

**CHAPTER 43G**  
**HOSPITAL LICENSING STANDARDS**

**Authority**

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

**Source and Effective Date**

R.2005 d.279, effective July 22, 2005.  
See: 37 N.J.R. 709(a), 37 N.J.R. 3365(a).

**Chapter Expiration Date**

Chapter 43G, Hospital Licensing Standards, expires on July 22, 2010.

**Chapter Historical Note**

Chapter 43G, Certificate of Need: Capital Policy, was adopted as R.1986 d.375, effective September 8, 1986. See: 18 N.J.R. 1242(a), 18 N.J.R. 1817(a).

Chapter 43G, Certificate of Need: Capital Policy, was repealed by R.1988 d.114, effective March 21, 1988. See: 19 N.J.R. 2365(b), 20 N.J.R. 645(d).

Subchapter 1, General Provisions, Subchapter 2, Licensure Procedure, Subchapter 5, Administration and Hospital-Wide Services, Subchapter 19, Obstetrics, Subchapter 21, Oncology, Subchapter 22, Pediatrics, Subchapter 24, Plant Maintenance and Fire and Emergency Preparedness, Subchapter 26, Psychiatry, Subchapter 29, Physical and Occupational Therapy, Subchapter 30, Renal Dialysis, Subchapter 31, Respiratory Care, and Subchapter 35, Postanesthesia Care, were adopted as new rules by R.1990 d.95, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2926(a), 22 N.J.R. 441(b).

Subchapter 4, Patient Rights, was adopted as new rules by R.1990 d.98, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2160(b), 22 N.J.R. 484(a).

Subchapter 6, Anesthesia, was recodified from N.J.A.C. 8:43B-18 by R.1990, d.77, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2925(a), 22 N.J.R. 488(a).

Subchapter 7, Cardiac, was adopted as new rules by R.1990 d.97, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2162(a), 22 N.J.R. 488(b).

Subchapter 8, Central Supply, was adopted as new rules by R.1990 d.96, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1609, 22 N.J.R. 496(a).

Subchapter 9, Critical and Intermediate Care, was adopted as new rules by R.1990 d.94, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2167(a), 22 N.J.R. 498(a).

Subchapter 10, Dietary, was adopted as new rules by R.1990 d.78, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1611(a), 22 N.J.R. 505(a).

Subchapter 11, Discharge Planning, was adopted as new rules by R.1990 d.93, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1612(a), 22 N.J.R. 507(a).

Subchapter 12, Emergency Department, was adopted as new rules by R.1990 d.92, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1613(a), 22 N.J.R. 510(a).

Subchapter 13, Housekeeping and Laundry, was adopted as new rules by R.1990 d.91, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1616(a), 22 N.J.R. 514(a).

Subchapter 14, Infection Control and Sanitation, was adopted as new rules by R.1990 d.90, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1618(a), 22 N.J.R. 517(a).

Subchapter 15, Medical Records, was adopted as new rules by R.1990 d.88, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2171(a), 22 N.J.R. 520(a).

Subchapter 16, Medical Staff, was adopted as new rules by R.1990 d.89, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1621(a), 22 N.J.R. 524(a).

Subchapter 17, Nurse Staffing, was adopted as new rules by R.1990 d.87, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1623(a), 22 N.J.R. 530(a).

Subchapter 18, Nursing Care, was adopted as new rules by R.1990 d.86, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1624(a), 22 N.J.R. 531(a).

Subchapter 20, Employee Health, was adopted as new rules by R.1990 d.85, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2173(a), 22 N.J.R. 535(a).

Subchapter 23, Pharmacy, was adopted as new rules by R.1990 d.84, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1626(a), 22 N.J.R. 537(a).

Subchapter 25, Post Mortem, was adopted as new rules by R.1990 d.83, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1628(a), 22 N.J.R. 541(a).

Subchapter 27, Quality Assurance, was adopted as new rules by R.1990 d.82, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1630(a), 22 N.J.R. 542(a).

Subchapter 28, Radiology, was adopted as new rules by R.1990 d.81, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2174(a), 22 N.J.R. 544(a).

Subchapter 32, Same-Day Stay, and Subchapter 34, Surgery, were adopted as new rules by R.1990 d.80, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 2177(a), 22 N.J.R. 548(a).

Subchapter 33, Social Work, was adopted as new rules by R.1990 d.79, effective February 5, 1990, operative July 1, 1990. See: 21 N.J.R. 1631(a), 22 N.J.R. 555(a).

Pursuant to Executive Order No. 66(1978), Chapter 43G, Hospital Licensing Standards, was readopted as R.1995 d.124, effective February 3, 1995. See: 26 N.J.R. 4537(a), 27 N.J.R. 1290(a).

Pursuant to Executive Order No. 66(1978), Chapter 43G, Hospital Licensing Standards, was readopted as R.2000 d.71, effective January 27, 2000. See: 31 N.J.R. 2732(a), 32 N.J.R. 707(a).

Subchapter 36, Satellite Emergency Department, was adopted as new rules by R.2000 d.466, effective November 20, 2000. See: 32 N.J.R. 2184(a), 32 N.J.R. 4127(a).

Subchapter 37, Extracorporeal Shock Wave Lithotripsy, was adopted as new rules by R.2002 d.143, effective May 20, 2002. See: 33 N.J.R. 2624(a), 34 N.J.R. 1834(a).

Subchapter 38, Long Term Acute Care Hospitals General Requirements, was adopted as new rules by R.2003 d.49, effective January 21, 2003. See: 34 N.J.R. 490(a), 35 N.J.R. 4141(a).

Chapter 43G, Hospital Licensing Standards, was readopted as R.2005 d.279, effective July 22, 2005. As a part of R.2005 d.279, Subchapter 30, Renal Dialysis, was repealed and adopted as new rule by R.2005 d.279, effective September 6, 2005. See: Source and Effective Date. See, also, section annotations.

Subchapter 7A, Stroke Centers, was adopted as new rules by R.2007 d.35, effective February 5, 2007. See: 38 N.J.R. 91(a), 39 N.J.R. 439(a).

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### SUBCHAPTER 1. GENERAL PROVISIONS

#### 8:43G-1.1 Scope and purpose

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

(b) This chapter contains rules intended to assure the high quality of care delivered in hospital facilities throughout New

Jersey. Components of quality care addressed by these rules and standards include access to care, continuity of care, comprehensiveness of care, coordination of services, humaneness of treatment, conservatism in intervention, safety of environment, professionalism of caregivers, and participation in useful studies.

#### 8:43G-1.2 Definitions

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

“All payers case mix index” (CMI) means a specific hospital’s average charge per case divided by the Statewide average charge per case for a given year using the most recent complete data set available to the Department.

“Clinical practitioner” means a physician, dentist, podiatrist, certified nurse midwife, physician assistant, or nurse practitioner operating within his or her scope of practice.

“Hospital” means an institution, whether operated for profit or not, whether maintained, supervised or controlled by an agency of the government of the State or any county or municipality or not, which maintains and operates facilities for the diagnosis, treatment or care of two or more non-related individuals suffering from illness, injury or deformity and where emergency, out-patient, surgical, obstetrical, convalescent or other medical and nursing care is rendered for periods exceeding 24 hours.

“Hospital-based off-site ambulatory care service facility” means an ambulatory care service facility which has met the criteria as set forth in N.J.A.C. 8:43G-2.11(c) to be classified as same and which has applied for and received a license authorizing the facility to operate as a hospital-based off-site ambulatory care service facility.

“Hospitalization” means the admission and care of any person for a continuous period, longer than 24 hours, for the purpose of diagnosis and/or treatment bearing on the physical or mental health of such persons.

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

“Patient” means a person who receives a health care service from a provider.

Amended by R.2000 d.71, effective February 22, 2000.  
See: 31 N.J.R. 2732(a), 32 N.J.R. 707(a).

Inserted “Hospital-based off-site ambulatory care service facility”.

Amended by R.2004 d.302, effective August 2, 2004.

See: 35 N.J.R. 2847(a), 35 N.J.R. 3782(a), 36 N.J.R. 3538(a).

Added “All payers case mix index”.

Amended by R.2005 d.279, effective September 6, 2005.

See: 37 N.J.R. 709(a), 37 N.J.R. 3365(a).

Added definition “Clinical practitioner”.

**Case Notes**

Hospital exemption does not apply to health maintenance organization (HMO) facility property tax status; facility not a hospital as no continuous care provided and it does not exist to further the aims and goals of a functioning hospital. *New Brunswick v. Rutgers Community Health Plan, Inc.*, 7 N.J.Tax 491 (Tax Ct.1985).

**8:43G-1.3 Classification of institutions**

(a) Hospitals shall be classified generally as:

24. N.J.A.C. 8:43G-19.3(d);
25. N.J.A.C. 8:43G-19.11(a);
26. N.J.A.C. 8:43G-19.13(a) and (c);
27. N.J.A.C. 8:43G-19.15(b);
28. N.J.A.C. 8:43G-19.16(c), (f) and (g);
29. N.J.A.C. 8:43G-19.17(c) and (f);
30. N.J.A.C. 8:43G-19.18(d) and (h);
31. N.J.A.C. 8:43G-19.24;
32. N.J.A.C. 8:43G-19.25;
33. N.J.A.C. 8:43G-20.1(a)1;
34. N.J.A.C. 8:43G-20.2(a);
35. N.J.A.C. 8:43G-21.5(a) and (b);
36. N.J.A.C. 8:43G-22.10(b);
37. N.J.A.C. 8:43G-22.15(f);
38. N.J.A.C. 8:43G-22.16(b);
39. N.J.A.C. 8:43G-26.3(c);
40. N.J.A.C. 8:43G-26.5(b); and
41. N.J.A.C. 8:43G-27(d)4.

Amended by R.1999 d.436, effective December 20, 1999.  
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).  
Rewrote the section.

#### 8:43G-17.2 (Reserved)

### SUBCHAPTER 18. NURSING CARE

#### 8:43G-18.1 Nursing care structural organization

(a) A written organizational chart and written plan that delineates lines of authority, accountability, and communication shall be available to all nursing personnel in the hospital at all times.

(b) At all times a registered professional nurse with supervisory responsibility shall be designated and authorized to act in the absence of the chief nursing executive.

#### 8:43G-18.2 Nursing care policies and procedures

(a) The hospital shall have written policies and procedures for the nursing care service that guide nursing practices in the hospital. These policies shall be reviewed at least once every three years, revised more frequently as needed, and implemented. These policies and procedures shall conform with the Nurse Practice Act, N.J.S.A. 45:11-23 and N.J.A.C. 13:37-1.4, 6.1, 6.2, 13.1 and 13.2.

(b) The hospital's current clinical and administrative nursing policies and procedures shall be available to all nursing personnel on each patient care unit at all times.

Amended by R.1999 d.436, effective December 20, 1999.  
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

In (a), substituted "at least once every three years, revised more frequently" for "annually, revised" following "reviewed" in the first sentence.

#### 8:43G-18.3 Nursing care staff qualifications

(a) The nursing care service shall be directed on a full-time basis by a chief nursing executive who has at least one of the following qualifications:

1. Is a registered professional nurse with a baccalaureate degree from an accredited college or university, and five years combined clinical and progressive management experience in nursing;
2. Is a registered professional nurse with a baccalaureate degree in nursing science and three years combined clinical and progressive management experience in nursing; or
3. Is a registered professional nurse with a baccalaureate degree from an accredited college or university and a master's degree in nursing or a health related field from an accredited college or university and three years combined clinical and progressive management experience in nursing.

(b) Any individual holding the title of chief nursing executive upon the effective date of these rules shall be exempt from the qualifications in (a) above.

(c) Before newly hired nurses provide patient care services, the hospital shall verify licensure or permission to work letters by visually examining the current pocket license or original permission to work letter.

(d) Before newly hired nurses provide patient care services, they shall receive orientation that takes into account each individual's competency and skills and includes at least:

1. The policies and procedures of the nursing service;
2. How to find a written copy of the policies and procedures of the service to which he or she will be assigned;
3. Available resources; and
4. Channels of communication, emergency and otherwise.

(e) The hospital shall develop and implement a criteria-based system for evaluating at least annually the performance of each nursing service employee.

(f) The hospital, under the direction of the nursing service, shall utilize the approved State Board of Nursing Unlicensed Assistive Personnel (UAP) curriculum, incorpo-

rated herein by reference, as amended and supplemented, in the development and implementation of a training program for unlicensed assistive personnel. There shall be methods for evaluating minimal competencies and a requirement for annual in-service education. A copy of the State Board of Nursing UAP curriculum may be obtained by sending a request to the following address:

Executive Director  
State Board of Nursing  
124 Halsey Street  
Newark, New Jersey 07102

(g) The hospital, under the direction of the nursing service, shall develop and implement a training program for unlicensed assistive personnel including training and demonstrations in basic nursing tasks and incorporating the principles of patient rights, infection control, and safety. There shall be methods for evaluating minimal competencies and a requirement for annual in-service education.

(h) The hospital shall have a system for evaluating all supplemental nursing staff, including agency and hospital registry nurses, and excluding from use those who do not receive favorable evaluations.

(i) There shall be a system for defining and evaluating the practices of private duty nursing personnel.

Amended by R.1999 d.436, effective December 20, 1999.  
See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

Inserted a new (f); and recodified former (f) and (g) as (g) and (h).  
Amended by R.2000 d.71, effective February 22, 2000.  
See: 31 N.J.R. 2732(a), 32 N.J.R. 707(a).

Inserted a new (f); and recodified former (f) through (h) as (g) through (i).

#### 8:43G-18.4 Nursing care; use of restraints

(a) The standards in this section shall apply to the use of physical restraints in all patient care areas of the hospital. Physical restraints are defined as devices, materials, or equipment that are attached or adjacent to a person and that prevent free bodily movement to a position of choice, with the exception of devices used for positioning supports necessary for medical treatment.

(b) The hospital shall have written policies and procedures regarding the use of physical restraints that are reviewed at least once every three years, revised more frequently as needed, and implemented. They shall include at least the following:

1. Protocol for the use of alternatives to physical restraints, such as staff or environmental interventions, structured activities, or behavior management. Alternatives shall be utilized whenever possible to avoid the use of restraints;
2. Protocol for the use and documentation of a progressive range of restraining procedures from the least restrictive to the most restrictive;

3. A delineation of indications for use, which shall be limited to:

- i. Prevention of imminent harm to the patient or other persons when other means of control are not effective or appropriate; or
- ii. Prevention of serious disruption of treatment or significant damage to the physical environment;

4. Contraindications for use, including at least clinical contraindications, convenience of staff, or discipline of the patient;

5. Identification of restraints which may be used in the hospital, which shall be limited to methods and mechanical devices that are specifically manufactured for the purpose of physical restraint;

6. Protocols for notifying the family or guardian of reasons for use of restraints, and for informing the patient and requesting consent when clinically feasible; and

7. Protocol for removal of restraints when goals have been accomplished.

(c) Except in an emergency, a patient shall be physically restrained only after the attending physician or another designated physician has personally seen and evaluated the patient and has executed a written order for restraint.

(d) An emergency restraint procedure, beginning with the least restrictive alternative that is clinically feasible, shall be initiated by a registered professional nurse only when the safety of the patient or others is endangered or there is imminent risk that the patient will cause substantial property damage. The attending physician, another designated physician, a licensed physician assistant, or a nurse practitioner/clinical nurse specialist shall be notified immediately and shall respond within one hour. An order shall be given if the use of restraints is to continue beyond one hour. The clinical condition of the patient shall be evaluated and documented by medical or licensed nursing personnel at least once every two hours.

(e) In all cases, the attending or designated physician, licensed physician assistant, or advanced practice nurse shall observe the restrained patient at least once every 24 hours to evaluate any changes in the patient's clinical status. This evaluation shall be documented in the patient record. If a physician has ordered the use of restraints, a subsequent order for the use of restraints shall not be required so long as its use is in compliance with the intent of the original order and hospital policy.

(f) Interventions while a patient is restrained, except as indicated at (g) below, shall be performed by nursing personnel in accordance with nursing care policy. They shall include at least the following and shall be documented:

1. Assessment for clinical status and reevaluation of need for restraints at least every two hours;

2. Toileting at least every two hours with assistance if needed;
3. Monitoring of vital signs; and
4. Release of restraints at least once every two hours in order to:
  - i. Assess circulation and skin integrity;

- ii. Perform skin care; and
  - iii. Provide an opportunity for exercise or perform range of motion procedures for a minimum of five minutes per limb.
5. Continuous or periodic visual observation based upon an evaluation of the patient's clinical condition.