

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

**Authority**

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

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

Chapter 43G, Hospital Licensing Standards, expires on February 3, 2000.

**Chapter Historical Note**

Chapter 43G, originally 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). The rules concerning Capital Policy were repealed by R.1988 d.114, effective March 21, 1988. See: 19 N.J.R. 2365(b), 20 N.J.R. 645(d).

Chapter 43G, Hospital Licensing Standards, was adopted as R.1990 d.77 through R.1990 d.98, effective February 5, 1990 (operative July 1, 1990). See: 22 N.J.R. 441(b) through 22 N.J.R. 555(a). Pursuant to Executive Order No. 66(1978), Chapter 43G was readopted as R.1995 d.124. See: Source and Effective Date. See, also, section annotations.

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- 8:43G-32.10 Same-day medical services standards; scope
- 8:43G-32.11 Same-day medical services structural organizations
- 8:43G-32.12 Same-day medical services policies and procedures
- 8:43G-32.13 Same-day medical services staff time and availability
- 8:43G-32.14 Same-day medical services patient services
- 8:43G-32.15 (Reserved)
- 8:43G-32.16 Same-day medical services space and environment
- 8:43G-32.17 (Reserved)
- 8:43G-32.18 Same-day medical services education
- 8:43G-32.19 (Reserved)
- 8:43G-32.20 Same-day medical services continuous quality improvement methods
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#### SUBCHAPTER 33. SOCIAL WORK

- 8:43G-33.1 Social work structural organization
- 8:43G-33.2 Social work policies and procedures
- 8:43G-33.3 Social work staff qualifications
- 8:43G-33.4 through 8:43G-33.5 (Reserved)
- 8:43G-33.6 Social work patient services
- 8:43G-33.7 (Reserved)
- 8:43G-33.8 Social work space and environment
- 8:43G-33.9 Social work staff education and training
- 8:43G-33.10 Social work continuous quality improvement methods

#### SUBCHAPTER 34. SURGERY

- 8:43G-34.1 Surgery structural organization
- 8:43G-34.2 (Reserved)
- 8:43G-34.3 Surgery policies and procedures
- 8:43G-34.4 Surgery staff qualifications
- 8:43G-34.5 Surgery staff time and availability
- 8:43G-34.6 Surgery patient services
- 8:43G-34.7 Surgery space and environment
- 8:43G-34.8 Surgery supplies and equipment
- 8:43G-34.9 Surgery staff education
- 8:43G-34.10 (Reserved)
- 8:43G-34.11 Surgery continuous quality improvement methods
- 8:43G-34.12 (Reserved)

#### SUBCHAPTER 35. POSTANESTHESIA CARE

- 8:43G-35.1 Postanesthesia care policies and procedures
- 8:43G-35.2 Postanesthesia care staff qualifications
- 8:43G-35.3 Postanesthesia care staff time and availability
- 8:43G-35.4 Postanesthesia care patient services
- 8:43G-35.5 (Reserved)
- 8:43G-35.6 Postanesthesia care supplies and equipment
- 8:43G-35.7 Postanesthesia care staff education and training
- 8:43G-35.8 (Reserved)
- 8:43G-35.9 Postanesthesia care continuous quality improvement methods

### SUBCHAPTER 1. GENERAL PROVISIONS

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

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

(b) This chapter contains rules intended to assure the high quality of care delivered in hospital facilities throughout New Jersey. Components of quality care addressed by these rules and standards include access to care, continuity of care, comprehensiveness of care, coordination of services, humaneness of treatment, conservatism in intervention, safety of environment, professionalism of caregivers, and participation in useful studies.

#### 8:43G-1.2 Definitions

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

“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.

“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.

#### 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:

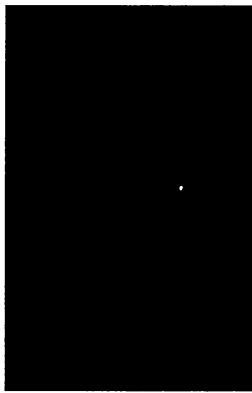
Director  
Licensing, Certification and Standards  
Division of Health Facilities Evaluation and Licensing  
New Jersey State Department of Health  
PO Box 367  
Trenton, New Jersey 08625-0367

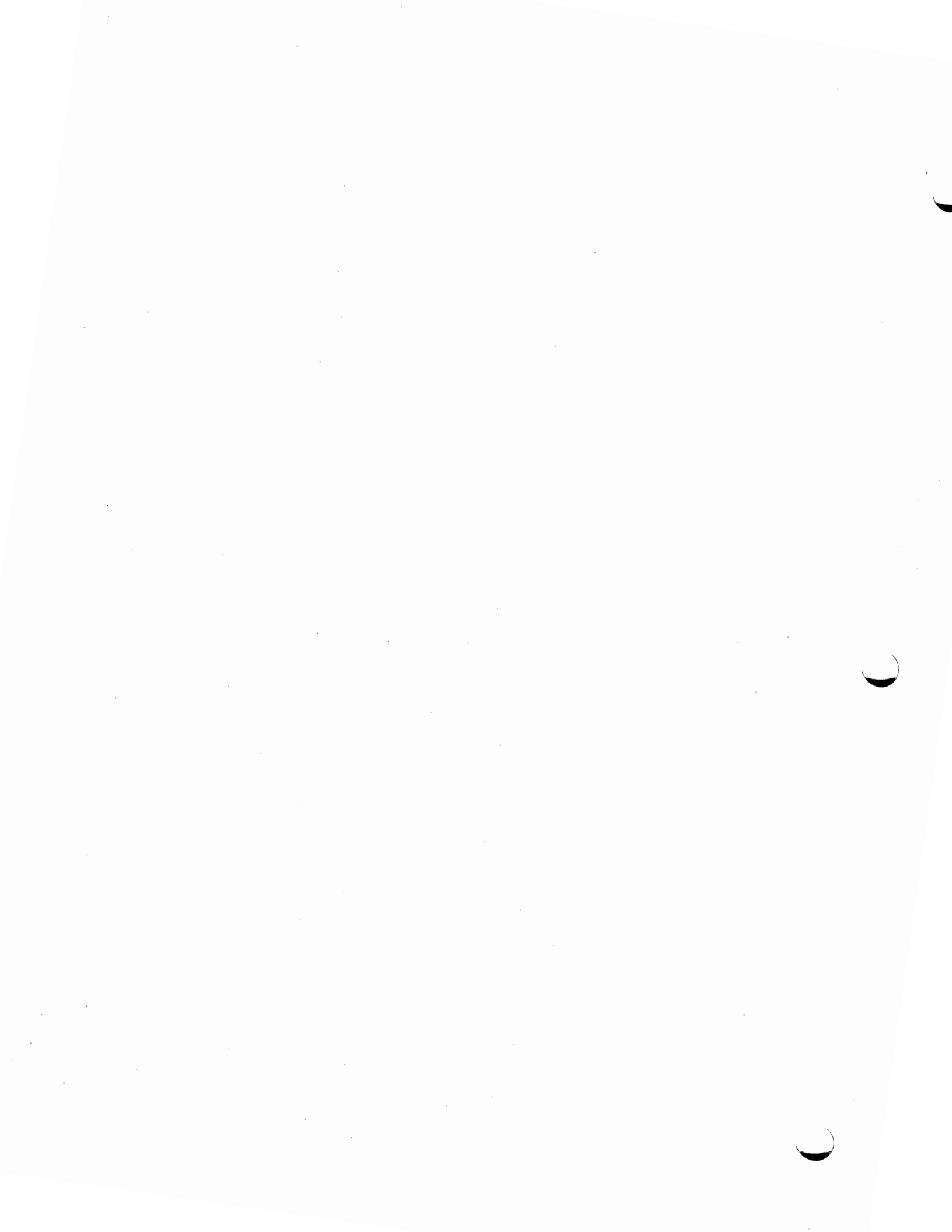
(b) The Department shall charge a nonrefundable fee of \$8,000 for the filing of an application for licensure and each annual renewal of a general acute care, special, or psychiatric hospital. These fees shall not exceed the maximum caps as set forth at N.J.S.A. 26:2H-12, as may be amended from time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





(b) A facility seeking a waiver of the standards in this chapter shall apply in writing to the Director of the Licensing and Certification Program of the Department.

(c) A written application for waiver shall include the following:

1. The nature of the waiver requested;
2. The specific standards for which a waiver is requested;
3. Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility upon full compliance;
4. An alternative proposal which would ensure patient safety; and
5. Documentation to support the waiver application.

(d) The Department reserves the right to request additional information before processing an application for waiver.

#### 8:43G-2.9 Action against licensee

(a) Violations of this chapter may result in action by the New Jersey State Department of Health to impose a fine, pursuant to N.J.S.A. 26:2H-1 et seq., cease admissions to a facility, order removal of patients from a facility, revoke or suspend a license, and/or impose other lawful remedies.

(b) If the Department determines that operational or safety deficiencies exist, it may require that all admissions to the facility cease. This may be done simultaneously with, or in lieu of, action to revoke licensure and/or impose a fine. The Commissioner or his or her designee shall notify the facility in writing of such determination.

(c) The Commissioner may order the immediate removal of patients from a facility whenever he or she determines there is imminent danger to any person's health or safety.

(d) Any licensee made subject to action by the Department for suspension or revocation of license or who is assessed a fine under terms of this section shall have the right to a fair hearing in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and the Uniform Administrative Procedures Rules, N.J.A.C. 1:1.

#### Case Notes

Parents had no counterclaim against hospital under the Consumer Fraud Act for hospital's alleged improper practices in supposedly coercing son to remain in the hospital after need for treatment had ended for purposes of inflating hospital's gross income receipts. *Hampton Hosp. v. Bresan*, 288 N.J.Super. 372, 672 A.2d 725 (A.D. 1996).

#### 8:43G-2.10 Information not to be disclosed

(a) Information received by the Department of Health through inspection authorized by N.J.S.A. 26:2H-1 et seq.

shall not be disclosed to the public in such a way as to indicate the names of the specific patients or hospital employees to whom the information pertains. The Department shall forward inspection reports to the hospital facility at least 30 days prior to public disclosure. In all cases in which the hospital comments on the inspection report, the hospital comments and the inspection report shall be released simultaneously by the Department. In cases in which the New Jersey State Commissioner of Health determines that the protection of public health and safety necessitates immediate public disclosure of information, inspection reports may be disclosed immediately.

(b) Nothing contained herein shall be construed to interfere with existing legislation or the established rights and privileges of the public prosecutor and litigants having access to hospital records, nor shall determinations herein be construed to interfere in any way with the orderly legal process of obtaining access to such records.

#### 8:43G-2.11 Hospital satellite facilities

(a) A satellite hospital facility may be operated under the effective supervision of an existing hospital.

(b) Individual licenses shall not be required for separate hospital buildings and services located on the same or adjoining grounds, if these are operated under one management.

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

#### 8:43G-2.12 Mandatory services in general and psychiatric hospitals

(a) All general hospitals applying for licensure shall provide the following professional departments, services, facilities, and functions:

1. Administration;
2. Anesthesia Department;
3. Blood Bank;
4. Central Supply;
5. Clinical and Pathological Laboratories;
6. Dietary Services;
7. Discharge Planning;
8. Emergency Department;
9. Employee and Occupational Health;
10. Electrocardiogram Laboratory;
11. Housekeeping and Laundry Services;
12. Infection Control and Sanitation;
13. Medical Library;
14. Medical Records;

15. Medical/Surgical Service;
16. Medical Staff;
17. Morgue and Autopsy Facilities;
18. Nursing Service;
19. Out-Patient and Preventive Services, including regularly scheduled clinic services for medically indigent patients;
20. Pharmacy Department;
21. Physical and Occupational Therapy;
22. Physical Plant and Maintenance;
23. Post Anesthesia Care Unit;
24. Quality Assurance;
25. Radiology;
26. Respiratory Therapy Services; and
27. Social Work Department.

(b) All psychiatric hospitals applying for licensure shall provide the following professional departments, services, facilities, or functions:

1. Administration;
2. Anesthesia department (only if electro-convulsive therapy is provided);
3. Dietary services;
4. Discharge planning;
5. Emergency department (8:43G-12.1 only);
6. Employee and occupational health;
7. Housekeeping and laundry services;
8. Infection control and sanitation;
9. Medical records;
10. Medical staff;
11. Post mortem services (8:43G-25.1 and 25.3(b) through (d) only);
12. Nursing service;
13. Patient rights;
14. Pharmacy services;
15. Rehabilitation therapy;
16. Physical plant and maintenance;
17. Psychiatric services;
18. Quality assurance; and
19. Social services.

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

Added (b).

### 8:43G-2.13 Child abuse and neglect

(a) The facility shall establish and implement written policies and procedures, reviewed by the Department and revised as required by the Department, for reporting all diagnosed and/or suspected cases of child abuse and/or neglect in compliance with N.J.S.A. 9:6-1 et seq.

(b) The facility shall have in effect written policies and procedures reviewed by the Department and revised as required by the Department to include, but not be limited to, the following:

1. The designation of a staff member(s) to be responsible for coordinating the reporting of diagnosed and/or suspected cases of child abuse and/or neglect on a 24-hour basis, recording the notification to the Division of Youth and Family Services on the medical record, and serving as a liaison between the facility and the Division of Youth and Family Services;

2. The development of written protocols for the identification and treatment of abused and/or neglected children for the emergency room, clinic, and pediatrics, where such services exist, for admission and/or transfer to another facility and for protective custody through the use of hospital hold in accordance with N.J.S.A. 9:6-8.16; and

3. The provision of education and/or training programs to appropriate persons regarding the identification and reporting of diagnosed and/or suspected cases of child abuse and/or neglect and regarding the facility's policies and procedures on at least an annual basis.

Note: Copies of N.J.S.A. 9:6-1 et seq. can be obtained from the local district office of the Division of Youth and Family Services or from the Office of Program Support, Division of Youth and Family Services, Trenton, New Jersey 08625.

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### SUBCHAPTER 3. (RESERVED)

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### SUBCHAPTER 4. PATIENT RIGHTS

#### 8:43G-4.1 Patient rights

(a) Every New Jersey hospital patient shall have the following rights, none of which shall be abridged by the hospital or any of its staff. The hospital administrator shall be responsible for developing and implementing policies to protect patient rights and to respond to questions and grievances pertaining to patient rights. These rights shall include at least the following:

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

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

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

### SUBCHAPTER 18. NURSING CARE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(f) The hospital, under the direction of the nursing service, shall develop and implement a training program for unlicensed assistive personnel including training and demon-

strations in basic nursing tasks and incorporating the principles of patient rights, infection control, and safety. There shall be methods for evaluating minimal competencies and a requirement for annual in-service education.

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

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

Amended by R.1999 d.436, effective December 20, 1999.

See: 31 N.J.R. 367(a), 31 N.J.R. 614(a), 31 N.J.R. 4293(c).

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

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

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

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

1. Protocol for the use of alternatives to physical restraints, such as staff or environmental interventions, structured activities, or behavior management. Alternatives shall be utilized whenever possible to avoid the use of restraints;

2. Protocol for the use and documentation of a progressive range of restraining procedures from the least restrictive to the most restrictive;

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

- i. Prevention of imminent harm to the patient or other persons when other means of control are not effective or appropriate; or

- ii. Prevention of serious disruption of treatment or significant damage to the physical environment;

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

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

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

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

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

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

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

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

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

2. Toileting at least every two hours with assistance if needed;

3. Monitoring of vital signs; and

4. Release of restraints at least once every two hours in order to:

- i. Assess circulation and skin integrity;

- ii. Perform skin care; and

- iii. Provide an opportunity for exercise or perform range of motion procedures for a minimum of five minutes per limb.

5. Continuous or periodic visual observation based upon an evaluation of the patient's clinical condition.