

- 1.0 Cardiac Diagnostic and Surgical Services
- 1.1 General
- 1.1.1 This section shall apply to all hospitals providing cardiac diagnostic facilities and cardiac surgical centers. These shall be administered by the governing authority responsible for the management, control, and operation of the hospital, shall be subject to the rules, regulations, and inspections applicable to the hospital, and shall be licensed as a part of the hospital. The cardiac diagnostic facilities and cardiac surgical centers included in this section are:
 - 1.1.1.1 Cardiac diagnostic laboratory, either dedicated completely to cardiac catheterization/coronary angiographic procedures, or shared with other specialized radiologic procedures;
 - 1.1.1.2 Cardiovascular surgical services, including cardiac diagnostic facility and cardiovascular surgical intensive care service or recovery room; and
 - 1.1.1.3 Pediatric cardiac diagnostic facility and surgical center.
- 1.1.2 A policy and procedure manual, supplementing the hospital policy and procedure manual, and approved by the governing authority, shall be developed and implemented by the administrator, the nursing director, and the physician-director, or their alternates, as a guide for organization and operation of the cardiac diagnostic facility and/or surgical center. Cross-references to the hospital policy and procedure manual(s) are acceptable. The manual shall be reviewed, signed, and dated annually. The manual shall include:
 - 1.1.2.1 A written narrative of the cardiac program, describing at least the services provided, staffing patterns, space requirements, and relationships with other departments;
 - 1.1.2.2 Lines of authority, responsibility, and accountability, organized and functioning so as to ensure an integrated continuum of services for the patient. An organizational chart shall delineate lines of authority that provide for a continuum of services to the patient;

- 1.1.2.3 A description of the organization, structure, and allocation of responsibility and accountability;
- 1.1.2.4 Availability of care 24 hours a day, seven days a week;
- 1.1.2.5 Criteria and priorities for eligibility and acceptance of patients;
- 1.1.2.6 Criteria for discharge or transfer of patients;
- 1.1.2.7 A list of standing orders, if any;
- 1.1.2.8 Policies and procedures for a staff and patient surveillance program of infection control, including, but not limited to, the following:
 - 1.1.2.8.1 Policies and procedures for investigating, documenting, and reporting to the administrator all infections, including post-operative surgical infections;
 - 1.1.2.8.2 Provision for the care and treatment of patients with infectious and communicable diseases;
 - 1.1.2.8.3 Infection control related to handwashing procedures, visitors, housekeeping, laundry, ventilation, cleaning and sterilization of equipment, collection of laboratory specimens, and disposal of wastes and contaminants;
 - 1.1.2.8.4 Methods of personal hygiene, care of clothing, and use of protective clothing;
 - 1.1.2.8.5 Use of disposable and reusable equipment and supplies; and
 - 1.1.2.8.6 Regulations for visitors and traffic control;
- 1.1.2.9 Delineation of staff privileges for physicians, including authorization to assist in procedures, and qualifications and procedures for their acceptance for staff privileges, conditions for retaining privileges, and process of revoking or suspending privileges;
- 1.1.2.10 Functions and responsibilities of physicians, the surgical team, and other personnel;
- 1.1.2.11 Training and experience requirements for technicians;

- 1.1.2.12 Policies and procedures to ensure that diagnostic, surgical, and treatment procedures are performed by staff trained to work together as a team;
- 1.1.2.13 Requirements regarding physician attendance at general meetings and meetings of the cardiac diagnostic facility or surgical center, and the maintenance of minutes;
- 1.1.2.14 Methods of ensuring provision of laboratory and blood bank services at all times during which the cardiac diagnostic facility and/or cardiac surgical center are in operation, and procedures for the transfer of specimens to the laboratory;
- 1.1.2.15 Policies to ensure that staff are trained in cardiopulmonary resuscitation;
- 1.1.2.16 Policies to ensure that, during cardiac diagnostic and surgical procedures, the patient's medical record shall be in the room or suite, and shall contain information in accordance with Section Seven of the hospital licensure manual. (See N.J.A.C. 8:43B);
- 1.1.2.17 Policies and procedures for patient care. These policies and procedures shall include, but not be limited to, the following:
 - 1.1.2.17.1 Pre-admission testing, if hospital policy permits, including the names of tests which shall be performed, and the maximum length of time prior to admission that pre-admission testing shall be allowed and accepted as valid upon admission;
 - 1.1.2.17.2 Policies and procedures for inhalation therapy, including pulmonary ventilation and humidification;
 - 1.1.2.17.3 A description of the types of procedures to be performed, and policies regarding who shall perform specialized procedures, under what circumstances, and with what degree of supervision. Specialized procedures shall include, but not be limited to, cardiopulmonary resuscitation, tracheostomy, administration of parenteral fluids and electrolytes and other medications, and the obtaining of blood and other laboratory specimens;
 - 1.1.2.17.4 Preparation of patients for diagnostic, operative, and post-operative procedures;

- 1.2.1.4.2 Include each party's responsibilities, functions, objectives, number of hours and days of the week the provider is in the facility, the financial arrangements and charges, and duration of the written agreement;
- 1.2.1.4.3 Specify that the facility retain administrative responsibility for the services rendered;
- 1.2.1.4.4 Require compliance with the standards in this document; and
- 1.2.1.4.5 Specify that each consultant shall provide written documentation of each visit made to the facility, to include, but not be limited to, services rendered, problems noted, and recommendations made;
- 1.2.1.5 Establishment and implementation of a system for patient and staff grievances and/or recommendations. This system shall include a feedback mechanism through management to the governing authority, indicating that action was taken; and
- 1.2.1.6 Establishment of a procedure by which medical and nursing staff in the cardiac diagnostic facility and surgical center shall be encouraged to participate in hospital staff committees, including, but not limited to, those relating to patient care policies, evaluation, pharmaceuticals, discharge planning, and infection control.
- 1.3 Emergency Services
- 1.3.1 The hospital shall provide emergency services by a physician to the cardiac diagnostic facility and surgical center, 24 hours a day, seven days a week. To this end:
 - 1.3.1.1 A roster with the names of physicians to be called, noting dates and hours when they are available for emergencies and how they can be reached, shall be kept at the nursing stations of the cardiac diagnostic facility and surgical center. (Available, in this instance, shall mean able to arrive at the facility within 30 minutes of being called);
 - 1.3.1.2 A 24-hour schedule listing personnel to be on-call for the cardiac diagnostic facility and for the surgical center shall be conspicuously posted in the facility or center;

- 1.3.1.3 Written policies and procedures shall be developed and implemented regarding the care of patients during emergencies when the cardiac diagnostic facility and surgical center are not in operation, while patients are receiving cardiac diagnostic and surgical services, and for outpatients;
- 1.3.1.4 Written policies and procedures shall be established regarding emergency equipment, including medications and supplies to be kept in the cardiac diagnostic facility and surgical center. Oxygen, suction, and cardiopulmonary resuscitation equipment shall be kept;
- 1.3.1.5 A respirator, a suction machine, and an emergency cart shall be kept in areas of the hospital where cardiac patients receive services and/or treatment, and shall be used for emergencies only;
- 1.3.1.6 The emergency cart shall contain at least the following equipment:
 - 1.3.1.6.1 Oxygen;
 - 1.3.1.6.2 Mask for mouth-to-mask pulmonary ventilation;
 - 1.3.1.6.3 Laryngoscope with multi-sized blades, and extra batteries and bulbs;
 - 1.3.1.6.4 Oropharyngeal airways;
 - 1.3.1.6.5 Endotracheal tubes;
 - 1.3.1.6.6 Bag-valve-mask, with provisions for 100 percent oxygen pulmonary ventilation or a manually triggered (time-cycled) oxygen powered resuscitator;
 - 1.3.1.6.7 Suction catheters;
 - 1.3.1.6.8 Nasogastric tube;
 - 1.3.1.6.9 Cricothyrotomy set;
 - 1.3.1.6.10 Defibrillator-monitor;
 - 1.3.1.6.11 Electrocardiogram machine;
 - 1.3.1.6.12 Venous infusion sets;

- 1.3.1.6.13 Indwelling venous catheters;
- 1.3.1.6.14 Intravenous solutions;
- 1.3.1.6.15 Assorted syringes and needles, stopcocks, venous extension tubes;
- 1.3.1.6.16 Intracardiac needles;
- 1.3.1.6.17 Tourniquets, adhesive;
- 1.3.1.6.18 Cardiac arrest board;
- 1.3.1.6.19 Pacemaker equipment; and
- 1.3.1.6.20 Medications for emergency use, in single dose form.

1.3.1.7 Equipment on the emergency cart shall be available in various sizes for different age groups.

1.4 Medical Records

1.4.1 Each patient admitted for cardiac diagnostic or surgical services shall have a medical record, in accordance with Section Seven of the hospital licensure manual. (See N.J.A.C. 8:43B.) The medical record shall be available to personnel of the cardiac diagnostic facility and surgical center, and shall include, but not be limited to, the following:

1.4.1.1 A signed, dated admission, medical and surgical history, and a report of physical examination, completed within 24 hours of admission. The examination report shall include results of all tests and procedures performed, diagnoses, prognosis, and rehabilitation potential;

1.4.1.2 All orders for the patient, written, signed, and dated by the physician;

1.4.1.3 A physician's care plan, initiated upon admission and kept current;

1.4.1.4 A nursing care plan, and a care plan for each of the services providing care to the patient, initiated upon admission and kept current;

1.4.1.5 A signed informed consent prior to catheterization or surgery;

- 1.4.1.6 A cardiac catheterization summary sheet if cardiac catheterization is performed, including, but not limited to:
 - 1.4.1.6.1 Pre- and post-catheterization diagnoses; and
 - 1.4.1.6.2 Complications of the procedure, if any;
- 1.4.1.7 An operative report, if surgery has been performed, recorded immediately after surgery by the cardiovascular surgeon who performed the surgery, and including a description of findings, the technique used, surgical procedures, tissue removed or altered, sponge count, estimated blood loss, the post-operative diagnosis, and the names of the surgeon and assistants;
- 1.4.1.8 A pre-anesthesia record, including at least drug history, anesthesia history, and potential anesthetic problems;
- 1.4.1.9 An anesthesia record, describing at least induction and maintenance of anesthesia, including volume, route of administration, patient's vital signs, duration of anesthesia, any complications of anesthesia or analgesia management, and other drugs, intravenous fluids, blood and/or blood components administered;
- 1.4.1.10 A post-anesthetic note by the anesthesiologist describing any post-operative abnormalities or complications and stating the blood pressure, pulse, presence or absence of swallowing reflexes, cyanosis, and ability to move extremities;
- 1.4.1.11 Clinical notes;
- 1.4.1.12 Progress notes by physicians;
- 1.4.1.13 A record of medications administered, including the name and strength of the drug, date and time of administration, dosage administered, route of administration, and signature of the licensed nurse administering the drug;

- 1.4.1.14 Summaries of conferences and consultations;
- 1.4.1.15 Any referrals to outside resources and documentation of follow-up;
- 1.4.1.16 A clinical resume; and
- 1.4.1.17 A discharge plan for each of the services providing care to the patient.
- 1.4.2 All reports, including progress notes, contained in the patient's medical record shall be typewritten or written in ink, legible, dated, and signed by the recording person. All typed reports shall include the dates of dictation and transcription, and shall be signed by the person who dictated the report.
- 1.4.3 Medical record information shall be safeguarded against loss, destruction, or unauthorized use.
- 1.4.4 The facility shall have written policies and procedures governing the use and release of information contained in medical records.
- 1.5 Staffing Patterns
- 1.5.1 The governing authority shall designate an administrator or administrators for the cardiac diagnostic facility and surgical center, who may serve as administrator for other units, but who shall be available full-time. An alternate shall be designated in writing to act in the absence of the administrator. The administrator shall be responsible for, but not limited to, the following:
 - 1.5.1.1 Planning for and administration of the management, operational, fiscal, and reporting components of the cardiac diagnostic facility and/or surgical center;
 - 1.5.1.2 Ensuring the development, implementation, and enforcement of all policies and procedures;
 - 1.5.1.3 Ensuring the employment and placement of all staff;
 - 1.5.1.4 Ensuring the provision of staff education and orientation for each employee;

- 1.5.1.5 Ensuring that a file is maintained for each staff member, including his/her name, qualifications, current license number and its expiration date (if applicable), emergency telephone number, personnel evaluations, and records of physical examination and of attendance at staff educational activities;
- 1.5.1.6 Participating in policy and administrative decision-making;
- 1.5.1.7 Administering and supervising the managerial operations of the cardiac diagnostic facility and/or surgical center;
- 1.5.1.8 Acting as a liaison between the governing authority and the physician-director, personnel, and the patients;
- 1.5.1.9 At the time of a patient's discharge, ensuring that the clinical resume and the discharge plan are provided in the medical record; and
- 1.5.1.10 Together with the physician-director, developing and implementing procedures for:
 - 1.5.1.10.1 Maintaining administrative relationships, communication, and integration with support services and community resources; and
 - 1.5.1.10.2 Communicating with personnel and with the governing authority, through meetings, individual conferences, written memoranda, and/or other methods of exchanging information.
- 1.5.2 The governing authority or its alternate shall appoint a physician-director for the cardiac diagnostic facility and for the surgical center, who shall be directly or indirectly accountable to the administrator, and who shall be responsible for the direction, provision, and quality of medical care provided. The physician-director shall be responsible for, but not limited to, the following:
 - 1.5.2.1 Delineating the responsibilities of physicians to ensure that they provide care to patients;
 - 1.5.2.2 Ensuring that a physician's care plan is written at the time of the patient's acceptance for treatment, and is kept current;

- 1.5.2.3 Participating in the supervision or review of the selection of a suitable treatment for each patient;
- 1.5.2.4 Establishing written policies for utilization of consultant and specialist services;
- 1.5.2.5 Ensuring that personnel are trained in cardiac care techniques;
- 1.5.2.6 Ensuring that patients and procedures are monitored;
- 1.5.2.7 Assisting nursing service and/or the administration in the documented investigation of incidents and accidents that occur, in order to identify and correct hazards to health and safety;
- 1.5.2.8 Assisting nursing service in providing documented information to the administrator in order to ensure a safe and sanitary environment for patients and personnel;
- 1.5.2.9 With the administrator, assuming responsibility for the execution of patient care policies;
- 1.5.2.10 Ensuring the development and direction of staff orientation and educational programs;
- 1.5.2.11 Ensuring the development and maintenance of a system of patient care evaluation;
- 1.5.2.12 Holding conferences of the cardiac diagnostic facility or surgical center, at intervals stated in the policy and procedure manual, and ensuring participation at meetings of hospital staff committees specified by the governing authority, when such meetings pertain to the cardiac diagnostic facility or surgical center;
- 1.5.2.13 Participating in meetings of heads of departments, when such meetings pertain to the cardiac diagnostic facility or surgical center; and
- 1.5.2.14 Entering, or ensuring that the patient's physician enters, in the patient's medical record:
 - 1.5.2.14.1 A signed, dated admission, medical and surgical history, and a report of physical examination, including results of all tests and procedures performed, diagnoses, prognosis, and rehabilitation potential;

- 1.5.2.14.2 A physician's care plan;
- 1.5.2.14.3 All initial and subsequent orders for services to the patient; and
- 1.5.2.14.4 A clinical resume.
- 1.5.2.15 The physician-director shall designate, in writing, an alternate physician to act in his/her absence.
- 1.5.3 A nursing supervisor shall be appointed for the cardiac diagnostic facility and for the surgical center, who may have other nursing supervisory responsibilities but who shall be available full-time. He/she shall be responsible for the direction, provision, and quality of cardiac nursing care provided, including, but not limited to, the following:
 - 1.5.3.1 Developing and maintaining written objectives, standards of practice, policies, a procedure manual, and an organizational and evaluation plan for the nursing service that delineates the functional structure and mechanisms for cooperative planning and decision-making within the overall hospital organizational plan;
 - 1.5.3.2 Participating in planning and budgeting for the nursing service of the cardiac diagnostic facility or surgical center, including recommending the number and levels of nursing personnel to be employed;
 - 1.5.3.3 Coordinating and integrating the cardiac nursing service with other patient care services in the hospital;
 - 1.5.3.4 Ensuring representation of nursing personnel in meetings of hospital staff committees, including, but not limited to, those relating to patient care policies, evaluation, pharmaceuticals, and infection control;
 - 1.5.3.5 Implementing staffing patterns to maintain the nurse:patient ratio;
 - 1.5.3.6 Developing and maintaining written job descriptions for nursing personnel, and assigning duties based upon education and training;

- 1.5.3.7 Ensuring that a registered professional nurse prepares an individual nursing care plan for each patient at the time of admission, assesses and reassesses the nursing needs of each patient in accordance with a schedule which he/she justifies and documents in the patient's medical record, and writes clinical notes for each shift;
- 1.5.3.8 Assuming responsibility for a registered professional nurse who shall implement the nursing care plan from the time of the patient's admission;
- 1.5.3.9 Providing a daily summary, including, but not limited to, the daily census (including categorization of patients' conditions) and staffing patterns, and indicating classification and number of nursing personnel who worked each shift;
- 1.5.3.10 Assisting in employment interviews and in hiring and giving assignments to nursing personnel;
- 1.5.3.11 Reviewing and evaluating nursing care plans;
- 1.5.3.12 Making daily rounds to observe patients and to ensure that nursing care is consistent with nursing care plans;
- 1.5.3.13 Ensuring supervision and evaluation of nursing personnel performance;
- 1.5.3.14 Consulting with the charge nurses to determine the nursing care and staffing needed;
- 1.5.3.15 Assisting in the development of, and participating in, orientation of staff to the cardiac diagnostic facility or surgical center, and documenting these activities;
- 1.5.3.16 Determining staff educational needs, and planning and organizing staff educational programs; and
- 1.5.3.17 Ensuring that licensed nursing personnel enter in the patient's medical record:

- 1.5.3.17.1 The nursing care plan (entered by a registered professional nurse). This shall be reviewed and revised in accordance with a schedule which the nurse justifies and documents in the patient's medical record;
- 1.5.3.17.2 Clinical notes;
- 1.5.3.17.3 Summaries of conferences with a physician or other personnel;
- 1.5.3.17.4 The nursing discharge plan; and
- 1.5.3.17.5 A record of medications administered, including the name and strength of the drug, date and time of administration, dosage administered, route of administration, and signature of the licensed nurse administering the drug.
- 1.5.3.18 The nursing supervisor shall not be included in computation of the nurse:patient ratio.
- 1.5.4 The nursing supervisor shall designate in writing a charge nurse for each shift during which the cardiac diagnostic facility or surgical center operates. The charge nurse shall be responsible for, but not limited to, the following:
 - 1.5.4.1 Supervising and evaluating all nursing personnel and activities related to the cardiac nursing service;
 - 1.5.4.2 Assigning duties and delegating responsibility to nursing personnel for provision of nursing care;
 - 1.5.4.3 Evaluating the outcomes of nursing care provided;
 - 1.5.4.4 Assisting in the organization and implementation of staff orientation and educational programs for nursing personnel;
 - 1.5.4.5 Assisting the nursing supervisor in developing and maintaining written objectives, standards of practice, policies, a procedure manual, and an organizational and evaluation plan for the cardiac nursing service; and
 - 1.5.4.6 Assuming responsibility for observation, evaluation, and reporting of patient's symptoms, reactions, and progress.

- 1.5.5 Licensed nursing personnel shall be responsible for, but not limited to, the following:
 - 1.5.5.1 Administering medications and/or treatments to patients upon written order of a physician, in accordance with N.J.S.A, 45:11-26 et seq.;
 - 1.5.5.2 For each nursing treatment, recording clinical notes;
 - 1.5.5.3 Assessing the needs of each patient and developing, reviewing, revising, and implementing nursing care plans for meeting those needs;
 - 1.5.5.4 Observing, monitoring, and assessing the patient's response to treatment and nursing care;
 - 1.5.5.5 Coordinating nursing care with other patient care services;
 - 1.5.5.6 Teaching, supervising, and consulting with other personnel, the patient, and family members regarding methods of meeting the nursing care needs and other problems of the patient; and
 - 1.5.5.7 Exercising safety precautions in the use of electrical or electronic equipment.
- 1.5.6 The cardiac diagnostic facility and the surgical center (including the intensive care service or recovery room) shall have at least one person per shift, on duty elsewhere in the hospital, as backup for each member of the team. The person providing backup shall have training and experience equal to those of the team member being replaced, as defined in the glossary.
- 1.5.7 A social worker, or a designee who receives consultation from the social worker, a dietitian, and rehabilitation therapist(s) shall be available to cardiac patients. If services are provided, the social worker or designee, dieti-

tian, or rehabilitation therapist shall be responsible for the direction, provision, and quality of the social work, dietary, or rehabilitation services, respectively. The social worker or designee, dietitian, or rehabilitation therapist shall be responsible for, but not limited to, the following:

- 1.5.7.1 Implementing written objectives, standards of practice, policies, a procedure manual, and an organizational and evaluation plan for social, dietary, or rehabilitation therapy services to cardiac patients, developed by the hospital social service, dietary, or rehabilitation department, respectively;
- 1.5.7.2 Providing consultation to the hospital social service, dietary, or rehabilitation therapy department in planning and budgeting for social, dietary, or rehabilitation services provided to cardiac patients, and providing guidance and consultation to other personnel caring for cardiac patients;
- 1.5.7.3 Coordinating and integrating the social, dietary, or rehabilitation therapy service with other patient care services;
- 1.5.7.4 Assessing the social service, dietary, or rehabilitation needs of the patient receiving the service, preparing an individual care plan, and with a physician, reassessing the patient's response to services provided;
- 1.5.7.5 Providing services as specified in the care plan, reporting the patient's responses to the physician, and developing a maintenance regimen for the patient when approved by the physician, instructing other patient care personnel in its procedures, and reevaluating and revising the maintenance regimen, as indicated in the care plan; and
- 1.5.7.6 Entering in the medical record of each patient receiving the service:
 - 1.5.7.6.1 The care plan, which shall be kept current;
 - 1.5.7.6.2 Clinical notes; and
 - 1.5.7.6.3 The social service, dietary, or rehabilitation therapy discharge plan.

1.6

Cardiac Diagnostic Facilities

1.6.1

A hospital providing cardiac diagnostic services without surgery shall have written agreements with institutions providing open heart surgery and catheterization, specifying a mechanism for ensuring the quality of services provided, methods of referral for surgery, emergency backup procedures, and ongoing communication between the cardiologists performing catheterizations and the surgeons to whom patients are referred. At least one of the referral agreements shall be with a New Jersey cardiac surgical center, and at least one of the referral agreements shall be with a cardiac surgical center which is within one hour over-the-road travel time from the diagnostic facility. Written agreements shall also state that the receiving facility will either accept the results of the diagnostic facility's examinations, or specify a peer review mechanism for departure from this practice.

1.6.2

A cardiac diagnostic facility performing cardiac catheterization and coronary angiographic procedures shall also provide non-invasive diagnostic techniques.

1.6.3

The cardiac diagnostic facility shall have the following full-time personnel.

1.6.3.1

Two physicians, one of whom shall be the physician-director and one of whom shall be an associate to assist the director;

1.6.3.2

One registered professional nurse; and

1.6.3.3

Three technicians, including a cardiac catheterization technician, a radiologic technician, and a monitoring and recording technician.

1.6.4

A cardiologist shall be in the room during all catheterizations and coronary angiographic procedures.

1.6.5

The following personnel shall be available in the hospital during catheterization procedures:

1.6.5.1

An anesthesiologist; and

1.6.5.2

A radiologist.

- 1.6.6 An electronic and radiologic repair technician shall be available to the hospital during catheterization procedures. (Available, in this instance, shall mean able to arrive at the facility within 60 minutes of being called.)
- 1.6.7 The cardiac diagnostic facility shall provide to the Department annual, written documentation of utilization rates which shall meet the following criteria:
- 1.6.7.1 A facility dedicated completely to cardiac catheterization/coronary angiographic procedures (adult) shall perform catheterizations on at least 400 patients annually, 150 of whom shall be coronary arteriographic patients, until May 1980. As of May 1980, such a facility shall perform coronary angiographic examinations on 500 patients annually, 400 of whom shall be coronary arteriographic patients; and
- 1.6.7.2 A facility which is shared with other specialized radiologic procedures shall have a minimum of 200 cardiac catheterization patients annually. As of May 1980, such a facility shall have a minimum of 250 cardiac catheterization patients annually.
- 1.7 Cardiovascular Surgical Services
- 1.7.1 A regional cardiac surgical center shall provide, as a minimum, diagnostic services and cardiovascular surgical services, including open heart, closed heart, and coronary artery surgery as well as surgery of the great vessels. Diagnostic services shall meet the standards specified in 1.6.1 through 1.6.7.2.
- 1.7.2 The written agreements which the regional cardiac surgical center maintains with cardiac diagnostic facilities shall state that the center will either accept the results of the diagnostic facility's examinations, or specify a peer review mechanism for departure from this practice.

- 1.7.3 The hospital shall ensure pre- and post-operative examinations and care, and emergency examinations at all times. A 24-hour schedule for all personnel required to perform and assist in cardiovascular surgery shall be posted for the diagnostic facility and the surgical suite, and shall be available to the director of nursing and his/her alternate.
- 1.7.4 In addition to the policies and procedures contained in 1.1.2 through 1.1.2.29, written policies and procedures shall be developed and implemented, including, but not limited to the following:
- 1.7.4.1 Policies and procedures for the cardiovascular surgical operating room, including, but not limited to, the following:
- 1.7.4.1.1 Delineation of surgical and anesthesia privileges;
- 1.7.4.1.2 Purposes and types of surgical procedures for which the operating room is to be used;
- 1.7.4.1.3 Definitions of major and minor surgery and of who is qualified to act as first assistant in both categories of surgery. The first assistant in all major surgical procedures shall meet the requirements of N.J.S.A. 45-9:9-1 et seq.;
- 1.7.4.1.4 Methods for taking, and maintaining records of, sponge counts;
- 1.7.4.1.5 Procedures used to prime the pump for extracorporeal support during bypass;
- 1.7.4.1.6 Policies and procedures regarding operating room apparel; and
- 1.7.4.1.7 Safety measures regarding anesthetic gases, and the training of personnel in these measures;
- 1.7.4.2 Policies for the maintenance of a current register of cardiovascular surgical procedures, including, but not limited to:
- 1.7.4.2.1 Name, sex, and hospital admitting (identification) number of the patient;

- 1.7.4.2.2 Date and time of the operation, and the operating room number;
- 1.7.4.2.3 Pre-operative and post-operative diagnoses;
- 1.7.4.2.4 Names of all physicians, assistant physicians, nurses, and technicians;
- 1.7.4.2.5 Surgical procedures performed and anesthetic agents used; and
- 1.7.4.2.6 Complications of surgery, if any, and classification of each procedure for the purpose of infection control statistics;
- 1.7.4.3 Labeling and disposition of anatomical parts and tissue removed at operation, including delivery to the pathologist, filing reports in the patient's medical record, and retention and storage in the hospital of microscopic sections of tissue.
- 1.7.5 The physician-director in charge of the surgical suite shall be available to the cardiovascular surgical service at all times. (Available, in this instance, shall mean able to arrive at the facility within 30 minutes of being called.)
- 1.7.6 The cardiovascular surgical team shall include the following personnel:
 - 1.7.6.1 The physician-in-charge of the surgery;
 - 1.7.6.2 An assistant to the physician-in-charge;
 - 1.7.6.3 An anesthesiologist, and an assistant; and
 - 1.7.6.4 At least one registered professional nurse, who functions as circulating nurse, and three other licensed nursing personnel and/or operating room technicians.
- 1.7.7 The operating surgeon shall be responsible for overseeing and integrating all details of pre-operative evaluation and preparation of the operation procedures, and of post-operative care.
- 1.7.8 The following personnel shall be available in the hospital whenever cardiovascular surgery is scheduled:

- 1.7.8.1 A cardiologist; and
- 1.7.8.2 Two pump technicians.
- 1.7.9 The cardiac surgical center shall provide to the Department annual, written documentation that it has achieved a utilization rate of at least 75 open heart surgical procedures in the first year of its operation, and 200 procedures by the end of the third year of operation of the service. Thereafter it shall perform at least 200 open heart surgical procedures per year. Failure to perform minimal number of procedures per year shall be reason to terminate service authorization.
- 1.8 Cardiovascular Surgical Intensive Care Service or Recovery Room
- 1.8.1 Hospitals providing cardiovascular surgery shall maintain a cardiovascular surgical intensive care service or recovery room containing a minimum of three beds.
- 1.8.2 The cardiovascular surgical intensive care service or recovery room shall have equipment and staff to maintain at least the following capabilities:
 - 1.8.2.1 Hemodynamic electrocardiogram monitoring;
 - 1.8.2.2 Pacemaker insertion;
 - 1.8.2.3 Cardiopulmonary resuscitation; and
 - 1.8.2.4 Arrhythmia detection.
- 1.8.3 The physician-director of the cardiovascular surgical intensive care service or recovery room, who may be the physician-director of the surgical suite, shall be available to the service or recovery room. (Available, in this instance, shall mean able to arrive at the facility within 30 minutes of being called.)
- 1.8.4 There shall be a ratio of at least one registered professional nurse to one patient in the cardiovascular surgical intensive care service. The charge nurse shall not be included in the nurse:patient ratio if there are more than three patients in the service or recovery room.

- 1.8.5 The operating surgeon or an alternate shall be available during the entire period of the patient's stay in the cardiovascular surgical intensive care service or recovery room. (Available, in this instance, shall mean able to arrive at the facility within 30 minutes of being called.)
- 1.9 Pediatric Cardiac Diagnostic Facility and Cardiac Surgical Center
- 1.9.1 A hospital providing cardiac diagnostic procedures to pediatric patients shall also provide cardiovascular surgical and intensive care services.
- 1.9.2 A pediatric cardiac diagnostic facility and surgical center (including cardiovascular surgical intensive care service or recovery room) shall comply with the standards for adult services, with the exception of 1.6.4, 1.6.7 through 1.6.7.2, 1.7.8.1, and 1.7.9.
- 1.9.3 Staffing requirements and staff:patient ratios shall equal those for adult services, except that all staff who provide services to pediatric cardiac patients shall have training and experience in pediatrics as defined in the glossary.
- 1.9.4 A pediatric cardiologist shall be in the room during all pediatric catheterizations and coronary angiographic procedures, and shall be available in the hospital whenever pediatric cardiovascular surgery is scheduled.
- 1.9.5 All equipment, including equipment for resuscitation and other emergencies and procedures, and the contents of the emergency cart, shall be available in sizes adaptable to newborns, infants, and children.
- 1.9.6 Separate cardiovascular surgical intensive care units shall be maintained for pediatric patients under two years of age, including premature infants, newborns, and infants.
- 1.9.7 The pediatric cardiac diagnostic facility shall provide to the Department annual, written documentation that it has achieved a utilization rate of at least 150 pediatric cardiac catheterization patients per year.

- 1.10 Glossary of Terms
- 1.10.1 Administrator shall mean a person with a bachelor's degree and two years of executive or supervisory experience in a health care facility, or the equivalent in years of experience and/or training in a health care facility.
- 1.10.2 Anesthesiologist shall mean a physician who is a member of the hospital medical staff, and who is certified or eligible for certification by the American Board of Anesthesiology, Inc. or who has been granted privileges by the hospital to provide services equal to or higher than those provided by a Board-certified or Board-eligible physician.
- 1.10.2.1 Assistant to the Anesthesiologist shall mean an anesthesiologist; a physician who has training and experience in cardiovascular surgery as specified in the hospital's policy and procedure manual(s). (See 1.1.2.9); or, a Certified Registered Nurse Anesthetist (CRNA). (See 1.10.10)
- 1.10.3 Arteriography shall mean roentgenography of arteries following the introduction of contrast materials into the vessels.
- 1.10.4 Available shall mean ready for immediate use (pertaining to equipment); capable of being reached (pertaining to personnel), unless otherwise defined in the text.
- 1.10.5 Cardiac Catheterization shall mean the passage of a catheter through the blood vessels into the heart for the purpose of obtaining cardiac blood samples, detecting abnormalities, calculating physiologic parameters, determining intracardiac pressure, and establishing a diagnosis. It shall also be used in this document as a generic category to include coronary angiography, arteriography, and all invasive cardiac diagnostic techniques. The implementation of pacemakers (temporary or permanent) shall not be considered a method of cardiac catheterization.
- 1.10.6 Cardiologist shall mean a physician who is a member of the hospital medical staff, and who is certified or eligible for certification by the American Board of Internal Medicine, in the subspecialty of cardiovascular disease, or who has been granted privileges by the hospital to provide services equal to or higher than those provided by a Board-certified or Board-eligible physician.

- 1.10.7 Cardiovascular Surgeon shall mean a physician who is a member of the hospital medical staff, and who is certified or eligible for certification by the American Board of Thoracic Surgery, Inc. as a cardiovascular surgeon, or who has been granted privileges by the hospital to provide services equal to or greater than those provided by a Board-certified or Board-eligible physician.
- 1.10.8 Cardiovascular Surgery shall mean open heart, closed heart, and coronary artery surgery as well as surgery of the thoracic great vessels.
- 1.10.9 Care Plan (Nursing, Dietary, Social Service, and Rehabilitation) shall mean a written plan documenting an evaluation of the individual patient's needs, short- and long-term goals, care and treatment to be provided, and plans for patient and family education. Each service providing care to the patient shall develop and implement its own care plan in coordination with the physician's care plan, at the time of the patient's acceptance for treatment.
- 1.10.10 Certified Registered Nurse Anesthetist (CRNA) shall mean a registered professional nurse who is licensed by the New Jersey State Board of Nursing, pursuant to N.J.S.A. 45:11-26 et seq.; has satisfactorily completed a prescribed course of 18 months in a recognized school of anesthesiology; has passed an examination of, and is certified by, the American Association of Nurse Anesthetists; and who has training and experience in cardiovascular surgery as specified in the hospital's policy and procedure manual(s). (See 1.1.2.10)
- 1.10.11 Charge Nurse shall mean a registered professional nurse who has at least 12 months of administrative experience in a health care facility; and six months of experience in an intensive care or cardiac care unit plus six months of experience in a cardiac diagnostic facility or cardiac surgical center, or 12 months of experience in a cardiac diagnostic facility or cardiac surgical center. The charge nurse for a pediatric cardiac intensive care unit shall have an additional six months of experience in such a unit.
- 1.10.12 Cleaning shall mean the removal by scrubbing and washing, as with hot water, soap or detergent, and vacuuming, of infectious agents and of organic matter from surfaces on which and in which infectious agents may find conditions for surviving or multiplying.

1.10.13 Clinical Note shall mean a dated, written, and signed notation by each member of the nursing, dietary, social service, and rehabilitation therapy staff who renders a service to the patient. Notations shall include a description of the patient's progress, signs and symptoms, treatments, and/or medications given, the patient's reaction, and any changes in physical or emotional condition. Clinical notes are written into the patient's record on the same day service is rendered.

Clinical notes written at the time of the patient's discharge shall include a summary of treatment provided and results, reasons for discharge, preparation of the patient for discharge, patient education accomplished, and recommendations for the patient's maintenance regimen and continuity of care.

1.10.14 Clinical Resume shall mean a written summary, prepared by the physician at the time of the patient's discharge, which includes diagnoses, the reason for hospitalization, findings, all operative procedures, other procedures performed, treatment rendered, results, reasons for discharge, preparation of the patient for discharge, condition upon discharge, and recommendations for the patient's maintenance regimen and continuity of care, including any instructions given to the patient and/or family relating to physical activity, medications, diet, and follow-up care.

1.10.15 Communicable shall mean relating to a specific infectious agent or its toxic products and occurring through a transmission of that agent or its products from a reservoir to a susceptible host.

1.10.16 Coronary Angiographic Procedure shall mean a catheterization procedure in which a photographic study is performed by means of X-ray after the insertion of a catheter and dye into coronary arteries selectively.

1.10.17 Current shall mean up-to-date; extending to the present time.

1.10.18 Dietitian shall mean a person who:

1.10.18.1 Has a bachelor's degree from a college or university accredited by the American Dietetic Association and has completed a dietetic internship or traineeship approved by the American Dietetic Association, or has a master's degree plus six months of full-time food service experience in a health care facility; or

- 1.10.18.2 Has a bachelor's degree from an accredited college or university with a major in foods or nutrition, or the equivalent course work for a major in the subject area, and one year of full-time or full-time equivalent experience in nutrition.
- 1.10.19 Discharge Plan (Nursing, Dietary, Social Service, and Rehabilitation Therapy) shall mean a written plan developed upon the patient's admission to the service, by each service providing care to the patient, and which includes the projected level(s) of care needed, the projected timetable for moving the patient to the next level of care, treatment and teaching needed prior to discharge, resources available for post-discharge care, and mechanisms for transfer to other levels of care. The discharge plan may be incorporated into the care plan.
- 1.10.20 Endocrinologist shall mean a physician who is a member of the hospital medical staff and who is certified or eligible for certification by the American Board of Internal Medicine in the subspecialty of endocrinology and metabolism, or who has been granted privileges by the hospital to provide services equal to or higher than those provided by a Board-certified or Board-eligible physician.
- 1.10.21 Full-Time shall mean a time period established as a full working week by the hospital, as defined in its policy and procedure manual.
- 1.10.22 Governing Authority shall mean the organization, person, or persons designated to assume full legal responsibility for the determination of policy, management, operation, and financial viability of the hospital.
- 1.10.23 Hematologist shall mean a physician who is a member of the hospital medical staff and who is certified or eligible for certification by the American Board of Internal Medicine in the subspecialty of hematology, or who has been granted privileges by the hospital to provide services equal to or higher than those provided by a Board-certified or Board-eligible physician.
- 1.10.24 Licensed Nursing Personnel shall mean registered professional nurses or practical (vocational) nurses licensed in the State of New Jersey.

- 1.10.25 Licensed Practical Nurse shall mean a person who is licensed by the New Jersey State Board of Nursing, pursuant to N.J.S.A. 45:11-27 et seq.
- 1.10.26 Neonatologist shall mean a physician who is a member of the hospital medical staff and who is certified or eligible for certification by the Sub-Board of Neonatal-Perinatal Medicine of the American Board of Pediatrics, Inc., or who has been granted privileges by the hospital to provide services equal to or higher than those provided by a Board-certified or Board-eligible physician.
- 1.10.27 Nephrologist shall mean a physician who is a member of the hospital medical staff and who is certified or eligible for certification by the American Board of Internal Medicine in the subspecialty of nephrology, or who has been granted privileges by the hospital to provide services equal to or higher than those provided by a Board-certified or Board-eligible physician.
- 1.10.28 Neurologist shall mean a physician who is a member of the hospital medical staff and who is certified or eligible for certification by the American Board of Psychiatry and Neurology, Inc., or who has been granted privileges by the hospital to provide services equal to or higher than those provided by a Board-certified or Board-eligible physician.
- 1.10.29 Newborn and Premature Infants shall mean infants of 28 days of age or less (newborn); infants weighing less than 2500 grams at birth and/or with a period of gestation of less than 37 weeks, who risk nonsurvival outside the uterus (premature).
- 1.10.30 Non-Invasive Diagnostic Techniques shall mean diagnostic testing of heart function using, at a minimum, electrocardiogram and vectorcardiography instruments, stress testing, phono/pulse tracing/ECHO equipment, and Holter-type monitoring facilities.

- 1.10.31 Nursing-Supervisor shall mean a registered professional nurse who has at least two years of administrative experience in a health care facility; and six months of experience in an intensive care or cardiac care unit plus six months of experience in a cardiac diagnostic facility or cardiac surgical center, or 12 months of experience in a cardiac diagnostic facility or cardiac surgical center. The nursing supervisor for a pediatric cardiac diagnostic facility or surgical center shall have an additional six months of such experience.
- 1.10.32 Occupational Therapist shall mean a person who:
- 1.10.32.1 Is a graduate of an occupational therapy curriculum accredited jointly by the Council of Medical Education of the American Medical Association and the American Occupational Therapy Association; or
- 1.10.32.2 Is eligible for certification by the American Occupational Therapy Association as an occupational therapist, registered.
- 1.10.33 Open Heart Surgery shall mean a procedure which uses a heart-lung bypass machine to perform the functions of circulation during surgery.
- 1.10.34 Pathologist shall mean a physician who is a member of the hospital medical staff, and who is certified or eligible for certification by the American Board of Pathology, Inc., or who has been granted privileges by the hospital to provide services equal to or higher than those provided by a Board-certified or Board-eligible physician.
- 1.10.35 Pediatric Cardiologist shall mean a physician who is a member of the hospital medical staff, and who is certified or eligible for certification by the Sub-Board of Pediatric Cardiology of the American Board of Pediatrics, Inc., or who has been granted privileges by the hospital to provide services equal to or higher than those provided by a Board-certified or Board-eligible physician.
- 1.10.36 Pediatric Patient shall mean a patient who is less than 16 years of age.

- 1.10.37 Pediatrician shall mean a physician who is a member of the hospital medical staff, and who is certified or eligible for certification by the American Board of Pediatrics, Inc., or who has been granted privileges by the hospital to provide services equal to or greater than those provided by a Board-certified or Board-eligible physician.
- 1.10.38 Physical Therapist shall mean a person who is registered by the New Jersey Board of Medical Examiners, pursuant to Chapter 169, P.L. 1963, and who:
- 1.10.38.1 Has graduated from a physical therapy curriculum approved by the Council on Medical Education of the American Medical Association in collaboration with the American Physical Therapy Association; or
- 1.10.38.2 Prior to January 1966:
- 1.10.38.2.1 Was admitted to membership by the American Physical Therapy Association; or
- 1.10.38.2.2 Was admitted to registration by the American Registry of Physical Therapists; or
- 1.10.38.2.3 Graduated from a physical therapy curriculum in a four-year college or university approved by a state department of education, is licensed or registered as a physical therapist, and, where appropriate, has passed a state examination for licensure as a physical therapist; or
- 1.10.38.2.4 Had two years of full-time, or full-time equivalent, experience as a physical therapist and has achieved a satisfactory grade through the examination conducted by or under the sponsorship of the United States Public Health Service; or
- 1.10.38.2.5 Was licensed or registered prior to January 1, 1966, and prior to January 1, 1970, had 15 years of full-time, or full-time equivalent, experience in the treatment of illness or injury through the practice of physical therapy, in which the therapist rendered services upon the order and under the direction of attending and referring physicians; or
- 1.10.38.3 If trained outside the United States:

- 1.10.38.3.1 Graduated after 1928 from a physical therapy curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation for Physical Therapy; and
- 1.10.38.3.2 Is a member of a member organization of the World Confederation for Physical Therapy; and
- 1.10.38.3.3 Has acquired one year of full-time, or full-time equivalent, experience under the supervision of an active member of the American Physical Therapy Association; and
- 1.10.38.3.4 Has successfully completed a qualifying examination as prescribed by the American Physical Therapy Association.
- 1.10.39 Physician shall mean a person who is authorized by the Board of Medical Examiners to practice medicine in the State of New Jersey, pursuant to N.J.S.A. 45:9-1 et seq.
- 1.10.39.1 Assistant (Physician) to the Physician-in-Charge (cardiac surgical team) shall mean a cardiovascular surgeon.
- 1.10.39.2 Associate Physician (cardiac diagnostic facility) shall mean a physician trained in cardiovascular catheterization, as defined and specified in the hospital's policy and procedure manual(s). (See 1.1.2.9)
- 1.10.40 Physician-Director (cardiac diagnostic facility) shall mean a cardiologist or pediatric cardiologist.
- 1.10.41 Physician-in-Charge (cardiac surgical team) shall mean a cardiovascular surgeon.
- 1.10.42 Physician's Care Plan shall mean a written plan developed by the physician and implemented at the time of the patient's admission, which includes special conditions, assessment of physical capability, and orders for medication, diet, and permitted level of physical activity.
- 1.10.43 Progress Note shall mean a signed, dated notation by a physician, written at the time of his/her visit to the patient, summarizing information about care and services provided, and the patient's response.

- 1.10.44 Psychiatrist shall mean a physician who is a member of the hospital medical staff, and who is certified or eligible for certification by the American Board of Psychiatry and Neurology, Inc., or who has been granted privileges by the hospital to provide services equal to or higher than those provided by a Board-certified or Board-eligible physician.
- 1.10.45 Pulmonary Medicine Specialist shall mean a physician who is a member of the hospital medical staff and who is certified or eligible for certification by the American Board of Internal Medicine in the subspecialty of pulmonary disease, or who has been granted privileges by the hospital to provide services equal to or higher than those provided by a Board-certified or Board-eligible physician.
- 1.10.46 Pump Technician shall mean a person who is certified or eligible for certification by the American Board of Cardiac Perfusionists.
- 1.10.47 Radiologist shall mean a physician who is a member of the hospital medical staff, and who is certified or eligible for certification by the American Board of Radiology, Inc., or who has been granted privileges by the hospital to provide services equal to or higher than those provided by a Board-certified or Board-eligible physician.
- 1.10.48 Radiologic Technician shall mean a person who is authorized by the State Department of Environmental Protection to apply radiation to human beings pursuant to N.J.S.A. 45:25-1 et seq.
- 1.10.49 Recreational Therapist shall mean a person who:
- 1.10.49.1 Is a therapeutic recreation specialist, as defined by the National Therapeutic Recreation Society; or
- 1.10.49.2 Is an occupational therapist; or
- 1.10.49.3 Is a recreation administrator certified by the New Jersey Board of Recreation Examiners and who has at least two years of full-time, or full-time equivalent, experience in a patient activities program in a health care facility.

- 1.10.50 Registered Professional Nurse shall mean a person who is licensed by the State of New Jersey as a registered professional nurse, pursuant to N.J.S.A. 45:11-26 et seq.
- 1.10.51 Rehabilitation Therapist shall mean a physical therapist, occupational therapist, speech pathologist, or recreation therapist.
- 1.10.52 Shift shall mean a period of time established as a full working day, as defined in the hospital policy and procedure manual.
- 1.10.53 Signature shall mean the full name and title of a person legibly written with his/her own hand.
- 1.10.54 Social Work Designee shall mean a person with a bachelor's degree in psychology, sociology, or another field related to social work, and one year of social work experience in a health care setting under the supervision of a social worker.
- 1.10.55 Social Worker shall mean a person who has a master's degree in social work from a graduate school of social work accredited by the Council on Social Work Education, and at least one year of social work experience in a health care facility.
- 1.10.56 Speech Pathologist shall mean a person who:
- 1.10.56.1 Meets the requirements for education and experience for a Certificate of Clinical Competence in speech pathology granted by the American Speech and Hearing Association; or
- 1.10.56.2 Meets the educational requirements for certification and is in the process of accumulating the required supervised experience.

- 1.10.57 Staff Education Plan shall mean a written plan developed at least annually and implemented throughout the year which describes a coordinated program for staff education for the cardiac care service, including in-service programs and education, staff development, on-the-job training and continuing education, and the intervals and times at which these shall be given. Each employee shall receive education to develop skills and increase knowledge so as to improve patient care. (Occasional attendance by staff at programs or conventions or at lectures by invited speakers does not alone constitute an acceptable staff education plan.)
- 1.10.58 Staff Orientation Plan shall mean a written plan for the orientation of each new employee to the duties and responsibilities of the cardiac care service, as well as to the personnel policies of the hospital. Orientation for each new employee shall be provided prior to or within one week of employment.
- 1.10.59 Sterilization shall mean a process of destroying all microorganisms, including those bearing spores, in and around an object.
- 1.10.60 Team shall mean physicians, nursing personnel, and technicians who are assigned to work together to perform designated procedures.
- 1.10.61 Technician, including cardiac catheterization, monitoring and recording, electronic and radiologic, or operating room technician, shall mean a person who has training and experience as specified in the hospital's policy and procedure manual(s). (See 1.1.2.11)
- 1.11 Cardiac Care Construction Standards
- 1.11.1 Cardiac Catheterization/Coronary Angiography Laboratory
- A facility dedicated completely to Cardiac Catheterization/Coronary Angiographic Laboratories Suite shall comply with the State of New Jersey Uniform Construction Code, Chapter 23, Title 5, New Jersey Administrative Code and the August 1, 1977 amendments to this code, Use Group I-2.

1.11.1.1

Additional Licensing Requirements

The following sections of (HRA) 79-14500, Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities.

1.11.1.2

Section 7.7A - Change to Read - Procedure Room

Procedure Room shall have a minimum clear area of 400 square feet exclusive of fixed and movable cabinets and shelves. The minimum dimension shall be 20'0".

1.11.1.3

Control Room

There shall be a control room large enough to contain and provide efficient function of the X-ray control unit, physiological monitoring equipment and image recording control. Minimum space requirements are 100 square feet.

1.11.1.4

Equipment Room

An equipment room or enclosure large enough to contain the X-ray transformers, power modules, associated electronics and electrical gear shall be provided approximately 100 square feet. The room shall be positioned to insure short, high voltage cables. Ready access for the servicing of equipment is essential.

1.11.1.5

Recovery Room - 7.7C

1.11.1.6

Service Areas

All Service Areas are required under Section 7.7D of (HRA) 79-14500, except Items D3, D7, D9, D10, D11 and D14 and D15.

1.11.1.7

Radiology and Cine Room(s)

Space with X-ray and cine equipment shall be readily available within the Suite for the development of films taken during the process performed in the Procedure Room.

1.11.1.8 The following areas shall be readily available for use by this Suite:

- A. Viewing Room.
- B. Film File Room.
- C. Conference Room.
- D. Library and Study Room.
- E. Teaching Aids and File.

1.11.2 Cardiac Catheterization/Coronary Shared with Other Specialized Radiologic Procedures

1.11.2.1 The Construction Standards for this unit shall be the same as Section 1.11.1 except that the only requirements under Service Areas 7.7D are Items 1, 2, 4 & 5. The other areas may be shared if available in the Suite.

1.11.3 Cardiovascular Surgical Services

A facility dedicated completely to Cardiovascular Surgical Services shall comply with the State of New Jersey Uniform Construction Code, Chapter 23, Title 5, New Jersey Administrative Code and the August 1, 1977 amendment to this Code, Use Group I-2.

1.11.3.1 Additional Licensing Requirements

The following Sections under (HRA) 74-4000, Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities shall apply:

Section 7.7A - General Operating Room

This will apply for all cardiac surgery except where open heart surgery is to be performed by the facility, then a minimum clear area of 500 square feet must be provided with the minimum dimension shall be 20'0".

Section 7.7C - Recovery Room

Section 7.7D - Service Areas

All items under this Section shall apply except Items 9, 10, 11, 14 and 15.

1.11.3.2 Pump Room with Storage Space

In addition to the storage cabinets located within the cardiovascular operating room, a space designated in pump room as storage for bulky disposable materials and containers shall be provided. This space in a clean area as a pump room shall be provided. This space in a clean area as a pump room in which extra corporeal pump, oxygenators, pump assist devices for intra-aortic balloon and all necessary equipment are stored, conditioned and maintained. This space shall be located in surgical suite with both inside and outside access minimum of 100 square feet.

1.11.4 Cardiovascular Surgical Services Shared with Surgical Suite

The Construction Standards for this Unit shall be the same as Section 1.11.3 except that the requirements for Service Areas may be shared if available in the Suite.

1.11.5 Cardiovascular Surgical Intensive Care Suite

The Construction Standards for this Unit shall be the State of New Jersey Uniform Construction Code, Chapter 23, Title 5, New Jersey Administrative Code and the August 1, 1977 amendments to this Code, Use Group I-2.

1.11.6 Pediatric Cardiac Catheterization/Coronary Angiography Laboratory

The Construction Standards for this Unit shall be identical to the standards contained in Section 1.11.1.

1.11.7 Pediatric Cardiac Catheterization/Coronary Shared with Other Specialized Radiologic Procedures

The Construction Standards for this Unit shall be identical to the Standards contained in Section 1.11.2.

1.11.8 Pediatric Cardiovascular Surgical Services

The Construction Standards for this Unit shall be identical to the Standards contained in Section 1.11.3.

1.11.9 Pediatric Cardiovascular Surgical Services Suite Shared with Surgical Suite

The Construction Standards for this Unit shall be identical to the Standards contained in Section 1.11.4.

1.11.10 Pediatric Intensive Care

The Construction Standards for this Unit shall be identical to the Standards contained in Section 1.11.5.

Note: (HRA) 74-4000 and (HRA) 74-14500 Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities can be purchased from:

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

New Jersey Uniform Construction Code can be purchased from:

N.J. Dept. of Community Affairs
620 West State Street
Trenton, NJ 08610

Amendments to the Manual
of Standards for Hospital Facilities
(Authentication/Countersigning of Physician's Orders)
January 1979

Additions are underlined thus; deletions are in brackets [thus].

702.D.1 All records and reports shall be signed or authenticated by a licensed physician. The requirement that all records and reports be signed or countersigned by a licensed physician shall not apply to progress notes written by physicians engaged in an approved intern or residency training program.

702.D.5 Physician's orders written for patient's care by unlicensed persons engaged in intern or residency training programs in a hospital or institution approved by the New Jersey Board of Medical Examiners, or physician's orders written by a person exempted from the prohibitory provisions of the Medical Practice Act, pursuant to N.J.S.A. 45:9-21 (n), shall be countersigned within 24 hours by a physician possessing a current unrestricted license to practice medicine and surgery in this State.

The following definitions shall apply to Standard D:

"Unlicensed physician" shall mean [any unlicensed] a graduate of a medical school, [such as, but not limited to an intern or resident, who is engaged in an approved program or a person possessing an exemption pursuant to N.J.S.A. 45:9-21(n).

"Intern" shall mean an unlicensed graduate of a medical school who is engaged in a program which has been approved by the Board and which consists of the supervised practice in the science and art of medicine among patients in a hospital with continued instruction by the staff of the facility. The internship period shall be limited to one year.

"Resident" shall mean a graduate of a medical school or a licensed or unlicensed graduate of an approved internship who is engaged in an approved program for advanced training in a clinical division of medicine, surgery or other special field in preparation for the practice of a specialty, which training shall be continuously supervised by the staff of the facility. Such approved program must be properly accredited for residency training in the specialty programs or programs offered.

Adopted 3/1/79
Effective 5/1/79

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Amendment to the Manual of Standards
for Hospital Facilities
(Availability of Records)
January 1979

Additions are underlined thus; deletions are in brackets (thus).

- 704 C 1.0 The facility shall develop and implement written policies and procedures, approved by the Department, governing the availability, release, and/or provision of copies of the medical record to patients and/or the patient's authorized representative.
- 1.1 The written policies and procedures shall include, but not be limited to, the following:
- 1.1.1 A description of the procedures to protect medical record information against loss, destruction, or unauthorized use;
- 1.1.2 A schedule of fees, as established by the facility, for obtaining copies of the medical record;
- 1.1.3 The business hours, as defined by the facility, during which the patient has access to his/her medical records; and
- 1.1.4 In the event that it is medically contraindicated (as documented by a physician in the patient's medical record) that the patient have access to or obtain copies of his/her medical record, the medical record shall be made available to the patient's authorized representative.
- 1.2 The facility shall ensure that a patient's medical record is provided within at least 30 calendar days of the written request.

The following definition shall apply to Standard 704C:

Medical Record: All records in a licensed hospital which pertain to the patient including X-ray films.

Adopted 3/1/79
Effective 5/1/79

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Addition - Hospital Licensure Manual
Section 306. Amends Section 305.D sentence #1

- 306.0 Pathological and Infectious Waste Disposal
- 306.1 Each hospital shall develop and implement written policies and procedures for the collection, storage, handling and disposition of all pathological and infectious wastes within the facility, and for the collection, storage, handling and disposition of all pathological and infectious wastes to be removed from the facility. These policies and procedures shall, as a minimum, include the following:
- 306.1.1 Solid wastes from the microbiological laboratory shall be autoclaved or incinerated.
- 306.1.2 Liquid wastes from the microbiological laboratory shall be autoclaved prior to disposal into the laboratory sewage system.
- 306.1.3 All pathology specimens and wastes, including gross and microscopic tissue removed surgically or at autopsy, shall be incinerated unless otherwise provided for by law.
- 306.1.4 Solid sharp or rigid items such as needles, syringes and scalpel blades shall be autoclaved prior to disposal. Needles and syringes shall be destroyed as stipulated in N.J.S.A. 2A:170-25.17 and they, along with other sharp or rigid items, shall be either ground and flushed into the sewage system or placed in a rigid container and disposed with other solid waste material.
- 306.1.5 Solid non-rigid contaminated waste material such as blood tubing and disposable equipment and supplies shall be autoclaved, incinerated or removed from the hospital and disposed of in a manner approved by the Department of Environmental Protection.
- 306.1.5.1 All such material not autoclaved or incinerated within the hospital shall be doubly packaged in impervious plastic heavy duty bags prior to removal from the hospital and disposal in a manner approved by the Department of Environmental Protection.
- 306.1.6 Fecal matter shall be flushed into the municipal sewerage system.

306.1.7

All containers used for storage of infectious wastes shall be sanitized by a method approved by the Department at least once every 24 hours.

Approved 02-01-79

Effective 03-08-79

Amendment to the Manual of Standards
for Hospital Facilities
(Verbal Orders Accepted by Physical Therapist)
January 1979

Additions are underlined thus; deletions are in brackets [thus].

702.C [10b. Telephone orders shall be accepted and recorded by a professional nurse only and these should be limited to urgent circumstances. Such orders shall be signed by the responsible physician within 24 hours.]

10b. All telephone and verbal orders from a licensed physician shall be countersigned by the physician within 24 hours. All telephone and verbal orders shall be accepted only by a licensed professional nurse except for physical therapy orders which shall be accepted and recorded by a licensed professional nurse and/or a licensed physical therapist.

Adopted 3/1/79
Effective 5/1/79

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