

## **Chapter 12**

### **Licensure of Hospitals**

**Section 1. Authority.** The Wyoming Department of Health (Department) promulgates this chapter pursuant to Wyoming Statute 35-2-908.

**Section 2. Purpose.** This rule has been adopted to protect the health, safety, and welfare of patients and employees in hospitals. This rule does not apply to critical access hospitals.

**Section 3. Severability.** If any portion of this rule is found to be invalid or unenforceable, the remainder shall continue in effect.

**Section 4. Definitions.** The following definitions shall apply in the interpretation and enforcement of this rule. Where the context in which words are used in this rule indicates that such is the intent, words in the singular number shall include the plural and vice-versa. Throughout this rule gender pronouns are used interchangeably. The drafters have attempted to utilize each gender pronoun in equal numbers, in random distribution. Words in each gender shall include individuals of the other gender. For purpose of this rule, the following shall apply:

(a) “Acceptable Plan of Correction” means the State Survey Agency approved the Hospital’s plan to correct the deficiencies identified during a survey conducted by the State Survey Agency or its designated representative. The plan of correction shall be a written document and shall provide, but not be limited to, the following information:

- (i) Who is responsible for the correction.
- (ii) What was done or will be done to correct the problem.
- (iii) Who will monitor to ensure that the situation does not again develop.
- (iv) An appropriate date, not to exceed forty-five (45) calendar days after the last day of survey, for the correction of deficiencies.

(b) “Anesthesiologist” means a physician who is certified by the American Board of Anesthesiology, the American College of Anesthesiology, or their equivalents.

(c) “Certified Dietary Manager” means a person with education, training, and experience to competently perform the responsibilities of a dietary manager with consultation from or supervision of a Registered Dietitian. The Certified Dietary Manager has passed a nationally-recognized credentialing exam and participates in continuing education as needed to maintain certification status.

(d) “Certified Occupational Therapy Assistant” means a person licensed to assist in the practice of occupational therapy, and who works under the supervision of a registered occupational therapist pursuant to W.S. 33-40-102.

(e) “Certified Registered Nurse Anesthetist (CRNA)” means an advanced practice registered nurse (APRN) authorized by the Wyoming State Board of Nursing to practice as a Certified Registered Nurse Anesthetist pursuant to W.S. 33-21-119 et seq.

(f) “Certified Respiratory Therapy Technician” means a person who has successfully completed a one (1) year respiratory care training program, and who has been certified by the American Association for Respiratory Care (AARC).

(g) “Clinical Laboratory” means a facility for the microbiological, serological, chemical, hematological, biophysical, cytological, or pathological examination of materials derived from a human body for the purpose of obtaining information for the diagnosis, prevention, or treatment of disease or assessment of medical conditions.

(h) “Complaint Investigations” means those investigations required to be performed by the State Survey Agency.

(i) “Critical Access Hospital” means a hospital which meets the criteria required by the Wyoming State Rural Health Plan and rules for designation of critical access hospitals.

(j) “Dietetic Technician Registered” means an individual who has completed at least a two (2) year associate’s degree, a dietetic technician program accredited by the Commission on Accreditation for Dietetics Education, has passed a national examination, and maintains registration through the completion of continuing education.

(k) “Dietitian” means a person who is registered by the Commission on Dietetic Registration and provides nutritional and dietary services.

(l) “Drug Administration” means an act in which a single dose of an identified drug is given to a patient.

(m) “Drug Dispensing” means the issuance of one (1) or more doses of a prescribed medication in containers that are correctly labeled to indicate the name of the patient, the contents of the containers, and all other vital information needed to facilitate correct patient usage and drug administration.

(n) “Governing Body” means the individual(s), group, or corporation that is legally responsible for the hospital.

(o) “Health Care Services” includes, but is not limited to, nursing, physical therapy, speech therapy, occupational therapy, respiratory therapy, social worker, nurse assistant, and dietary services. Staff shall be licensed or registered in accordance with Wyoming State Statutes.

(p) “Hospital” means an institution or a unit in an institution providing one (1) or more of the following to patients by or under the supervision of an organized medical staff:

(i) Diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons;

(ii) Rehabilitation services for the rehabilitation of injured, disabled, or sick persons;

(iii) Acute care;

(iv) Psychiatric care;

(v) Swing beds.

(q) “Laboratory Director” means a person who is a pathologist, staff physician, or has an MT (ASCP) certification.

(r) “License” means the authority granted by the State Survey Agency to operate a hospital.

(s) “Licensed Practical Nurse (LPN)” means a person who is licensed to practice as a licensed practical nurse by the Wyoming Board of Nursing pursuant to W.S. 33-21-120.

(t) “Licensee” means any association, partnership, or corporation holding a hospital license.

(u) “Life Safety Code” means NFPA 101 Life Safety Code cited in the Wyoming Department of Health, Chapter 3, Construction Rules and Regulations for Healthcare Facilities.

(v) “NEC” means the National Electrical Code.

(w) “NFPA” means the National Fire Protection Association.

(x) “Nursing Care Unit” means an organized jurisdiction of nursing service in which nursing services are provided on a continuous basis.

(y) “Nursing Service” means patient care services pertaining to the curative, restorative, and preventive aspects of nursing that are performed and/or supervised by a registered nurse pursuant to the medical care plan of the practitioner and the nursing care plan.

(z) “Nutrition Care Process” means the standardized process for providing nutritional care to patients as established by the American Dietetic Association. The four steps in the process include: nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation.

(aa) “Occupational Therapist” means a person who is licensed by the Wyoming Board of Occupational Therapy to practice as a Registered Occupational Therapist pursuant to W.S. 33-40-102.

(bb) “Pharmacist” means a person licensed as a Pharmacist in Wyoming pursuant to W.S. 33-24-116.

(cc) “Physical Therapist” means a person who is licensed to practice physical therapy in Wyoming pursuant to W.S. 33-25-101.

(dd) “Physical Therapy Assistant” means a person who is licensed by the Wyoming Board of Physical Therapy to practice as a physical therapy assistant under the supervision of a registered Physical Therapist pursuant to W.S. 33-25-101.

(ee) “Physical Therapy Services” means services provided by a physical therapist or a physical therapy assistant licensed pursuant to W.S. 33-25-101.

(ff) “Physician” means a person who is licensed by the Wyoming Board of Medicine to practice medicine in Wyoming pursuant to W.S. 33-26-102.

(gg) “Quality Assessment and Performance Improvement (QAPI) Program” means a program developed and implemented by the hospital to evaluate and improve patient care and services.

(hh) “Registered Nurse” means a person who is a graduate of an approved school of professional nursing, and who is currently licensed to practice as a registered nurse by the Wyoming Board of Nursing pursuant to W.S. 33-21-120.

(ii) “Respiratory Care” means the health specialty responsible for the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system.

(jj) “Speech Language Pathologist” means a person who is licensed in Wyoming to practice speech language pathology pursuant to W.S. 33-33-105.

(kk) “Speech Pathology” means the application of principles, methods, and procedures for the evaluation, monitoring, instruction, habilitation, or rehabilitation related to the development and disorders of speech, voice, or language for preventing, identifying, evaluating, and reducing the effects of such disorders and conditions.

(ll) “State Survey Agency” means the Wyoming Department of Health, Healthcare Licensing and Surveys.

(mm) “Survey” means a periodic evaluation conducted by the State Survey Agency or its designated representative to determine compliance with State Rules and Regulations for Licensure of Hospitals. A survey may be conducted on site or off site.

(nn) “Therapy Service” means physical therapy, occupational therapy, and speech language therapy.

**Section 5. Licensure.**

(a) Licensing Procedure.

(i) For an initial license to be issued, the State Survey Agency shall receive:

(A) A completed application form supplied by the State Survey Agency, including the completed items identified on the Hospital Licensure Checklist supplied by the State Survey Agency.

(B) Each completed application shall be accompanied by the required licensure fee identified in Chapter 1, Rules and Regulations for Health Care Facilities Licensure Fees. The check or money order shall be made payable to the Treasurer, State of Wyoming.

(ii) For renewal of a full license for one (1) year beginning July 1, and unless suspended or revoked, expiring on June 30 of the following year, the State Survey Agency shall receive:

(A) A completed application form submitted no later than the date indicated in the renewal notice posted on the State Survey Agency website at: <http://health.wyo.gov/aging/hls>; and

(B) The licensure fee required in paragraph (a)(i)(B) of this section.

(b) Requirements for Licensure. The State Survey Agency shall consider:

(i) Initial re-licensure and complaint survey deficiencies cited by the State Survey Agency;

(ii) Life Safety Code deficiencies cited by the State Survey Agency;

(iii) Complaint investigations and resolutions;

(iv) Compliance with all laws and standards relating to communicable and reportable diseases, as required by the Wyoming Department of Health, State Health Officer, and Public Health Division; and

(v) The effectiveness of the quality management program to evaluate and improve patient care and services.

(c) Transfer of license.

(i) Transfer or assignment of a hospital license is prohibited. The hospital shall comply with licensure requirements in paragraph (d) of this section in the event of a change in the ownership of a hospital.

(d) Change of Ownership.

(i) A change in ownership of a hospital occurs when there is a change in the legal entity responsible for the operation of the hospital, whether by lease or by ownership.

(ii) For a Medicare and/or Medicaid certified hospital, the change of ownership determination by the Centers for Medicare and Medicaid Services will also be used to determine the licensure change in ownership.

(iii) The new owner shall submit no later than sixty (60) calendar days prior to the event the following items:

(A) A change in ownership application for licensure with the appropriate fee, as required in paragraph (a)(i)(B) of this section.

(B) The checklist items required for an initial applicant.

(iv) Within twenty-four (24) hours of the event, the new owner shall submit a copy of the signed bill of sale or lease agreement that reflects the effective date of the sale or lease.

(e) Other changes. A licensure application and appropriate fee, as required in paragraph (a)(i)(B) of this section, shall be required for any of the following changes to be processed:

(i) Name change of hospital.

(ii) The number of licensed beds increased or decreased.

(iii) Change in the main hospital address or ancillary locations.

(f) Provisional Licenses.

(i) A provisional license is a temporary license that may be issued in the following instances:

(A) For a new licensed provider.

(B) For a change in ownership, if deemed appropriate by the State Survey Agency.

(C) Following a successful licensure construction inspection for space that has not previously been occupied by patients, residents, or clients. During the aforementioned inspection, there can be no deficiencies cited that could potentially result in harm to the patients, residents, or clients.

(D) Following a successful licensure construction inspection for space that has undergone expansion and remodel to the extent that significant structural, mechanical, plumbing, or fire safety changes have been made to the space occupied by patients, residents, or clients.

(E) Whenever deficiencies are cited that are serious and have resulted in harm or potential harm to patients, residents, or clients.

(F) Whenever the facility fails to satisfactorily correct cited deficient practice.

(G) Whenever the facility fails to comply with any requirement of these rules.

(ii) The state Medicaid office will be notified by the State Survey Agency whenever a provisional license is issued or re-issued.

(iii) A provisional license will be issued with an expiration date to be determined by the State Survey Agency at the time of issuance.

(iv) A provisional license may be re-issued for additional extended time, if deemed appropriate by the State Survey Agency.

(v) If the provisional license is issued in lieu of a regular license, the facility must return the regular license to the State Survey Agency by return mail or hand delivery within five (5) calendar days of receipt of the provisional license.

(vi) The provisional license must be posted in a public place in the facility just as for any regular operating license.

(g) Conditions for Denying, Revoking, or Suspending a License.

(i) Denial, revocation, or suspension of a license may occur for noncompliance with any provisions of these licensure rules.

(h) Suspension of Admissions.

(i) The State Survey Agency may suspend new admissions or re-admissions to the hospital when conditions are such that patient needs cannot be met. Conditions in a hospital shall not jeopardize the patient's health or safety.

(i) Monitor.

(i) The State Survey Agency shall place a Wyoming Department of Health approved monitor, at the hospital's expense, when conditions are such that patients' needs are

not being met by the hospital. The monitor shall insure that neither the health nor the safety of the patients is jeopardized.

(j) Hearings.

(i) Any hospital aggrieved by a decision of the State Survey Agency may request a hearing by submitting a written request to the State Survey Agency within ten (10) calendar days of receipt of the notice of adverse action.

(ii) The State Survey Agency (State Survey Agent or designee) shall provide an opportunity for a hearing, if requested, and shall present the evidence supporting any preliminary licensure decision(s) and reason(s) to the parties concerned.

(iii) In matters concerned with the spread of communicable disease that may require the utilization of quarantine or isolation, the Wyoming State Health Officer or designated representative shall provide an opportunity for a hearing as outlined in W.S. 35-4-112.

(iv) Hearings requested under the terms of this rule shall be held in accordance with the provisions of the Wyoming Administrative Procedure Act.

(k) Posting of License.

(i) The current license issued by the State Survey Agency shall be displayed in a public area within the hospital.

(l) Surveys for Licensure.

(i) The State Survey Agency or its designated representative shall perform initial and periodic surveys for the renewal of licensure.

(A) These surveys shall be based on the current Rules and Regulations for Licensure of Hospitals as promulgated by the Wyoming Department of Health.

(B) The State Survey Agency shall provide, within ten (10) working days after the last day of survey, copies of its cited deficiencies to the hospital.

(C) The hospital shall provide an acceptable plan of correction to the State Survey Agency for all cited deficiencies within ten (10) calendar days after receipt of the deficiencies.

(ii) At the time of survey, all records, including patient medical records, pertaining to matters involved in the survey shall be made available to members of the survey team as requested. Surveys may be conducted as focused, off-site administrative reviews, in which case specific records or categories of records will be requested by the State Survey Agency for review. The results of all surveys, including complaint investigations and administrative reviews, will be shared with the hospital's administrator and other pertinent staff.



(m) Voluntary Closure.

(i) If a hospital voluntarily ceases to operate, it shall notify the State Survey Agency in writing at least sixty (60) working days prior to closure.

(ii) The first working day after closure, the hospital's license shall be hand carried or sent by certified mail to Healthcare Licensing and Surveys, 6101 Yellowstone Rd., Suite 186C, Cheyenne, WY 82002.

**Section 6. Governing Body.** There shall be a governing body legally responsible for the management and operation of the hospital.

(a) Bylaws shall be adopted by the governing body in accordance with legal requirements.

(i) The bylaws shall:

(A) Stipulate the basis upon which members are selected, term of office, and duties.

(B) Specify to whom responsibilities for the operation and maintenance of the hospital, including evaluation of hospital practices, shall be delegated.

(b) Medical staff members shall be appointed by the governing body.

(i) There shall be a formal procedure established, governed by written rules and regulations, covering the application for medical staff membership and the method of processing applications.

(c) The hospital administrator, appointed by the governing body, shall be the executive officer of the hospital and shall be an individual qualified in hospital administration either by sufficient education or experience. She shall be responsible directly to such governing entities and shall execute all policies established by the governing body.

(i) The administrator shall:

(A) Keep the governing body fully informed on the operation of the hospital through annual or monthly written or oral reports and by attendance at meetings of the governing body.

(B) Be responsible for developing current written personnel policies and for establishing continuing in-service programs as indicated by personnel needs.

(C) Maintain current employee records containing evidence of adequate health examinations and absence of active communicable disease.

(D) Insure that all unusual accidents and deaths are immediately reported verbally and in writing to the State Survey Agency and other authorities as required by city, county, state, and federal laws.

(d) The governing body shall be responsible to ensure the facility has an ongoing, facility-wide Quality Assessment and Performance Improvement (QAPI) plan.

**Section 7. Medical Staff.** The hospital shall have a medical staff organized under bylaws approved by the governing body and responsible to the governing body for the quality of all medical care provided patients and for the ethical and professional practices of its members.

**Section 8. Emergency Services.** The hospital shall meet the emergency needs of patients in accordance with acceptable standards of practice.

(a) Diagnostic and treatment equipment, drug and supply space, and treatment rooms shall be adequate in number and size.

(b) The following equipment, as a minimum, shall be available to the emergency suites: cardiac monitor, resuscitator, defibrillator, aspirator, thoracotomy set, and tracheotomy set.

(c) Services shall be available twenty-four (24) hours a day, seven (7) days a week, and emergency room staff coverage shall be adequate to ensure that a patient for treatment will be seen within a reasonable length of time relative to his illness or injury.

(d) Adequate medical records shall be kept on every patient.

(i) The emergency room record shall contain:

(A) Patient identification.

(B) Time and date of service.

(C) History of disease or injury.

(D) Physical findings.

(E) Laboratory and x-ray reports (if any).

(F) Diagnosis.

(G) Record of treatment.

(H) Medications prescribed.

- (I) Discharge instructions.
- (J) Signature of physician.

(e) Medical records for each patient treated shall be organized in accordance with policies and procedures developed by the facility's health information and management system.

(f) All hospitals must receive and maintain formal designation through the Wyoming Department of Health Trauma System Enhancement Program (W.S. 35-1-801). The level of designation shall be at the discretion of the hospital.

(g) Pursuant to 42 CFR 482.55, hospitals dedicated primarily to the care of patients in need of comprehensive rehabilitative therapy, psychiatric services, or surgical services, may opt to not have an emergency department and will not be required to function as an acute care hospital with all services needed to support a full-staffed emergency department. If the hospital opts to not have an emergency department, signage designating such shall be posted in a prominent location to ensure the public does not perceive that the hospital has an emergency room. The hospital shall have the ability to provide basic life saving measures to patients, staff, and visitors, and shall have written policies for appraisal of emergencies, initial treatment, and referral when appropriate.

**Section 9. Surgical Services.** If the hospital provides surgical services, the services shall be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered, the services shall be consistent in quality with inpatient care in accordance with the complexity of services offered.

(a) There shall be written policies and procedures covering staffing, records consultation, cleaning procedures, supplies, dress attire, emergency situations, legal procedures, specimens, and recovery of patients.

(b) Traffic shall be controlled to avoid any through traffic.

(c) Rules and regulations related to the operating room(s) shall be available and posted.

(d) There shall be adequate and appropriate equipment and supplies maintained relating to the nature of the needs and services offered.

(e) All equipment and supplies shall be protected from contamination.

**Section 10. Anesthesia Services.** If the hospital furnishes anesthesia services, they shall be provided under the direction of a qualified doctor of medicine or osteopathy.

(a) Policies and procedures for the administration of all anesthetics shall be in place. In hospitals where there is no department of anesthesia, the department of surgery and/or medical staff shall assume the responsibility for establishing general policies regarding the administration

of anesthetics.

(b) For hospitals with (twenty-five) 25 licensed beds or less, a CRNA may administer anesthetics without physician supervision if:

(i) The CRNA possesses at least three (3) years of experience working as a CRNA; and:

(ii) The CRNA's practice is otherwise consistent with the medical staff bylaws.

(c) The medical staff shall designate those individuals qualified to administer anesthetics and shall delineate what each individual is qualified and approved to do.

**Section 11. Radiology Services.** The hospital shall maintain or have radiological services readily available.

(a) Personnel adequate to supervise and conduct radiology services shall be provided and interpretations of radiological examinations shall be made by physicians competent to make such interpretations.

(b) Written policies and procedures shall be in place for the operation of equipment, the use of radium or other radioactive isotopes, safety precautions, and radiation exposure.

(c) Yearly inspection of x-ray equipment shall be made by competent personnel.

**Section 12. Laboratories.**

(a) The hospital shall have a well organized CLIA of 1988 (Clinical Laboratory Improvement Act of 1988) certified, supervised clinical laboratory with the necessary space, facilities, equipment, and suitable location to perform those services commensurate with the hospital's needs for its patients.

(b) Anatomical and/or clinical pathology services and blood bank services shall be available either in the hospital or by other arrangements with a CLIA-certified laboratory.

**Section 13. Special Care Unit.** A separate unit designed for intensive treatment of seriously ill patients who require extraordinary care on a concentrated and continuous basis may be provided. The unit may be multipurpose for a variety of diagnoses or for special diagnostic categories. If this service is provided, the following requirements must be met:

(a) The unit shall have a defined organization and shall be integrated with other departments and services of the hospital.

(i) The unit shall be under the direction of a Wyoming-licensed physician.

(ii) Services shall be governed by written policies and procedures.

(b) There shall be a qualified registered nurse in charge and on duty twenty-four (24) hours a day when the unit is occupied.

(i) Staffing ratio of nurses to patients shall depend on the number of patients in the unit and the type of care required.

(ii) Registered nurses and other healthcare personnel assigned to the unit shall receive special instructions in procedures, monitoring, observation, and other techniques for lifesaving measures.

(c) The unit shall be designed and equipped to function for its defined special purpose.

**Section 14. Obstetric Services.** Hospitals that choose to provide obstetric services shall have policies and procedures to ensure adequate and comprehensive care to mothers and their newborn infants in an environment which provides protection from infection.

(a) The obstetrical suite and accessory services shall be so located that traffic in and out can be controlled and there is no through traffic.

(b) Policies and procedures shall be in writing to ensure safety to patients and personnel.

(c) A registered nurse shall be in charge of labor, delivery room, post partum, and nursery.

(d) A registered nurse shall be present in the delivery room at the time of delivery.

(i) The registered nurse shall be responsible for maintaining a complete register of delivery, which shall contain the name and hospital number of each patient admitted, date and time of admission, date and time of birth, sex, Apgar score of infant at birth, type of delivery, all operative procedures, names of physicians, assistants, and anesthetists and/or anesthesiologists.

(e) Provide for availability and adequacy of equipment such as resuscitator, aspirator, isolette or incubator, oxygen analyzer, and supplies.

(f) Facilities shall be available and policies and procedures established for isolation and infection control.

(g) Written policies and procedures shall be established for routine cleaning and cleaning following each delivery.

(h) Surgical attire with scuffs or conductive shoes shall be worn in critical areas. Re-gowning shall be required if surgical attire is worn outside of the critical area.

(i) Nursery.

(i) Competent nursing personnel shall be available in the nursery, when it is occupied.

(ii) Routine admission of a baby to the nursery shall include weight, length, head and chest circumferences, temperature, respiratory rate, pulse rate, presence or absence of jaundice, and abnormalities or other noteworthy manifestations of appearance or reactions.

(j) A postpartum program of education for the mother, concerning the care of the baby, shall be provided.

**Section 15. Outpatient Services.** If the hospital provides outpatient services, there shall be policies and procedures relating to the staff, functions of the service, outpatient medical records, and necessary facilities in order to assure the health and safety of the patients.

(a) Outpatient services shall be organized into sections (clinics); the number will depend on the size of the medical staff, available facilities, and patient needs.

(i) Outpatient services shall have arrangements and communications with community agencies such as other outpatient agencies, public health nursing, and health and welfare agencies.

(b) Patients, on their initial visit to outpatient services, shall receive a general medical evaluation; patients under continuous care shall receive periodic re-evaluation.

(c) There shall be a physician responsible for professional services. A physician or a qualified administrator shall be responsible for administrative services.

(d) Medical records shall be maintained and correlated with other hospital medical records.

(i) Information contained in the medical record shall be complete and sufficiently detailed relative to the patient's history, examination, laboratory and other diagnostic tests, and diagnosis and treatment to facilitate continuity of care.

(e) Conferences shall be conducted to maintain close liaison between the various sections within outpatient services and with other hospital services.

**Section 16. Nursing Services.** The hospital shall provide nursing services twenty-four (24) hours per day, seven (7) days a week. These services shall be supervised by a registered nurse.

(a) Job descriptions delineating the qualifications, responsibilities, and duties for each category of nursing personnel shall be in writing and approved by the hospital administrator or her designee.

(b) Personnel records, including the application and verification of credentials, shall be maintained for each member of the nursing staff. Documentation shall be maintained which verifies the current Wyoming licensure status for those persons requiring licenses. Electronic verification must be evidenced in the personnel file by hard copy.

(c) Medications shall be administered by a registered nurse, LPN, a certified medication aide (MA-C) if allowed by the hospital's policy, or a student nurse in an approved school of nursing under the direct supervision of a registered nurse. In all instances, this activity shall be in accordance with the Wyoming Nurse Practice Act.

(d) All medication orders shall be in writing and signed by the practitioner. Telephone orders shall be used sparingly, and shall be signed or initialed by the practitioner within forty-eight (48) hours.

(e) Blood transfusions and intravenous medications shall be administered in accordance with state law. If administered by a registered nurse and/or LPN, they shall be administered only by those who have been specially trained.

(f) There shall be monthly meetings of the nursing staff. Minutes of these meetings shall be recorded.

(i) The minutes, when appropriate, shall reflect:

(A) The purpose of the staff meeting;

(B) Review and evaluation of nursing care, ways of improving nursing services, discussion of nursing care, and plans for individual patients;

(C) Consideration of specific nursing techniques and procedures;

(D) Establishment and/or interpretation of nursing services policies;

(E) Interpretation of administrative and medical staff policies, reports of meetings, etc.; and

(F) The names of individuals attending the meeting.

(g) New employees shall be oriented to the hospital, nursing services, and their jobs.

(i) Planned in-service programs shall be conducted at regular intervals for all nursing personnel. Records which document the date, time, topic, outline of content, and individuals present shall be maintained.

**Section 17. Dietary Services.** The hospital shall have an organized dietary service function directed by qualified personnel.

(a) The hospital shall provide dietary services that meet the nutritional needs of patients according to the science of nutrition.

(i) Dietary services must operate with safe food handling practices in accordance with the current edition of the Food Code, published by the U.S. Public Health Service, Food and Drug Administration, from receipt through production and service.

(b) Dietary Supervision.

(i) Overall supervisory responsibility for dietary services shall be assigned to a full-time qualified dietary supervisor.

(A) If the qualified dietary supervisor is not a registered dietitian, he shall be a Dietetic Technician Registered or a Certified Dietary Manager.

(ii) Visits of a consultant dietitian shall be scheduled to ensure the professional dietary service needs of the facility are met. These visits shall be scheduled for at least eight (8) hours every other week, so that adequate time is allowed for observation of more than one (1) meal per visit. Visits shall not be limited to evenings and weekends only.

(iii) The registered dietitian shall practice in accordance with current standards of professional practice utilizing a nationally recognized, standardized assessment and evaluation process, such as the Nutrition Care Process, a model established by the American Dietetic Association.

(iv) Reports of the consultant dietitian shall be made verbally and in writing to the hospital administrator. The reports shall be kept on file with notations made of actions taken by the facility.

(A) The reports shall include dates, length of time on-site, functions performed, and recommendations.

(v) The consultant or staff dietitian shall:

(A) Develop written plans and conduct or supervise in-service programs for dietary personnel on a monthly basis;

(B) Participate in the development of policies and procedures, as well as the development and approval of all menus;

(C) Provide assistance and advice, as needed, regarding the dietary department budget; and



(D) Maintain interdisciplinary communication and act as the liaison to the medical and nursing staffs.

(iv) The dietary supervisor shall be responsible for:

(A) Orientation, training, scheduling, and work assignments for all dietary service personnel;

(B) Menu planning, ordering or recommending the purchase of supplies, monitoring the dietary budget, controlling costs, maintaining associated records, etc.; and

(C) Dietary policies and procedures shall be maintained in a manual and reviewed at least annually. Reviews and revisions shall be dated and signed by the dietary supervisor and the consultant dietitian.

(vii) If the dietary supervisor has responsibility for cooking, adequate time shall be allowed for supervisory management.

(c) Hygiene of Dietary Personnel.

(i) Food service personnel shall be in good health and shall practice safe food handling techniques in accordance with the current edition of the Food Code published by the U.S. Public Health Service, Food and Drug Administration.

(A) Personnel having symptoms of a communicable disease that can reasonably be expected to be transmitted through food, a boil, an infected wound, or an acute respiratory infection shall not be permitted to work until medical clearance is received from a physician.

(B) Personnel returning to work after an absence due to having been diagnosed with a communicable disease shall receive clearance from a physician. Written clearance shall be maintained in the employee's file. The hospital may also require physician's approval in the event of an infectious outbreak or upon the advice of the infection control coordinator or the State Epidemiologist.

(ii) There shall be available an up-to-date manual of regimens for all therapeutic diets, approved by the medical staff and the dietitian.

(d) Menus shall be planned and written in advance for regular and therapeutic diets. When changes in the menu are necessary, substitutions shall provide equal nutritive value.

**Section 18. Social Services.** There shall be policies and procedures for the social services' staff and its functions.

- (a) Social services shall be under the direction of a qualified social worker.
- (b) Social services and other hospital services shall perform as an integrated unit.
  - (i) Social services shall participate in appropriate in-service training programs and conferences.
- (c) Records of social services' activity related to individual patients shall be kept and be available to the appropriate professional personnel concerned.
  - (i) Functions and activities recorded shall include, as appropriate:
    - (A) Medical social study of referred patients;
    - (B) Evaluation of financial status of the patients;
    - (C) Follow-up of discharged patients;
    - (D) Social therapy and rehabilitation of patients;
    - (E) Environmental investigations for the attending physicians;
    - (F) Participation on care transitions team; and
    - (G) Cooperative activities with community agencies.
  - (ii) Significant social services' summaries shall be entered promptly in the patient's central medical record for the benefit of all staff involved in the care of the patient.
- (d) Adequate work areas shall be provided for social services' staff which is easily accessible to patients and to the medical staff, and shall assure privacy for interviews.

**Section 19. Rehabilitation, Physical Therapy, Speech Therapy, Audiology, and Occupational Therapy Services.** If the facility provides rehabilitation/therapy services, the following requirements must be met:

- (a) Written policies and procedures shall be in place to address the scope of services provided.
- (b) Therapy personnel shall have the necessary knowledge, training, experience, and capabilities to properly supervise and administer the applicable therapy services. The rehabilitation/therapy services program shall be under the direction of an individual qualified by education and experience as appropriate to the scope of the rehabilitation/therapy services provided.
- (c) Facilities and equipment for physical therapy, speech therapy, audiology, and

occupational therapy shall be in good condition and adequate to meet patient needs.

(d) All therapies shall be given in accordance with a physician's orders and such orders shall be incorporated in the patient's record.

(e) Complete records shall be maintained for each patient who receives rehabilitation/therapy services and shall be part of the patient's permanent medical record.

**Section 20. Dental Services.** If the hospital provides dental services, the department shall be organized comparable to other hospital services or departments. The appointment of dentists shall be in accordance with the hospital's medical staff bylaws and rules and regulations.

(a) The following requirements shall be met:

(i) Members of the dental staff shall be licensed in Wyoming pursuant to W.S. 33-15-120.

(ii) There shall be a physician in attendance who is responsible for the medical care of the patient throughout the hospital stay;

(iii) Patients admitted for dental services shall be admitted in compliance with hospital regulations;

(iv) There shall be specific bylaws concerning the dental staff written as combined medical-dental staff bylaws or as separate or adjunct dental bylaws;

(v) Bylaws and rules and regulations shall specifically delineate the rights and privileges of the dentists; and

(vi) Complete records, both medical and dental, shall be required for each dental patient and shall be part of the hospital records.

**Section 21. Pharmacy.** The hospital shall have a pharmacy directed by a registered pharmacist. The pharmacy shall be administered in accordance with accepted professional principles.

(a) The pharmacist shall be responsible to the hospital administrator for developing, supervising, and coordinating all the activities of the pharmacy.

(b) Prescription medications shall be compounded in a proper location by a qualified pharmacist.

(c) Facilities shall be provided for storing, safeguarding, preparing, and dispensing of drugs.

(i) Drugs shall be issued to floor units in accordance with approved policies

and procedures.

(ii) Drug cabinets on the nursing units shall be routinely checked by the pharmacist and all floor stocks shall be controlled.

(d) Provisions shall be made for emergency pharmaceutical services.

**Section 22. Inpatient Psychiatric Services.** Hospitals which provide inpatient psychiatric services shall also meet the State's Rules and Regulations for Licensure of Psychiatric Hospitals.

**Section 23. Health Information and Management System.** The health information and management system shall be maintained in accordance with accepted professional principles, for every patient evaluated or treated in the hospital.

(a) There shall be qualified personnel adequate to supervise, maintain, and conduct the health information and management system function. Preferably, a Registered Health Information Administrator (RHIA) or Medical Records/Health Information Technician (MRHIT) will be in charge. If such a professional is not in charge, a qualified RHIA or MRHIT on a consultant or part-time basis shall organize the function, train the personnel, and make periodic on-site visits to evaluate the medical records function.

(b) All medical records and health information shall be maintained in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 CFR Part 2, and any other relevant state or federal laws relating to the maintenance of protected health information.

(c) Records of public hospitals shall be preserved, either in the original form or by other permanent means, for a period of time determined by the hospital administrator, based upon the legally approved retention schedules for publically-funded hospitals established by the Wyoming State Archives and the State Records Committee.

(d) A system of identification and filing to ensure the prompt location of a patient's medical records shall be maintained.

(e) Indexing shall be current within three (3) months following discharge of the patient.

(f) Medical records shall contain sufficient information to justify the diagnosis and warrant the treatment and end results.

(i) The medical records shall contain the following information:

(A) Identification data;

(B) Chief complaint;

- (C) Present illness;
- (D) Past history;
- (E) Family history;
- (F) Physical examination;
- (G) Provisional diagnosis;
- (H) Clinical laboratory reports;
- (I) X-ray reports;
- (J) Consultations;
- (K) Treatment, medical and surgical;
- (L) Tissue report;
- (M) Progress notes;
- (N) Final diagnosis;
- (O) Discharge summary; and
- (P) Autopsy findings.

(g) In hospitals with house staff, the attending physician countersigns at least the history, physical examination, and summary written by the house staff.

**Section 24. Infection Control Program.** An infection control program shall be established based on nationally recognized standards of practice. The program shall prevent, identify, and control infections and communicable diseases.

(a) The infection control program is coordinated by the hospital administrator, the medical staff, and director of nursing services in conjunction with the hospital's quality assurance and performance improvement programs.

(b) Problems identified are reported to the medical staff, nursing, administration, and addressed in the hospital's quality assurance and in-service training programs.

(c) Documentation concerning corrective actions and outcomes is maintained.

**Section 25. Sanitary Environment.** The hospital shall provide for housekeeping,

maintenance, and laundry services.

(a) There shall be written policies and procedures for each of these functions to ensure the use of approved practices, procedures, and products.

(i) A designated person shall be responsible for plant maintenance, laundry, and general housekeeping. These responsibilities may be assigned to a single person in small hospitals.

(ii) Housekeeping shall be responsible for keeping the hospital free of offensive odors, accumulations of dirt, rubbish, dust, insects, and rodents.

(iii) Laundry facilities shall have physical separation of clean and dirty areas, adequate ventilation, and temperature control.

(iv) There shall be written policies and procedures covering the sterilization process used on various types of equipment, surfaces, supplies, and instruments.

(A) There shall be a procedure for quality control in relation to the sterilization process.

(B) Humidifiers and any associated tubing shall be replaced after each usage and the length of continuous usage shall not exceed twenty-four (24) hours.

(v) There shall be written policies and procedures covering the disinfectants used on various types of equipment, surfaces, and instruments.

(vi) There shall be a written policy covering the cleaning and disinfecting of ice machines.

(vii) All garbage and kitchen refuse shall be kept in leak proof, nonabsorbent containers with tight fitting covers. All garbage containers kept within the hospital buildings shall be washed, inside and out, daily. Other dry waste materials, normally designated "trash," may be stored in plastic bags.

**Section 26. Physical Environment.** The hospital buildings shall be designed, constructed, arranged, equipped, and maintained to ensure the safety of patients, personnel, and visitors, and to provide adequate and efficient care and treatment to the patients.

**Section 27. Disaster Plan.** All hospitals shall develop and adopt a written disaster preparedness plan. For hospitals that are federally certified, the disaster preparedness plan shall be in accordance with, at a minimum, the edition of the NFPA 99, Standards for Health Care Facilities, required by the federal government.

**Section 28. Construction and Remodeling.** Wyoming Department of Health Chapter 3, Construction Rules and Regulations for Healthcare Facilities, shall apply to all construction

and remodeling of hospitals.

**Section 29. Life Safety and Electrical Safety.** Existing life safety and electrical safety in hospitals shall be maintained in accordance with the requirements of the edition of the NFPA 101 Life Safety Code that was in effect at the time the facility was licensed as a hospital.

(a) Where portions of a hospital have been licensed at different times, the existing life safety and electrical safety in each portion shall be maintained in accordance with the requirements of the NFPA 101 Life Safety Code that was in effect at the time that portion was added to the license.

(b) Hospitals that are federally certified shall meet, at a minimum, the edition of the NFPA 101 Life Safety Code required by the federal government.