

(b) The interdisciplinary team shall be responsible for:

1. Participation in the plan of care, which shall be:
  - i. Initiated and implemented when the patient is admitted;
  - ii. Coordinated and maintained by the interdisciplinary team;
  - iii. Inclusive of, but not limited to, the patient's diagnosis, patient goals, means of achieving goals, and care and treatment to be provided;
  - iv. Current and available to all personnel providing patient care; and
  - v. Included in the patient's medical/health record;
2. Provision and supervision of all hospice care and services;
3. Periodic review and updating of the plan of care for each individual receiving hospice care; and
4. Establishment of policies governing the day-to-day provision of hospice care and services.

#### 8:42C-6.3 Policies and procedures

(a) The hospice shall establish written policies and procedures governing patient care that are reviewed at least annually by the advisory group, revised as needed, and implemented. The written policies and procedures shall include at least the following:

1. Criteria for admission, discharge, and readmission of patients. Admissions criteria shall be based solely upon the patient's needs and the ability of the facility to meet safely the medical, nursing, and social needs of the patient. Discharge policies shall preclude punitive discharge;
2. Criteria for physicians orders for hospice, including time frames and other requirements for written, verbal, and renewal orders. Physician orders for physical therapy, occupational therapy, and speech therapy shall include the modality, frequency, and duration of treatment;
3. Protocols for initiation, implementation, review, and revision of plans of care and of the service plan;
4. Protocols for reassessment of patients, in accordance with time frames documented by each health care practitioner in the service plan;
5. Protocols for providing continuity of care by the same health care practitioner whenever possible;
6. Provision of care in accordance with the plan of care;
7. Provision of emergency care;
8. Policies and procedures for the use of restraints, including at least:

- i. The need for written physician's orders;
  - ii. Indications and contraindications for use, including emergency use or use during medical procedures;
  - iii. Alternatives to physical restraints, such as environmental interventions or behavior management;
  - iv. The designation of staff who are authorized to use restraints according to scope of practice; and
  - v. Teaching the patient's family or primary caregiver the use of a progressive range of restraining procedures from the least restrictive to the most restrictive, the appropriate application and release of restraints, and observation of the patient; and
9. A requirement that progress notes be written, signed and dated by the practitioner providing care, within 48 hours of the provision of care, and that the patient's response to the care be included in the progress note; and
  10. Policies and procedures for the pronouncement of death.

## SUBCHAPTER 7. NURSING SERVICES

### 8:42C-7.1 Provision of nursing services

The hospice shall provide nursing services to patients who need these services, as delineated in the patient's plan of care.

### 8:42C-7.2 Nursing organization, policies, and procedures

(a) The hospice shall have written policies and procedures for the provision of nursing services that guide nursing practices in the hospice. These policies shall be reviewed annually, revised as needed, and implemented. These policies and procedures shall conform with the Nurse Practice Act at N.J.S.A. 45:11-23 et seq.

(b) The hospice's current clinical and administrative nursing policies and procedures shall be available to all nursing personnel at all times.

### 8:42C-7.3 Nursing staff qualifications and responsibilities

(a) The governing authority shall appoint a full-time director of nursing or nursing supervisor who shall be available at the hospice. An alternate or alternates shall be designated in writing to act in the absence of the director.

(b) The director of nursing or nursing supervisor shall be responsible for the direction, provision, and quality of nursing services. He or she shall be responsible for at least the following:

1. The overall planning, supervision, and administration of nursing services;

2. The coordination and integration of nursing services with other hospice services to provide a continuum of care for the patient;

3. The development of protocols for regular verbal communication, including case conferencing, between the nursing service and other disciplines based on the needs of each patient;

4. The development of written job descriptions and performance criteria for nursing personnel, and assigning duties based upon education, training, competencies, and job descriptions; and

5. Ensuring that nursing services are provided to the patient as specified in the nursing plan of care.

(c) Registered professional nurses and licensed practical nurses shall provide nursing care to patients commensurate with their scope of practice, as delineated in the Nurse Practice Act, N.J.S.A. 45:11-23 et seq. Nursing care shall include, but not be limited to, the following:

1. The promotion, maintenance, and restoration of health;

2. The prevention of infection, accident, and injury;

3. Performance of an initial assessment by a registered professional nurse and identification of problems for each patient upon admission to the nursing service;

4. Reassessment of the patient's nursing care needs on an ongoing, patient-specific basis and providing care which is consistent with the medical plan of treatment;

5. Monitoring the patient's response to nursing care; and

6. Teaching, supervising, and counseling the patient, family members, and staff regarding nursing care and the patient's needs, including other related problems of the patient at home.

i. A registered professional nurse or a member of the interdisciplinary team shall initiate these functions, which may be reinforced by licensed nursing personnel.

(e) Nursing staff shall administer medications in accordance with all Federal and State laws and rules.

#### 8:42C-7.4 Nursing entries in the medical/health record

(a) In accordance with written job descriptions and with this chapter, nursing personnel shall document in the patient's medical/health record:

1. The nursing plan of care in accordance with the facility's policies and procedures;

2. Clinical notes and progress notes;

3. A record of medications administered which shall include the following, documented by the nurse who administered the drug:

i. The name and strength of the drug;

ii. The date and time of administration;

iii. The dosage administered;

iv. The method of administration; and

v. The signature of the licensed nurse who administered the drug.

#### 8:42C-7.5 Homemaker-home health aide services

(a) The hospice shall provide homemaker-home health aide services, which services shall be directed and supervised by a RN.

1. The registered professional nurse shall assign the homemaker-home health aide to a patient and shall give written instructions to the homemaker-home health aide regarding the hospice services to be provided. The homemaker-home health aide shall document the hospice services provided. Copies of the written instructions shall be kept in the patient's home and documentation of services provided shall be kept in the patient's medical/health record.

2. If the registered professional nurse delegates selected tasks to the homemaker-home health aide, the registered professional nurse shall determine the degree of supervision to provide, based upon an evaluation of the patient's condition, the education, skill, and training of the homemaker-home health aide to whom the tasks are delegated, and the nature of the tasks and activities being delegated. The registered professional nurse shall delegate a task only to a homemaker-home health aide who meets the requirements specified and who has demonstrated the knowledge, skill, and competency to perform the delegated tasks.

3. The registered professional nurse shall make supervisory visits to the patient's home and document these visits in the patient's medical record, in accordance with the facility's policies and procedures.

(b) The hospice shall not employ an individual as a homemaker-home health aide unless the individual shall have completed a training program approved by the New Jersey Board of Nursing, shall be certified by the Board of Nursing in accordance with N.J.A.C. 13:37-4, and shall provide verification of current certification for inclusion in the hospice personnel record.

(c) The homemaker-home health aide shall be responsible for providing at least personal care and homemaking services essential to the patient's health care and comfort at home, including shopping, errands, laundry, meal planning and preparation (including therapeutic diets), serving of meals, child care, assisting the patient with activities of daily living, and assisting with prescribed exercises and the use of special equipment, as necessary.

## SUBCHAPTER 8. PHARMACY SERVICES

**8:42C-8.1 Pharmacy and supplies**

(a) The hospice shall establish written policies and procedures governing pharmacy and supplies that are reviewed annually, revised as needed, and implemented. The written policies and procedures shall include at least the following:

1. Requirements for the purchase, storage, handling, safeguarding, accountability, use, and disposition of medications in accordance with the New Jersey State Board of Pharmacy rules (N.J.A.C. 13:39), the Federal Controlled Dangerous Substances Act of 1970 and amendments thereto, 21 U.S.C. §§ 801 et seq. and rules promulgated pursuant thereto, and the New Jersey Controlled Dangerous Substances Act of 1970 (N.J.S.A. 24:21-1 et seq.), as well as subsequent amendments and rules promulgated pursuant thereto; and
2. Reporting and documenting medication errors and adverse drug reactions.

(b) The hospice shall provide current pharmaceutical reference materials and sources of information to staff.

(c) The hospice shall establish written policies and procedures for the disposal of controlled drugs no longer needed by the patient.

## SUBCHAPTER 9. MEDICAL/HEALTH RECORDS

**8:42C-9.1 Maintenance of medical/health records**

(a) At least 14 days before a hospice plans to cease operations, it shall notify the New Jersey Department of Health and Senior Services in writing of the location and method for retrieval of medical/health records.

(b) Medical records shall be retained and preserved in accordance with N.J.S.A. 26:8-5 et seq.

## SUBCHAPTER 10. INFECTION PREVENTION AND CONTROL

**8:42C-10.1 Infection prevention and control program**

(a) The administrator shall ensure the development and implementation of an infection prevention and control program.

(b) The administrator shall designate a person who shall have education, training, completed course work, or experience in infection control or epidemiology, and who shall be responsible for the direction, provision, and quality of infec-

tion prevention and control services. The designated person shall be responsible for, at a minimum, developing and maintaining written objectives, a policy and procedure manual, a system for data collection, and a quality assurance program for the infection prevention and control service.

**8:42C-10.2 Infection control policies and procedures**

(a) The hospice shall have an interdisciplinary committee which establishes and implements an infection prevention and control program.

(b) The interdisciplinary Committee shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control, including:

1. Compliance with "Enforcement Procedures for Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)," OSHA Instruction CPL-2-2.44B, August 15, 1990, as amended and supplemented, incorporated herein by reference;

2. Compliance with "Recommendations for Prevention of HIV Transmission in Health-Care Settings," CDC, Morbidity and Mortality Weekly Report (MMWR) 1987; Volume 36 (supplement 2S), as amended and supplemented, incorporated herein by reference;

3. Compliance with "Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings," CDC Morbidity and Mortality Weekly Report (MMWR) 1988; Volume 37, as amended and supplemented, incorporated herein by reference;

4. A method of complying with the Department's rules on reportable diseases at N.J.A.C. 8:57;

5. A staff education program on infection prevention and control which shall be conducted on an annual basis;

6. Surveillance techniques to identify infections and develop systems to reduce risk; and

7. Sterilization and high level of disinfection of reusable medical devices, following guidelines recommended by the Association for the Advancement of Medical Instrumentation (AAMI, Suite 602, 1901 North Fort Myer Drive, Arlington, VA 22209), and any amendments thereto, which are incorporated herein by reference, including, at a minimum:

- i. Steam sterilization and sterility assurance in office based, ambulatory care, medical and dental facilities;

- ii. Safe use and handling of glutaraldehyde-based products in health care facilities;

- iii. Aseptic transfer of sterile supplies; and

iv. Chemicals used for cleaning general environmental surfaces.

(c) Any hospice which out-sources the reprocessing of reusable medical devices to another health care facility or a commercial reprocessing firm shall conduct an annual audit to ensure conformance with the AAMI standards set forth at (b)7 above. Documentation of such audits shall be maintained for a period of three years.

#### **8:42C-10.3 Infection control measures**

(a) The hospice shall follow all recommendations in the following Centers for Disease Control publications, and any amendments or supplements thereto, incorporated herein by reference:

1. Guideline for Prevention of Catheter-Associated Urinary Tract Infections, PB84-923402;
2. Guideline for Prevention of Intravascular Infections, PB97-130074;
3. Guideline for Prevention of Surgical Wound Infections, PB85-923403;
4. Guideline for Handwashing and Hospital Environmental Control, PB85-923404; and
5. Guideline for Infections Control for Health Care Personnel, PB99-105454.

(b) Centers for Disease Control publications are available from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, VA 22101, (800) 553-6847, (703) 605-6000.

#### **8:42C-10.4 Use and sterilization of patient care items**

Single use patient care items shall not be reused. Other patient care items which may be reused shall be reprocessed and reused only in accordance with manufacturers' recommendations.

#### **8:42C-10.5 Regulated medical waste**

(a) The hospice shall comply with provisions of the Comprehensive Regulated Medical Waste Management Act at N.J.S.A. 13:1E-48.1 et seq., and N.J.A.C. 7:26-3A.

(b) The hospice shall develop and implement policies and procedures for the collection, storage handling and disposal of all solid waste.

#### **8:42C-10.6 Communicable diseases alert**

The hospice shall develop protocols for identifying patients who have died with AIDS, or a contagious, infectious or communicable disease consistent with N.J.S.A. 26:6-8.2 and 8.3.

#### **8:42C-10.7 Orientation and in-service education**

(a) Orientation for all new personnel and staff, as well as volunteers, under contract to provide direct patient care shall include infection control practices for the employee's specific job duties and the rationale for those practices.

(b) The Interdisciplinary Committee shall coordinate educational programs to address specific problems at least annually for staff in all disciplines and patient care services which includes blood borne pathogens and tuberculosis (TB) exposure control.