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REGULATIONS
FOR
NEW HOSPITALS AND EXISTING HOSPITALS PLANNING ADDITIONS

The following regulations, adopted by the State Board of Control on September 27, 1961 and effective that date, are applicable to all groups, organizations, or individuals seeking license to operate a hospital. The revised application form, approved that same date, shall be utilized to secure basic information from all new applicants.

The new standards and revised application form are not retroactive and shall not apply to hospitals now in operation, nor to those for which contracts have been awarded or upon which construction has begun.

In instances where plans for new hospitals have been approved, such institutions shall be subject to the new regulations and shall provide the information called for in the revised application form if actual construction does not begin within a period of one year from the effective date.

In instances where existing hospitals propose additions, plans and designs for the new additions shall not be approved unless there is compliance with the following regulations, and unless such plans and designs contemplate that, upon completion of such additions, all required services shall be provided in accord with these regulations.

- I GROUPS, ORGANIZATIONS OR INDIVIDUALS PLANNING TO CONSTRUCT AND/OR OPERATE NEW HOSPITALS SHALL PROVIDE THE INFORMATION CALLED FOR IN THE REVISED APPLICATION FORM.
- II ALL PREMISES HEREAFTER PROPOSED FOR HOSPITAL PURPOSES SHALL BE OF FIRE RESISTANT CONSTRUCTION.
- III ALL PREMISES HEREAFTER PROPOSED TO BE USED FOR HOSPITAL PURPOSES SHALL BE (A) DESIGNED FOR HOSPITAL PURPOSES, OR (B) SHALL BE APPROVED BY THE DEPARTMENT AS BEING READILY ADAPTABLE FOR SUCH PURPOSES.
- IV THE PROPOSED NEW FACILITY SHALL BE IN REASONABLE CONFORMITY WITH THE PRINCIPLES, STANDARDS, PRIORITIES, AND OVER-ALL NEEDS OF THE STATE AS EXPRESSED IN THE "NEW JERSEY STATE PLAN FOR THE CONSTRUCTION OF HOSPITALS AND RELATED MEDICAL FACILITIES".
- V THE LIKELIHOOD OF THE PROPOSED FACILITY MEETING THE STANDARDS OF THE JOINT COMMISSION ON ACCREDITATION SHALL BE GIVEN FULL CONSIDERATION AND FACILITIES UNLIKELY TO MEET SUCH STANDARDS WOULD BE OBLIGED TO PRESENT OVERPOWERING ADDITIONAL REASONS FOR LICENSURE.
- VI ALL PROPOSED HOSPITALS SHALL PROVIDE AT LEAST 100 BEDS EXCLUSIVE OF BASSINETS.

VII NO HOSPITAL SHOULD WITHHOLD SERVICE FROM ANY PERSON BECAUSE OF RACE, CREED, COLOR, OR NATIONAL ORIGIN.

VIII ALL PROPOSED HOSPITALS SHALL PROVIDE ACCIDENT AND EMERGENCY SERVICES AT ALL TIMES AND SHALL ACCEPT, WHEN MEDICALLY INDICATED, PATIENTS SEEKING SUCH SERVICES WITHOUT REGARD TO THEIR ABILITY TO PAY.

Such services require at all times the presence of a qualified employee authorized to act for the hospital and around-the-clock services by a physician or physicians who are either resident physicians or staff physicians serving on an "on-call basis".

IX IN THOSE INSTANCES WHERE THE NEEDS OF A PATIENT SEEKING ACCIDENT OR EMERGENCY SERVICES CANNOT BE ADEQUATELY PROVIDED ON A CONTINUING BASIS, THE PATIENT SHALL NOT BE DISCHARGED EXCEPT AFTER MEDICAL REVIEW AND UNDER MEDICAL DIRECTION, AND IN ANY SUCH INSTANCE THE HOSPITAL SHALL BE RESPONSIBLE BOTH FOR TRANSFER TO AN INSTITUTION EQUIPPED TO RENDER THE NEEDED CARE AND FOR COMPLETING ARRANGEMENTS FOR SUCH CARE.

X ALL HOSPITALS ARE EXPECTED TO PROVIDE CARE FOR THE NEEDY SICK.

XI ALL HOSPITALS APPLYING FOR LICENSE SHALL PROVIDE ON A REGULAR AND CONTINUING BASIS OUT-PATIENT AND PREVENTIVE SERVICES IN RELATIONSHIP TO THE IN-PATIENT SERVICES PROVIDED AND IN NO INSTANCE SHALL THEY PROVIDE LESS THAN OUT-PATIENT SERVICES IN MEDICINE AND SURGERY.

XII ALL HOSPITALS APPLYING FOR LICENSE SHALL PROVIDE WITHIN THE NEW FACILITY THE FOLLOWING PROFESSIONAL DEPARTMENTS, SERVICES, AND FACILITIES.

A. CLINICAL AND PATHOLOGICAL LABORATORIES

(See Building Requirements)

The laboratories shall be under the direction of a qualified pathologist either on a full-time or part-time basis. The governing authority may appoint a member of the medical staff qualified to assume a portion of the responsibilities involved and a qualified pathologist as a consultant.

SPECIAL NOTE: There shall be an autopsy room with appropriate equipment including at least one sink suitable for heavy cleaning and one sink for hand washing, each with hot and cold running water, and refrigeration facilities for at least two cadavers for the first 100-bed capacity and one additional refrigerator for each additional 100 beds.

B. BLOOD BANK

1. Physician-in-Charge

The governing board shall designate the pathologist or other physician as physician-in-charge of the blood service.

2. Availability of Whole Blood

a. Emergency Stock

The hospital shall maintain an emergency supply of whole blood.

b. Source of Supply

The hospital shall maintain a current list of potential blood donors of all principal blood types and groups who are available in emergencies or shall establish a stable source of supply of blood, whether through an integrated blood operation or by arrangement with an outside blood service.

C. HEART STATION

The hospital shall provide at least one room adequate in size for electrocardiography, sufficient space for the maintenance of essential records, and such office space as may be required by the physician-in-charge. It is recommended that additional space be allocated and reserved for advanced procedures in cardiology.

D. OPERATING ROOM OR ROOMS

(See Building Requirements)

E. OBSTETRICAL-DELIVERY ROOM OR ROOMS

(See Building Requirements)

F. ACCIDENT-EMERGENCY SERVICES

(See Items VIII and IX Above and also Building Requirements)

G. DIAGNOSTIC X-RAY DEPARTMENT

(See Building Requirements)

H. CENTRAL SUPPLY

(See Building Requirements)

I. POST-OPERATIVE RECOVERY ROOM

This unit is to be in close proximity to the operating room. Direct emergency communication is to be provided.

The area shall be sufficient to provide adequate space for 2 recovery beds or recovery stretchers per each operating room. Adequate space provides 1 foot from wall at head of bed and 4 feet on three sides.

In addition, there shall be:

1. Utility area with clinical sink with flushing rim, work counter, hand sink, storage space for non-sterile equipment and receptacle for soiled linen.
2. Nurses' station with desk, medicine cabinet with locks and hand washing sink.
3. Storage facility for clean linen supplies, sterile trays.
4. Shelves or cabinets for storage of individual equipment at each bed.
5. Provision for privacy for the individual as required.
6. Piped-in or portable units for oxygen and suction.

J. OUT-PATIENT AND PREVENTIVE SERVICES

(See Item XI Above and also Building Requirements)

XIII ANY HOSPITAL APPLYING FOR LICENSE SHALL ESTABLISH AND MAINTAIN THE FOLLOWING PARAMEDICAL AND INSTITUTIONAL SERVICE DEPARTMENTS.

A. NURSING DEPARTMENT

(See Building Requirements and Operating Manual)

B. MEDICAL RECORDS DEPARTMENT

(See Building Requirements)

C. MEDICAL LIBRARY

D. PHARMACY

(See Building Requirements)

E. DIETARY DEPARTMENT

(See Building Requirements)

F. HOUSEKEEPING DEPARTMENT

(See Building Requirements)

G. PLANT AND MAINTENANCE DEPARTMENT

(See Building Requirements)

H. ADMINISTRATION

(See Building Requirements and Operating Manual)

XIV THE APPLICATION OF A PROPOSED HOSPITAL MUST BE SUBSTANTIALLY COMPLETE BEFORE IT WILL BE ACCEPTED FOR CONSIDERATION BY THE DEPARTMENT. PRELIMINARY SKETCHES OF THE PROPOSED FACILITY MUST BE SUBMITTED WITH THE APPLICATION. EVIDENCE OF APPROVALS BY LOCAL AUTHORITIES (ZONING, FIRE DEPARTMENT, BUILDING INSPECTOR, AND LOCAL HEALTH OFFICER) SHALL ALSO BE SUBMITTED WITH THE APPLICATION.

XV AFTER THE APPLICATION IS ACCEPTED FOR CONSIDERATION AND AFTER PRELIMINARY SKETCHES HAVE BEEN RECEIVED, THE PROPOSAL FOR THE NEW HOSPITAL WILL BE SUBMITTED TO THE HOSPITAL LICENSING BOARD FOR REVIEW AND RECOMMENDATION.

XVI PRELIMINARY APPROVAL OF THE OPERATING PLAN (AS DESCRIBED IN THE APPLICATION) AND OF SKETCHES WILL BE SUBJECT TO CONFIRMATION BY THE STATE BOARD OF CONTROL.

XVII FINAL APPROVAL WILL BE DEPENDENT UPON THE PROVISION OF SATISFACTORY WORKING DRAWINGS AND AN APPLICATION FORM WHICH IS COMPLETE AND ACCEPTABLE IN ALL DETAILS. SUCH FINAL APPROVAL SHALL BE THE RESPONSIBILITY OF THE STATE BOARD OF CONTROL.

SPECIAL NOTES:

1. ASIDE FROM THE STRUCTURAL REQUIREMENTS SPECIFIED IN THESE REGULATIONS, STANDARDS FOR DESIGN AND CONSTRUCTION SHALL CONFORM TO THOSE PROMULGATED BY THE UNITED STATES PUBLIC HEALTH SERVICE. THESE SHALL APPLY TO ALL NEW CONSTRUCTION, WHETHER A NEW HOSPITAL OR AN ADDITION TO AN EXISTING FACILITY.

2. WHEN AN APPLICANT FOR HOSPITAL LICENSE PRESENTS ARCHITECTURAL SKETCHES OR PLANS FOR DEPARTMENTAL APPROVAL, OR WHEN A LICENSED FACILITY SEEKS APPROVAL FOR PLANS OR SKETCHES FOR AN ADDITION TO AN EXISTING LICENSED FACILITY, SUCH APPROVAL, WHEN GIVEN, SHALL BE NULL AND VOID UNLESS ACTUAL CONSTRUCTION BEGINS WITHIN ONE YEAR OF THE DATE OF SUCH APPROVAL. IN THE EVENT THAT SUCH APPLICANT OR LICENSEE DOES NOT BEGIN CONSTRUCTION WITHIN THE TIME SPECIFIED AND INTENDS TO DO SO AT A LATER DATE, SUCH SKETCHES OR PLANS MUST BE RESUBMITTED FOR APPROVAL.