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.

Case Note

The Administrative Code makes no provision for the results of medical peer review programs to be privileged; therefore, those participating in such programs do so without any expectation of confidentiality. Frank Reyes v. Meadowlands Hospital Medical Center, 809 A.2d 875.

8:43G–27.6 Performance measurement and assessment system

(a) The Department shall establish a Quality Improvement Advisory Committee (QIAC), including provider, consumer and individuals with quality of care research expertise representation, to advise the Department in developing a performance measurement and assessment system for monitoring the hospital-wide quality of care.

(b) The Quality Improvement Advisory Committee shall advise the Department on the development of a uniform data reporting system to obtain reliable, standardized and comparable information from all hospitals. This reporting system shall include at least the following indicators of care:

1. Percentage of board certified physicians;

2. Cesarean section rate, including primary, repeat, and vaginal births after C-sections;

3. Cardiac surgical mortality;

4. Cardiac catheterization mortality; and

5. Average waiting time for medical screening examination in the emergency department.

(c) No data shall be required to be reported until the Quality Improvement Advisory Committee has submitted its advise to the Department and appropriate regulations are promulgated.

(d) Beginning June 20, 2001, and annually thereafter, the hospital shall report the following indicators, as well as those noted in N.J.A.C. 8:43G–17, in a uniform data reporting system developed by the Quality Improvement Advisory Committee:

1. Unscheduled returns to a critical care unit during the same hospitalization;

2. Unscheduled admissions to hospital for the same condition within 72 hours of discharge from the emergency department;

3. Unscheduled returns to the operating room for the same condition;

4. Registered professional nurses in medical/surgical units as a percentage of total medical/surgical nursing staff; and

5. Direct service indicators of care, including at least:

i. Patient injury rate;

ii. Medication process errors;

iii. Maintenance of skin integrity;

iv. Nosocomial infection rates;

v. Hospital-wide patient satisfaction with overall care, including nursing care; and

vi. Patient satisfaction with pain management.

(e) During the development and implementation of the uniform data reporting system, the QIAC shall address the following:

1. The relevance, validity and reliability of each measure selected to be an indicator of performance;

2. Protection of confidentiality of patient-specific information;

3. Cost and difficulty of data collection;

4. Measures to reduce duplicative reporting of information; and

5. Public release of data in formats useful to purchasers and/or consumers.

(f) The QIAC shall meet on an ongoing basis to evaluate data as it is received by the Department, and shall establish a process for disseminating aggregate data to hospitals for review prior to public release and for use in internal quality improvement programs.

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).
Public Notice: Postponement of effective date for hospitals to report indicators of care.
See: 33 N.J.R. 2348(a).

SUBCHAPTER 28. RADIOLOGY AND RADIATION ONCOLOGY

8:43G–28.1 Radiology structural organization

Radiological services shall be provided on-site, except for specialized services that have been approved through the Certificate of Need process to be provided on an off-site regional basis.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
CN approval required for off-site service.

8:43G–28.2 Radiology policies and procedures

(a) The radiology service shall have written policies and procedures that are reviewed at least once every three years,

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revised more frequently as needed, and implemented. These policies and procedures shall include at least:

1. Safety practices;
2. Emergencies;
3. Adverse reactions;
4. Management of the critically ill patient; and
5. Infection control, including patients in isolation.

(b) The radiology service's policies and procedures manual shall be available to staff in the radiology unit.

(c) There shall be a written protocol for managing medical emergencies in the radiological suite. All radiological staff shall be instructed in this protocol and know their roles in the case of such an emergency.

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 first sentence, and inserted "shall" in the second sentence of the introductory paragraph.

8:43G–28.3 (Reserved)

8:43G–28.4 (Reserved)

8:43G–28.5 Radiology continuous quality improvement methods

There shall be a program of continuous quality improvement for the radiology service that is integrated into the hospital continuous quality improvement program and includes 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.

8:43G–28.6 (Reserved)

8:43G–28.7 Diagnostic services staff qualifications

All radiologists performing diagnostic radiology services in the hospital shall have successfully completed an approved graduate medical education residency training program in radiology.

8:43G–28.8 Diagnostic services staff time and availability

(a) A radiologist who has completed a residency training program in radiology shall be able to arrive, and shall arrive, at the hospital within 30 minutes of being summoned, under normal transportation conditions.

(b) A currently licensed radiologic technologist shall be present in the hospital or on call at all times; if on call, the technologist shall be able to arrive, and shall arrive, at the hospital within 30 minutes of being summoned, under normal transportation conditions.

(c) A registered professional nurse shall be available in the radiology service when needed, in the physician's judgment, to administer medications and perform other nursing duties.

Amended by R.1992 d.72, effective February 18, 1992.
See: 23 N.J.R. 2590(a), 24 N.J.R. 590(a).
Text added at (b) on radiologic technician availability.

8:43G–28.9 (Reserved)

8:43G–28.10 Diagnostic services patient services

(a) Radiologists shall supervise and interpret all radiologic procedures, unless performed by clinical practitioners in specialty areas who are trained and experienced in these procedures.

(b) All radiologic tests shall be interpreted, on a preliminary basis, within 24 hours of the time that test results are available for interpretation.

(c) If provided by the hospital, computer tomography shall be available within one hour at all times, when deemed appropriate in the judgement of the radiologist, unless the machinery is temporarily disabled or in use.

(d) Ultrasound shall be available within one hour at all times, unless the machinery is temporarily disabled or in use.

(e) If provided by the hospital, nuclear medicine shall be available within one hour at all times, unless the machinery is temporarily disabled or in use, or unless the needed pharmaceutical product is unavailable.

(f) If provided by the hospital, special procedures such as angiography and interventional procedures shall be available within one hour at all times, when deemed appropriate in the judgement of the radiologist, unless the machinery is temporarily disabled or in use.

(g) The radiology staff shall make every effort to ensure that patients waiting for radiology services or transport from radiology are comfortable while waiting and that the service responsible for transporting the patient back to the unit is notified when the patient is ready to be returned.

(h) Fluoroscopy with image intensification and a general radiographic room, and a mobile x-ray unit, shall be available.

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

8:43G–28.11 (Reserved)

8:43G–28.12 Diagnostic services supplies and equipment

(a) Cardiopulmonary resuscitation technology shall be immediately available to radiology services on all shifts. This technology shall include at least:

1. A patient monitor and defibrillator;
2. Emergency drugs; and
3. Means of maintaining respiration.