

- 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
- 8:43G-8.4 Central service patient services
- 8:43G-8.5 Single use medical devices and outsourcing
- 8:43G-8.6 Central service space and environment
- 8:43G-8.7 Use and sterilization of patient care items
- 8:43G-8.8 Monitoring the sterilization cycle
- 8:43G-8.9 (Reserved)
- 8:43G-8.10 Central service quality improvement methods
- 8:43G-8.11 Sterilizer patient services
- 8:43G-8.12 through 8:43G-8.13 (Reserved)

SUBCHAPTER 9. CRITICAL AND INTERMEDIATE CARE

- 8:43G-9.1 Scope
- 8:43G-9.2 Critical care structural organizations
- 8:43G-9.3 (Reserved)
- 8:43G-9.4 Critical care policies and procedures
- 8:43G-9.5 Critical care staff qualifications
- 8:43G-9.6 (Reserved)
- 8:43G-9.7 Critical care staff time and availability
- 8:43G-9.8 (Reserved)
- 8:43G-9.9 Critical care patient service
- 8:43G-9.10 (Reserved)
- 8:43G-9.11 Critical care space and environment
- 8:43G-9.12 (Reserved)
- 8:43G-9.13 Critical care supplies and equipment
- 8:43G-9.14 Critical care staff education
- 8:43G-9.15 (Reserved)
- 8:43G-9.16 Critical care continuous quality improvement methods
- 8:43G-9.17 (Reserved)
- 8:43G-9.18 Intermediate care standards; scope
- 8:43G-9.19 Intermediate care structural organization
- 8:43G-9.20 Intermediate care policies and procedures
- 8:43G-9.21 Intermediate care staff qualifications
- 8:43G-9.22 (Reserved)
- 8:43G-9.23 Intermediate care staff education and training
- 8:43G-9.24 Intermediate care continuous quality improvement methods

SUBCHAPTER 10. DIETARY

- 8:43G-10.1 Dietary policies and procedures
- 8:43G-10.2 (Reserved)
- 8:43G-10.3 Dietary staff qualifications
- 8:43G-10.4 Dietary staff time and availability
- 8:43G-10.5 (Reserved)
- 8:43G-10.6 Dietary patient services
- 8:43G-10.7 (Reserved)
- 8:43G-10.8 Dietary staff education and training
- 8:43G-10.9 (Reserved)
- 8:43G-10.10 Dietary continuous quality improvement methods

SUBCHAPTER 11. DISCHARGE PLANNING

- 8:43G-11.1 Discharge planning structural organization
- 8:43G-11.2 (Reserved)
- 8:43G-11.3 Discharge planning policies and procedures
- 8:43G-11.4 Discharge planning staff qualifications
- 8:43G-11.5 Discharge planning patient services
- 8:43G-11.6 Discharge planning continuous quality improvement methods

SUBCHAPTER 12. EMERGENCY DEPARTMENT AND TRAUMA SERVICES

- 8:43G-12.1 Emergency department structural organization

- 8:43G-12.2 Emergency department policies and procedures
- 8:43G-12.3 Emergency department staff qualifications
- 8:43G-12.4 Additional pediatric requirements
- 8:43G-12.5 Emergency department staff time and availability
- 8:43G-12.6 Definitions
- 8:43G-12.7 Emergency department patient services
- 8:43G-12.8 (Reserved)
- 8:43G-12.9 Emergency department space and environment
- 8:43G-12.10 Emergency department staff education and training
- 8:43G-12.11 Emergency department continuous quality improvement methods
- 8:43G-12.12 Trauma services; scope and purpose
- 8:43G-12.13 Trauma services; definitions
- 8:43G-12.14 Trauma services structural organization
- 8:43G-12.15 Trauma services policies and procedures
- 8:43G-12.16 Trauma services staff qualifications
- 8:43G-12.17 Trauma services staff time and availability
- 8:43G-12.18 Trauma services patient services
- 8:43G-12.19 Trauma services environment
- 8:43G-12.20 Trauma services quality improvement
- 8:43G-12.21 Trauma services trauma registry
- 8:43G-12.22 Trauma services compliance
- 8:43G-12.23 Pediatric trauma services

SUBCHAPTER 13. HOUSEKEEPING, LAUNDRY, AND SANITATION

- 8:43G-13.1 Housekeeping policies and procedures
- 8:43G-13.2 Housekeeping staff qualifications
- 8:43G-13.3 (Reserved)
- 8:43G-13.4 Housekeeping patient services
- 8:43G-13.5 Housekeeping supplies and equipment
- 8:43G-13.6 (Reserved)
- 8:43G-13.7 Housekeeping staff education and training
- 8:43G-13.8 Housekeeping quality improvement methods
- 8:43G-13.9 Laundry policies and procedures
- 8:43G-13.10 Laundry staff qualifications
- 8:43G-13.11 Laundry patient services
- 8:43G-13.12 Laundry space and environment
- 8:43G-13.13 Laundry supplies and equipment
- 8:43G-13.14 Laundry staff education and training
- 8:43G-13.15 Laundry continuous quality improvement methods
- 8:43G-13.16 Sanitation policies and procedures
- 8:43G-13.17 Sanitation staff qualifications
- 8:43G-13.18 Sanitation patient services
- 8:43G-13.19 Sanitation space and environment
- 8:43G-13.20 Sanitation quality improvement methods
- 8:43G-13.21 Regulated medical waste policies and procedures
- 8:43G-13.22 Regulated medical waste and solid waste management

SUBCHAPTER 14. INFECTION CONTROL

- 8:43G-14.1 Infection control program structural organization
- 8:43G-14.2 (Reserved)
- 8:43G-14.3 Infection control and hospital epidemiology staff qualifications
- 8:43G-14.4 (Reserved)
- 8:43G-14.5 Infection control staff time and availability
- 8:43G-14.6 Infection control patient services
- 8:43G-14.7 Infection control staff education and training
- 8:43G-14.8 Infection control continuous improvement methods
- 8:43G-14.9 through 8:43G-14.16 (Reserved)

SUBCHAPTER 15. MEDICAL RECORDS

- 8:43G-15.1 Medical records structural organization
- 8:43G-15.2 Medical records policies and procedures
- 8:43G-15.3 Medical record patient services
- 8:43G-15.4 Medical records staff qualifications
- 8:43G-15.5 Staff education
- 8:43G-15.6 (Reserved)
- 8:43G-15.7 Medical record continuous quality improvement methods

SUBCHAPTER 16. MEDICAL STAFF

- 8:43G-16.1 Medical staff structural organization
- 8:43G-16.2 Medical staff policies and procedures
- 8:43G-16.3 Medical staff qualifications
- 8:43G-16.4 (Reserved)
- 8:43G-16.5 Medical staff time and availability
- 8:43G-16.6 Medical staff patient services
- 8:43G-16.7 Medical staff education
- 8:43G-16.8 Medical staff continuous quality improvement methods

SUBCHAPTER 17. NURSE STAFFING

- 8:43G-17.1 Nurse staffing
- 8:43G-17.2 (Reserved)

SUBCHAPTER 17A. MANDATORY STAFF LEVEL POSTING AND REPORTING STANDARDS

- 8:43G-17A.1 Authority, scope, and purpose
- 8:43G-17A.2 Definitions
- 8:43G-17A.3 Information required to be posted; retention
- 8:43G-17A.4 Posting locations
- 8:43G-17A.5 Reporting requirements
- 8:43G-17A.6 Penalty

APPENDIX A. DAILY PATIENT CARE STAFFING: INPATIENT UNITS

APPENDIX B. DAILY PATIENT CARE STAFFING: EMERGENCY DEPARTMENT

APPENDIX C. DAILY PATIENT CARE STAFFING: POST-ANESTHESIA CARE UNIT

APPENDIX D. DAILY PATIENT CARE STAFFING: OTHER LICENSED HEALTH CARE PROFESSIONALS: HOSPITAL-WIDE

SUBCHAPTER 18. NURSING CARE

- 8:43G-18.1 Nursing care structural organization
- 8:43G-18.2 Nursing care policies and procedures
- 8:43G-18.3 Nursing care staff qualifications
- 8:43G-18.4 Nursing care; use of restraints
- 8:43G-18.5 Nursing care patient services
- 8:43G-18.6 Nursing care services related to pharmaceutical services
- 8:43G-18.7 Nursing care staff education and training
- 8:43G-18.8 (Reserved)
- 8:43G-18.9 Nursing care continuous quality improvement methods

SUBCHAPTER 19. OBSTETRICS

- 8:43G-19.1 Scope of obstetrical standards—definitions; structural organization
- 8:43G-19.2 Obstetrics policies and procedures
- 8:43G-19.3 Obstetrics staff qualifications
- 8:43G-19.4 Obstetrics staff time and availability
- 8:43G-19.5 Obstetrics patient services
- 8:43G-19.6 Maternal-fetal transport and neonatal transport
- 8:43G-19.7 Obstetric space and environment
- 8:43G-19.8 Obstetric staff education and training
- 8:43G-19.9 (Reserved)
- 8:43G-19.10 Obstetric continuous quality improvement
- 8:43G-19.11 Labor and delivery staff time and availability
- 8:43G-19.12 Labor, delivery, anesthesia and recovery patient services
- 8:43G-19.13 Postpartum policies and procedures and staff time and availability
- 8:43G-19.14 Postpartum patient services
- 8:43G-19.15 Newborn care policies and procedures
- 8:43G-19.16 Normal newborn nurse staff qualifications, staff time and availability

- 8:43G-19.17 Intermediate nursery staff qualifications, staff time and availability
- 8:43G-19.18 Neonatal intensive care nursery staff qualification, staff time and availability
- 8:43G-19.19 Newborn care patient services
- 8:43G-19.20 Newborn care supplies and equipment
- 8:43G-19.21 Scope of nurse-midwifery standards
- 8:43G-19.22 Nurse-midwifery structural organization
- 8:43G-19.23 Nurse-midwifery policies and procedures
- 8:43G-19.24 Nurse-midwifery staff qualifications
- 8:43G-19.25 Nurse-midwifery staff education
- 8:43G-19.26 Nurse-midwifery quality assurance methods
- 8:43G-19.27 Obstetric/non-obstetric mix program
- 8:43G-19.28 Obstetric/non-obstetric mix patient services
- 8:43G-19.29 Physical plant general compliance for new construction, alteration or renovation for newborn care
- 8:43G-19.30 Functional areas for newborn care
- 8:43G-19.31 General newborn care functional area requirements
- 8:43G-19.32 Neonatal unit resuscitation area
- 8:43G-19.33 Neonatal admission/observation/continuing care nursery or area
- 8:43G-19.34 Normal newborn nursery or holding nursery
- 8:43G-19.35 Infectious nursery
- 8:43G-19.36 Intermediate care nursery
- 8:43G-19.37 Neonatal intensive care nursery
- 8:43G-19.38 Shared services
- 8:43G-19.39 through 8:43G-19.53 (Reserved)

SUBCHAPTER 20. EMPLOYEE HEALTH

- 8:43G-20.1 Employee health policies and procedures
- 8:43G-20.2 Employee health services
- 8:43G-20.3 (Reserved)
- 8:43G-20.4 Employee health education
- 8:43G-20.5 (Reserved)
- 8:43G-20.6 Employee health continuous quality improvement methods

SUBCHAPTER 21. ONCOLOGY

- 8:43G-21.1 Scope of oncology standards
- 8:43G-21.2 Oncology structural organization
- 8:43G-21.3 (Reserved)
- 8:43G-21.4 Oncology policies and procedures
- 8:43G-21.5 Oncology staff qualifications
- 8:43G-21.6 (Reserved)
- 8:43G-21.7 Oncology staff time and availability
- 8:43G-21.8 (Reserved)
- 8:43G-21.9 Oncology patient services
- 8:43G-21.10 (Reserved)
- 8:43G-21.11 Oncology space and environment
- 8:43G-21.12 (Reserved)
- 8:43G-21.13 Oncology supplies and equipment
- 8:43G-21.14 (Reserved)
- 8:43G-21.15 Oncology staff education
- 8:43G-21.16 (Reserved)
- 8:43G-21.17 Oncology continuous quality improvement methods

SUBCHAPTER 22. PEDIATRICS

- 8:43G-22.1 Scope of pediatric and pediatric intensive care standards
- 8:43G-22.2 Pediatrics and pediatric intensive care policies and procedures
- 8:43G-22.3 Pediatrics and pediatric intensive care patient services
- 8:43G-22.4 (Reserved)
- 8:43G-22.5 Pediatrics and pediatric intensive care supplies and equipment
- 8:43G-22.6 Pediatrics and pediatric intensive care staff education
- 8:43G-22.7 (Reserved)
- 8:43G-22.8 Pediatric and pediatric intensive care continuous quality improvement methods
- 8:43G-22.9 Scope of pediatrics standards
- 8:43G-22.10 Pediatric staff qualifications
- 8:43G-22.11 (Reserved)

- i. Laboratory services shall, at a minimum, include blood testing, electrocardiography and x-ray services;
5. Intermediate, telemetry or critical care beds staffed in accordance with N.J.A.C. 8:43G-9.20 and 9.7, respectively;
6. Neurosurgical services that are available, including operating room availability, either directly or under agreement with a comprehensive stroke center, within two hours following admission of acute stroke patients to the primary stroke center;
7. Acute care rehabilitation services;
8. Documentation that it has current contractual agreements with at least one carrier that provides health insurance coverage through the State Medicaid Children's Health Care Coverage Program, established pursuant to N.J.S.A. 30:4I-1 et seq., and the New Jersey FamilyCare Health Coverage Program, established pursuant to N.J.S.A. 30:4J-8 et seq.; and
9. Transfer arrangements with a comprehensive stroke center in New Jersey that facilitate transfer of patients with complex strokes to the comprehensive stroke center for care when clinically warranted.

Amended by R.2007 d.353, effective November 19, 2007.

See: 39 N.J.R. 336(a), 39 N.J.R. 4928(b).

In (a)3, inserted "with concurrence by a board-certified radiologist or board-certified neurologist".

8:43G-7A.4 Primary stroke center staff qualifications

(a) There shall be a physician director of a primary stroke center, who may also serve as a physician member of a stroke team, who is board-certified in neurology or neurosurgery and who shall meet two or more of the following qualifications:

1. Completion of a stroke fellowship;
2. Participation (as an attendee or faculty) in at least two regional, national or international stroke courses or conferences each year;
3. Authorship of five or more peer-reviewed publications on stroke; and/or
4. Eight or more continuing medical education (CME) credits each year in the area of cerebrovascular disease.

(b) At a minimum, an acute care stroke team shall consist of:

1. A neurologist or emergency physician who is board-certified or board-eligible in neurology or emergency medicine with special competence in caring for acute stroke patients; and
2. A registered nurse, physician assistant or nurse practitioner who has demonstrated competency, as determined by the physician director described in (a) above, in caring for acute stroke patients.

(c) Each physician member of a stroke team, except residents functioning under supervision as part of the hospital's graduate residency training program, shall meet one or more of the following qualifications:

1. Completion of a stroke fellowship;
2. Participation (as an attendee or faculty) in at least two regional, national or international stroke courses or conferences each year;
3. Authorship of five or more peer-reviewed publications on stroke; or
4. Eight or more CME credits each year in the area of cerebrovascular disease.

(d) Neurology and emergency department personnel shall be trained in the diagnosis and treatment of acute stroke in accordance with the training and education requirements set forth in N.J.A.C. 8:43G-7A.5(a)1.

(e) Nursing staff and unlicensed assistive personnel assigned to intermediate or telemetry or critical care beds utilized for acute stroke patients shall be trained and experienced in caring for acute stroke patients in accordance with the training and education requirements set forth in N.J.A.C. 8:43G-7A.5(a)1.

8:43G-7A.5 Primary stroke center education and training

(a) A hospital designated as a primary stroke center shall, under the direction of a stroke center physician director, provide education regarding acute stroke to both the hospital's personnel and the public.

1. The hospital shall provide to personnel engaged in direct patient care of acute stroke patients continuing education annually regarding diagnosis and treatment of acute stroke as follows:

- i. For those personnel who are assigned to an acute stroke team, a minimum of eight CME credits or eight continuing education units (CEU) or eight hours of training for unlicensed assistive personnel, as applicable, each year in the area of cerebrovascular disease; and
- ii. For those personnel who are not assigned to a stroke team but are regularly assigned to the care of acute stroke patients, a minimum of four CME credits or four CEU or four hours of training for unlicensed assistive personnel, as applicable, each year in the area of cerebrovascular disease.

2. The hospital shall provide to the public ongoing education regarding prevention, recognition, diagnosis and treatment of acute stroke, hosting at least two such programs annually.

8:43G-7A.6 Primary stroke center continuous quality improvement

(a) A hospital designated as a primary stroke center shall collect patient-level data to support evaluation of outcomes and quality improvement activities.

1. Data shall be collected on each patient evaluated for stroke and each patient receiving acute interventional therapy.

(b) The hospital shall track, at a minimum:

1. The number of patients evaluated for acute stroke and transient ischemic attacks;

2. The number of patients receiving acute interventional therapy;

3. The amount of time from patient presentation to delivery of acute interventional therapy;

4. Patient length of stay;

5. Patient functional outcome at time of discharge from the acute care facility;

6. Patient morbidity; and

7. Discharge disposition.

(c) Every primary stroke center shall maintain the data required in (a) and (b) above in a database or registry capable of tracking patient outcomes.

1. The hospital shall have written policies regarding ongoing evaluation of the data and implementation of quality improvement activities based on data evaluation.

8:43G-7A.7 Comprehensive stroke center staffing

(a) In addition to meeting the requirements of N.J.A.C. 8:43G-7A.3 and 7A.4, a hospital designated as a comprehensive stroke center shall:

1. Satisfy the following staff qualifications, consistent with the on-call criteria set forth at N.J.A.C. 8:43G-5.1(l)2:

i. A neurosurgical team capable of assessing and treating complex stroke and stroke-like syndromes;

ii. A neuroradiologist with current Certificate of Added Qualifications in neuroradiology on staff; and

iii. A physician with neuro-interventional angiographic training and skills on staff as deemed by the hospital's credentialing process;

2. Have available 24 hours a day, seven days a week, digital subtraction angiography and a special procedures suite equipped for neuro-interventional procedures, such that the procedures shall be performed within 60 minutes following order entry.

i. In the event that tele-radiology is used in image interpretation, all staffing and staff qualification requirements contained in this subchapter shall remain in effect and shall be documented by the hospital.

ii. A qualified radiologist shall be board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology.

iii. A qualified neurologist shall be board-certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry;

3. Provide comprehensive rehabilitation services either on site or by written transfer agreement with another health care facility licensed to provide such services; and

4. Enter into and maintain written transfer agreements with primary stroke centers in New Jersey to accept transfer of patients with complex strokes when clinically warranted.

Amended by R.2007 d.353, effective November 19, 2007.

See: 39 N.J.R. 336(a), 39 N.J.R. 4928(b).

In (a)2, substituted "60" for "20".

8:43G-7A.8 Comprehensive stroke center education and training

(a) In addition to satisfying the requirements of N.J.A.C. 8:43G-7A.5, a hospital designated as a comprehensive stroke center shall:

1. Provide guidance and continuing medical education to hospitals designated as primary stroke centers with which they have transfer agreements;

2. Provide graduate medical education in stroke; and

3. Conduct research on stroke-related topics, such as laboratory research or clinical drug studies or both.

8:43G-7A.9 Comprehensive stroke center continuous quality improvement

A hospital designated as a comprehensive stroke center shall, in addition to satisfying the requirements of N.J.A.C. 8:43G-7A.6, develop and maintain de-identified outcomes data from affiliated primary stroke centers and shall integrate this data and its own patient-level data with available regional, State and national data in order to develop benchmarks for performance to be used in assessing and improving quality in the hospital and its affiliated primary stroke centers.

8:43G-7A.10 Licensing and compliance

(a) General hospitals seeking designation as a primary stroke center or a comprehensive stroke center shall meet the applicable minimum criteria and standards contained in this subchapter and file a licensing amendment in accordance with N.J.A.C. 8:43G-2.2.

(b) Existing designated primary and comprehensive stroke centers shall continue to meet the minimum criteria and standards contained in this subchapter on an annual basis.

(c) In accordance with N.J.S.A. 26:2H-12.28d, failure to comply with the provisions of this subchapter may result in suspension or revocation of the hospital's stroke center designation or other enforcement action in accordance with N.J.A.C. 8:43E.

SUBCHAPTER 8. CENTRAL SERVICE

8:43G-8.1 Central service policies and procedures

(a) The hospital's central service shall have written policies and procedures that are reviewed at least once every three years or as needed, revised as needed, and implemented. These policies and procedures shall be approved by the hospital's infection control committee.

(b) Policies and procedures for central service shall include at least decontamination and sterilization activities, including receiving, decontamination, storage, cleaning, packaging, disinfection, sterilization, and distribution of reusable items.

(c) All equipment and instruments in the hospital shall be processed according to central service cleaning and sterilization policies and procedures.

(d) Manufacturers' written recommendations for equipment use, testing, and cleaning shall be readily available in central service and in the department where the equipment is used.

(e) Methods for processing reusable medical devices shall conform with the following or revised or later editions, if in effect, incorporated herein by reference:

1. The Association for the Advancement of Medical Instrumentation (AAMI) requirements, "Good Hospital Practice: Steam Sterilization and Sterility Assurance." ST 46;

2. The Association for the Advancement of Medical Instrumentation (AAMI) requirements, "Flash Sterilization: Steam Sterilization of Patient Care Items for Immediate Use." ST 37;

3. The Association for the Advancement of Medical Instrumentation (AAMI) requirements, "Safe Use and Handling of Glutaraldehyde-based Products in Health Care Facilities." ST 58;

4. The Association for the Advancement of Medical Instrumentation (AAMI) requirements, "Guidelines for the Selection and use of Reusable Rigid Container Systems for

Ethylene Oxide Sterilization and Steam Sterilization in Health Care Facilities." ST 33;

5. The Association for the Advancement of Medical Instrumentation (AAMI) requirements, "Steam Sterilization and Sterility Assurance Using Table Top Sterilizers in Office-Based, Ambulatory Care, Medical, Surgical and Dental Facilities," January 1998, ST 42R;

6. Society of Gastroenterology Nurses and Associates, Inc., "Standards of Infection Control in Reprocessing of Flexible Gastrointestinal Endoscopes" (2000);

7. The Association for the Advancement of Medical Instrumentation (AAMI) requirements, "Safe Handling and Biological Decontamination of Medical Devices in Health Care Facilities and in Nonclinical Settings," ST 35; and

8. The Association for the Advancement of Medical Instrumentation (AAMI) requirements, "Ethylene Oxide Sterilization in Health Care Facilities: Safety and Effectiveness," October 1998, ST 41R.

(f) The documents reference in (e) above are reviewed and/or revised every five years or more frequently as needed; the most current document is to be used. The AAMI requirements can be obtained from: The Association for the Advancement of Medical Instrumentation, 3330 Washington Building, Suite 400, Arlington, VA 22209 or at the AAMI website at www.aami.org. SGNA's Standards and Guidelines are available from the Society of Gastroenterology Nurses and Associates, Inc., 401 North Michigan Ave., Chicago, IL 60611-4267, or at www.sgna.org.

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(a).

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

Amended by R.2004 d.302, effective August 2, 2004.

See: 35 N.J.R. 2847(a), 35 N.J.R. 3782(a), 36 N.J.R. 3538(a).

In (a) through (c), substituted "central service" for "central supply service"; in (d), inserted "written" preceding "recommendations" and deleted "supply" following "central"; added (e) and (f).

8:43G-8.2 Central service staff qualifications

(a) There shall be a full-time director or supervisor of central service.

(b) The director or supervisor of central services shall have two years of supervisory experience and shall be certified through a national sterile processing program recognized by the New Jersey Department of Health and Senior Services.

(c) All personnel involved in sterile processing shall be certified through a national sterile processing program recognized by the New Jersey Department of Health and Senior Services within three years of employment and by August 2, 2009.