

CHAPTER 43G
HOSPITAL LICENSING STANDARDS

Authority

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

Source and Effective Date

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

Chapter Expiration Date

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

Chapter Historical Note

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

Chapter 43G, Certificate of Need: Capital Policy, was repealed by R.1988 d.114, effective March 21, 1988.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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

- 8:43G-1.1 Scope and purpose
- 8:43G-1.2 Definitions
- 8:43G-1.3 Classification of institutions
- 8:43G-1.4 Information and complaint procedure

SUBCHAPTER 2. LICENSURE PROCEDURE

- 8:43G-2.1 Certificate of Need
- 8:43G-2.2 Application for licensure
- 8:43G-2.3 Newly constructed or expanded facilities
- 8:43G-2.4 Surveys and temporary license
- 8:43G-2.5 Full license
- 8:43G-2.6 Revocation or suspension of license
- 8:43G-2.7 Surrender of license
- 8:43G-2.8 Waiver
- 8:43G-2.9 Action against licensee
- 8:43G-2.10 Information not to be disclosed
- 8:43G-2.11 Hospital satellite facilities and off-site ambulatory care service facilities
- 8:43G-2.12 Mandatory services in general and psychiatric hospitals
- 8:43G-2.13 Child abuse and neglect

SUBCHAPTER 3. (RESERVED)

SUBCHAPTER 4. PATIENT RIGHTS

- 8:43G-4.1 Patient rights
- 8:43G-4.2 (Reserved)

SUBCHAPTER 5. HOSPITAL ADMINISTRATION AND GENERAL HOSPITAL-WIDE POLICIES

- 8:43G-5.1 Administrative and hospital-wide structural organization
- 8:43G-5.2 Administrative and hospital-wide policies and procedures
- 8:43G-5.3 Administrative and hospital-wide staff qualifications
- 8:43G-5.4 Organ and tissue donation
- 8:43G-5.5 Administrative and hospital-wide patient services
- 8:43G-5.6 Reportable events
- 8:43G-5.7 Administrative and hospital-wide staff education
- 8:43G-5.8 (Reserved)
- 8:43G-5.9 Department education programs
- 8:43G-5.10 Funding for regionalized services
- 8:43G-5.11 Occupational health structural organization
- 8:43G-5.12 Occupational health policies and procedures
- 8:43G-5.13 Occupational health staff qualifications
- 8:43G-5.14 Occupational health education
- 8:43G-5.15 Occupational health continuous quality improvement methods
- 8:43G-5.16 Disaster planning
- 8:43G-5.17 (Reserved)
- 8:43G-5.18 Blood bank
- 8:43G-5.19 Clinical and pathological laboratories
- 8:43G-5.20 Electrocardiogram laboratory
- 8:43G-5.21 Out-patient and preventive services

SUBCHAPTER 6. ANESTHESIA

- 8:43G-6.1 Definitions
- 8:43G-6.2 Anesthesia services, policies and procedures
- 8:43G-6.3 Anesthesia staff: qualifications for administering anesthesia
- 8:43G-6.4 Anesthesiologist availability
- 8:43G-6.5 Anesthesia patient services
- 8:43G-6.6 Anesthesia supplies and equipment; safety systems
- 8:43G-6.7 Anesthesia supplies and equipment; maintenance and inspections
- 8:43G-6.8 Anesthesia supplies and equipment; patient monitoring
- 8:43G-6.9 Anesthesia staff education and training
- 8:43G-6.10 Anesthesia continuous quality improvement

SUBCHAPTER 7. CARDIAC

- 8:43G-7.1 Scope and definitions
- 8:43G-7.2 Cardiac surgery policies and procedures
- 8:43G-7.3 Cardiac surgery staff qualifications
- 8:43G-7.4 (Reserved)
- 8:43G-7.5 Cardiac surgery staff time and availability
- 8:43G-7.6 (Reserved)
- 8:43G-7.7 Cardiac surgery patient services
- 8:43G-7.8 Cardiac surgery space and environment
- 8:43G-7.9 Cardiac surgery supplies and equipment
- 8:43G-7.10 Staff education
- 8:43G-7.11 (Reserved)
- 8:43G-7.12 Cardiac surgery continuous quality improvement methods
- 8:43G-7.13 (Reserved)
- 8:43G-7.14 Cardiac catheterization policies and procedures
- 8:43G-7.15 Cardiac catheterization staff qualifications
- 8:43G-7.16 Cardiac catheterization staff time and availability
- 8:43G-7.17 Cardiac catheterization patient services
- 8:43G-7.18 Cardiac catheterization space and environment
- 8:43G-7.19 Cardiac catheterization supplies and equipment
- 8:43G-7.20 Cardiac catheterization staff education and training
- 8:43G-7.21 Cardiac catheterization quality assurance methods
- 8:43G-7.22 Scope of pilot catheterization program
- 8:43G-7.23 Requirements for licensure
- 8:43G-7.24 Pilot catheterization program policies and procedures
- 8:43G-7.25 Pilot catheterization program staff qualifications
- 8:43G-7.26 Pilot catheterization program staff time and availability
- 8:43G-7.27 Pilot catheterization program quality improvement
- 8:43G-7.28 Percutaneous transluminal coronary angioplasty policies and procedures
- 8:43G-7.29 PTCA staff qualifications
- 8:43G-7.30 PTCA staff time and availability
- 8:43G-7.31 PTCA space and environment
- 8:43G-7.32 Electrophysiology studies staff qualifications
- 8:43G-7.33 EPS staff time and availability
- 8:43G-7.34 Board eligibility status
- 8:43G-7.35 Pediatric cardiac services standards; scope
- 8:43G-7.36 Pediatric cardiac surgery policies and procedures
- 8:43G-7.37 Pediatric cardiac surgery staff qualifications
- 8:43G-7.38 Pediatric cardiac surgery staff time and availability
- 8:43G-7.39 Pediatric cardiac surgery space and environment
- 8:43G-7.40 Pediatric cardiac surgery supplies and equipment
- 8:43G-7.41 Pediatric cardiac surgery continuous quality improvement methods
- 8:43G-7.42 (Reserved)
- 8:43G-7.43 Pediatric cardiac catheterization policies and procedures
- 8:43G-7.44 Pediatric cardiac catheterization staff qualifications
- 8:43G-7.45 Pediatric catheterization continuous quality improvement methods
- 8:43G-7.46 Staff qualifications waiver

SUBCHAPTER 7A. STROKE CENTERS

- 8:43G-7A.1 Stroke center standards; scope
- 8:43G-7A.2 Definitions
- 8:43G-7A.3 Primary stroke center licensure designation
- 8:43G-7A.4 Primary stroke center staff qualifications
- 8:43G-7A.5 Primary stroke center education and training
- 8:43G-7A.6 Primary stroke center continuous quality improvement
- 8:43G-7A.7 Comprehensive stroke center staffing
- 8:43G-7A.8 Comprehensive stroke center education and training
- 8:43G-7A.9 Comprehensive stroke center continuous quality improvement
- 8:43G-7A.10 Licensing and compliance

SUBCHAPTER 8. CENTRAL SERVICE

- 8:43G-8.1 Central service policies and procedures
- 8:43G-8.2 Central service staff qualifications
- 8:43G-8.3 Central service staff education and training

iv. Documentation of telephone contact with the OPO.

5. A provision that the hospital shall permit the OPO to review the medical records of all deceased patients, as long as the OPO has agreed, in writing, to maintain the confidentiality of any patient identifying information.

6. A requirement that discretion and sensitivity to family circumstances and beliefs shall be maintained in all discussions regarding donations of organs, tissue or eyes.

(d) The hospital shall identify the position or job title of the person at the hospital who shall be responsible for serving as a hospital liaison to the hospital's OPO, and as coordinator of the hospital's donor activities. The hospital, in conjunction with the OPO shall provide in service training to such individuals. Such individual shall be responsible for overseeing the development and implementation of the hospital's protocols established in accordance with subsection (c) above.

(e) Recovery of human body parts for donation may be performed by a transplant recovery specialist. A physician is not required to be present during the recovery procedure.

(f) If the hospital performs organ transplants, the director of the medical staff shall ensure that satisfactory follow-up care and consultation are provided to all transplantation patients, including multidisciplinary conferences held at periodic intervals.

(g) If the hospital provides bone or tissue banking services, the hospital shall meet all guidelines set by the American Association of Tissue Banks for such services. Such guidelines are incorporated herein by reference and are available from the American Association of Tissue Banks, 1350 Beverly Road, Suite 220A, McLean, VA 22101 (703-827-9582).

New Rule, 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).

8:43G-5.5 Administrative and hospital-wide patient services

(a) To meet the needs of pediatric patients, the hospital shall have available medical and nursing staff with specialized pediatric training and shall have equipment adaptable to the needs of pediatric patients on-site.

(b) The hospital shall ensure the safe transport of patients within the hospital, according to each patient's medical needs. This system shall include at least interdepartmental reporting of incidents and changes in the patient's condition during transportation and during the period the patient is in another service and providing an accompanying health professional for those patients whose condition warrants it.

(c) The hospital shall provide interpretive services, when necessary, for patients who do not speak English and for

patients who are deaf. The facility shall provide other communication assistance, as needed, for patients who are blind.

(d) The hospital shall have a system to link patients with clergy or spiritual counselors, upon request.

(e) For patient and staff safety, the hospital shall have a security system which is rigidly enforced and includes at least an identification system for employees, volunteers, and medical staff and control of access to and egress from the hospital.

(f) There shall be a means to summon immediate emergency response for medical emergencies occurring in the hospital.

(g) Each department in the hospital providing direct patient care shall have a health care professional capable of initiating cardiopulmonary resuscitation on duty at all times when patients are present.

Amended by R.1992 d.72, effective February 18, 1992.

See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).

Text on CPR staff added at (i).

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 (c); deleted former (e) and (f); and recodified former (g) through (i) as (e) through (g).

8:43G-5.6 Reportable events

(a) The hospital shall notify the Department immediately by telephone at (609) 588-7725, or (609) 392-2020 after business hours, of any event occurring within the hospital that jeopardizes the health and safety of patients or employees. Events which shall be reported to the Department include, but are not limited to, the following:

1. An unscheduled interruption for three or more hours of physical plant and/or clinical services essential to the health and safety of patients and employees;

2. All fires, disasters or accidents which result in serious injury or death of patients or employees, or in evacuation of patients out of the facility;

3. All alleged or suspected crimes which endanger the life or safety of patients or employees, which are also reportable to the police department, and which result in an immediate on-site investigation by the police.

(b) Information received by the Department of Health through immediate notification 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.

(c) A follow-up written report shall be submitted to the Department within seven calendar days of the event, unless determined not to be necessary by the Department. The written report shall contain information about injuries to

patients and/or staff, disruption of services, extent of damages and corrective actions taken.

New Rule, R.1991 d.450, effective August 19, 1991 (operative October 15, 1991).

See: 22 N.J.R. 3469(a), 23 N.J.R. 2526(a).

8:43G-5.7 Administrative and hospital-wide staff education

(a) There shall be a formal orientation program for all new permanent staff that includes at least training in patient rights as found at N.J.A.C. 8:43G-4, a tour of the hospital, orientation to the hospital's security system and disaster plan, and review of procedures to follow in case of an emergency.

(b) There shall be a formal orientation program for all new temporary staff, nurses retained through an outside agency, and persons providing services by contract which includes, at a minimum, a tour of the department to which the individual is assigned, orientation of the hospital's security system, and review of procedures to follow in case of an emergency.

(c) The hospital shall provide, evaluate, and coordinate training and educational programs for all departments in the hospital.

Amended by R.1992 d.72, effective February 18, 1992.

See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).

Reference to Subchapter 4 added.

8:43G-5.8 (Reserved)

8:43G-5.9 Department education programs

(a) Each department in the hospital shall develop, revise as necessary, and implement a written plan of staff education. The plan shall address the education needs, relevant to the service, of different categories of staff on all work shifts. The plan shall include education programs conducted at least annually in the service, in other areas of the hospital, or off-site.

(b) The plan shall include education programs that address at least the following:

1. Orientation of new staff to the service in which the individual will be employed, including a review of the service's equipment, policies, and procedures and identification of individual employee duties for receiving and evacuating patients in the event of a disaster;
2. Use of new clinical procedures, new equipment, and new technologies, including, where applicable, computers;
3. Individual staff requests for education programs;
4. Supervisor judgements about education needs based on assessment of staff performance;
5. Education on statutory requirements relevant to the specific service such as identification and reporting of victims of abuse; and

6. Areas identified by the hospital-wide quality assurance program as needing educational programs; and

7. Patient rights; and

8. Rights and responsibilities of staff under the New Jersey Advance Directives for Health Care Act (P.L. 1991, c.201) and the Federal Patient Self Determination Act (P.L. 101-508), and internal hospital policies and procedures to implement these laws.

(c) Implementation of the plan shall include records of attendance for each program and composite records of participation for each staff member.

Amended by R.1992 d.72, effective February 18, 1992.

See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).

Annual requirement added at (a); identification and reporting of abuse victims added at (b)6.

Amended by R.1992 d.132, effective March 16, 1992.

See: 23 N.J.R. 3256(a), 24 N.J.R. 942(a).

Text added at (b)7 on advance directives.

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 (b), inserted a new 7, and recodified former 7 as 8.

8:43G-5.10 Funding for regionalized services

(a) All hospitals providing emergency room services shall be members in good standing of the New Jersey Poison Information and Education System established pursuant to N.J.S.A. 26:2-119 et seq.

(b) All hospitals with licensed obstetric or pediatric beds or designated as a Community or Regional Perinatal Center pursuant to N.J.A.C. 8:33C shall be a member in good standing of a Maternal and Child Health Consortium as defined in N.J.A.C. 8:35.

(c) Prior to the designation of the Maternal and Child Health Consortium pursuant to the certificate of need process and after the expiration of the Robert Wood Johnson Foundation funding for consortia on or before March 1, 1993, all hospitals eligible for a perinatal adjustment in a 1993 revenue cap approved by the Hospital Rate Setting Commission shall make monthly payments based on that adjustment to the Maternal and Child Health Consortium to which they belong.

Emergency New Rule, R.1993 d.138, effective March 2, 1993 (expired May 1, 1993).

See: 25 N.J.R. 1295(a).

Continuity of funding to consortia specified at (c).

New Rule, R.1993 d.229, effective May 17, 1993.

See: 25 N.J.R. 792(a), 25 N.J.R. 1969(a).

Adoption of concurrent proposal by R.1993 d.236, effective April 29, 1993 (Readoption of emergency amendment) and June 7, 1993 (adoption of amendment).

See: 25 N.J.R. 1295(a), 25 N.J.R. 2555(a).

Amended by R.1993 d.286, effective June 7, 1993.

See: 25 N.J.R. 1117(a), 25 N.J.R. 2554(a).

Petition for Rulemaking: Health Care Quality and Oversight Branch: hospitals providing emergency room services: membership in New Jersey Poison Information and Education System.

See: 38 N.J.R. 1591(a).

8:43G-6.9 Anesthesia staff education and training

Requirements for the anesthesia education program shall be as set forth in N.J.A.C. 8:43G-5.9.

Amended by R.1991 d.451, effective August 19, 1991, operative October 15, 1991.

See: 22 N.J.R. 3470(a), 23 N.J.R. 2527(a).

Recodified from section 6.8. Added new (a).

Amended by R.2003 d.57, effective February 3, 2003.

See: 34 N.J.R. 232(a), 35 N.J.R. 865(a).

Undesignated (a) and substituted "set forth" for "provided" preceding the N.J.A.C. reference; deleted (b).

8:43G-6.10 Anesthesia continuous quality improvement

(a) The hospital's quality improvement program shall include a systematic review and evaluation of patient care, anesthesia practices and anesthesia techniques. The surgical staff shall identify problem-prone processes which manifest undesirable patterns. The hospital shall develop a plan by which to collect and analyze data in order to evaluate outcomes or performance of the problem-prone processes. Data analysis shall focus on recommendations for implementing corrective actions and improving performance.

(b) The continuous quality improvement program shall include morbidity and mortality conferences.

(c) The hospital shall notify the New Jersey Department of Health and Senior Services, Inspections, Compliance and Complaints Program by telephone at (609) 292-9900 or (800) 792-9770 or by fax at (609) 943-3013 within 24 hours, and in writing within 30 days, of all deaths in anesthetizing locations and unexpected events or outcomes related to anesthesia, except those in which the patient expired prior to the administration of anesthesia, or in which the patient was categorized as ASA Class IV or ASA Class V according to the American Society of Anesthesiology (ASA) classification system.

1. The written report shall be submitted on the form entitled, "Confidential Report of Anesthesia Related Incident" (HFE-5), available from the New Jersey Department of Health, and Senior Services and shall include:

i. A summary of the incident and the patient's risk status or the American Society of Anesthesiology (ASA) Physical Status Classification; and

ii. All unexpected intraoperative or postoperative events or outcomes related to anesthesia.

Amended by R.1991 d.451, effective August 19, 1991, operative October 15, 1991.

See: 22 N.J.R. 3470(a), 23 N.J.R. 2527(a).

Recodified from section 6.9. In (c), changed report submission requirements.

Petition for Rulemaking.

See: 25 N.J.R. 3867(b), 25 N.J.R. 4337(b), 25 N.J.R. 4961(d).

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) and (b), substituted references to continuous quality improvement for references to quality assurance throughout.

Amended by R.2003 d.57, effective February 3, 2003.

See: 34 N.J.R. 232(a), 35 N.J.R. 865(a).

Rewrote (a) and (c).

SUBCHAPTER 7. CARDIAC**8:43G-7.1 Scope and definitions**

(a) The standards set forth in this subchapter shall apply only to separate, designated units or services for adult and/or pediatric cardiac surgery, cardiac catheterization, and interventional cardiac procedures. All hospitals licensed to provide any of these services shall also comply with all applicable staffing, staff qualification, volume, equipment and physical plant requirements contained in N.J.A.C. 8:33E.

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

"Cardiac catheterization" means the insertion of a thin, flexible tube (catheter) into a vein or artery and guiding it into the heart for purposes of determining cardiac anatomy and function.

"Cardiac surgery center" means a facility capable of providing invasive diagnostic catheterization, and all treatment modalities including open and closed heart surgical procedures. This includes: coronary artery bypass graft (CABG) surgery, PTCA and EPS studies.

"Complex electrophysiology study" (EPS) means the more complex variety of electrophysiology study, in contrast to non-complex electrophysiologic procedures, which primarily involve His Purkinje conduction evaluation without arrhythmia induction. EPS includes:

1. Procedures which intend to induce ventricular or supraventricular tachycardia;
2. Activation sequence mapping of cardiac tachyarrhythmias;
3. Electrode catheter ablative procedures; and
4. Implantation of anti-tachyarrhythmia devices and implantable cardioverter defibrillators.

"Diagnostic cardiac catheterization facility" means an acute care general hospital providing invasive cardiac diagnostic (cardiac catheterization) services to adult patients without surgery backup. These facilities have laboratories which perform procedures on at least 500 patients annually.

"Hospital-based" means the provisions of a health care service that is physically located on the campus of, and is a permanent structure within, a licensed care hospital offering inpatient support services.

“Left-heart catheterization” means the measurement of left heart hemodynamics and definitions of left heart anatomy/function by catheter delivered radiopaque contrast media.

menting, and verifying guardianship as part of discharge planning.

(f) The social work department shall coordinate child-abuse reporting and follow-up services with appropriate follow-up agencies in accordance with N.J.S.A. 9:6-1 et seq. The department shall participate in reporting and follow-up services for other victims of abuse.

(g) When a patient is transferred to another health care facility or linked to another health care agency after discharge, the social work department shall assure that relevant social work services documentation or information, if available, is provided to that agency or facility in order to assure continuity of care.

(h) When social work intervention is provided, the social work department shall enter into the medical record:

1. The reason for intervention;
2. The name or names of social workers involved and dates of intervention;
3. A social work assessment;
4. A treatment plan and referrals; and
5. Notes reflecting interventions before discharge.

(i) Social work staff shall be included in multidisciplinary patient care conferences or rounds.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Guardians added.

8:43G-33.7 (Reserved)

8:43G-33.8 Social work space and environment

(a) All reasonable efforts shall be made for privacy in patient and family interviews and in the handling of confidential phone calls by social workers.

(b) Social work department files on patients shall be kept physically secure and confidential.

8:43G-33.9 Social work staff education and training

Requirements for the social work staff education program shall be as provided in N.J.A.C. 8:43G-5.9.

8:43G-33.10 Social work continuous quality improvement methods

There shall be a program of continuous quality improvement for social work that is integrated into the hospital continuous quality improvement program and pertains to the scope of social work services provided. The program shall include regularly collecting and analyzing data to help identify health-service problems and their extent, and

recommending, implementing, and monitoring corrective actions on the basis of these data.

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).

Substituted references to continuous quality improvement for references to quality assurance throughout.

SUBCHAPTER 34. SURGERY

8:43G-34.1 Surgery structural organization

There shall be an organizational chart, or alternative documentation that delineates the lines of authority, responsibility, and accountability of staff in surgery services.

8:43G-34.2 (Reserved)

8:43G-34.3 Surgery policies and procedures

(a) Surgery services shall have written policies and procedures that are reviewed at least every three years, revised more frequently as needed, and implemented. They shall include at least:

1. Aseptic practices;
2. Infection control policies for the surgical suite, including attire which is commercially laundered;
3. Processing, packaging, and sterilization of materials in the suite; and
4. Special procedures for handling of trash from the surgical suite.

(b) The postanesthesia care unit shall maintain its own specific policies and procedures. Where applicable, these policies and procedures shall be integrated with the policies and procedures of the surgical suite.

(c) A policies and procedures manual governing the overall functions and responsibilities of the surgical suite shall be available to surgical suite staff whenever the suite is open.

(d) There shall be a written procedure established for the handling of soiled laundry and trash, which shall be bagged and collected at the termination of each procedure and transported to the soiled holding area.

(e) There shall be a written procedure for the handling of soiled laundry and trash, which shall be placed in closed containers in each operating room. Medical waste and sharps shall be handled in accordance with current applicable State and Federal rules and regulations.

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" in the introductory paragraph.

Amended by R.2003 d.57, effective February 3, 2003.

See: 34 N.J.R. 232(a), 35 N.J.R. 865(a).

In (a)2, added "which is commercially laundered"; rewrote (d); added (e).

8:43G-34.4 Surgery staff qualifications

(a) There shall be a physician director who is clinically responsible for surgical services and is board certified.

(b) There shall be a person with administrative responsibility for the surgical service.

(c) Each surgical suite shall have available a roster of physicians with delineation of current surgical privileges, including those with temporary privileges.

(d) The hospital shall maintain a list of surgical procedures that require the presence of a physician to act as first assistant.

Amended by R.2003 d.57, effective February 3, 2003.

See: 34 N.J.R. 232(a), 35 N.J.R. 865(a).

Rewrote (a).

8:43G-34.5 Surgery staff time and availability

(a) A registered professional nurse shall be assigned to circulating nurse duties in each room where surgery is being performed.

(b) All registered professional nurses in the unit shall maintain certification in Basic Cardiac Life Support.

(c) During scheduled hours of operation, personnel who have received special training in cleaning the surgical suite shall be assigned to the surgical suite for cleaning and related duties.

Amended by R.2003 d.57, effective February 3, 2003.

See: 34 N.J.R. 232(a), 35 N.J.R. 865(a).

Rewrote (b).

8:43G-34.6 Surgery patient services

(a) A patient identification system shall be implemented and patient identification shall be verified prior to any surgical procedure.

(b) There shall be a policy and procedure to verify the site and side of any and all surgical procedures. The procedure site and side shall be documented on the operative consent form.

(c) There shall be oral verification of the correct site and side of the surgical procedure in the operating room by a surgical team member in accordance with hospital policy.

(d) There shall be a system to ensure that surgical patients' personal effects are secured during surgery.

(e) The surgery services staff shall take precautions to prevent patient falls and injuries during transportation, transfer, and positioning through the use of side rails or

restraint straps, and control devices on stretchers and operating tables.

(f) Each surgical patient shall have a medical record in accordance with the medical records policies of the hospital. The medical record shall be available to surgical suite personnel prior to surgery and shall include at least:

1. A written informed consent form signed by the patient or legal guardian or authorized person according to hospital policy that includes identification of the physician(s) performing the procedure prior to all procedures requiring informed consent;

2. A completed preoperative checklist;

3. A medical history and the results of a physical examination; and

4. Diagnostic tests results as determined by hospital policy.

(g) The surgical suite nursing staff shall make a preoperative note or notes for each surgical patient, which is part of the medical record and follows the patient to the patient care unit. The note shall describe intraoperative nursing care and patient reactions while in the operating suite.

(h) Operative reports shall be dictated or written in the medical record immediately after surgery.

(i) The completed operative report shall be reviewed for accuracy, signed and dated by the surgeon and filed in the medical record as soon as possible after surgery.

(j) There shall be a system in place for obtaining frozen section results on a timely basis.

(k) There shall be documentation of perioperative patient education.

Amended by R.2003 d.57, effective February 3, 2003.

See: 34 N.J.R. 232(a), 35 N.J.R. 865(a).

Rewrote (a); added new (b) and (c); recodified existing (b) and (c) as (d) and (e); recodified and rewrote (d) and (e) as (f) and (g); recodified existing (f) through (i) as (h) through (k).

8:43G-34.7 Surgery space and environment

(a) The surgical suite shall be maintained as a closed unit. Access to the surgical suite shall be restricted in accordance with hospital policies and procedures.

(b) All staff in the surgical suite shall be attired in scrub attire. Individuals who are permitted limited access shall be attired according to hospital infection control policies.

(c) Procedures shall be in place for the handling of soiled laundry and trash, which shall be bagged and collected at the termination of each procedure and transported to the soiled holding area.

(d) Procedures shall be in place for the handling of soiled laundry and trash, which shall be placed in closed containers