(3) A ROSTER OF ON-CALL MEDICAL STAFF MEMBERS MUST BE AVAILABLE IN THE EMERGENCY DEPARTMENT.

(C) SCOPE OF SERVICES

(1) THE HOSPITAL SHALL DEVELOP POLICIES AND PROCEDURES OUTLINING THE SCOPE OF SERVICES PROVIDED IN THE EMERGENCY DEPARTMENT, WHICH SHALL INCLUDE BUT ARE NOT LIMITED TO:

(A) TRIAGE,

(B) COMPREHENSIVE PSYCHIATRIC ASSESSMENT,

(C) CRISIS STABILIZATION, AND

(D) LINKAGES TO ONGOING MENTAL HEALTH SERVICES.

(2) THE HOSPITAL SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES, IN ACCORDANCE WITH NATIONALLY-RECOGNIZED GUIDELINES AND STANDARDS OF CARE, FOR THE CARE OF PSYCHIATRIC EMERGENCIES, WHICH SHALL INCLUDE, BUT ARE NOT LIMITED TO:

(A) CORE COMPETENCIES REQUIRED FOR PATIENT CARE RESPONSIBILITIES;

(B) PROCESSES FOR ADMISSION AND DISCHARGE, WHICH ARE COMPLIANT WITH INVOLUNTARY COMMITMENT LAWS AND REGULATIONS;

(C) THE ASSESSMENT AND MANAGEMENT OF PATIENTS PRESENTING WITH PARASUICIDAL, SUICIDAL, AGITATED, OR VIOLENT BEHAVIOR(S);

(D) STRATEGIES FOR MANAGING PATIENTS WHO PRESENT IN A STATE OF INTOXICATION; AND

(E) IMMEDIATELY ADDRESSING AND TREATING ANY INCIDENTS OF OVERDOSE OR ACCIDENTAL POISONING.

(3) THE HOSPITAL SHALL TRANSFER PATIENTS TO A HIGHER LEVEL OF CARE WHEN THEIR NEEDS EXCEED THE HOSPITAL'S SCOPE OF SERVICES.

(D) MINIMUM SERVICES

(1) THE HOSPITAL SHALL PROVIDE THE NECESSARY RESOURCES, INCLUDING INSTRUMENTS, EQUIPMENT, AND PERSONNEL, IN ACCORDANCE WITH ACCEPTABLE STANDARDS OF PRACTICE, AND SHALL ENSURE RESOURCES ARE IMMEDIATELY AVAILABLE TO MEET THE NEEDS OF PRESENTING PATIENTS.

21.3 HOSPITALS WITHOUT A DEDICATED EMERGENCY DEPARTMENT

(A) SIGNAGE INDICATING THAT THE HOSPITAL DOES NOT HAVE AN EMERGENCY DEPARTMENT SHALL BE POSTED AT ALL PUBLIC ENTRANCES.

(B) THE HOSPITAL SHALL HAVE THE ABILITY TO PROVIDE BASIC LIFE SAVING MEASURES TO PATIENTS, STAFF, AND VISITORS AND SHALL HAVE WRITTEN POLICIES FOR THE APPRAISAL OF EMERGENCIES, INITIAL TREATMENT, AND TRANSFER WHEN APPROPRIATE.

~~**Part 18. OUTPATIENT PSYCHIATRIC EMERGENCY SERVICES**~~

~~18.101 ORGANIZATION AND STAFFING~~

~~(1) The facility may provide outpatient emergency psychiatric services. however, if the facility does not provide such services it shall develop and implement a written plan regarding the referral to available treatment options for persons who inquire or patients who present for such services. The following standards apply only if the facility provides outpatient psychiatric emergency services.~~

~~(2) The facility shall define, in writing, the scope of outpatient psychiatric emergency services provided by the facility, which may include but are not limited to: triage, comprehensive psychiatric assessment, crisis stabilization, and linkages to ongoing mental health services.~~

Commented [SA172]: Strike section as it has been replaced by the language above, with concepts incorporated as appropriate.

~~(3) Outpatient emergency psychiatric services shall be under the direction of a physician who is board eligible or certified in psychiatry.~~

~~(4) Provision shall be made for physician and registered nurse coverage at all hours.~~

~~(5) There shall be sufficient medical, nursing, and other qualified staff with the core competencies necessary to provide for the evaluation and management of psychiatric patients and provide that patients are seen within a period of reasonable time relative to the severity of the psychiatric emergency.~~

~~(6) A roster of on-call personnel, including alternates, shall be posted at all times.~~

~~18.102 PROGRAMMATIC FUNCTIONS~~

~~(1) policies and procedures, shall be developed and implemented for the care of outpatient psychiatric emergencies, including but not limited to:~~

~~(a) Core competencies required for patient care responsibilities;~~

~~(b) Admission and discharge compliant with involuntary commitment law and regulation;~~

~~(c) Accessing additional staff to meet unanticipated needs;~~

~~(d) The assessment and management of patients with the following behaviors: parasuicidal, suicidal, agitated or violent; and~~

~~(e) Patients who present in a state of intoxication~~

~~(2) Outpatient emergency psychiatric services shall be integrated with other services of the hospital, as appropriate.~~

~~(3) A poison control chart and information providing the location and telephone number of the nearest poison control center shall be posted prominently in the emergency unit.~~

~~18.103 EQUIPMENT AND SUPPLIES~~

~~(1) There shall be sufficient equipment, and supplies needed to provide adequate crisis stabilization and management of patients.~~

~~18.104 FACILITIES~~

~~(1) There shall sufficient space to provide adequate crisis stabilization and management of patients.~~

~~(2) The following public facilities shall be available within the emergency unit:~~

~~(a) An area for conducting interviews with individuals and families.~~

~~(b) A reception and control area.~~

~~(c) Communication facilities.~~

~~(d) A public waiting area with telephone, drinking fountain and toilet facilities.~~

Part ~~19~~22. OUTPATIENT SERVICES.~~

22.1 The HOSPITAL~~facility~~ shall ~~provide outpatient services in conformance with the standards established in~~ COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~19~~22, Outpatient Services. In addition ~~to the aforementioned requirements,~~ the HOSPITAL~~facility~~ shall comply with the following:

~~19.101 ORGANIZATION AND STAFFING~~

~~(1)~~(A) Outpatient services shall develop client life skills to maximize individual functioning and include, but not be limited to, diagnostic evaluation, individual or group therapy, consultation, and rehabilitative services.

~~19.102 PROGRAMMATIC FUNCTIONS. Reserved.~~

~~19.103 EQUIPMENT. Reserved.~~

~~19.104 FACILITIES~~

~~(1) In addition to appropriate interview and treatment facilities, the following shall be provided: 1) a waiting area; 2) public toilet facilities; 3) public phone; and 4) drinking fountain.~~

~~Parts 20 TO 24.~~ ~~Reserved.~~

Part 2~~5~~3. ~~CHILD AND ADOLESCENT~~ PEDIATRIC SERVICES.~~

The ~~facility~~HOSPITAL may provide children and adolescent services. If such services are provided, they shall ~~be in conformance with the standards established in~~ COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~25~~28, Pediatric Services.

Part 2~~6~~4. PSYCHIATRIC ~~PATIENT CARE~~ SERVICES.~~

The ~~facility~~HOSPITAL shall ~~provide psychiatric patient care services in conformance with the standards established in~~ COMPLY WITH THE REQUIREMENTS OF 6 CCR 1011-1, Chapter 4, Part ~~26~~29, Psychiatric ~~Patient Care~~ Services.~~, Sections 26.101, and 26.102.~~

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 19 - HOSPITAL UNITS

6 CCR 1011-1 Chapter 19

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

INDEX

Part 1. STATUTORY AUTHORITY AND APPLICABILITY

~~**1.101 STATUTORY AUTHORITY**~~

~~(1)~~1.1 Authority to establish minimum standards through regulation and to administer and enforce such regulations is provided by Sections 25-1.5-103 and 25-3-101, C.R.S.

~~**1.102 APPLICABILITY**~~1.2 APPLICABILITY

~~(1)~~(A) All hospital units shall meet applicable federal, ~~and~~ state, AND LOCAL LAWS ~~statutes~~ and regulations, including but not limited to:

~~(a)~~(1) 6 CCR 1011-1, Chapter 2,

(2) 6 CCR 1011-1, CHAPTER 4, AND

~~(b)~~(3) This Chapter 19.

~~(2)~~(B) Contracted services shall meet the standards established herein.

Part 2. DEFINITIONS

~~**2.100**~~

~~**2.100 DEFINITIONS**~~

THE DEFINITIONS UNDER 6 CCR 1011-1, CHAPTER 4, PART 2, DEFINITIONS, APPLY UNLESS CONTEXT DICTATES OTHERWISE. IN ADDITION, THE FOLLOWING DEFINITION SHALL APPLY:

~~(1)~~2.1 "Hospital unit" means a physical portion of a licensed or certified general hospital, psychiatric hospital, ~~maternity hospital,~~ or rehabilitation hospital which is leased or otherwise occupied pursuant to a contractual agreement by a person other than the licensee of the host facility for the purpose of providing outpatient or inpatient services.

Commented [SA173]: No longer a license type.

Part 3. DEPARTMENT OVERSIGHT

~~3.101 APPLICATION FEES~~3.1 APPLICATION FEES**.** NONREFUNDABLE FEES SHALL BE SUBMITTED TO THE DEPARTMENT AS SPECIFIED BELOW.

Commented [SA174]: No new language. Changed the formatting to remain consistent across all chapters.

(A) INITIAL LICENSE (WHEN SUCH INITIAL LICENSURE IS NOT A CHANGE OF OWNERSHIP)

(1) ~~Initial License (when such initial licensure is not a change of ownership).~~ A license applicant shall submit a fee with an application for licensure as follows: base fee of $5,538.77 and a per bed fee of $52.25. The initial licensure fee shall not exceed $10,973.03.

(B) RENEWAL LICENSE

(~~2~~1) ~~Renewal License.~~ A license applicant shall submit a fee with an application for licensure as follows: base fee of $1,672.08 and a per bed fee of $12.54. The renewal fee shall not exceed $3,135.15.

(C) CHANGE OF OWNERSHIP

(~~3~~1) ~~Change of Ownership.~~ A license applicant shall submit a fee of $2,612.62 with an application for licensure.

(D) PROVISIONAL LICENSE

(~~4~~1~~)~~ ~~Provisional License. The~~A license applicant may be issued a provisional license upon submittal of a fee of $2,612.62. ~~If a provisional license is issued, the provisional license fee shall be in addition to the initial license fee.~~

(2) IF A PROVISIONAL LICENSE IS ISSUED, THE PROVISIONAL LICENSE FEE SHALL BE IN ADDITION TO THE INITIAL LICENSE FEE.

(E) CONDITIONAL LICENSE

(~~5~~1) ~~Conditional License.~~ A LICENSE APPLICANT~~facility~~ that is issued a conditional license by the Department shall submit a fee ranging from TEN (10) to TWENTY FIVE (25) percent of its applicable renewal fee. ~~The department shall assess the fee based on the anticipated costs of monitoring compliance with the conditional license. If the conditional license is issued concurrent with the initial or renewal license, the conditional license fee shall be in addition to the initial or renewal license fee.~~

(2) THE DEPARTMENT SHALL ASSESS THE FEE BASED ON THE ANTICIPATED COSTS OF MONITORING COMPLIANCE WITH THE CONDITIONAL LICENSE.

(3) CONDITIONAL LICENSE FEES SHALL BE PAID IN ACCORDANCE WITH THE REQUIREMENTS OF 6 CCR 1011-1, CHAPTER 2, PART 2.8.3.

Part 4. ~~RESERVED~~GENERAL BUILDING AND FIRE SAFETY PROVISIONS

ANY CONSTRUCTION OR RENOVATION OF A HOSPITAL UNIT INITIATED ON OR AFTER JULY 1, 2020, SHALL CONFORM TO ~~PART 3 OF~~ 6 CCR 1011-1, CHAPTER 2, PART 3, UNLESS OTHERWISE SPECIFIED IN THIS CURRENT CHAPTER.

Part 5. GENERAL HOSPITAL SERVICES

5.1~~0~~1 REQUIRED GENERAL HOSPITAL SERVICES ~~If the hospital unit is providing general hospital services, the hospital unit shall comply with the following parts of Chapter 4, General Hospitals:~~

(A) IF THE HOSPITAL UNIT PROVIDES GENERAL HOSPITAL SERVICES, 6 CCR 1011-1, CHAPTER 4, PARTS 1-12, 14-17, 19, 21, AND 24 SHALL APPLY, WITH THE FOLLOWING ADDITIONS OR EXCEPTIONS:

(1) PART 5, HOSPITAL OPERATIONS: SERVICES MAY BE PROVIDED THROUGH A CONTRACT WITH A QUALIFIED PROVIDER.

(2) PART 6, GOVERNANCE AND LEADERSHIP: WHERE MORE THAN ONE UNIT IS OPERATED BY A LICENSEE, A SINGLE ADMINISTRATIVE OFFICER MAY BE DELEGATED RESPONSIBILITY FOR ALL SUCH UNITS.

(3) PART 10, HEALTH INFORMATION MANAGEMENT:

(A) SERVICES MAY BE PROVIDED ONLY BY ARRANGEMENT WITH THE HOST HOSPITAL OR A RELATED LICENSED HOSPITAL.

(B) THE RECORDS REQUIRED UNDER 6 CCR 1011-1, CHAPTER 4, PART 10.11 SHALL BE AS APPLICABLE TO THE SERVICES OFFERED BY THE UNIT.

(4) PART 11, INFECTION PREVENTION AND CONTROL AND ANTIBIOTIC STEWARDSHIP: INFECTION CONTROL SERVICES MAY BE PROVIDED ONLY BY ARRANGEMENT WITH THE HOST HOSPITAL OR A RELATED LICENSED HOSPITAL.

(5) PART 15, PHARMACY SERVICES: SERVICES MAY BE PROVIDED THROUGH A CONTRACT WITH QUALIFIED PROVIDER.

(6) PART 16, LABORATORY SERVICES: CLINICAL PATHOLOGY SERVICES MAY BE PROVIDED THROUGH A CONTRACT WITH A QUALIFIED PROVIDER.

(7) PART 17, DIAGNOSTIC AND THERAPEUTIC IMAGING SERVICES: SERVICES MAY BE PROVIDED THROUGH A CONTRACT WITH A QUALIFIED PROVIDER.

(8) PART 19, DIETARY SERVICES: SERVICES MAY BE PROVIDED THROUGH A CONTRACT WITH A QUALIFIED PROVIDER.

(9) PART 21, EMERGENCY SERVICES: A HOSPITAL UNIT SHALL NOT BE REQUIRED TO MAINTAIN A DEDICATED EMERGENCY DEPARTMENT.

(10) PART 24, SURGICAL AND RECOVERY SERVICES: SURGICAL SUITE AND RECOVERY ROOM SERVICES MAY BE PROVIDED ONLY BY ARRANGEMENT WITH THE HOST FACILITY OR RELATED LICENSED FACILITY.

5.2 OPTIONAL GENERAL HOSPITAL SERVICES

(A) THE STANDARDS CONTAINED IN 6 CCR 1011-1, CHAPTER 4, PARTS 13, 18, 20, 22-23, AND 25-29 SHALL APPLY ONLY IF THE HOSPITAL UNIT PROVIDES SUCH SERVICES. THE FOLLOWING ADDITIONS OR EXCEPTIONS ALSO APPLY:

(1) PART 13, GENERAL PATIENT CARE SERVICES: ONLY REQUIRED IF THE HOSPITAL UNIT PROVIDES INPATIENT CARE.

(2) PART 26, RESPIRATORY CARE SERVICES: SERVICES MAY BE PROVIDED THROUGH A CONTRACT WITH A QUALIFIED PROVIDER.

(3) PART 27, REHABILITATION SERVICES: SERVICES MAY BE PROVIDED THROUGH A CONTRACT WITH A QUALIFIED PROVIDER.

~~(1) Reserved.~~

~~(2) Part 2. DEFINITIONS~~

~~(3) Reserved.~~

~~(4) Reserved.~~

~~(5) Part 5. FACILITY OPERATIONS. The facility shall provide services in accordance with Subpart 5.100 - Central Medical-Surgical Supply Services, Subpart 5.200 - Housekeeping Services, Subpart 5.300 - Maintenance Services, and Subpart 5.500 - Linen and Laundry Services; however, such services may be provided through a contract with a qualified provider. Subpart 5.400 - Waste Disposal Services shall apply only if the unit has an incinerator; and these services may be provided through a contract with a qualified provider.~~

~~(6) Part 6. GOVERNANCE AND LEADERSHIP. (However, where more than one unit is operated by a licensee, a single administrative officer may be delegated responsibility for all such units.)~~

~~(7) Part 7. PERSONNEL~~

~~(8) Part 8. MEDICAL RECORDS DEPARTMENT. (Medical records services may be provided only by arrangement with the host facility or a related licensed facility; and the records required under Section 8.102 (7) shall be as applicable to the services offered by the unit.)~~

~~(9) Part 9. INFECTION CONTROL AND SERVICES. (However, infection control services may be provided only by arrangement with the host facility or a related licensed facility.)~~

~~(10) Part 10. PATIENT RIGHTS. The facility shall be in compliance with 6 CCR 1011-1, Chapter 2, Part 6.~~

~~(11) Part 11. GENERAL PATIENT CARE SERVICES. (This part applies only if inpatient care is provided by the unit.)~~

~~(12) Part 12. NURSING SERVICES~~

~~(13) Part 13. PHARMACEUTICAL SERVICES. (However, pharmaceutical services may be provided through a contract with qualified provider.)~~

~~(14) Part 14. LABORATORY SERVICES. (However, clinical pathology services may be provided through a contract with a qualified provider.)~~

~~(15) Part 15. DIAGNOSTIC IMAGING SERVICES. (This part applies only if radiological services are provided by a unit; and services may be provided through a contract with a qualified provider.)~~

~~(16) Part 16. DIETARY SERVICES. (Dietary services may be provided through a contract with a qualified provider.)~~

~~(17) Part 17. ANESTHESIA SERVICES. (This part shall apply only if anesthesia services are provided.)~~

~~(18) Part 18. EMERGENCY SERVICES. (This part shall apply only if emergency services are provided by the unit.)~~

~~(19) Part 19. OUTPATIENT SERVICES. (This part shall apply only if outpatient services are provided by the unit.)~~

~~(20) Part 20. PREGNANCY, LABOR AND DELIVERY. (This part shall apply only if perinatal services are provided by the unit.)~~

~~(21) Part 21. SURGICAL AND RECOVERY SERVICES. (However, surgical suite and recovery room services may be provided only by arrangement with the host facility or related licensed facility.)~~

~~(22) Part 22. CRITICAL CARE SERVICES. (This part applies only if critical care services are provided by a unit.)~~

~~(23) Part 23. RESPIRATORY CARE SERVICES. (This part applies only if respiratory care service is provided by a unit; and services may be provided through a contract with a qualified provider.)~~

~~(24) Part 24. REHABILITATION SERVICES. (However, rehabilitation services may be provided through a contract with qualified provider.)~~

~~(25) Part 25. PEDIATRIC SERVICES. (This part applies only if pediatric services are provided by a unit.)~~

~~(26) Part 26. PSYCHIATRIC SERVICES. (This part applies only if psychiatric services are provided by a unit.)~~

~~(27) Part 27. NUCLEAR MEDICINE SERVICES. (This part applies only if nuclear medicine services are provided by a unit.)~~

Part 6. REHABILITATION HOSPITAL ~~CENTER~~ SERVICES

6.1~~01~~ If the hospital unit is providing Rehabilitation HOSPITAL ~~Center~~ services, the hospital unit shall comply with the following parts of 6 CCR 1011-1, Chapter 10, Rehabilitation HOSPITALS: ~~Centers~~:

~~(1)~~(A) ~~Reserved.~~ PARTS 2, 5-26.

~~(2) Part 2. DEFINITIONS~~

~~(3) Parts 5 through 27.~~

~~Part 7. RESERVED~~

Part ~~8.~~7. PSYCHIATRIC HOSPITAL SERVICES

~~8.101~~7.1 REQUIRED PSYCHIATRIC HOSPITAL SERVICES ~~If the hospital unit is providing Psychiatric Hospital services, the hospital unit shall comply with the following parts of Chapter 18, Psychiatric Hospitals, and definitions~~:

(A) IF THE HOSPITAL UNIT PROVIDES PSYCHIATRIC HOSPITAL SERVICES, 6 CCR 1011-1, CHAPTER 18, PARTS 2, 4-16, 19, AND 24 SHALL APPLY, WITH THE FOLLOWING ADDITIONS OR EXCEPTIONS:

(1) PART 5, HOSPITAL OPERATIONS: SERVICES MAY BE PROVIDED THROUGH A CONTRACT WITH A QUALIFIED PROVIDER.

(2) PART 6, GOVERNANCE AND LEADERSHIP: WHERE MORE THAN ONE UNIT IS OPERATED BY A LICENSEE, A SINGLE ADMINISTRATIVE OFFICER MAY BE DELEGATED RESPONSIBILITY FOR ALL SUCH UNITS.

(3) PART 10, HEALTH INFORMATION MANAGEMENT: SERVICES MAY BE PROVIDED ONLY BY ARRANGEMENT WITH THE HOST FACILITY OR A RELATED LICENSED FACILITY.

(4) PART 11, INFECTION PREVENTION AND CONTROL AND ANTIBIOTIC STEWARDSHIP PROGRAMS: SERVICES MAY BE PROVIDED ONLY BY ARRANGEMENT WITH THE HOST FACILITY OR A RELATED LICENSED FACILITY.

(5) PART 15, PHARMACY SERVICES: SERVICES MAY BE PROVIDED THROUGH A CONTRACT WITH A QUALIFIED PROVIDER.

(6) PART 19, DIETARY SERVICES: SERVICES MAY BE PROVIDED THROUGH A CONTRACT WITH A QUALIFIED PROVIDER.

(7) PART 21, EMERGENCY SERVICES: A HOSPITAL UNIT SHALL NOT BE REQUIRED TO MAINTAIN A DEDICATED EMERGENCY DEPARTMENT.

7.2 OPTIONAL PSYCHIATRIC HOSPITAL SERVICES

(A) THE STANDARDS CONTAINED IN 6 CCR 1011-1, CHAPTER 18, PARTS 17-18 AND 20-23 SHALL APPLY ONLY IF THE HOSPITAL UNIT PROVIDES SUCH SERVICES. THE FOLLOWING ADDITIONS OR EXCEPTIONS ALSO APPLY:

(1) PART 17, DIAGNOSTIC AND THERAPEUTIC IMAGING SERVICES: SERVICES MAY BE PROVIDED THROUGH A CONTRACT WITH A QUALIFIED PROVIDER.

(2) PART 20, ANESTHESIA SERVICES: SERVICES MAY BE PROVIDED THROUGH A CONTRACT WITH A QUALIFIED PROVIDER.

~~(1) Part 1. GOVERNING BOARD~~

~~(2) Part 2. ADMINISTRATIVE OFFICER. (However, where more than one unit is operated by a licensee, a single administrative officer may be delegated responsibility for all such units [2.1], and a single combined audit may be performed [2.4].)~~

~~(3) Part 3. MEDICAL STAFF~~

~~(4) Part 4. ADMISSIONS~~

~~(5) Part 5. OUTPATIENT EMERGENCY PSYCHIATRIC SERVICES. (This section shall apply only if outpatient emergency psychiatric services are provided by the unit.)~~

~~(6) Part 6. PSYCHIATRIC PATIENT CARE UNIT~~

~~(7) Part 7. PATIENT CARE POLICIES~~

~~(8) Part 8. PHYSICAL MEDICINE SERVICE. (This section shall apply only if physical medicine services are provided by the unit.)~~

~~(9) Part 9. CHILD/ADOLESCENT PSYCHIATRIC PATIENT CARE UNIT. (This section shall apply only if child/adolescent psychiatric services are provided by the unit.)~~

~~(10) Part 10. ACTIVITY THERAPY. (However, activity therapy services may be provided through a contract with a qualified provider.)~~

~~(11) Part 11. MEDICAL RECORDS. (However, medical records services may be provided only by arrangement with the host facility or a related licensed facility; the records required under 11.9 shall be as applicable to the services offered by the unit.)~~

~~(12) Part 12. NURSING SERVICE~~

~~(13) PART 13. OUTPATIENT SERVICES. (This section shall apply only if outpatient services are provided by a unit.)~~

~~(14) Part 14. COMMUNICABLE DISEASE CONTROL PROGRAM. (However, communicable disease control services may be provided only by arrangement with the host facility or a related licensed facility.)~~

~~(15) Part 15. DIETARY SERVICES. (However, dietary services may be provided through a contract with a qualified provider.)~~

~~(16) Part 16. DISASTER PLAN~~

~~(17) Part 17. ANESTHESIA AND GASES. (This section shall apply only if anesthesia services are provided by a unit; may be provided through a contract with a qualified provider.)~~

~~(18) Part 18. CENTRAL MEDICAL SUPPLY. (However, central medical supply services may be provided through a contract with a qualified provider.)~~

~~(19) Part 19. CLINICAL PATHOLOGY~~

~~(20) Part 20. PHARMACEUTICAL SERVICES. (However, pharmaceutical services may be provided through a contract with a qualified provider.)~~

~~(21) Part 21. RADIOLOGICAL SERVICES. (However, radiological services may be provided through a contract with a qualified provider.)~~

~~(22) Part 22. REFERRALS~~

~~(23) Part 23. PERSONNEL~~

~~(24) Part 24. ENVIRONMENTAL SERVICES. (However, environmental services may be provided through a contract with a qualified provider.)~~

~~(25) Part 25. LINEN AND LAUNDRY. (However, linen and laundry services may be provided through a contract with a qualified provider.)~~

~~(26) Part 26. MAINTENANCE. (However, maintenance services may be provided through a contract with a qualified provider.)~~

~~(27) PART 27. INCINERATOR. (However, incineration may be provided through a contract with a qualified provider.)~~

~~(28) Part 28. INSECT, PEST AND RODENT CONTROL. (However, insect, pest and rodent control services may be provided through a contract with a qualified provider.)~~

~~(29) Part 29. WASTE DISPOSAL. (However, waste disposal services may be provided through a contract with a qualified provider.)~~

~~(30) Part 30. CONFIDENTIALITY~~
