

## ARTICLE 2. HOSPITALS

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## ARTICLE 2. HOSPITALS

### R9-10-201. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Acuity" means a patient's need for hospital services based on the patient's medical condition.
2. "Acuity plan" means a method for establishing nursing personnel requirements by unit based on a patient's acuity.
3. "Adult" means an individual the hospital designates as an adult based on the hospital's criteria.
4. "Care plan" means a documented guide for providing nursing services and rehabilitation services to a patient that includes measurable objectives and the methods for meeting the objectives.
5. "Continuing care nursery" means a nursery where medical services and nursing services are provided to a neonate who does not require intensive care services.
6. "Critically ill inpatient" means an inpatient whose severity of medical condition requires the nursing services of specially trained registered nurses for:
  - a. Continuous monitoring and multi-system assessment,
  - b. Complex and specialized rapid intervention, and
  - c. Education of the inpatient or inpatient's representative.
7. "Device" has the same meaning as in A.R.S. § 32-1901.
8. "Diet" means food and drink provided to a patient.
9. "Diet manual" means a written compilation of diets.
10. "Dietary services" means providing food and drink to a patient according to an order.
11. "Diversion" means notification to an emergency medical services provider, as defined in A.R.S. § 36-2201, that a hospital is unable to receive a patient from an emergency medical services provider.
12. "Drug formulary" means a written ~~compilation of medication~~ list of medications available and authorized for use developed according to R9-10-218.
13. "Emergency services" means unscheduled medical services provided in a designated area to an outpatient in an emergency.
14. "Gynecological services" means medical services for the diagnosis, treatment, and management of conditions or diseases of the female reproductive organs or breasts.

15. "Hospital services" means medical services, nursing services, and health-related services provided in a hospital.
16. "Infection control risk assessment" means determining the probability for transmission of communicable diseases.
17. "Inpatient" means an individual who:
  - a. Is admitted to a hospital as an inpatient according to policies and procedures,
  - b. Is admitted to a hospital with the expectation that the individual will remain and receive hospital services for 24 consecutive hours or more, or
  - c. Receives hospital services for 24 consecutive hours or more.
18. "Intensive care services" means hospital services provided to a critically ill inpatient who requires the services of specially trained nursing and other personnel members as specified in policies and procedures.
19. "Medical staff regulations" means standards, approved by the medical staff, that govern the day-to-day conduct of the medical staff members.
20. "Multi-organized service unit" means an inpatient unit in a hospital where more than one organized service may be provided to a patient in the inpatient unit.
21. "Neonate" means an individual:
  - a. From birth until discharge following birth, or
  - b. Who is designated as a neonate by hospital criteria.
22. "Nurse anesthetist" means a registered nurse who meets the requirements of A.R.S. § 32-1661 and who has clinical privileges to administer anesthesia.
23. "Nurse executive" means a registered nurse accountable for the direction of nursing services provided in a hospital.
24. "Nursery" means an area in a hospital designated only for neonates.
25. "Nurse supervisor" means a registered nurse accountable for managing nursing services provided in an organized service in a hospital.
26. "Nutrition assessment" means a process for determining a patient's dietary needs using information contained in the patient's medical record.
27. "On duty" means that an individual is at work and performing assigned responsibilities.
28. "Organized service" means specific medical services, such as surgical services or emergency services, provided in an area of a hospital designated for the provision of those medical services.
29. "Outpatient" means an individual who:

- a. Is admitted to a hospital with the expectation that the individual will receive hospital services for less than 24 consecutive hours; or
  - b. Except as provided in subsection (17) receives, hospital services for less than 24 consecutive hours.
30. "Pathology" means an examination of human tissue for the purpose of diagnosis or treatment of an illness or disease.
31. "Patient care" means hospital services provided to a patient by a personnel member or a medical staff member.
32. "Pediatric" means pertaining to an individual designated by a hospital as a child based on the hospital's criteria.
33. "Perinatal services" means medical services for the treatment and management of obstetrical patients and neonates.
34. "Post-anesthesia care unit" means a designated area for monitoring a patient following a medical procedure for which anesthesia was administered to the patient.
35. "Private duty staff" means an individual, excluding a personnel member, compensated by a patient or the patient's representative.
36. "Psychiatric services" means the diagnosis, treatment, and management of a mental disorder as defined in A.R.S. § 36-501.
37. "Rehabilitation services" means medical services provided to a patient to restore or to optimize functional capability.
38. "Single group license" means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) or (G).
39. "Social services" means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient's illness or injury while in the hospital or the anticipated needs of the patient after discharge.
40. "Specialty" means a specific branch of medicine practiced by a licensed individual who has obtained education or qualifications in the specific branch in addition to the education or qualifications required for the individual's license.
41. "Surgical services" means medical services involving a surgical procedure.
42. "Transfusion" means the introduction of blood or blood products from one individual into the body of another individual.
43. "Unit" means a designated area of an organized service.
44. "Vital record" has the same meaning as in A.R.S. § 36-301.

45. "Well-baby bassinet" means a receptacle used for holding a neonate who does not require treatment and whose anticipated discharge is within 96 hours after birth.

**R9-10-202. Supplemental Application Requirements**

A. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant for:

~~1.~~ ~~An~~ an initial license shall include:

~~a.1.~~ On the application the requested licensed capacity ~~requested~~ for the hospital, including:

~~i.a.~~ The number of inpatient beds for each organized service, not including well-baby bassinets; and

~~ii.b.~~ If applicable, the number of inpatient beds for each multi-organized service unit; and

~~iii.2.~~ If On the application, if applicable, the requested licensed occupancy for providing behavioral health observation/stabilization services to:

~~(1)a.~~ Individuals who are under 18 years of age, and

~~(2)b.~~ Individuals 18 years of age and older; and

~~b.3.~~ A list, in a format provided by the Department, of medical staff specialties and subspecialties; and

~~2.~~ ~~A renewal license may submit to the Department a copy of an accreditation report if the hospital is accredited and chooses to submit a copy of the accreditation report instead of receiving a compliance inspection by the Department according to A.R.S. § 36-424(C).~~

B. For a single group license authorized in A.R.S. § 36-422(F), in addition to the requirements in subsection (A), a governing authority applying for an initial or renewal license shall submit the following to the Department, in a format provided by the Department, for each satellite facility under the single group license:

1. The name, address, and telephone number of the satellite facility;

2. The name of the administrator; and

3. The hours of operation during which the satellite facility provides medical services, nursing services, or health-related services.

C. For a single group license authorized in A.R.S. § 36-422(G), in addition to the requirements in subsection (A), a governing authority applying for an initial or renewal license shall submit the following to the Department in a format provided by the Department for each accredited satellite facility under the single group license:

1. The name, address, and telephone number of the accredited satellite facility;

2. The name of the administrator;
  3. The hours of operation during which the accredited satellite facility provides medical services, nursing services, or health-related services; and
  4. A copy of the accredited satellite facility's current accreditation report.
- D. A governing authority shall:
1. Notify the Department at least 30 calendar days before a satellite facility or an accredited satellite facility on a single group license terminates operations; and
  2. Submit an application, according to the requirements in 9 A.A.C. 10, Article 1, at least 60 calendar days but not more than 120 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, or health-related services under a license separate from the single group license.

**R9-10-203. Administration**

- A. A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a hospital;
  2. Establish, in writing:
    - a. A hospital's scope of services,
    - b. Qualifications for an administrator,
    - c. Which organized services are to be provided in the hospital, and
    - d. The organized services that are to be provided in a multi-organized service unit according to R9-10-228(A);
  3. Designate ~~an administrator~~, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  4. Grant, deny, suspend, or revoke a clinical privilege of a medical staff member or delegate authority to an individual to grant or suspend a clinical privilege for a limited time, according to medical staff by-laws;
  5. Adopt a quality management program according to R9-10-204;
  6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  7. Designate ~~an acting administrator~~, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:

- a. Expected not to be present on a hospital's premises for more than 30 calendar days, or
  - b. Not present on a hospital's premises for more than 30 calendar days;
8. Except as provided in (A)(7), notify the Department according to A.R.S. § 36-425(I), if there is a change of administrator and identify the name and qualifications of the new administrator; and
  9. For a health care institution under a single group license, ensure that the health care institution complies with the applicable requirements in this Chapter for the class or subclass of the health care institution.
- B. An administrator:
1. Is directly accountable to the governing authority of a hospital for the daily operation of the hospital and hospital services and environmental services provided by or at the hospital;
  2. Has the authority and responsibility to manage the hospital; and
  3. Except as provided in subsection (A)(7), shall designate, in writing, an individual who is present on a hospital's premises and available and accountable for hospital services and environmental services when the administrator is not present on the hospital's premises.
- C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented that:
    - a. Cover job descriptions, duties, and qualifications including required skills and knowledge for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to patient care;
    - d. Cover cardiopulmonary resuscitation training required in R9-10-206(5) including:
      - i. The method and content of cardiopulmonary resuscitation training,
      - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
      - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
      - iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
    - e. Cover use of private duty staff, if applicable;

- f. Cover diversion, including:
    - i. The criteria for initiating diversion;
    - ii. The categories or levels of personnel or medical staff that may authorize or terminate diversion;
    - iii. The method for notifying emergency medical services providers of initiation of diversion, the type of diversion, and termination of diversion; and
    - iv. When the need for diversion will be reevaluated;
  - g. Include a method to identify a patient to ensure the patient receives hospital services as ordered;
  - h. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
  - i. Cover health care directives;
  - j. Cover medical records, including electronic medical records;
  - k. Cover quality management, including incident report and supporting documentation;
  - l. Cover contracted services;
  - m. Cover tissue and organ procurement and transplant; and
  - n. Cover when an individual may visit a patient in a hospital, including visiting a neonate in a nursery, if applicable;
2. Policies and procedures for hospital services are established, documented, and implemented that:
- a. Cover patient screening, admission, transport, transfer, discharge planning, and discharge;
  - b. Cover the provision of hospital services;
  - c. Cover acuity, including a process for obtaining sufficient nursing personnel to meet the needs of patients;
  - d. Include when general consent and informed consent are required;
  - e. Include the age criteria for providing hospital services to pediatric patients;
  - f. Cover dispensing, administering, and disposing of medication;
  - g. Cover prescribing a controlled substance to minimize substance abuse by a patient;
  - ~~g~~.h. Cover infection control;

- ~~h.i.~~ Cover restraints that require an order, including the frequency of monitoring and assessing the restraint;
  - ~~i.j.~~ Cover seclusion of a patient including:
    - i. The requirements for an order, and
    - ii. The frequency of monitoring and assessing a patient in seclusion;
  - k. Cover communicating with a midwife when the midwife's client begins labor and ends labor;
  - ~~j.l.~~ Cover telemedicine, if applicable; and
  - ~~k.m.~~ Cover environmental services that affect patient care;
  - 3. Policies and procedures are reviewed at least once every ~~36 months~~ two years and updated as needed;
  - 4. Policies and procedures are available to personnel members;
  - 5. The licensed capacity in an organized service is not exceeded except for an emergency admission of a patient;
  - 6. A patient is only admitted to an organized service that has exceeded the organized service's licensed capacity after a medical staff member reviews the medical history of the patient and determines that the patient's admission is an emergency; and
  - 7. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.
- D. An administrator of a special hospital shall ensure that:
- 1. Medical services are available to an inpatient in an emergency based on the inpatient's medical conditions and the scope of services provided by the special hospital; and
  - 2. A physician or a nurse, qualified in cardiopulmonary resuscitation, is on the hospital premises.

**R9-10-204. Quality Management**

- A. A governing authority shall ensure that an ongoing quality management program is established that:
  - 1. Complies with the requirements in A.R.S. § 36-445; and

2. Evaluates the quality of hospital services and environmental services related to patient care.
- B. An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
    - a. A method to identify, document, and evaluate incidents;
    - b. A method to collect data to evaluate hospital services and environmental services related to patient care;
    - c. A method to evaluate the data collected to identify a concern about the delivery of hospital services or environmental services related to patient care;
    - d. A method to make changes or take action as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
    - e. A method to identify and document each occurrence of exceeding licensed capacity, as described in R9-10-203(C)(5), and to evaluate the occurrences of exceeding licensed capacity, including the actions taken for resolving occurrences of exceeding licensed capacity; and
    - f. The frequency of submitting a documented report required in subsection (B)(2) to the governing authority;
  2. A documented report is submitted to the governing authority that includes:
    - a. An identification of each concern about the delivery of hospital services or environmental services related to patient care, and
    - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
  3. The acuity plan required in R9-10-214(C)(2) is reviewed and evaluated at least once every 12 months and the results are documented and reported to the governing authority;
  4. The reports required in subsections (B)(2) and (3) and the supporting documentation for the reports are maintained for 12 months after the date the report is submitted to the governing authority; and
  5. Except for information or documentation that is confidential under federal or state law, a report or documentation required in this Section is provided to the Department for review within two hours after the Department's request.

**R9-10-205. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

**R9-10-206. Personnel**

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to acquire the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures;
3. Personnel members are present on a hospital's premises with the qualifications, skills, and knowledge necessary to:

- a. Provide the services in the hospital's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient;
4. Orientation occurs within the first 30 calendar days after a personnel member begins providing hospital services and includes:
- a. Informing a personnel member about Department rules for licensing and regulating hospitals and where the rules may be obtained,
  - b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospital, and
  - c. Providing the information required by policies and procedures;
5. Policies and procedures designate the categories of personnel providing medical services or nursing services who are:
- a. Required to be qualified in cardiopulmonary resuscitation within 30 calendar days after the individual's starting date, and
  - b. Required to maintain current qualifications in cardiopulmonary resuscitation;
6. A personnel record for a personnel member is established and maintained and includes:
- a. The personnel member's name, date of birth, home address, and contact telephone number;
  - b. The personnel member's starting date and, if applicable, ending date;
  - c. Verification of a personnel member's certification, license, or education, if necessary for the position held;
  - d. Documentation of evidence of freedom from infectious tuberculosis required in R9-10-230(A)(5);
  - e. Verification of current cardiopulmonary resuscitation qualifications, if necessary for the position held; and
  - f. Orientation documentation;
7. Personnel receive in-service education according to criteria established in policies and procedures;
8. In-service education documentation for each personnel member includes:
- a. The subject matter;
  - b. The date of the in-service education; and
  - c. The signature, ~~rubber stamp, or electronic signature code~~ of each individual who participated in the in-service education;

9. Personnel records and in-service education documentation are maintained by the hospital for at least two years after the last date the personnel member worked; and
10. Personnel records and in-service education documentation, for a personnel member who has not worked in the hospital during the previous 12 months, are provided to the Department within 72 hours after the Department's request.

**R9-10-207. Medical Staff**

- A. A governing authority shall ensure that:
  1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a hospital;
  2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
  3. A medical staff member complies with medical staff bylaws and medical staff regulations;
  4. The medical staff of a general hospital or a special hospital includes at least two physicians who have clinical privileges to admit inpatients to the general hospital or special hospital;
  5. The medical staff of a rural general hospital includes at least one physician who has clinical privileges to admit inpatients to the rural general hospital and one additional physician who serves on a committee according to subsection (A)(7)(c);
  6. A medical staff member is available to direct patient care;
  7. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
    - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
    - b. Appointing members to the medical staff, subject to approval by the governing authority;
    - c. Establishing committees including identifying the purpose and organization of each committee;
    - d. Appointing one or more medical staff members to a committee;
    - e. Obtaining and documenting permission for an autopsy of a patient, performing an autopsy, and notifying, if applicable, the medical practitioner coordinating the patient's medical services when an autopsy is performed;
    - f. Requiring that each inpatient has a medical practitioner who coordinates the inpatient's care;

- g. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
  - h. Defining a medical staff member's responsibilities for the transport or transfer of a patient;
  - i. Specifying requirements for oral, telephone, and electronic orders including which orders require identification of the time of the order;
  - j. Establishing a time-frame for a medical staff member to complete a patient's medical records;
  - k. Establishing criteria for granting, denying, revoking, and suspending clinical privileges;
  - l. Specifying pre-anesthesia and post-anesthesia responsibilities for medical staff members; and
  - m. Approving the use of medication and devices under investigation by the U.S. Department of Health and Human Services, Food and Drug Administration including:
    - i. Establishing criteria for patient selection;
    - ii. Obtaining informed consent before administering the investigational medication or device; and
    - iii. Documenting the administration of and, if applicable, the adverse reaction to an investigational medication or device; and
8. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every 36 months and updates the bylaws and regulations as needed.
- B. An administrator shall ensure that:
- 1. A medical staff member provides evidence of freedom from infectious tuberculosis according to the requirements in R9-10-230(A)(5);
  - 2. A record for each medical staff member is established and maintained that includes:
    - a. A completed application for clinical privileges;
    - b. The dates and lengths of appointment and reappointment of clinical privileges;
    - c. The specific clinical privileges granted to the medical staff member, including revision or revocation dates for each clinical privilege; and
    - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and

3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
  - a. As soon as possible but not more than two hours after the time of the Department's request if the individual is a current medical staff member; and
  - b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

**R9-10-208. Admissions**

An administrator shall ensure that:

1. A patient is admitted as an inpatient on the order of a medical staff member;
2. An individual, authorized by policies and procedures, is available to accept a patient for admission;
3. Except in an emergency, informed consent is obtained from a patient or the patient's representative before or at the time of admission;
4. The informed consent obtained in subsection (3) or the lack of consent in an emergency is documented in the patient's medical record;
5. A physician or other medical staff member performs a medical history and physical examination on a patient within 30 calendar days before admission or within 48 hours after admission and documents the medical history and physical examination in the patient's medical record within 48 hours after admission; and
6. If a physician or a medical staff member performs a medical history and physical examination on a patient before admission, the physician or the medical staff member enters an interval note into the patient's medical record at the time of admission.

**R9-10-209. Discharge Planning; Discharge**

- A. For an inpatient, an administrator shall ensure that discharge planning:
  1. Identifies the specific needs of the patient after discharge, if applicable;
  2. Includes the participation of the patient or the patient's representative;
  3. Is completed before discharge occurs;
  4. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and
  5. Is documented in the patient's medical record.

- B. For an inpatient discharge or a transfer of an inpatient, an administrator shall ensure that:
  - 1. There is a discharge summary that includes:
    - a. A description of the patient's medical condition and the medical services provided to the patient; and
    - b. The signature of the medical practitioner coordinating the patient's medical services;
  - 2. There is a documented discharge order for the patient by a medical practitioner coordinating the patient's medical services before discharge unless the patient leaves the hospital against a medical staff member's advice; and
  - 3. If the patient is not being transferred:
    - a. There are documented discharge instructions; and
    - b. The patient or the patient's representative is provided with a copy of the discharge instructions.
- C. Except as provided in subsection (D), an administrator shall ensure that an outpatient is discharged according to policies and procedures.
- D. For a discharge of an outpatient receiving emergency services, an administrator shall ensure that:
  - 1. A discharge order is documented by a medical practitioner who provided medical services to the patient before the patient is discharged unless the patient leaves against a medical staff member's advice; and
  - 2. Discharge instructions are documented and provided to the patient or the patient's representative before the patient is discharged unless the patient leaves the hospital against a medical staff member's advice.

**R9-10-210. Transport**

- A. For a transport of a patient, the administrator of a sending hospital shall ensure that:
  - 1. Policies and procedures are established, documented, and implemented that:
    - a. Specify the process by which the sending hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
    - b. Require an assessment of the patient by a registered nurse or a medical staff member before transporting the patient and after the patient's return;
    - c. Specify the sending hospital's patient medical records that are required to accompany the patient, which shall include the medical records related to the

- medical services to be provided to the patient at the receiving health care institution;
- d. Specify how the sending hospital personnel members communicate patient medical record information that the sending hospital does not provide at the time of transport but is requested by the receiving health care institution; and
  - e. Specify how a medical staff member explains the risks and benefits of a transport to the patient or the patient's representative based on the:
    - i. Patient's medical condition, and
    - ii. Mode of transport; and
2. Documentation in the patient's medical record includes:
    - a. Consent for transport by the patient or the patient's representative or why consent could not be obtained;
    - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
    - c. The date and the time of the transport to the receiving health care institution;
    - d. The date and time of the patient's return to the sending hospital, if applicable;
    - e. The mode of transportation; and
    - f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.
- B. For a transport of a patient to a receiving hospital, the administrator of the receiving hospital shall ensure that:
1. Policies and procedures are established, documented, and implemented that:
    - a. Specify the process by which the receiving hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
    - b. Require an assessment of the patient by a registered nurse or a medical staff member upon arrival of the patient and before the patient is returned to the sending hospital unless the receiving facility is a satellite facility, as defined in A.R.S. § 36-422, and does not have a registered nurse or a medical staff member at the satellite facility;
    - c. Specify the receiving hospital's patient medical records required to accompany the patient when the patient is returned to the sending hospital, if applicable; and

- d. Specify how the receiving hospital personnel members communicate patient medical record information to the sending hospital that is not provided at the time of the patient's return; and
2. Documentation in the patient's medical record includes:
  - a. The date and time the patient arrives at the receiving hospital;
  - b. The medical services provided to the patient at the receiving hospital;
  - c. Any adverse reaction or negative outcome the patient experiences at the receiving hospital, if applicable;
  - d. The date and time the receiving hospital returns the patient to the sending hospital, if applicable;
  - e. The mode of transportation to return the patient to the sending hospital, if applicable; and
  - f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.

**R9-10-211. Transfer**

For a transfer of a patient, the administrator of a sending hospital shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
  - a. Specify the process by which the sending hospital personnel members coordinate the transfer and the medical services provided to a patient to protect the health and safety of the patient during the transfer;
  - b. Require an assessment of the patient by a registered nurse or a medical staff member of the sending hospital before the patient is transferred;
  - c. Specify how the sending hospital personnel members communicate medical record information that is not provided at the time of the transfer; and
  - d. Specify how a medical staff member explains the risks and benefits of a transfer to the patient or the patient's representative based on the:
    - i. Patient's medical condition, and
    - ii. Mode of transfer;
2. One of the following accompanies the patient during transfer:
  - a. A copy of the patient's medical record for the current inpatient admission; or
  - b. All of the following for the current inpatient admission:
    - i. A medical staff member's summary of medical services provided to the patient,

- ii. A care plan containing up-to-date information,
    - iii. Consultation reports,
    - iv. Laboratory and radiology reports,
    - v. A record of medications administered to the patient for the seven calendar days before the date of transfer,
    - vi. Medical staff member's orders in effect at the time of transfer, and
    - vii. Any known allergy; and
3. Documentation in the patient's medical record includes:
  - a. Consent for transfer by the patient or the patient's representative, except in an emergency;
  - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
  - c. The date and the time of the transfer to the receiving health care institution;
  - d. The mode of transportation; and
  - e. The type of personnel member or medical staff member assisting in the transfer if an order requires that a patient be assisted during transfer.

**R9-10-212. Patient Rights**

- A. An administrator shall ensure that:
  1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
  3. Policies and procedures are established, documented, and implemented that include:
    - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
  1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;

- e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. ~~Seclusion~~ Except as allowed under R9-10-225, restraint or seclusion;
  - i. ~~Restraint, if not necessary to prevent imminent harm to self or others;~~
  - ~~j.i.~~ Retaliation for submitting a complaint to the Department or another entity; or
  - ~~k.j.~~ Misappropriation of personal and private property by a hospital's medical staff, personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
- a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse examination or withdraw consent to treatment before treatment is initiated;
  - c. Is informed of:
    - ~~i.~~ Except in an emergency, alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
    - ~~ii.i.~~ How to obtain a schedule of hospital rates and charges required in A.R.S. § 36-436.01(B);
    - ~~iii.ii.~~ The patient complaint policies and procedures, including the telephone number of hospital personnel to contact about complaints, and the Department's telephone number if the hospital is unable to resolve the patient's complaint; and
    - ~~iv.iii.~~ Except as authorized by the Health Insurance Portability and Accountability Act of 1996, proposed involvement of the patient in research, experimentation, or education, if applicable;
  - d. Except in an emergency, is provided a description of the health care directives policies and procedures:
    - i. If an inpatient, at the time of admission; or
    - ii. If an outpatient:
      - (1) Before any invasive procedure, except phlebotomy for obtaining blood for diagnostic purposes; or
      - (2) If the hospital services include a planned series of treatments, at the start of each series;

- e. Consents to photographs of the patient before a patient is photographed except that a patient may be photographed when admitted to a hospital for identification and administrative purposes; and
  - f. Except as otherwise permitted by law, provides written consent to the release of the patient's:
    - i. Medical records, and
    - ii. Financial records.
- C. A patient has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
  - 3. To receive privacy in treatment and care for personal needs;
  - 4. To have access to a telephone;
  - 5. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  - 6. To receive a referral to another health care institution if the hospital is unable to provide physical health services or behavioral health services for the patient;
  - 7. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
  - 8. To participate or refuse to participate in research or experimental treatment; and
  - 9. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

**R9-10-213. Medical Records**

- A. An administrator shall ensure that:
- 1. A medical record is established and maintained for each patient according to A.R.S. § Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a patient's medical record is:
    - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  - 3. An order is:

- a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical staff member policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical staff member entering the order in the patient's medical record;
4. If a rubber-stamp signature or an electronic signature ~~code~~ is used to authenticate an order, the individual whose signature the ~~stamp~~ rubber-stamp signature or electronic ~~code~~ signature represents is accountable for the use of the ~~stamp~~ rubber-stamp signature or the electronic ~~code~~ signature;
  5. A patient's medical record is available to personnel members and medical staff members authorized by policies and procedures to access the medical record;
  6. Policies and procedures include the maximum time-frame to retrieve an onsite or off-site patient's medical record at the request of a medical staff member or authorized personnel member; and
  7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B. If a hospital maintains ~~patient's~~ medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a ~~hospital's~~ medical record for an inpatient contains:
1. Patient information that includes:
    - a. The patient's name;
    - b. The patient's address;
    - c. The patient's date of birth; and
    - ~~d. The name and contact information of the patient's representative, if applicable;~~
    - ~~and~~
    - e.d. Any known allergy including medication allergies or sensitivities;
  2. Medication information that includes:
    - a. A medication ordered for the patient; and
    - b. A medication administered to the patient including:
      - i. The date and time of administration;
      - ii. The name, strength, dosage, amount, and route of administration;
      - iii. The identification and authentication of the individual administering the medication; and

- iv. Any adverse reaction the patient has to the medication;
  - 3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
  - 4. A medical history and results of a physical examination or an interval note;
  - 5. If the patient provides a health care directive, the health care directive signed by the patient;
  - 6. An admitting diagnosis;
  - 7. The date of admission and, if applicable, date of discharge;
  - ~~7~~8. Names of the admitting medical staff member and medical practitioners coordinating the patient's care;
  - 9. The name and contact information of the patient's representative, if applicable, and, if the patient's representative:
    - a. Is a legal guardian, a copy of the court order establishing guardianship; or
    - b. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
  - ~~8~~10. Orders;
  - ~~9~~11. Care plans;
  - ~~10~~12. Documentation of hospital services provided to the patient;
  - ~~11~~13. Progress notes;
  - ~~12~~14. ~~Disposition~~ The disposition of the patient after discharge;
  - ~~13~~15. Discharge planning, including discharge instructions required in R9-10-209(B)(3);
  - ~~14~~16. A discharge summary; and
  - ~~15~~17. If applicable:
    - a. A laboratory report,
    - b. A pathology report,
    - c. An autopsy report,
    - d. A radiologic report,
    - e. A diagnostic imaging report,
    - f. Documentation of restraint or seclusion, and
    - g. A consultation report.
- D. An administrator shall ensure that a hospital's medical record for an outpatient contains:
- 1. Patient information that includes:
    - a. The patient's name;

- b. The patient's address;
    - c. The patient's date of birth;
    - d. The name and contact information of the patient's representative, if applicable; and
    - e. Any known allergy including medication allergies or sensitivities;
  2. If necessary for treatment, medication information that includes:
    - a. A medication ordered for the patient; and
    - b. A medication administered to the patient including:
      - i. The date and time of administration;
      - ii. The name, strength, dosage, amount, and route of administration;
      - iii. The identification and authentication of the individual administering the medication; and
      - iv. Any adverse reaction the patient has to the medication;
  3. Documentation of general and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
  4. An admitting diagnosis or reason for outpatient medical services;
  5. Orders;
  6. Documentation of hospital services provided to the patient; and
  7. If applicable:
    - a. A laboratory report,
    - b. A pathology report,
    - c. An autopsy report,
    - d. A radiologic report,
    - e. A diagnostic imaging report,
    - f. Documentation of restraint or seclusion, and
    - g. A consultation report.
- E. In addition to the requirements in subsection (D), an administrator shall ensure that the hospital's record of emergency services provided to a patient contains:
  1. Documentation of treatment the patient received before arrival at the hospital, if available;
  2. The patient's medical history;
  3. An assessment, including the name of the individual performing the assessment;
  4. The patient's chief complaint;

5. The name of the individual who treated the patient in the emergency room, if applicable; and
6. The disposition of the patient after discharge.

**R9-10-214. Nursing Services**

- A. An administrator shall ensure that:
  1. Nursing services are provided 24 hours a day, and
  2. A nurse executive is appointed who is qualified according to the requirements in policies and procedures.
- B. A nurse executive shall designate a registered nurse who is present in the hospital to be accountable for managing the nursing services when the nurse executive is not present in the hospital.
- C. A nurse executive shall ensure that:
  1. Policies and procedures for nursing services are established, documented, and implemented;
  2. An acuity plan is established, documented, and implemented that includes:
    - a. A method that establishes the types and numbers of nursing personnel that are required for each unit in the hospital;
    - b. An assessment of a patient's need for nursing services made by a registered nurse providing nursing services directly to the patient; and
    - c. A policy and procedure stating the steps a hospital will take to:
      - i. Obtain the necessary nursing personnel to meet patient acuity, and
      - ii. Make assignments for patient care according to the acuity plan;
  3. Registered nurses, including registered nurses providing nursing services directly to a patient, are knowledgeable about the acuity plan and implement the acuity plan established under subsection (C)(2);
  4. If licensed capacity in an organized service is exceeded or patients are kept in areas without licensed beds, nursing personnel are assigned according to the specific rules for the organized service in this Chapter;
  5. There is a minimum of one registered nurse on duty in a hospital whether or not there is a patient;
  6. A general hospital has two registered nurses on duty when there is more than one patient;
  7. A special hospital offering emergency services or obstetrical services has two registered nurses on duty when there is more than one patient;

8. A special hospital not offering emergency services or obstetrical services has at least one registered nurse and one other nurse on duty when there is more than one patient;
9. A rural general hospital with more than one patient has one registered nurse and at least one other nursing personnel member on duty. If there is only one registered nurse in the hospital, an additional registered nurse is on-call who is able to be present in the hospital within 15 minutes after being called;
10. If a hospital has a patient in a unit, there is a minimum of one registered nurse in the unit;
11. If a hospital has more than one patient in a unit, there is a minimum of one registered nurse and one additional nursing personnel member in the unit;
12. At least one registered nurse is present and accountable for the nursing services provided to a patient:
  - a. During the delivery of a neonate,
  - b. In an operating room, and
  - c. In a post-anesthesia care unit;
13. Nursing personnel work schedules are planned, reviewed, adjusted, and documented to meet patient needs and emergencies;
14. A registered nurse assesses, plans, directs, and evaluates nursing services provided to a patient;
15. There is a care plan for each inpatient based on the inpatient's need for nursing services; and
16. Nursing personnel document nursing services in a patient's medical record.

**R9-10-215. Surgical Services**

- A. An administrator of a general hospital shall ensure that:
  1. There is an organized service that provides surgical services under the direction of a medical staff member;
  2. There is a designated area for providing surgical services as an organized service;
  3. The area of the hospital designated for surgical services is managed by a registered nurse or a physician;
  4. Documentation is available in the surgical services area that specifies each medical staff member's clinical privileges to perform surgical procedures in the surgical services area;
  5. Postoperative orders are documented in the patient's medical record;
  6. There is a chronological log of surgical procedures performed in the surgical services area that contains:

- a. The date of the surgical procedure,
  - b. The patient's name,
  - c. The type of surgical procedure,
  - d. The time in and time out of the operating room,
  - e. The name and title of each individual performing or assisting in the surgical procedure,
  - f. The type of anesthesia used,
  - g. An identification of the operating room used, and
  - h. The disposition of the patient after the surgical procedure;
7. The chronological log required in subsection (A)(6) is maintained in the surgical services area for a minimum of 12 months after the date of the surgical procedure and then maintained by the hospital for an additional 12 months;
  8. The medical staff designate in writing the surgical procedures that may be performed in areas other than the surgical services area;
  9. The hospital has the medical staff members, personnel members, and equipment to provide the surgical procedures offered in the surgical services area;
  10. A patient and the surgical procedure to be performed on the patient are identified before initiating the surgical procedure;
  11. Except in an emergency, a medical staff member or a surgeon performs a medical history and physical examination within 30 calendar days before performing a surgical procedure on a patient;
  12. Except in an emergency, a medical staff member or a surgeon enters an interval note in the patient's medical record before performing a surgical procedure;
  13. Except in an emergency, the following are documented in a patient's medical record before a surgical procedure:
    - a. A preoperative diagnosis;
    - b. Each diagnostic test performed in the hospital;
    - c. A medical history and physical examination as required in subsection (A)(11) and an interval note as required in subsection (A)(12);
    - d. A consent or refusal for blood or blood products signed by the patient or the patient's representative, if applicable; and
    - e. Informed consent according to policies and procedures; and
  14. Within 24 hours after a surgical procedure on a patient is completed:

- a. The surgeon performing the surgery documents in the patient's medical record the surgical technique, findings, and tissue removed or altered, if applicable; and
  - b. The individual performing the postoperative follow-up examination completes and documents in the patient's medical record a postoperative follow-up report.
- B. An administrator of a rural general hospital or a special hospital that provides surgical services shall comply with subsection (A).

**R9-10-216. Anesthesia Services**

An administrator shall ensure that:

1. Anesthesia services provided in conjunction with surgical services performed in the operating room are provided as an organized service under the direction of a medical staff member;
2. Documentation is available in the surgical services area that specifies the medical staff member's clinical privileges to administer anesthesia;
3. Except in an emergency, an anesthesiologist or a nurse anesthetist performs a pre-anesthesia evaluation within 48 hours before anesthesia is administered in conjunction with surgical services;
4. Anesthesia administration is documented in a patient's medical record and includes:
  - a. A pre-anesthesia evaluation, if applicable;
  - b. An intra-operative anesthesia record;
  - c. The postoperative status of the patient upon leaving the operating room; and
  - d. Post-anesthesia documentation by the individual performing the post-anesthesia evaluation that includes the information required by the medical staff bylaws and medical staff regulations; and
5. A registered nurse or a physician documents resuscitative measures in the patient's medical record.

**R9-10-217. Emergency Services**

- A. An administrator of a general hospital or a rural general hospital shall ensure that:
1. Emergency services are provided 24 hours a day in a designated area of the hospital;
  2. Emergency services are provided as an organized service under the direction of a medical staff member;
  3. The scope and extent of emergency services offered are documented;

4. Emergency services are provided to an individual, including a woman in active labor, requesting emergency services;
  5. If emergency services cannot be provided at the hospital to meet the needs of a patient in an emergency, measures and procedures are implemented to minimize risk to the patient until the patient is transported or transferred to another hospital;
  6. A roster of on-call medical staff members is available in the emergency services area;
  7. There is a chronological log of emergency services that includes:
    - a. The patient's name;
    - b. The date, time, and mode of arrival; and
    - c. The disposition of the patient including discharge, transfer, or admission; and
  8. The chronological log required in subsection (A)(7) is maintained:
    - a. In the emergency services area for a minimum of 12 months after the date of the emergency services; and
    - b. By the hospital for an additional four years.
- B. An administrator of a special hospital that provides emergency services shall comply with subsection (A).
- C. An administrator of a hospital that provides emergency services, but does not provide perinatal organized services, shall ensure that emergency perinatal services are provided within the hospital's capabilities to meet the needs of a patient and a neonate, including the capability to deliver a neonate and to keep the neonate warm until transfer to a hospital providing perinatal organized services.

**R9-10-218.    Pharmaceutical Services**

An administrator shall ensure that:

1. Pharmaceutical services are provided under the direction of a pharmacist according to A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23;
2. A copy of the pharmacy license is provided to the Department for review upon the Department's request;
3. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures is established to:
  - a. Develop a drug formulary,
  - b. Update the drug formulary at least once every 12 months,
  - c. Develop medication usage and medication substitution policies and procedures, and

- d. Specify which medication and medication classifications are required to be automatically stopped after a specified time period unless the ordering medical staff member specifically orders otherwise;
4. An expired, mislabeled, or unusable medication is disposed of according to policies and procedures;
5. A medication administration error or an adverse reaction is reported to the ordering medical staff member or the medical staff member's designee;
6. A pharmacy medication dispensing error is reported to the pharmacist;
7. In a pharmacist's absence, personnel members designated by policies and procedures have access to a locked area containing a medication;
8. A medication is maintained at temperatures recommended by the manufacturer;
9. A cart used for an emergency:
  - a. Contains medication, supplies, and equipment as specified in policies and procedures;
  - b. Is available to a unit; and
  - c. Is sealed until opened in an emergency;
10. Emergency cart contents and sealing of the emergency cart are verified and documented according to policies and procedures;
11. Policies and procedures specify individuals who may:
  - a. Order medication, and
  - b. Administer medication;
12. A medication is administered in compliance with an order;
13. A medication administered to a patient is documented as required in R9-10-213;
14. If pain medication is administered to a patient, documentation in the patient's medical record includes:
  - a. An assessment of the patient's pain before administering the medication, and
  - b. The effect of the pain medication administered; and
15. Policies and procedures specify a process for review through the quality management program of:
  - a. A medication administration error,
  - b. An adverse reaction to a medication, and
  - c. A pharmacy medication dispensing error.

**R9-10-219. Clinical Laboratory Services and Pathology Services**

An administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided by a hospital through a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation or compliance in subsection (1) is provided to the Department for review upon the Department's request;
3. A general hospital or a rural general hospital provides clinical laboratory services 24 hours a day within the hospital to meet the needs of a patient in an emergency;
4. A special hospital whose patients require clinical laboratory services:
  - a. Is able to provide clinical laboratory services when needed by the patients,
  - b. Obtains specimens for clinical laboratory services without transporting the patients from the special hospital's premises, and
  - c. Has the examination of the specimens performed by a clinical laboratory on the special hospital's premises or by arrangement with a clinical laboratory not on the premises;
5. A hospital that provides clinical laboratory services 24 hours a day has on duty or on-call laboratory personnel authorized by policies and procedures to perform testing;
6. A hospital that offers surgical services provides pathology services within the hospital or by contracted service to meet the needs of a patient;
7. Clinical laboratory and pathology test results are:
  - a. Available to the medical staff:
    - i. Within 24 hours after the test is completed if the test is performed at a laboratory on the hospital premises, or
    - ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the hospital premises; and
  - b. Documented in a patient's medical record;
8. If a test result is obtained that indicates a patient may have an emergency medical condition, as defined by medical staff, laboratory personnel notify the ordering medical staff member or a registered nurse in the patient's assigned unit;
9. If a clinical laboratory report, a pathology report, or an autopsy report is completed on a patient, a copy of the report is included in the patient's medical record;
10. Policies and procedures are established, documented, and implemented for:
  - a. Procuring, storing, transfusing, and disposing of blood and blood products;

- b. Blood typing, antibody detection, and blood compatibility testing; and
  - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program;
11. If blood and blood products are provided by contract, the contract includes:
- a. The availability of blood and blood products from the contractor, and
  - b. The process for delivery of blood and blood products from the contractor; and
12. Expired laboratory supplies are discarded according to policies and procedures.

**R9-10-220. Radiology Services and Diagnostic Imaging Services**

- A. An administrator shall ensure that:
- 1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 12 A.A.C. 1;
  - 2. A copy of a certificate documenting compliance with subsection (1) is provided to the Department for review upon the Department's request;
  - 3. A general hospital or a rural general hospital provides radiology services 24 hours a day within the hospital to meet the emergency needs of a patient;
  - 4. A hospital that provides surgical services has radiology services and diagnostic imaging services on the hospital's premises to meet the needs of patients;
  - 5. A general hospital or a rural general hospital has a radiologic technologist on duty or on-call; and
  - 6. Except as provided in subsection (A)(4), a special hospital whose patients require radiology services and diagnostic imaging services is able to provide the radiology services and diagnostic imaging services when needed by the patients:
    - a. On the special hospital's premises, or
    - b. By arrangement with a radiology and diagnostic imaging facility that is not on the special hospital's premises.
- B. An administrator of a hospital that provides radiology services or diagnostic imaging services in the hospital shall ensure that:
- 1. Radiology services and diagnostic imaging services are provided:
    - a. Under the direction of a medical staff member; and
    - b. According to an order that includes:
      - i. The patient's name,
      - ii. The name of the ordering individual,
      - iii. The radiological or diagnostic imaging procedure ordered, and

- iv. The reason for the procedure;
- 2. A medical staff member or radiologist interprets the radiologic or diagnostic image;
- 3. A radiologic or diagnostic imaging patient report is prepared that includes:
  - a. The patient's name;
  - b. The date of the procedure;
  - c. A medical staff member's or radiologist's interpretation of the image;
  - d. The type and amount of radiopharmaceutical used, if applicable; and
  - e. The adverse reaction to the radiopharmaceutical, if any; and
- 4. A radiologic or diagnostic imaging report is included in the patient's medical record.

**R9-10-221. Intensive Care Services**

Except for a special hospital that provides only psychiatric services, an administrator of a hospital that provides intensive care services shall ensure that:

- 1. Intensive care services are provided as an organized service in a designated area under the direction of a medical staff member;
- 2. An inpatient admitted for intensive care services is personally visited by a physician at least once every 24 hours;
- 3. Admission and discharge criteria for intensive care services are established;
- 4. A personnel member's responsibilities for initiation of medical services in an emergency to a patient in an intensive care unit pending the arrival of a medical staff member are defined and documented in policies and procedures;
- 5. In addition to the requirements in R9-10-214(C), an intensive care unit is staffed:
  - a. With a minimum of one registered nurse assigned for every two patients, and
  - b. According to an acuity plan as required in R9-10-214;
- 6. Each intensive care unit has a policy and procedure that provides for meeting the needs of the patients;
- 7. If the medical services of an intensive care patient are reduced to a lesser level of care in the hospital, but the patient is not physically relocated, the nurse to patient ratio is based on the needs of the patient;
- 8. Private duty staff do not provide hospital services in an intensive care unit;
- 9. At least one registered nurse assigned to a patient in an intensive care unit is certified in advanced cardiac life support specific to the age of the patient;
- 10. Resuscitation, emergency, and other equipment are available to meet the needs of a patient including:

- a. Ventilatory assistance equipment,
  - b. Respiratory and cardiac monitoring equipment,
  - c. Suction equipment,
  - d. Portable radiologic equipment, and
  - e. A patient weighing device for patients restricted to a bed; and
11. An intensive care unit has at least one emergency cart that is maintained according to R9-10-218.

**R9-10-222. Respiratory Care Services**

An administrator of a hospital that provides respiratory care services shall ensure that:

1. Respiratory care services are provided under the direction of a medical staff member;
2. Respiratory care services are provided according to an order that includes:
  - a. The patient's name;
  - b. The name and signature of the ordering individual;
  - c. The type, frequency, and, if applicable, duration of treatment;
  - d. The type and dosage of medication and diluent; and
  - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a patient are documented in the patient's medical record and include:
  - a. The date and time of administration;
  - b. The type of respiratory care services;
  - c. The effect of respiratory care services;
  - d. The adverse reaction to respiratory care services, if any; and
  - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-219.

**R9-10-223. Perinatal Services**

- A. An administrator of a hospital that provides perinatal organized services shall ensure that:
1. Perinatal services are provided in a designated area under the direction of a medical staff member;
  2. Only medical and surgical procedures approved by the medical staff are performed in the perinatal services unit;

3. The perinatal services unit has the capability to initiate an emergency cesarean delivery within the time-frame established by the medical staff and documented in policies and procedures;
4. Only a patient in need of perinatal services or gynecological services receives perinatal services or gynecological services in the perinatal services unit;
5. A patient receiving gynecological services does not share a room with a patient receiving perinatal services;
6. A chronological log of perinatal services is maintained that includes:
  - a. The patient's name;
  - b. The date, time, and mode of the patient's arrival;
  - c. The disposition of the patient including discharge, transfer, or admission time; and
  - d. The following information for a delivery of a neonate:
    - i. The neonate's name or other identifier;
    - ii. The name of the medical staff member who delivered the neonate;
    - iii. The delivery time and date; and
    - iv. Complications of delivery, if any;
7. The chronological log required in subsection (A)(6) is maintained by the hospital in the perinatal services unit for a minimum of 12 months after the date the perinatal services are provided and then maintained by the hospital for an additional 12 months;
8. The perinatal services unit provides fetal monitoring;
9. The perinatal services unit has ultrasound capability;
10. Except in an emergency, a neonate is identified as required by policies and procedures before moving the neonate from a delivery area;
11. Policies and procedures specify:
  - a. Security measures to prevent neonatal abduction, and
  - b. How the hospital determines to whom a neonate may be discharged;
12. A neonate is discharged only to an individual who:
  - a. Is authorized according to subsection (A)(11), and
  - b. Provides identification;
13. A neonate's medical record identifies the individual to whom the neonate is discharged;
14. A patient or the individual to whom the neonate is discharged receives perinatal education, discharge instructions, and a referral for follow-up care for a neonate in addition to the discharge planning requirements in R9-10-209;

15. Intensive care services for neonates comply with the requirements in R9-10-221;
  16. A minimum of one registered nurse is on duty in a nursery when there is a neonate in the nursery except as provided in subsection (A)(17);
  17. A nursery occupied only by a neonate, who is placed in the nursery for the convenience of the neonate's mother and does not require treatment as defined in this Article, is staffed by a licensed nurse;
  18. Equipment and supplies are available to a nursery, labor-delivery-recovery room, or labor-delivery-recovery-postpartum room to meet the needs of each neonate; and
  19. In a nursery, only a neonate's bed or bassinet is used for changing diapers, bathing, or dressing the neonate.
- B. An administrator of a hospital that does not provide perinatal organized services shall comply with the requirements in R9-10-217(C).

**R9-10-224. Pediatric Services**

- A. An administrator of a hospital that provides pediatric services or organized pediatric services according to the requirements in this Section shall ensure that:
1. Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of the pediatric patient to stay overnight;
  2. Policies and procedures are established, documented, and implemented for:
    - a. Infection control for shared toys, books, stuffed animals, and other items in a community playroom; and
    - b. Visitation of a pediatric patient, including age limits if applicable;
  3. The hospital only admits a pediatric inpatient if the hospital has the staff, equipment, and supplies available to meet the needs of the pediatric patient based on the pediatric patient's medical condition and the hospital's scope of services; and
  4. If the hospital provides pediatric intensive care services, the pediatric intensive care services comply with intensive care services requirements in R9-10-221.
- B. An administrator of a hospital that provides pediatric organized services shall ensure that pediatric services are provided in a designated area under the direction of a medical staff member.
- C. An administrator shall ensure that in a multi-organized service unit or a patient care unit that is providing medical and nursing services to an adult patient and a pediatric patient according to this Section:
1. A pediatric patient is not placed in a patient room with an adult patient, and

2. A medication for a pediatric patient that is stored in the patient care unit is stored separately from a medication for an adult patient.
- D. Except as provided in subsections (F) and (G), an administrator of a hospital that does not provide pediatric organized services may admit a pediatric inpatient only in an emergency.
- E. A hospital may use a bed in a pediatric organized services patient care unit for an adult patient if an administrator establishes, documents, and implements policies and procedures that:
1. Delineate the specific conditions under which an adult patient is placed in a bed in the pediatric organized services unit, and
  2. Except as provided in subsection (H) and (I), ensure that an adult patient is:
    - a. Not placed in a pediatric organized services patient care unit if a pediatric patient is admitted to and present in the pediatric organized services patient care unit, and
    - b. Transferred out of the pediatric organized services patient care unit to an appropriate level of care when a pediatric patient is admitted to the pediatric organized services patient care unit.
- F. Subsection (G) only applies to a general hospital or rural general hospital that:
1. Does not provide pediatric organized services;
  2. Has designated in the general hospital or rural general hospital's scope of services, inpatient services that are available to a pediatric patient;
  3. Has a licensed capacity of less than 100; and
  4. Is located in a county with a population of less than 500,000.
- G. An administrator of a general hospital or rural general hospital that meets the criteria in subsection (F) shall ensure that:
1. There are pediatric-appropriate equipment and supplies available based on the hospital services designated for pediatric patients in the general hospital or rural general hospital's scope of services; and
  2. Personnel members that are or may be assigned to provide hospital services to a pediatric patient have the appropriate skills and knowledge for providing hospital services to a pediatric patient based on the general hospital or rural general hospital's scope of services.
- H. Subsection (I) only applies to a general hospital or a rural general hospital that:
1. Provides organized pediatric services in a patient care unit;

2. Has designated in the general hospital or rural general hospital's scope of services, inpatient services that are available to an adult patient in an organized pediatric services patient care unit;
  3. Has a licensed capacity of less than 100; and
  4. Is located in a county with a population of less than 500,000.
- I. An administrator of a general hospital or rural general hospital that meets the criteria in subsection (H) shall comply with the requirements in subsection (E)(1).

**R9-10-225. Psychiatric Services**

- A. An administrator of a hospital that contains an organized psychiatric services unit or a special hospital licensed to provide psychiatric services shall ensure that in the organized psychiatric unit or special hospital:
1. Psychiatric services are provided under the direction of a medical staff member;
  2. An inpatient admitted to the organized psychiatric services unit or special hospital has a ~~principle~~ principal diagnosis of a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor;
  3. Except in an emergency, a patient receives a nursing assessment before treatment for the patient is initiated;
  4. An individual whose medical needs cannot be met while the individual is an inpatient in an organized psychiatric services unit or a special hospital is not admitted to or is transferred out of the organized psychiatric services unit or special hospital;
  - ~~5.~~ ~~Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a patient or the patient's representative for a psychotropic drug and documented in the patient's medical record before the psychotropic drug is administered to the patient;~~
  - ~~6.5.~~ Policies and procedures for the organized psychiatric services unit or special hospital are established, documented, and implemented that:
    - a. Establish qualifications for medical staff members and personnel members who provide clinical oversight to behavioral health technicians;

- b. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
- c. Establish the process for developing and implementing a patient's care plan including:
  - i. Obtaining the patient's or the patient's representative's participation in the development of the patient's care plan;
  - ii. Ensuring that the patient is informed of the modality, frequency, and duration of any treatments that are included in the patient's care plan;
  - iii. Informing the patient that the patient has the right to refuse any treatment;
  - iv. Updating the patient's care plan and informing the patient of any changes to the patient's care plan; and
  - v. Documenting the actions in subsection ~~(6)(c)(i) through (6)(c)(iv)~~ (A)(5)(c)(i) through (iv) in the patient's medical record;
- d. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a medical staff member or personnel member a threat of imminent serious physical harm or death to the individual and the patient has the apparent intent and ability to carry out the threat;
- e. Establish the criteria for determining when an inpatient's absence is unauthorized, including whether the inpatient:
  - i. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
  - ii. Is absent against medical advice; or
  - iii. Is under ~~the age of~~ 18 years of age;
- f. Identify each type of restraint and seclusion used in the organized psychiatric services unit or special hospital and include for each type of restraint and seclusion used:
  - i. The qualifications of a medical staff member or personnel member who can:
    - (1) Order the restraint or seclusion,
    - (2) Place a patient in the restraint or seclusion,
    - (3) Monitor a patient in the restraint or seclusion,

- (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
    - (5) Renew the order for restraint or seclusion;
  - ii. On-going training requirements for a medical staff member or personnel member who has direct patient contact while the patient is in a restraint or in seclusion; and
  - iii. Criteria for monitoring and assessing a patient including:
    - (1) Frequencies of monitoring and assessment based on a patient's condition, cognitive status, situational factors, and risks associated with the specific restraint or seclusion;
    - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
    - (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
    - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
    - (5) A process for meeting a patient's nutritional needs and elimination needs;
  - g. Establish the criteria and procedures for renewing an order for restraint or seclusion;
  - h. Establish procedures for internal review of the use of restraint or seclusion;
  - i. Establish requirements for notifying the parent or guardian of a patient who is ~~less than~~ under 18 years of age and who is restrained or secluded; and
  - j. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;

7.6. If time out is used in the organized psychiatric services unit or special hospital, a time out:

- a. Takes place in an area that is unlocked, lighted, quiet, and private;

- b. Does not take place in the room approved for seclusion by the Department under R9-10-104;
- c. Is time-limited and does not exceed two hours per incident or four hours per day;
- d. Does not result in a patient's missing a meal if the patient is in time out at mealtime;
- e. Includes monitoring of the patient by a medical staff member or personnel member at least once every 15 minutes to ensure the patient's health, safety, and welfare and to determine if the patient is ready to leave time out; and
- f. Is documented in the patient's medical record, to include:
  - i. The date of the time out,
  - ii. The reason for the time out,
  - iii. The duration of the time out, and
  - iv. The action planned and taken to address the reason for the time out;

~~8.7.~~ Restraint or seclusion is:

- a. Not used as a means of coercion, discipline, convenience, or retaliation;
- b. Only used when all of the following conditions are met:
  - i. Except as provided in subsection ~~(9)~~ (A)(8), after obtaining an order for the restraint or seclusion;
  - ii. For the management of a patient's aggressive, violent or self-destructive behavior;
  - iii. When less restrictive interventions have been determined to be ineffective; and
  - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
- c. Discontinued at the earliest possible time;

~~9.8.~~ If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:

- a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
- b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;

~~10.9.~~ Restraint or seclusion is:

- a. Only ordered by a physician or a registered nurse practitioner, and
  - b. Not written as a standing order or on an as-needed basis;
- ~~11~~.10. An order for restraint or seclusion includes:
- a. The name of the individual ordering the restraint or seclusion;
  - b. The date and time that the restraint or seclusion was ordered;
  - c. The specific restraint or seclusion ordered;
  - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
  - e. The specific criteria for release from restraint or seclusion without an additional order; and
  - f. The maximum duration authorized for the restraint or seclusion;
- ~~12~~.11. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
- a. Four continuous hours for a patient who is 18 years of age or older,
  - b. Two continuous hours for a patient who is between the ages of nine and 17, or
  - c. One continuous hour for a patient who is younger than nine;
- ~~13~~.12. If restraint and seclusion are used on a patient simultaneously, the patient receives continuous:
- a. Face-to-face monitoring by a medical staff member or personnel member, or
  - b. Video and audio monitoring by a medical staff member or personnel member who is in close proximity to the patient;
- ~~14~~.13. If an order for restraint or seclusion of a patient is not provided by a medical practitioner coordinating the patient's medical services, the medical practitioner is notified as soon as possible;
- ~~15~~.14. A medical staff member or personnel member does not participate in restraint or seclusion, monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion until the medical staff member or personnel member completes education and training that:
- a. Includes:
    - i. Techniques to identify medical staff member, personnel member, and patient behaviors; events; and environmental factors that may trigger circumstances that require restraint or seclusion;

- ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
  - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
  - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
  - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
  - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
  - vii. Training exercises in which medical staff members and personnel members successfully demonstrate the techniques that the medical staff members and personnel members have learned for managing emergency situations; and
- b. Is provided by individuals qualified according to policies and procedures;
- ~~16.15.~~ When a patient is placed in restraint or seclusion:
- a. The restraint or seclusion is conducted according to policies and procedures;
  - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
    - i. Chronological and developmental age;
    - ii. Size;
    - iii. Gender;
    - iv. Physical condition;
    - v. Medical condition;
    - vi. Psychiatric condition; and
    - vii. Personal history, including any history of physical or sexual abuse;
  - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
  - d. A patient is monitored and assessed according to policies and procedures;

- e. A physician or other health professional authorized by policies and procedures assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
    - i. The patient's current behavior,
    - ii. The patient's reaction to the restraint or seclusion used,
    - iii. The patient's medical and behavioral condition, and
    - iv. Whether to continue or terminate the restraint or seclusion;
  - f. The patient is given the opportunity:
    - i. To eat during mealtime, and
    - ii. To use the toilet; and
  - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
- ~~17.~~16. If a patient is placed in seclusion, the room used for seclusion:
- a. Is approved for use as a seclusion room by the Department under R9-10-104;
  - b. Is not used as a patient's bedroom or a sleeping area;
  - c. Allows full view of the patient in all areas of the room;
  - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
  - e. Contains at least 60 square feet of floor space; and
  - f. Except as provided in subsection ~~(18)~~ (A)(17), contains a non-adjustable bed that:
    - i. Consists of a mattress on a solid platform that is:
      - (1) Constructed of a durable, non-hazardous material; and
      - (2) Raised off of the floor;
    - ii. Does not have wire springs or a storage drawer; and
    - iii. Is securely anchored in place;
- ~~18.~~17. If a non-adjustable bed required in subsection ~~(17)(f)~~ (A)(16)(f) is not in a room used for seclusion:
- a. A piece of equipment is available for use in the room used for seclusion that:
    - i. Is commercially manufactured to safely and humanely restrain a patient's body;
    - ii. Provides support to the trunk and head of a patient's body;
    - iii. Provides restraint to the trunk of a patient's body;
    - iv. Is able to restrict movement of a patient's arms, legs, trunk, and head;
    - v. Allows a patient's body to recline; and

- vi. Does not inflict harm on a patient's body; and
  - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection ~~(18)(a)~~ (A)(17)(a) is maintained;
- ~~19~~18. A seclusion room may be used for services or activities other than seclusion if:
- a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
  - b. No permanent equipment other than the bed required in subsection ~~(17)(f)~~ (A)(16)(f) is in the room;
  - c. Policies and procedures are established, documented, and implemented that:
    - i. Delineate which services or activities other than seclusion may be provided in the room,
    - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
    - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
  - d. The sign required in subsection ~~(19)(a)~~ (A)(18)(a) and equipment and supplies in the room, other than the bed required in subsection ~~(17)(f)~~ (A)(16)(f), are removed before a patient is placed in seclusion in the room;
- ~~20~~19. A medical staff member or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
- a. The emergency situation that required the patient to be restrained or put in seclusion;
  - b. The times the patient's restraint or seclusion actually began and ended;
  - c. The time of the face-to-face assessment required in subsection ~~(13)(a)~~ (A)(12)(a);
  - d. The monitoring required in subsection ~~(13)(b)~~ or (16)(d) (A)(12)(b) or (15)(d), as applicable;
  - e. The times the patient was given the opportunity to eat or use the toilet according to subsection ~~(16)(f)~~ (A)(15)(f); and
  - f. The names of the medical staff members and personnel members with direct patient contact while the patient was in the restraint or seclusion; and
- ~~21~~20. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures.

- B. An administrator of a hospital that provides opioid treatment services to an outpatient shall comply with the requirements in R9-10-1020.

**R9-10-226. Behavioral Health Observation/Stabilization Services**

An administrator of a hospital that ~~provides~~ is authorized to provide behavioral health observation/stabilizations services shall ensure that:

1. Behavioral health observation/stabilization services are provided according to the requirements in R9-10-1012, and
2. Restraint and seclusion are provided according to the requirements for restraint and seclusion in R9-10-225.

**R9-10-227. Rehabilitation Services**

An administrator shall ensure that:

1. If rehabilitation services are provided as an organized service, the rehabilitation services are provided under the direction of an individual qualified according to policies and procedures;
2. Rehabilitation services are provided according to an order; and
3. The medical record of a patient receiving rehabilitation services includes:
  - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
  - b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
  - c. The rehabilitation services provided,
  - d. The patient's response to the rehabilitation services, and
  - e. The authentication of the individual providing the rehabilitation services.

**R9-10-228. Multi-organized Service Unit**

- A. A governing authority may designate the following as a multi-organized service unit:
1. An adult unit that provides both intensive care services and medical and nursing services other than intensive care services,
  2. A pediatric unit that provides both intensive care services and medical and nursing services other than intensive care services,
  3. A unit that provides both perinatal services and intensive care services for obstetrical patients,

4. A unit that provides both intensive care services for neonates and a continuing care nursery, or
5. A unit that provides medical and nursing services to adult and pediatric patients.

B. An administrator shall ensure that:

1. For a patient in a multi-organized service unit, a medical staff member designates in the patient's medical record which organized service is to be provided to the patient;
2. A multi-organized service unit is in compliance with the requirements in this Article that would apply if each organized service were offered as a single organized service unit; and
3. A multi-organized service unit and each bed in the unit are in compliance with physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412 for all organized services provided in the multi-organized service unit.

#### **R9-10-229. Social Services**

An administrator of a hospital that provides social services shall ensure that:

1. ~~A social worker or a registered nurse or another personnel member designated by the administrator~~ according to policies and procedures coordinates social services;
2. If a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5;
- ~~2.3.~~ A medical staff member, nurse, patient, patient's representative, or a member of the patient's family may request social services;
- ~~3.4.~~ A personnel member providing social services participates in discharge planning as necessary to meet the needs of a patient;
- ~~4.5.~~ The patient has privacy when communicating with a personnel member providing social services; and
- ~~5.6.~~ Social services provided to a patient are documented in the patient's medical record and the entries are authenticated by the individual providing the social services.

#### **R9-10-230. Infection Control**

~~A.~~ An administrator shall ensure that:

1. An infection control program that meets the requirements of this Section is established under the direction of an individual qualified according to policies and procedures;
2. An infection control program has a procedure for documenting:
  - a. The collection and analysis of infection control data,

- b. The actions taken relating to infections and communicable diseases, and
  - c. Reports of communicable diseases to the governing authority and state and county health departments;
3. Infection control documents are maintained for at least two years after the date of the document;
4. Policies and procedures are established, documented, and implemented:
- a. To prevent or minimize, identify, report, and investigate infections and communicable diseases that include:
    - i. Isolating a patient;
    - ii. Sterilizing equipment and supplies;
    - iii. Maintaining and storing sterile equipment and supplies;
    - iv. ~~Use of~~ Using personal protective equipment such as gowns, masks, or face protection;
    - v. Disposing of biohazardous medical waste; and
    - vi. ~~Transporting~~ Moving and processing soiled linens and clothing;
  - b. That specify communicable diseases, medical conditions, or criteria that prevent an individual, a personnel member, or a medical staff member from:
    - i. Working in the hospital,
    - ii. Providing patient care, or
    - iii. Providing environmental services;
  - c. That establish criteria for determining whether a medical staff member is at an increased risk of exposure to infectious tuberculosis based on:
    - i. The level of risk in the area of the hospital premises where the medical staff member practices, and
    - ii. The work that the medical staff member performs; and
  - d. That establish the frequency of tuberculosis screening for an individual determined to be at an increased risk of exposure;
5. Tuberculosis screening is performed:
- a. As part of a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-care Settings according to ~~R9-10-112~~ R9-10-112(2); or
  - b. Using a screening method described in ~~R9-10-112~~ R9-10-112(1), as follows:
    - i. For a personnel member, on or before the date the personnel member begins providing services at or on behalf of the hospital and at least once

- every 12 months thereafter or more frequently if the personnel member is determined to be at an increased risk of exposure based on the criteria in subsection (A)(4)(c);
- ii. Except as required in subsection (A)(4)(d), for a medical staff member, at least once every two years; and
  - iii. For a medical staff member at an increased risk of exposure based on the criteria in subsection (A)(4)(c), at the frequency required by policies and procedures, but no less frequently than every two years;
6. Soiled linen and clothing are:
    - a. Collected in a manner to minimize or prevent contamination,
    - b. Bagged at the site of use, and
    - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
  7. A personnel member washes hands or uses a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material;
  8. An infection control committee is established according to policies and procedures and consists of:
    - a. At least one medical staff member,
    - b. The individual directing the infection control program, and
    - c. Other personnel identified in policies and procedures; and
  9. The infection control committee:
    - a. Develops a plan for preventing, tracking, and controlling infections;
    - b. Reviews the type and frequency of infections and develops recommendations for improvement;
    - c. Meets and provides a quarterly written report for inclusion by the quality management program; and
    - d. Maintains a record of actions taken and minutes of meetings.
- ~~B. An administrator shall comply with communicable disease control and reporting requirements in 9 A.A.C. 6.~~

**R9-10-231. Dietary Services**

An administrator shall ensure that:

1. Dietary services are provided according to 9 A.A.C. 8, Article 1;

2. A copy of the hospital's food establishment license under 9 A.A.C. 8, Article 1, is maintained;
3. For a hospital that contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospital, a copy of the contracted food establishment's license under 9 A.A.C. 8, Article 1, is maintained;
4. If a hospital contracts with a food establishment to prepare and deliver food to the hospital, the hospital is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
5. Dietary services are provided under the direction of an individual qualified to direct the provision of dietary services according to policies and procedures;
6. There are personnel members on duty to meet the dietary needs of patients;
7. Personnel members providing dietary services are qualified to provide dietary services according to policies and procedures;
8. A nutrition assessment of a patient is:
  - a. Performed according to policies and procedures, and
  - b. Communicated to the medical practitioner coordinating the patient's medical services if the nutrition assessment reveals a specific dietary need;
9. A medical staff member documents an order for a diet for each patient in the patient's medical record;
10. A current diet manual approved by a registered dietitian is available to personnel members and medical staff members; and
11. A patient's dietary needs are met 24 hours a day.

**R9-10-232. Disaster Management**

An administrator shall ensure that:

1. A disaster plan is developed and documented that includes:
  - a. Procedures for protecting the health and safety of patients and other individuals;
  - b. Assigned personnel responsibilities; and
  - c. Instructions for the evacuation, transport, or transfer of patients, maintenance of medical records, and arrangements to provide any other hospital services to meet the patients' needs;
2. A plan exists for back-up power and water supply;
3. A fire drill is performed on each shift at least once every three months;
4. A disaster drill is performed on each shift at least once every 12 months;

5. Documentation of a fire drill required in subsection (3) and a disaster drill required in subsection (4) includes:
  - a. The date and time of the drill;
  - b. A critique of the drill; and
  - c. Recommendations for improvement, if applicable; and
6. Documentation of a fire drill or a disaster drill is maintained by the hospital for 12 months after the date of the drill.

**R9-10-233. Environmental Standards**

An administrator shall ensure that:

1. An individual providing environmental services who has the potential to transmit infectious tuberculosis to patients, as determined by the infection control risk assessment criteria in R9-10-230(A)(4)(c), provides evidence of freedom from infectious tuberculosis as specified in R9-10-112;
2. The hospital premises and equipment are:
  - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control infection or illness; and
  - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
3. A pest control program is implemented and documented;
4. The hospital maintains a tobacco smoke-free environment;
5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
6. Equipment used to provide hospital services is:
  - a. Maintained in working order;
  - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - c. Used according to the manufacturer's recommendations; and
7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair.

**R9-10-234. Physical Plant Standards**

A. An administrator shall ensure that:

1. A hospital complies with the applicable physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412 in effect on the date the hospital submitted, according to R9-10-104, architectural plans and specifications for approval to the Department;
  2. The licensed hospital premises or any part of the licensed hospital premises is not leased to or used by another person;
  3. A unit with inpatient beds is not used as a passageway to another health care institution; and
  4. Hospital premises are not licensed as more than one health care institution.
- B. An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the inspection report, and
  3. Maintain documentation of a current fire inspection report.