

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

**Authority**

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

**Source and Effective Date**

R.2000 d.71, effective January 27, 2000.  
See: 31 N.J.R. 2732(a), 32 N.J.R. 707(a).

**Executive Order No. 66(1978) Expiration Date**

Chapter 43G, Hospital Licensing Standards, expires on January 27, 2005.

**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Chapter 43G, Certificate of Need: Capital Policy, was repealed by R.1988 d.114, effective March 21, 1988.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: Source and Effective Date. See, also, section annotations.

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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 content clearly indicates otherwise.

“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”.

**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:

1. Private, non-profit, which shall include any hospital owned and operated by a corporation, association, religious or other organization, no part of the net earnings of which is applied, or may lawfully be applied, to the benefit of any private shareholder or person;

2. Private proprietary or profit, which shall include any hospital owned and operated by a person, partnership or corporation, the net proceeds of which are subject to distribution for the benefit of such person, corporation or shareholders; and

3. Public hospital, which shall include any institution maintained, supervised or controlled by an agency of the government of the State or any county or municipality that provides diagnostic and/or treatment services for the care of two or more non-related individuals suffering from illness, injury or deformity.

(b) Hospitals shall be further classified as:

1. General hospital, which shall include any hospital which maintains and operates organized facilities and services for the diagnosis, treatment or care of persons suffering from acute illness, injury or deformity and in which all diagnosis, treatment and care are administered by or performed under the direction of persons licensed to practice medicine or osteopathy in the State of New Jersey;

2. Special hospital, which shall include any hospital which assures provision of comprehensive specialized diagnosis, care, treatment and rehabilitation where applicable on an in-patient basis for one or more specific categories of patients; and

3. Psychiatric hospital, which shall include any hospital which assures provision of comprehensive specialized diagnosis, care, treatment and rehabilitation where applicable on an in-patient basis for patients with primary psychiatric diagnoses.

Amended by R.1995 d.124, effective March 20, 1995.  
See: 26 N.J.R. 4537(a), 27 N.J.R. 1290(a).

#### Case Notes

Nursing home was not "hospital" which was exempt from local property tax. Intercare Health Systems, Inc. v. Cedar Grove Tp., 11 N.J.Tax 423 (1990), affirmed 12 N.J.Tax 273, certification denied 127 N.J. 558, 606 A.2d 369.

#### 8:43G-1.4 Information and complaint procedure

(a) Questions regarding hospital licensure may be addressed to the Inspections Program or the Licensing and Certification Program at the following address:

New Jersey State Department of Health  
Division of Health Facilities Evaluation and Licensing  
PO Box 367  
Trenton, NJ 08625-0367  
(609) 588-7725

(b) To make a complaint about a New Jersey licensed hospital or nursing home, call:

1-800-792-9770 (toll-free hotline)

## SUBCHAPTER 2. LICENSURE PROCEDURE

### 8:43G-2.1 Certificate of Need

(a) Where, in accordance with N.J.S.A. 26:2H-1 et seq., as amended, a Certificate of Need is required, a hospital

shall not be instituted, constructed, expanded or licensed to operate except upon application for and receipt of a Certificate of Need issued by the Commissioner of the Department of Health.

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

Certificate of Need Program  
Division of Health Planning and Resources Development  
New Jersey State Department of Health  
PO Box 360  
Trenton, New Jersey 08625-0360

(c) The hospital shall implement all conditions imposed by the Commissioner as specified in Certificate of Need approval letters. Failure to implement the conditions may result in the imposition of enforcement sanctions in accordance with N.J.S.A. 26:2H-13 and 14.

Amended by R.1995 d.124, effective March 20, 1995.  
See: 26 N.J.R. 4537(a), 27 N.J.R. 1290(a).

#### Case Notes

Licensed beds not interchangeable between categories without hospital licensing board approval. Desai v. St. Barnabas Medical Center, 103 N.J. 79, 510 A.2d 662 (1986).

### 8:43G-2.2 Application for licensure

(a) Where applicable, following receipt of a Certificate of Need as a hospital, any person, organization, or corporation desiring to operate a hospital shall make application to the Commissioner for a license on forms prescribed by the Department. Such forms may be obtained from:

Director  
Licensing, Certification and Standards  
Division of Health Facilities Evaluation and Licensing  
New Jersey State Department of Health  
PO Box 367  
Trenton, New Jersey 08625-0367

(b) The Department shall charge a nonrefundable fee of \$8,000 for the filing of an application for licensure and each annual renewal of a general acute care, special, or psychiatric hospital. These fees shall not exceed the maximum caps as set forth at N.J.S.A. 26:2H-12, as may be amended from time to time.

(c) The Department shall charge a nonrefundable fee of \$2,000 for the filing of an application to add services to an existing general acute care, special, or psychiatric hospital.

(d) The Department shall charge a nonrefundable fee of \$250.00 for the filing of an application to reduce services at an existing general acute care, special, or psychiatric hospital.

(e) The Department shall charge a nonrefundable fee of \$1,000 for the filing of an application for the relocation of a general acute care, special, or psychiatric hospital.

5. Elder abuse;
6. Domestic violence;
7. The ability of family members and significant others to remain with patients during treatment;
8. Referrals to primary care physicians and specialists, to assure access to all appropriate clinical services and specialties even though immediate consultation is not necessary;
9. Transfer protocol;
  - i. Written transfer agreements must be in place assuring timely response to accomplish basic and advanced level transfers from a satellite emergency department to an acute care facility;
  - ii. Transfers requiring basic life support services shall be accomplished by a licensed ambulance in accordance with N.J.A.C. 8:40;
  - iii. Transfers requiring advanced life support care shall be accomplished with a critical care transport team including a registered nurse and a licensed ambulance in accordance with N.J.A.C. 8:40-6.22; and
  - iv. Transfers may be by other means as deemed appropriate by the physician;
10. Pharmacy services, including controlled substances;
11. Procedural sedation;
12. Infection control;
13. Dietary;
14. Linens;
15. Housekeeping;
16. Lab services;
17. Payment source;
18. Policies and procedures for handling an unexpected influx of patients; and
19. Policies and procedures for maintaining a record of hospital employees, medical staff members, and volunteers who can speak languages other than English or know sign language for the hearing impaired and can provide interpretive services to patients. This record shall include the work shifts of hospital employees.

(d) The satellite emergency department shall maintain a copy of all policies and procedures which apply to the facility onsite.

#### 8:43G-36.7 Reportable events

The satellite emergency department shall comply with the requirements of N.J.A.C. 8:43G-5.6.

#### 8:43G-36.8 Administrative and staff qualifications

(a) Physician qualifications for satellite emergency departments are as follows:

1. There shall be a physician director of the satellite emergency department, who may also be the director of the hospital's emergency department, who is board certified in emergency medicine or who has five years of full-time experience in emergency medicine, which may include three years residency in emergency medicine, within the past seven years. If the physician director of the satellite emergency department is not the physician director of the hospital emergency department, then there shall be coordination of all care and services between the two to ensure care delivery and quality improvement in accordance with N.J.A.C. 8:43G-5.16.

2. Each physician practicing in the satellite emergency department, except residents functioning under supervision as part of a hospital's graduate residency training program, consulting physicians, and private physicians who are attending to their patients in the satellite emergency department, shall meet at least one of the following qualifications:
  - i. Board certification or current eligibility to be certified in emergency medicine;
  - ii. Successful completion of an approved residency program in emergency medicine, family medicine, general internal medicine, general surgery, or general pediatrics; or
  - iii. Three years of full-time clinical experience in emergency medicine within the past five years.

3. Each physician practicing in the satellite emergency department, except residents functioning under direct supervision as part of the hospital's residency program, consulting physicians, and private physicians who are attending to their patients in the emergency department, shall attain provider status in Advanced Cardiac Life Support and either Advanced Pediatric Life Support or Pediatric Advanced Life Support within 12 months of initial assignment, and shall continuously maintain this status thereafter. Physicians who are board certified in emergency medicine shall be exempt from this requirement.

4. Each physician practicing in the satellite emergency department, except residents functioning under direct supervision as part of a hospital's graduate residency program, consulting physicians, and private physicians who are attending to their patients in the satellite emergency department, shall attain provider status in Advanced Trauma Life Support within 12 months of initial assignment, and shall continuously maintain this status thereafter. Physicians who are board certified in emergency medicine shall be exempt from this requirement.

5. Each physician practicing in the satellite emergency department, except residents functioning under direct supervision as part of a hospital's graduate residency program, consulting physicians, and private physicians who are attending to their patients in the satellite emergency department, shall attain provider status in Advanced Cardiac Life Support and either Advanced Pediatric Life Support or Pediatric Advanced Life Support within 12 months of initial assignment, and shall continuously maintain this status thereafter. Physicians who are board certified in emergency medicine shall be exempt from this requirement.

6. Each physician practicing in the satellite emergency department, except residents functioning under direct supervision as part of a hospital's graduate residency program, consulting physicians, and private physicians who are attending to their patients in the satellite emergency department, shall attain provider status in Advanced Cardiac Life Support and either Advanced Pediatric Life Support or Pediatric Advanced Life Support within 12 months of initial assignment, and shall continuously maintain this status thereafter. Physicians who are board certified in emergency medicine shall be exempt from this requirement.

7. Each physician practicing in the satellite emergency department, except residents functioning under direct supervision as part of a hospital's graduate residency program, consulting physicians, and private physicians who are attending to their patients in the satellite emergency department, shall attain provider status in Advanced Cardiac Life Support and either Advanced Pediatric Life Support or Pediatric Advanced Life Support within 12 months of initial assignment, and shall continuously maintain this status thereafter. Physicians who are board certified in emergency medicine shall be exempt from this requirement.

(b) One licensed registered professional nurse certified in Advanced Cardiac Life Support (ACLS) and either Pediatric Advanced Life Support (PALS), Advanced Pediatric Life Support (APLS) or Emergency Nurse Pediatric Course (ENPC), with at least one year of emergency room experience, shall be on duty at all times in the satellite emergency department.

(c) One New Jersey licensed x-ray technician shall be on duty at all times.

(d) One staff person deemed competent by the laboratory director to perform lab tests specified in this chapter shall be on duty at all times.

(e) One current staff person who meets the qualifications identified in (c) and (d) above may be designated responsible for these areas of care and service.

(f) The facility must have policies and procedures in place to address and ensure increased staffing to address increased patient volume and acuity.

#### 8:43G-36.9 Staff time and availability

(a) The satellite emergency department shall have all personnel identified in N.J.A.C. 8:43G-36.8(a) onsite at all times during hours of operation.

(b) No patient who comes to the satellite emergency department shall be discharged to home or another facility without being seen and evaluated by qualified medical personnel. This evaluation shall occur within four hours of the patient's coming to the satellite emergency department.

#### 8:43G-36.10 Administrative and staff education

The satellite emergency departments shall comply with the requirements of N.J.A.C. 8:43G-5.7 and 5.9.

#### 8:43G-36.11 Occupational health structural organization

The satellite emergency department shall comply with the requirements of N.J.A.C. 8:43G-5.11, 5.12, 5.13, 5.14 and 5.15.

#### 8:43G-36.12 Disaster planning

The satellite emergency department shall comply with N.J.A.C. 8:43G-5.16.

#### 8:43G-36.13 Mandatory equipment

(a) The following equipment shall be located within the satellite emergency department at all times:

1. Basic and stat laboratory equipment/supplies, with at least the capability to perform the following laboratory testing and evaluation:

- i. Arterial blood gases;
- ii. Creatinine;

- iii. Electrolytes;
- iv. Glucose (blood);
- v. CBC;
- vi. Strep screening;
- vii. Urinalysis; and
- viii. Pregnancy tests;

2. Defibrillator(s) with external pacemaker capability;
3. Advanced airway equipment;
4. Surgical airway equipment;
5. Suction equipment;
6. Obstetric kit with capability to keep patients warm;
7. Emergency chest decompression equipment; and
8. Basic radiology services, which shall include at a minimum non-enhanced and non-contrast radiographs.

(b) In addition to (a) above, the satellite limited emergency department shall comply with N.J.A.C. 8:43G-12.9(b), (c), (d) and (e).

#### 8:43G-36.14 Continuous quality improvement

(a) The satellite emergency department shall comply with N.J.A.C. 8:43G-5.15.

(b) On a quarterly basis, beginning with the closest calendar quarter after commencing operation, the satellite emergency department shall submit the following information to the Department's Certificate of Need and Acute Care Licensure Program:

1. The total volume of patients for the quarter;
2. The number of transfers to the hospital licensed to operate the satellite emergency department (which statistics shall identify a breakout of all BLS and ALS levels);
3. The number of transfers to other hospitals;
4. The mode of arrival at the satellite emergency department for each patient during the quarter; and
5. The number of transfers for further diagnostic study.

#### 8:43G-36.15 Physical plant

A building or structure being considered for use as a satellite emergency department, located independent from an acute care hospital shall comply with all the requirements of Use Group B, and section 13.6 of the NFPA 101, 1985 edition, as referenced in N.J.A.C. 8:43G-24.13(a). A satellite emergency department that remains located in a former acute care hospital shall continue to comply with the requirements of Use Group I-2, as noted in N.J.A.C. 8:43A-19.1 of the Standards for Licensure of Ambulatory Care Facilities.