

**TITLE 9. HEALTH SERVICES**

**CHAPTER 10. DEPARTMENT OF HEALTH SERVICES –**

**HEALTH CARE INSTITUTION: LICENSING**

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## ARTICLE 2. HOSPITALS

### R9-10-201. Definitions

In addition to the definitions in A.R.S. § 36-401 and 9 A.A.C. 10, Article 1, the following definitions apply in this Article: ~~In this Article, unless the context otherwise requires:~~ **[These terms are no longer used or will be defined in R9-10-101, which contains definitions used in more than one Article in the Chapter.]**

1. ~~"Accredited" has the same meaning as in A.R.S. § 36-422(J)(1). (Article 1)~~
2. ~~"Activities of daily living" means bathing, dressing, grooming, eating, ambulating, and toileting. (Article 1)~~
3. "Acuity" means a patient's need for hospital services based on the patient's medical condition.
4. "Acuity plan" means a method for establishing nursing personnel requirements by unit based on a patient's acuity.
5. ~~"Administrator" means a chief administrative officer, or an individual who has been designated by the governing authority to act on its behalf in the onsite direction of the hospital. (Article 1)~~
6. ~~"Admission" or "admitted" means documented acceptance by a hospital of an individual as an inpatient on the order of a medical staff member. (Article 1)~~
7. "Adult" means an individual the hospital designates as an adult based on the hospital's criteria.
8. ~~"Adverse reaction" means an unexpected outcome that threatens the health and safety of a patient as a result of medical services provided to the patient. (Article 1)~~
9. "Anesthesiologist" means a physician granted clinical privileges to administer anesthesia.
10. "Assessment" means an analysis of a patient's current medical condition and need for hospital services.
11. ~~"Attending physician" means a physician with clinical privileges who is accountable for the management of medical services delivered to a patient. (Article 1)~~
12. "Attending physician's designee" means a physician, physician assistant, registered nurse practitioner, or medical staff member who has clinical privileges and is authorized by medical staff bylaws to act on behalf of the attending physician.
13. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
  - a. ~~A written signature;~~
  - b. ~~An individual's initials, if the individual's written signature already appears on the document or in the medical record;~~

- e. ~~A rubber stamp signature; or~~
- d. ~~An electronic signature code.(Article 1)~~
- 14. "Available" means:
  - a. ~~For an individual, the ability to be contacted by any means possible such as by telephone or pager;~~
  - b. ~~For equipment and supplies, retrievable at a hospital; and~~
  - e. ~~For a document, retrievable at a hospital or accessible according to the time frames in the applicable rules in this Article.(Article 1)~~
- 15. ~~"Biohazardous medical waste" has the same meaning as in A.A.C. R18-13-1401.(Article 1)~~
- 16. ~~"Biologicals" mean medicinal compounds prepared from living organisms and their products such as serums, vaccines, antigens, and antitoxins.(Article 1)~~
- 17. "Care plan" means a documented guide for providing nursing services and ~~rehabilitative~~ rehabilitation services to a patient that includes measurable objectives and the methods for meeting the objectives.
- 18. ~~"Clinical laboratory services" means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.(Article 1)~~
- 19. ~~"Clinical privilege" means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.(Article 1)~~
- 20. ~~"Communicable disease" has the same meaning as in A.A.C. R9-6-101.(Article 1)~~
- 21. ~~"Consultation" means an evaluation of a patient requested by a medical staff member.(Article 1)~~
- 22. "Continuing care nursery" means a nursery where medical services and nursing services are provided to a neonate who does not require intensive care services.
- 23. ~~"Contracted services" means hospital services provided according to a written agreement between a hospital and the person providing the hospital services.(Article 1)~~
- 24. ~~"Controlled substance" has the same meaning as in A.R.S. § 36-2501.(Article 1)~~
- 25. "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 patient or patient's representative.
26. ~~"Current" means up to date and extending to the present time.(Article 1)~~
27. "Device" has the same meaning as in A.R.S. § 32-1901.
28. "Diet" means food and drink provided to a patient.
29. "Diet manual" means a written compilation of diets.
30. "Dietary services" means providing food and drink to a patient according to an order.
31. ~~"Disaster" means an unexpected adverse occurrence that affects a hospital's ability to provide hospital services.(Article 1)~~
32. ~~"Discharge" means a hospital's termination of hospital services to an inpatient or an outpatient.(Article 1)~~
33. ~~"Discharge instructions" means written information relevant to a patient's medical condition provided by a hospital to the patient at the time of discharge.(Article 1)~~
34. ~~"Discharge planning" means a process of establishing goals and objectives for an inpatient in preparation for the inpatient's discharge.(Article 1)~~
35. "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.
36. ~~"Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.(Article 1)~~
37. ~~"Drill" means a response to a planned, simulated event.(Article 1)~~
38. ~~"Drug" has the same meaning as in A.R.S. § 32-1901.(Article 1)~~
39. 12. "Drug formulary" means a written compilation of medication developed according to R9-10-217.
40. ~~"Electronic" has the same meaning as in A.R.S. § 44-7002.(Article 1)~~
41. ~~"Electronic signature" has the same meaning as in A.R.S. § 44-7002.(Article 1)~~
42. ~~"Emergency" means an immediate threat to the life or health of a patient.~~
43. "Emergency services" means unscheduled medical services provided in a designated area to an outpatient in an emergency.
44. "Environmental services" means activities such as housekeeping, laundry, and facility and equipment maintenance.
45. ~~"Exploitation" has the same meaning as in A.R.S. § 46-451.(Article 1)~~
46. ~~"General hospital" means a subclass of hospital that provides surgical services and emergency services.(Article 1)~~

47. "Gynecological services" means medical services for the diagnosis, treatment, and management of conditions or diseases of the female reproductive organs or breasts.
48. ~~"Health care directive" has the same meaning as in A.R.S. § 36-3201.(Article 1)~~
49. ~~"Hospital" means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, and continuous nursing services for the diagnosis and treatment of patients.(Article 1)~~
50. "Hospital premises" means a hospital's licensed space excluding, if applicable, space in an accredited outpatient facility under the hospital's single group license, or space leased by the hospital to another entity according to the lease terms.
51. "Hospital services" means medical services, nursing services, and other health-related services provided in a hospital.
52. ~~"Incident" means an unexpected occurrence that harms or has the potential to harm a patient while the patient is on a hospital's premises.(Article 1)~~
53. "Infection control risk assessment" means determining the risk probability for transmission of communicable diseases.
54. ~~"Informed consent" means advising a patient of a proposed medical procedure, alternatives to the medical procedure, associated risks, and possible complications, and obtaining authorization of the patient or the patient's representative for the procedure.(Article 1)~~
55. "Inpatient" means an individual who:
- a. Is admitted to a hospital, or
  - b. Receives hospital services for 24 consecutive hours or more.
56. ~~"Inservice education" means organized instruction or information related to hospital services provided to a personnel member or a medical staff member.(Article 1)~~
57. "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 hospital policies and procedures.
58. ~~"Interval note" means documentation updating a patient's medical condition after a medical history and physical examination are performed.(Article 1)~~
59. ~~"License" means documented authorization:~~
- a. Issued by the Department to operate a health care institution, or
  - b. Issued to an individual to practice a profession in this state.(Article 1)
60. "Manage" means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.

61. ~~"Medical condition" means the state of a patient's physical or mental health, including the patient's illness, injury, or disease.(Article 1)~~
62. ~~"Medical history" means a part of a patient's medical record consisting of an account of the patient's health, including past and present illnesses or diseases.(Article 1)~~
63. ~~"Medical record" has the same meaning as in A.R.S. § 12-2291.(Article 1)~~
64. ~~"Medical staff member" means a physician or other licensed individual who has clinical privileges in a hospital.(Article 1)~~
66. ~~"Medical staff bylaws" means standards, approved by the medical staff and governing authority, that provides the framework for the organization, responsibilities and self-governance of the medical staff.(Article 1)~~
66. "Medical staff regulations" means standards, approved by the medical staff, that govern the day-to-day conduct of the medical staff members.
67. ~~"Medication" has the same meaning as drug.(Article 1)~~
68. ~~"Monitor" or "monitoring" means observing a patient's medical condition.(Article 1)~~
69. "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.
70. "Neonate" means an individual:
- a. From birth until discharge following birth, or
  - b. Who is designated as a neonate by hospital criteria.
71. ~~"Nurse" has the same meaning as registered nurse or practical nurse as defined in A.R.S. § 32-1601.(Article 1)~~
72. "Nurse anesthetist" means a registered nurse who meets the requirements of A.R.S. § 32-1661 and who has clinical privileges to administer anesthesia.
73. "Nurse executive" means a registered nurse accountable for the direction of nursing services provided in a hospital.
74. "Nursery" means an area in a hospital designated only for neonates.
75. "Nurse supervisor" means a registered nurse accountable for managing nursing services provided in an organized service in a hospital.
76. ~~"Nursing personnel" means an individual authorized by hospital policies and procedures to provide nursing services to a patient.(Article 1)~~
77. "Nutrition assessment" means a process for determining a patient's dietary needs using information contained in the patient's medical record.
78. ~~"On call" means a time during which an individual is available and required to come to a hospital when requested by the hospital(Article 1):~~

80. "On duty" means that an individual is at work and performing assigned responsibilities.
79. ~~"Order" means an instruction to provide medical services, as authorized by the governing authority, to a patient by:~~
- a. ~~A medical staff member,~~
  - b. ~~An individual licensed under A.R.S. Title 32 or authorized by a hospital within the scope of the individual's license, or~~
  - e. ~~A physician who is not a medical staff member.(Article 1)~~
80. "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.
81. ~~"Orientation" means the initial instruction and information provided to an individual starting work in a hospital.(Article 1)~~
82. ~~"Outpatient" means an individual who:~~
- a. Is not admitted to a hospital, or
  - b. Receives hospital services for less than 24 consecutive hours.
83. "Pathology" means an examination of human tissue for the purpose of diagnosis or treatment of an illness or disease.
84. ~~"Patient" means an individual receiving hospital services. (Article 1)~~
85. "Patient care" means hospital services provided to a patient by a personnel member or a medical staff member.
86. ~~"Patient's representative" means a patient's legal guardian, an individual acting on behalf of a patient with the written consent of the patient, or a surrogate as defined in A.R.S. § 36-3201.(Article 1)~~
87. "Pediatric" means pertaining to an individual designated by a hospital as a child based on the hospital's criteria.
88. "Perinatal services" means medical services for the treatment and management of obstetrical patients and neonates.
89. ~~"Person" has the same meaning as in A.R.S. § 1-215 and includes governmental agencies.(Article 1)~~
90. ~~"Personnel member" means:~~
- a. ~~A volunteer; or~~
  - b. ~~An individual, except for a medical staff member or private duty staff, who provides hospital services for compensation, including an individual who is compensated by an employment agency.(Article 1)~~



91. ~~"Pharmacist" has the same meaning as in A.R.S. § 32-1901.(Article 1)~~
92. ~~"Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine cause of illness or disease.(Article 1)~~
93. "Postanesthesia care unit" means a designated area for monitoring a patient following a medical procedure for which anesthesia was administered to the patient.
94. "Private duty staff" means an individual, excluding a personnel member, compensated by a patient or the patient's representative.
95. "Psychiatric services" means the diagnosis, treatment, and management of ~~mental illness a~~ mental disorder as defined in A.R.S. § 36-501(25).
96. ~~"Quality management program" means activities designed and implemented by a hospital to improve the delivery of hospital services.(Article 1)~~
97. ~~"Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.(Article 1)~~
98. "Rehabilitation services" means medical services provided to a patient to restore or to optimize functional capability.
99. ~~"Registered nurse" has the same meaning as in A.R.S. § 32-1601.(Article 1)~~
100. ~~"Respiratory care services" has the same meaning as practice of respiratory care as defined in A.R.S. § 32-3501.(Article 1)~~
101. ~~"Restraint" means any chemical or physical method of restricting a patient's freedom of movement, physical activity, or access to the patient's own body.(Article 1)~~
102. ~~"Require" means to carry out an obligation imposed by this Article.\*(not used in the context of the definition)~~
103. "Risk" means potential for an adverse outcome.
104. "Rural general hospital" means a subclass of hospital having 50 or fewer inpatient beds and located more than 20 surface miles from a general hospital or another rural general hospital, and that elects to be licensed as a rural general hospital rather than a general hospital.
105. ~~"Satellite facility" has the same meaning as in A.R.S. § 36-422(J)(2).(Article 1)~~
106. ~~"Seclusion" means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.(Article 1)~~
107. "Shift" means the beginning and ending time of a work period established by hospital policies and procedures.
108. "Single group license" means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) ~~and~~ or (G).

409. "Social services" means assistance, other than medical services, provided by a personnel member to a patient to meet the needs of the patient while in the hospital or the anticipated needs of the patient after discharge.
410. ~~"Social worker" means an individual who has at least a baccalaureate degree in social work from a program accredited by the Council on Social Work Education or who is certified according to A.R.S. Title 32, Chapter 33(~~**Article 1**~~).~~
411. "Special hospital" means a subclass of hospital that:
- a. Is licensed to provide hospital services within a specific branch of medicine; or
  - b. Limits admission according to age, gender, type of disease, or medical condition.
412. "Specialty" means a specific ~~area~~ branch of medicine practiced by a licensed individual who has obtained education or qualifications in the specific area in addition to the education or qualifications required for the individual's license.
413. ~~"Student" means an individual attending an educational institution and working under supervision in a hospital through an arrangement between the hospital and the educational institution.(~~**Article 1**~~)~~
414. "Surgical services" means medical services involving the excision or incision of a patient's body for the:
- a. Correction of a deformity or a defect;
  - b. Repair of an injury; or
  - c. Diagnosis, amelioration, or cure of disease.
415. ~~"Telemedicine" has the same meaning as in A.R.S. § 36-3601.(~~**Article 1**~~)~~
416. ~~"Transfer" means a hospital discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending hospital.(~~**Article 1**~~)~~
417. "Transfusion" means the introduction of blood or blood products from one individual into the body of another individual.
418. ~~"Transport" means a hospital sending a patient to another health care institution for outpatient medical services with the intent of returning the patient to the sending hospital.(~~**Article 1**~~)~~
419. ~~"Treatment" means a procedure or method to cure, improve, or palliate a medical condition.(~~**Article 1**~~)~~
420. "Unit" means a designated area of an organized service.
421. "Verification" means:

- a. ~~A documented telephone call including the information obtained, the date, and the name of the documenting individual;~~
  - b. ~~A documented observation including the information observed, the date, and the name of the documenting individual; or~~
  - e. ~~A documented confirmation of a fact including the date and the name of the documenting individual.~~**(Article 1)**
- ~~122.~~ "Vital ~~records~~ record" has the same meaning as in A.R.S. § 36-301.
- ~~123.~~ "Vital statistics" has the same meaning as in A.R.S. § 36-301. **(not used)**
- ~~124.~~ "Volunteer" means an individual, except a student, authorized by a hospital to work in the hospital who does not receive compensation.**(Article 1)**
- ~~125.~~ "Well-baby bassinet" means a receptacle used for holding a neonate who does not require treatment and whose anticipated discharge is within 96 hours of birth.

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

- A. For a hospital license, in addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying
  - 1. For an initial ~~or renewal license~~ shall submit the following to the Department:
    - a. A statement of the licensed capacity requested for the hospital, ~~on a form~~ in a format provided by the Department, including:
      - i. The number of inpatient beds for each organized service, not including well-baby bassinets; and
      - ii. If applicable, the number of inpatient beds for each multi-organized service unit;
    - b. A list ~~on a form~~ in a format provided by the Department of medical staff specialties and subspecialties; and
  - 3. For a renewal license, A may submit to the Department, a copy of an accreditation report if the hospital is accredited, and chooses to submit a copy of the 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) or (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 ~~on a form~~ in a format provided by the Department, for each facility under the single group license:
  - 1. The name, address, and telephone number ~~of each accredited facility under the single group license;~~

2. The name of the administrator ~~for each accredited facility~~; and
  3. The specific times ~~each accredited~~ the 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 facility under the single group license:
1. The name, address, and telephone number;
  2. The name of the administrator; and
  3. The specific times the accredited facility provides medical services, nursing services, or health-related services.
- ~~C. D. An administrator~~ A governing authority shall:
1. ~~Notify the Department when there is a change in administrator according to A.R.S. § 36-425(I);~~
  - ~~2.~~ Notify the Department at least 30 days before ~~an accredited~~ a facility on a single group license terminates operations; and
  - ~~3.~~2. Submit an application, according to the requirements in 9 A.A.C. 10, Article 1, at least 60 days but not more than 120 days before a 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 accountable for the organization, operation, and administration of a hospital;
  2. Designate in writing:
    - a. Which organized services are to be provided in the hospital, and
    - b. The organized services that are to be provided in a multi-organized service unit according to R9-10-234(A);
  3. Appoint an administrator in writing who:
    - a. Has a baccalaureate degree or a post-baccalaureate degree in a health care-related field;
    - b. Has at least three years of experience in health care administration; or

- c. On December 5, 2006, was currently employed as an administrator in a licensed hospital;
  4. Approve hospital policies and procedures or designate an individual to approve hospital policies and procedures;
  5. Approve medical staff bylaws and medical staff regulations;
  6. Approve contracted services or designate an individual to approve contracted services;
  7. 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 bylaws;
  8. Adopt a quality management program according to R9-10-204;
  9. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  10. Appoint an acting administrator if the administrator is expected to be absent for more than 30 days;
  11. Except if subsection (A)(10) applies, notify the Department ~~in writing within five working days~~ 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
  12. For a health care institution under a single group license, comply with the applicable requirements in this Chapter ~~and 9 A.A.C. 20~~ for the class or subclass of the health care institution; ~~and~~
  - ~~13. Comply with federal and state laws, rules, and local ordinances governing operations of a health care institution.~~
- B. An administrator shall:
1. Be directly accountable to the governing authority for all hospital services and environmental services provided by a hospital;
  2. Have the authority and responsibility to manage the hospital;
  3. Act as a liaison between the governing authority and personnel; and
  4. Designate, in writing, an individual who is available and accountable for hospital services and environmental services when the administrator is not available;
- C. An administrator shall ~~require that~~ ensure:
1. Hospital policies and procedures are established, documented, and implemented that:
    - a. Include personnel job descriptions, duties, and qualifications;
    - b. Cover orientation and inservice education for personnel, volunteers, and students;
    - c. Include duties of volunteers and students;

- d. Include how a personnel member may submit a complaint relating to patient care;
  - e. Cover cardiopulmonary resuscitation training required in R9-10-206(6) 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 personnel have received cardiopulmonary resuscitation training;
  - f. Cover use of private duty staff, if applicable;
  - g. 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;
  - h. Include a method to identify a patient to ensure the patient receives medical services as ordered;
  - i. Cover patient rights;
  - j. Cover health care directives;
  - k. Cover medical records, including electronic medical records;
  - l. Cover quality management, including incident documentation;
  - m. Cover tissue and organ procurement and transplant; and
  - n. Cover hospital visitation, including visitations to a nursery, if applicable;
2. Hospital policies and procedures for hospital services are established, documented, and implemented that:
- a. Cover patient admission, transport, transfer, discharge planning, and discharge;
  - b. Cover acuity, including a process for obtaining sufficient nursing personnel to meet the needs of patients at all times;
  - c. Include when informed consent is required;
  - d. Include the age criteria for providing hospital services to pediatric patients;

- e. Cover dispensing, administering, and disposing of medication and biologicals;
  - f. Cover infection control;
  - g. Cover restraints that require an order, including the frequency of monitoring and assessing the restraint;
  - h. Cover seclusion of a patient including:
    - i. The requirements for an order, and
    - ii. The frequency of monitoring and assessing a patient in seclusion;
  - i. Cover telemedicine, if applicable; and
  - j. Cover environmental services that affect patient care;
3. Hospital policies and procedures are reviewed at least once every 36 months and updated as needed;
4. Hospital policies and procedures are available to personnel and medical staff;
5. Licensed capacity in an organized service is not exceeded except for an emergency admission of a patient. If the licensed capacity of an organized service is exceeded:
- a. A medical staff member reviews the medical history of a patient scheduled to be admitted to the organized service to determine whether the admission is an emergency, and
  - b. A patient is not admitted to the organized service except in an emergency;
6. Unless otherwise stated, documentation required by this Article is provided to the Department within two hours after a Department request;
- ~~6.7.~~ 7. A patient is free from:
- a. The intentional infliction of physical, mental, or emotional pain unrelated to the patient's medical condition;
  - b. Neglect,
  - c. Exploitation;
  - d. Seclusion or restraint if not medically indicated or necessary to prevent harm to self or others;
  - e. Sexual abuse according to A.R.S. § 13-1404; and
  - f. Sexual assault according to A.R.S. § 13-1406.
- D. An administrator of a special hospital shall ~~require that~~ ensure:
- 1. Medical services are available to an inpatient in an emergency based on the inpatient's medical conditions and the type of medical services provided by the special hospital; and
  - 2. A physician or a nurse, qualified in cardiopulmonary resuscitation, is on the hospital premises at all times.

~~E. An administrator of a hospital that meets the definition of "abortion clinic" in A.R.S. § 36-449.01, shall require that abortions and related services are provided in compliance with the requirements in Article 15.~~

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

- A. A governing authority shall ~~require~~ 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, including contracted services.
- B. An administrator shall ~~require that~~ ensure:
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;
    - 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;
    - 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; and
    - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of hospital services;
  3. The acuity plan required in R9-10-208(C)(2) is reviewed and evaluated every 12 months and the results are documented and reported to the governing authority; and
  4. The reports required in subsections (B)(2) and (3) and the supporting documentation for the reports are:



- a. Maintained ~~on the hospital premises~~ for 12 months from the date the report is submitted to the governing authority; and
- b. Except for information or documents that are confidential under federal or state law, provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request.

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

An administrator shall ~~require that~~ ensure:

1. Contracted services are provided according to the requirements in this Article;
2. A contract includes the responsibilities of each contractor;
3. A documented list of current contracted services is maintained ~~at the hospital~~ that includes a description of the contracted services provided; and
4. A contract and the list of contracted services required in subsection (3) is provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request.

#### **R9-10-206. Personnel**

An administrator shall ~~require that~~ ensure:

1. Personnel are available to meet the needs of a patient based on the acuity plan required in R9-10-208(C)(2);
2. A personnel member who provides medical services or nursing services demonstrates competency and proficiency according to criteria established in hospital policies and procedures for each type of unit and each type of patient to which the personnel member is assigned;
3. **Before the initial date of providing hospital services or volunteer service, a personnel member submits one of the following as evidence of freedom from infectious pulmonary tuberculosis according to the requirements in R9-10-229(A)(4):**
  - a. **A report of a negative Mantoux skin test;**
  - b. **If the individual has had a positive Mantoux skin test for tuberculosis, a physician's written statement that the individual is free from infectious pulmonary tuberculosis; or**
  - c. **A report of a negative chest x-ray; Will be referencing TB screening requirements in Article 1**

4. Orientation occurs within the first 30 days of providing hospital services or volunteer service and includes:
  - a. Informing personnel 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 hospital policies and procedures;
5. Hospital 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 days of the individual's starting date; and
  - b. Required to maintain current qualifications in cardiopulmonary resuscitation;
- ~~6. Documentation of current qualifications in cardiopulmonary resuscitation is maintained at the hospital;~~
7. A personnel record for each personnel member is maintained ~~electronically or in writing or a combination of both and~~ that includes:
  - a. Verification by the personnel member of receipt of the position job description for the position held by the personnel member;
  - b. The personnel member's starting date;
  - c. Verification of a personnel member's certification, license, or education, if necessary for the position held;
  - d. Verification of current cardiopulmonary resuscitation qualifications, if necessary for the position held; and
  - e. Orientation documentation;
8. Personnel receive inservice education according to criteria established in hospital policies and procedures;
9. Inservice education documentation for each personnel member includes:
  - a. The subject matter;
  - b. The date of the inservice education; and
  - c. The signature, rubber stamp, or electronic signature code of each individual who participated in the inservice education;
10. Personnel records and inservice education documentation are maintained by the hospital for at least two years after the last date the personnel member worked; and

11. Personnel records and inservice education documentation are provided upon request to the Department for review:
  - a. For a current personnel member, as soon as possible but not more than four hours from the time of the Department's request; and
  - b. For a personnel member who is not currently working in the hospital, within 24 hours of the Department's request.

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

- A. A governing authority shall ~~require that~~ ensure:
  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 patients 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 patients 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, performing an autopsy, and notifying the attending physician when an autopsy is performed;
    - f. Requiring that each inpatient has an attending physician;

- 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 patient medical records;
  - k. Establishing criteria for granting 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;
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 ~~require that~~ ensure:
- 1. ~~By October 1, 2003,~~ a medical staff member submits one of the following as evidence of freedom from infectious pulmonary tuberculosis according to the requirements in R9-10-229(A)(4):
    - a. A report of a negative Mantoux skin test;
    - b. If the individual has had a positive Mantoux skin test for tuberculosis, a physician's written statement that the individual is free from infectious pulmonary tuberculosis; or
    - c. A report of a negative chest x-ray; **Will be referencing TB screening requirements in Article 1**
  - 2. A record for each medical staff member is established and maintained ~~electronically or in writing or a combination of both~~ 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;
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 four hours from the time of the Department's request if the individual is a current medical staff member; and
  - b. Within 72 hours from the time of the Department's request if the individual is no longer a current medical staff member.

**R9-10-208. Nursing Services**

- A. An administrator shall ensure:
1. ~~Require that~~ That nursing services are provided 24 hours a day; and
  2. ~~Appoint a~~ A nurse executive is appointed who is qualified according to the requirements ~~specified~~ in the hospital's 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 ~~require~~ 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 at all times whether or not there is a patient;
6. A general hospital has two registered nurses on duty at all times when there is more than one patient;
- ~~7.~~ ~~A special hospital that is licensed to provide behavioral health services complies with the staffing requirements in A.A.C. Title 9, Chapters 10 and 20;~~
- ~~8.~~ 7. A special hospital offering emergency services or obstetrical services has two registered nurses on duty at all times when there is more than one patient;
- ~~9.~~ 8. A special hospital not offering emergency services or obstetrical services has at least one registered nurse and one other nurse on duty at all times when there is more than one patient;
- ~~10.~~ 9. A rural general hospital with more than one patient has one registered nurse and at least one other nursing personnel on duty at all times. 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 of being called;
- ~~11.~~ 10. If a hospital has a patient in a unit, there is a minimum of one registered nurse in the unit at all times;
- ~~12.~~ 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 in the unit at all times;
- ~~13.~~ 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 postanesthesia care unit;
- ~~14.~~ 13. Nursing personnel work schedules are planned, reviewed, adjusted, and documented to meet patient needs and emergencies;
- ~~15.~~ 14. A registered nurse assesses, plans, directs, and evaluates nursing services provided to a patient;

- 16.15. There is a care plan for each inpatient based on the inpatient's need for nursing services;  
and
- 17.16. Nursing personnel document nursing services in a patient's medical record.

**R9-10-209. Patient Rights**

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

- 1. A patient:
  - a. ~~Is treated with consideration, respect, and dignity, and receives~~ Has privacy in treatment and activities of daily living; and
  - b. Has access to a telephone;
- 2. A patient or the patient's representative:
  - a. ~~Except in an emergency, either either~~ Except in an emergency, consents to or refuses treatment, ~~if capable of doing so;~~
  - b. May refuse examination, or withdraw consent for treatment before treatment is initiated;
  - c. May submit grievances without retaliation;
  - d. Is informed of:
    - i. Except in an emergency, proposed medical procedures, alternatives to the medical procedures, associated risks, and possible complications;
    - ii. How to obtain a schedule of hospital rates and charges required in A.R.S. § 36-436.01(B);
    - iii. The hospital's patient grievance policies and procedures, including the telephone number of hospital personnel to contact about grievances, and the Department's telephone number if the hospital is unable to resolve the patient's grievance; and
    - iv. 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;
- 3. Except in an emergency, a patient or the patient's representative is provided a description of the hospital's health care directives policies and procedures:
  - a. If an inpatient, at the time of admission; or
  - b. If an outpatient:
    - i. Before any invasive procedure, except phlebotomy for obtaining blood for diagnostic purposes; or

- ii. If the hospital services include a planned series of treatments, at the start of each series;
  4. There are hospital policies and procedures that include:
    - a. How and when a patient or the patient's representative is informed of patient rights in subsections (1) and (2); and
    - b. Where patient rights are posted in the hospital;
  5. A patient or the patient's representative receives a written statement of patient's rights; and
  6. Medical record information is disclosed ~~only with the written consent of a patient or the patient's representative or as permitted by law~~ according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01.
- ~~B. The requirements in subsections (A)(2)(a), (A)(2)(d)(i), (A)(3), and (A)(4) do not apply in an emergency.~~

#### **R9-10-210. Admission**

An administrator shall ~~require~~ ensure that:

1. A patient is admitted on the order of a medical staff member;
2. An individual, authorized by hospital policies and procedures, is available at all times 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 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 of admission;
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.

#### **R9-10-211. Discharge Planning; Discharge**

- A. For an inpatient, an administrator shall ~~require~~ 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 the inpatient, an administrator shall ~~require~~ 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 patient's attending physician or the attending physician's designee;
  2. There is a documented discharge order by an attending physician or the attending physician's designee before discharge unless the patient leaves the hospital against a medical staff member's advice; and
  3. ~~If the patient is discharged to any location other than a health care institution:~~
    - ~~a.~~ 4. There are documented discharge instructions; and
    - ~~b.~~ 5. 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 ~~require~~ ensure that an outpatient is discharged according to hospital policies and procedures.
- D. For a discharge of an outpatient receiving emergency services, an administrator shall ~~require~~ ensure:
1. A discharge order is documented by an attending physician or the attending physician's designee 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.
- ~~E. A patient transferred to another hospital is exempt from the requirements in this Section. An administrator shall require that a transfer of a patient to another hospital complies with the requirements in R9-10-213.~~

**R9-10-212. Transport**

- A. For a transport of a patient, the administrator of a sending hospital shall ~~require that~~ ensure:
1. Hospital policies and procedures:
    - 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; and
    - 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 ~~professional~~ professional 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 ~~require~~ ensure :
1. Hospital policies and procedures:

- 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 ~~hospital~~ 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 ~~professional~~ personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.
- ~~C. A sending hospital and a receiving hospital that are licensed at separate locations and have the same Medicare number issued by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services are exempt from subsections (A)(1)(d), (B)(1)(c), and (B)(1)(d).~~

#### **R9-10-213. Transfer**

- ~~A.~~ For a transfer of a patient, the administrator of a sending hospital shall ~~require~~ ensure that:
1. Hospital policies and procedures:
    - 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 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 ~~professional~~ personnel member or medical staff member assisting in the transfer if an order requires that a patient be assisted during transfer.
- ~~B. A sending hospital and a receiving hospital that are licensed at separate locations and have the same Medicare number issued by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services are exempt from subsections (A)(1)(e), (A)(2) and (A)(3)(a).~~

**R9-10-214. Surgical Services**

- A. An administrator of a general hospital shall ~~require that~~ ensure:
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 from 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 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 hospital 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).

#### **R9-10-215. Anesthesia Services**

An administrator shall ~~require~~ 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.

**R9-10-216. Emergency Services**

- A. An administrator of a general hospital or a rural general hospital shall ~~require~~ 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 from 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 ~~require~~ 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.

**R9-10-217. Pharmaceutical Services**

An administrator shall ~~require~~ 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 ~~A.A.C. Title 4, Chapter 23~~ 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 hospital policies and procedures is established to:
  - a. Develop a drug formulary;
  - b. Update the drug formulary at least every 12 months;
  - c. Develop medication usage and medication substitution policies and procedures; and
  - d. Specify which medication, medication ~~categories~~ classifications, and biologicals 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 or biological is disposed of according to hospital 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 hospital policies and procedures have access to a locked area containing a medication or biological;
8. A medication or biological is maintained at temperatures recommended by the manufacturer;
9. A cart used for an emergency:
  - a. Contains medication, supplies, and equipment as specified in hospital 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 hospital policies and procedures;
11. There are hospital policies and procedures that specify individuals who may:
  - a. Order medication and biologicals; and
  - b. Administer medication and biologicals;
12. A medication or biological is administered in compliance with an order;



13. A medication or a biological administered to a patient is documented as required in R9-10-228;
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. Hospital 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.

**R9-10-218. Clinical Laboratory Services and Pathology Services**

An administrator shall ~~require~~ 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 at all times laboratory personnel authorized by hospital policies and procedures to perform testing;
6. A hospital that offers surgical services shall provide pathology services within the hospital or by contract 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. There are hospital policies and procedures 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 hospital policies and procedures.

**R9-10-219. Radiology Services and Diagnostic Imaging Services**

- A. An administrator shall ~~require~~ ensure that:
  1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and ~~A.A.C. Title 12, Chapter 1-12~~ 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 at all times; 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 and diagnostic imaging services in the hospital shall ~~require~~ 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 patient report is included in the patient's medical record.

**R9-10-220. Intensive Care Services**

- A. ~~A general hospital or special hospital may provide intensive care services. A rural general hospital shall not provide intensive care services.~~
- B. Except for a special hospital that only provides psychiatric services, an administrator of a hospital that provides intensive care services shall ~~require~~ 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. A patient 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 hospital policies and procedures;
  5. In addition to the requirements in R9-10-208(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 R9-10-208;
  6. Each intensive care unit has a policy and procedure that provides for meeting the needs of the patients at all times;
  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 qualified in ~~advanced cardiopulmonary resuscitation~~ advanced life support specific to the age of the patient;
  10. Resuscitation, emergency, and other equipment are available at all times 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 R9-10-217.
- C. ~~A special hospital providing only psychiatric services and licensed according to A.R.S. Title 36, Chapters 4 and 5, is not subject to the requirements in this Section.~~

### **R9-10-221. Respiratory Care Services**

An administrator of a hospital that provides respiratory care services shall ~~require~~ 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 R9-10-218.

**R9-10-222. Perinatal Services**

- A. An administrator of a hospital that provides perinatal organized services shall ~~require~~ 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 hospital 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 from 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 hospital policies and procedures before moving the neonate from a delivery area;
  11. There are hospital policies and procedures that 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 is:
    - a. 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 R9-10-211;
  15. Intensive care services for neonates comply with the requirements in R9-10-220;
  16. A minimum of one registered nurse is on duty in a nursery at all times 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 R9-10-216(C).

**R9-10-223. Pediatric Services**

- A. An administrator of a hospital that provides pediatric organized services shall ~~require~~ ensure that:

1. Pediatric services are provided in a designated area under the direction of a medical staff member;
  2. Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of a pediatric patient to stay overnight; and
  3. There are hospital policies and procedures 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.
- B. An administrator of a hospital that provides pediatric intensive care services shall ~~require that~~ ensure the pediatric intensive care services comply with intensive care services requirements in R9-10-220.
- C. An administrator of a hospital that does not provide pediatric organized services may admit a pediatric patient only in an emergency and shall ~~require~~ ensure that:
1. The pediatric patient is not placed in a patient room with an adult patient; and
  2. Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of a pediatric patient to stay overnight.

#### **R9-10-224. Psychiatric Services**

- A. ~~For purposes of this Section, the following definitions apply:~~
1. ~~“Behavioral health technician” means an individual who provides hospital services in an organized psychiatric services unit with clinical oversight from a medical staff member or a personnel member.~~
  2. ~~“Clinical oversight” means:~~
    - a. ~~Monitoring the hospital services provided by a behavioral health technician to ensure that the behavioral health technician is providing the hospital services according to hospital policies and procedures;~~
    - b. ~~Providing on-going review of a behavioral health technician’s skills and knowledge related to the provision of hospital services;~~
    - c. ~~Providing guidance to improve a behavioral health technician’s skill and knowledge related to the provision of hospital services, and~~
    - d. ~~Recommending training for a behavioral health technician to improve the behavioral health technician’s skill and knowledge related to the provision of hospital services.~~

3. ~~"Informed consent" means advising a patient of a proposed medical procedure or proposed administration of a drug, alternatives to the medical procedure or drug, associated risks, and possible complications, and obtaining authorization from the patient or the patient's representative for the medical procedure or drug.~~
  4. ~~"Time out" means providing a patient a voluntary opportunity to regain self control in a designated area from which the patient is not physically prevented from leaving.~~
- B. An administrator of a hospital that contains an organized psychiatric services unit or a special hospital licensed to provide psychiatric services shall ~~require~~ ensure that in the organized psychiatric unit or special hospital:
1. Psychiatric services are provided under the direction of a medical staff member;
  2. A patient admitted to the organized psychiatric services unit or special hospital has a principle diagnosis of a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor;
  3. ~~The hospital complies with the client rights in A.A.C. R9-20-203(C) for a patient in the organized psychiatric services unit;~~
  4. Except in an emergency, a patient receives a nursing assessment before treatment for the patient is initiated;
  5. An individual is not admitted to an organized psychiatric services unit or special hospital and a patient in an organized psychiatric services unit or special hospital is transferred out of the organized psychiatric services unit or special hospital if the individual's or patient's medical needs cannot be met in the organized psychiatric services unit or special hospital;
  6. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, a patient or the patient's representative signs an informed consent form for a psychotropic drug before the psychotropic drug is administered to the patient;
  7. ~~A behavioral health technician:~~
    - a. ~~Is at least 21 years old; and~~
    - b. ~~Meets one of the following qualifications:~~
      - i. ~~Has a master's degree or bachelor's degree in a field related to behavioral health,~~
      - ii. ~~Has a bachelor's degree,~~
      - iii. ~~Has an associate's degree, or~~
      - iv. ~~Has a high school diploma or a high school equivalency diploma;~~



8. ~~A behavioral health technician receives clinical oversight from a medical staff member or personnel member qualified to provide clinical oversight according to hospital policies and procedures;~~
9. ~~Clinical oversight provided as required in subsection (B)(8) is documented in the personnel file of the behavioral health technician receiving the clinical oversight and includes:~~
  - a. ~~The date of any clinical oversight discussion,~~
  - b. ~~The name of the behavioral health technician receiving clinical oversight,~~
  - c. ~~The name and signature of the medical staff member or personnel member providing clinical oversight, and~~
  - d. ~~Identification of additional training that may enhance the behavioral health technician's skills or knowledge;~~
10. ~~A personnel member who provides hospital services in an organized psychiatric services unit demonstrates competency and proficiency according to criteria established in hospital policies and procedures for each type of hospital service the personnel member provides and each type of patient to which the personnel member is assigned;~~
11. Hospital 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 (B)(11)(c)(i) through (B)(11)(c)(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 a patient's absence is unauthorized, including whether the patient:
  - 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;
- 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 18 years of age and who is restrained or secluded; and
  - j. Establish medical record and personnel file documentation requirements for restraint and seclusion;
12. For a patient admitted to the organized psychiatric services unit or special hospital who:
- a. Dies, written notification of the patient's death is submitted to the Department within one working day after the patient's death; or
  - b. Attempts suicide or inflicts a self-injury that requires medical services or immediate intervention by an emergency response team or a medical practitioner, written notification of the patient's suicide attempt or self-injury is submitted to the Department within two working days after the patient's suicide attempt or self-injury;
13. 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;
14. Restraint is only used in an emergency situation when needed to ensure a patient's physical safety and less restrictive interventions have not been effective;
15. Seclusion is only used for the management of a patient's violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient or other individuals;
16. Restraint or seclusion is not used as a means of coercion, discipline, convenience, or retaliation;
17. Restraint or seclusion is:
  - a. Only ordered by a physician or a nurse practitioner, and
  - b. Not written as a standing order or on an as-needed basis;
18. 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;
19. 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;
20. 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;
21. If an order for restraint or seclusion of a patient is not provided by the patient's attending physician, the patient's attending physician is notified as soon as possible;
22. 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 and a physician or nurse practitioner does not order restraint or seclusion until the medical staff member, personnel member, physician, or nurse practitioner 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 hospital 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 the hospital policies and procedures;
23. When a patient is placed in restraint or seclusion:

- a. The restraint or seclusion is conducted according to hospital 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 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 hospital policies and procedures;
  - e. A physician or other health professional authorized by hospital 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
    - iii. Whether to continue or terminate the restraint or seclusion; and
  - f. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
24. 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. 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;
25. 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 (B)(23)(e);
  - d. The monitoring required in subsection (B)(20) or (B)(23)(d), as applicable; and
  - e. The names of the medical staff members and personnel members with direct patient contact while the patient was in the restraint or seclusion; and
26. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to hospital policies and procedures.

#### **R9-10-225. Rehabilitation Services**

An administrator shall ~~require~~ 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 hospital 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.

#### **R9-10-226. Social Services**

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

1. A social worker or a registered nurse designated by the administrator coordinates social services;
2. A medical staff member, nurse, patient, patient's representative or a member of the patient's family may request social services;
3. A personnel member providing social services participates in discharge planning as necessary to meet the needs of a patient;
4. The patient has privacy when communicating with a personnel member providing social services; and
5. 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.

**R9-10-227. Dietary Services**

An administrator shall ~~require~~ensure that:

1. Dietary services are provided according to ~~A.A.C. Title 9, Chapter 8-9~~ A.A.C. 8, Article 1;
2. A copy of the hospital's food establishment license under ~~A.A.C. Title 9, Chapter 8-9~~ A.A.C. 8, Article 1, is provided to the Department for review upon the Department's request;
3. For a hospital that contracts with a food establishment to prepare and deliver food to the hospital, a copy of the contracted food establishment's license under ~~A.A.C. Title 9, Chapter 8-9~~ A.A.C. 8, Article 1, is:
  - a. ~~Maintained on the hospital premises, and~~
  - b. ~~Provided~~ provided to the Department for review upon the Department's request;
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 hospital policies and procedures;
6. There are personnel members on duty to meet the dietary needs of all patients;
7. Personnel members providing dietary services are qualified to provide dietary services according to hospital policies and procedures;
8. A nutrition assessment of a patient is:
  - a. Performed according to hospital policies and procedures; and



- b. Communicated to the attending physician or the attending physician's designee 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.

**R9-10-228. Medical Records**

- A. An administrator shall ~~require~~ensure that:
  1. A medical record is established and maintained for each patient;
  2. An entry in a medical record is:
    - a. Recorded only by a personnel member authorized by hospital 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 medical record and includes the time of the order if required by medical staff bylaws;
    - b. Authenticated by a medical staff member or the organized medical staff according to medical staff bylaws or hospital policies and procedures; and
    - c. Authenticated by the individual entering the order in the medical record if the order is an oral or telephone order;
  4. If a rubber-stamp signature or an electronic signature code is used to authenticate an order, the individual whose signature the stamp or electronic code represents is accountable for the use of the stamp or the electronic code;
  5. A medical record is available to personnel members and medical staff members authorized by hospital policies and procedures to access the medical record;
  6. Information in a medical record is disclosed to an individual not authorized under subsection (5) only with the written consent of a patient or the patient's representative or as permitted by law;
  7. A medical record is maintained under the direction of an individual:
    - a. Who is qualified to maintain the medical record according to hospital policies and procedures, or

- b. Who consults with an individual qualified according to hospital policies and procedures;
  8. There are hospital policies and procedures that include:
    - a. ~~The length of time a medical record is maintained on the hospital premises; and~~
    - b. ~~The~~ the maximum time-frame to retrieve an onsite or off-site medical record at the request of a medical staff member or authorized personnel member;
  9. A medical record of a patient is provided to the Department:
    - a. As soon as possible but not more than four hours from the time of the Department's request if the patient was discharged within 12 months from the date of the Department's request, or
    - b. Within 24 hours from the time of the Department's request if the patient was discharged more than 12 months from the date of the Department's request;
  10. A medical record is:
    - a. Protected from loss, damage, or unauthorized use; and
    - b. Retained according ~~According~~ to A.R.S. § 12-2297;
  11. Vital records and vital statistics are maintained for at least 10 years ~~according to A.R.S. § 36-343~~; and
  12. If a hospital discontinues hospital services, the Department is notified in writing, not less than 30 days before hospital services are discontinued, of the location where the medical records are stored.
- B. If a hospital maintains medical records electronically, an administrator shall ~~require~~ ensure that:
1. There are safeguards to prevent unauthorized access; and
  2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C. An administrator shall ~~require~~ 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;
    - d. A designated patient representative, if applicable; and
    - e. Any known allergy including medication or biological allergies or sensitivities;
  2. Medication information that includes:
    - a. The patient's weight;
    - b. A medication or biological ordered for the patient; and

- c. A medication or biological 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 or biological; and
      - iv. Any adverse reaction the patient has to the medication or biological;
  3. Documented 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. Names of the admitting medical staff member and attending physician;
  8. All orders;
  9. All care plans;
  10. A record of hospital services provided to the patient;
  11. Notes by medical staff members, nursing or other personnel members;
  12. Disposition of the patient after discharge;
  13. Discharge instructions required in R9-10-211(B)(3);
  14. A discharge summary; and
  15. If applicable:
    - a. A laboratory report required in R9-10-218(9);
    - b. A radiologic report required in R9-10-219(B)(4);
    - c. A diagnostic report;
    - d. Documentation of restraint; and
    - e. A consultation report;
- D. An administrator shall ~~require~~ 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. A designated patient representative, if applicable; and
    - e. If necessary for treatment, any known allergy including medication or biological allergies or sensitivities;

2. If necessary for treatment, medication information that includes:
    - a. The patient's weight;
    - b. A medication or biological ordered for the patient; and
    - c. A medication or biological 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 or biological; and
      - iv. Any adverse reaction the patient has to the medication or biological;
  3. Documented informed consent by the patient or the patient's representative, except in an emergency;
  4. A diagnosis or reason for outpatient medical services;
  5. All orders;
  6. A record of hospital services provided to the patient; and
  7. If applicable:
    - a. A laboratory report required in R9-10-218(9);
    - b. A radiologic report required in R9-10-219(B)(4);
    - c. A diagnostic report;
    - d. Documentation of restraint; and
    - e. A consultation report;
- E. In addition to the requirements in subsection (D), an administrator shall ~~require~~ ensure that the hospital's record of emergency services provided to a patient contains:
1. A record 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.

**R9-10-229. Infection Control**

- A. An administrator shall ~~require~~ 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 hospital policies and procedures;
2. There are hospital policies and procedures:
  - 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. Disposing of biohazardous medical waste; and
    - v. Transporting 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 pulmonary 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;
3. An infection control program includes an infection control risk assessment that is reviewed and updated at least every 12 months;
4. A tuberculosis screening is performed as follows: **Will reference requirements in Article 1**
  - a. For a personnel member, at least once every 12 months or more frequently if determined by an infection control risk assessment;
  - b. Except as required in subsection (A)(4)(c), for a medical staff member, at least once every 24 months; and
  - c. For a medical staff member at an increased risk of exposure based on the criteria in subsection (A)(2)(c), at the frequency required by the hospital's policies and procedures, but no less frequently than every 24 months;

5. 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;
  6. 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;
  7. 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;
  8. Infection control documents are maintained in the hospital for two years and are provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request;
  9. An infection control committee is established according to hospital policies and procedures that consists of:
    - a. At least one medical staff member;
    - b. The individual directing the infection control program; and
    - c. Other personnel identified in hospital policies and procedures; and
  10. 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 A.A.C. Title 9, Chapter 6.

### **R9-10-230. Environmental Services**

An administrator shall ~~require that~~ ensure:

1. An individual providing environmental services who has the potential to transmit pulmonary tuberculosis to patients as determined by the infection control risk assessment shall comply with the requirements in R9-10-206(3);

2. The hospital premises and equipment are:
  - a. ~~Cleaned according to policies and procedures designed to prevent or control illness or infection; and~~
  - a. Cleaned to prevent or control infection or illness according to the hospital policies and procedures; 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 used to control insects and rodents;
4. The hospital maintains a tobacco smoke-free environment;
5. Biohazardous waste and hazardous waste are identified, stored, used, and disposed of according to ~~A.A.C. Title 18, Chapter 13-18~~ A.A.C. 13, Article 14 and hospital 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 hospital policies and procedures; and
  - c. Used according to the manufacturer's recommendations;
7. Documentation of equipment testing, calibration, and repair is maintained ~~on the hospital premises~~ for one year from the date of the testing, calibration, or repair and provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request.

### **R9-10-231. Disaster Management**

An administrator shall ~~require~~ 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 from the date of the drill and provided to the Department for review as soon as possible after a Department request but not more than four hours from the time of the request.

#### **R9-10-232. Physical Plant Standards**

- A. An administrator shall ~~require~~ensure that:
  1. A hospital complies with the physical plant health and safety codes and standards that are incorporated by reference in A.A.C. R9-1-412 at the time the hospital submitted ~~is licensed~~ an application for approval of architectural plans and specifications for the hospital;
  2. Architectural plans and specifications for construction, modification, or change in licensed capacity or inpatient beds are submitted to the Department for approval;
  3. Construction, a modification, or a change in inpatient beds complies with the requirements of this Article and the physical plant health and safety codes and standards incorporated by reference in A.A.C. R9-1-412 at the time architectural plans and specifications for the construction, modification, or change in licensed capacity or inpatient beds ~~is approved by~~ are submitted to the Department;
  4. The licensed hospital premises or any part of the licensed hospital premises is not leased to or used by another person;
  5. A unit with inpatient beds is not used as a passageway to another health care institution; and
  6. Hospital premises are not licensed as more than one health care institution ~~except as provided in A.R.S. Title 36, Chapters 4 and 5, and 9 A.A.C. 20.~~
- B. An administrator shall provide to the Department for review as soon as possible but not more than ~~four~~ two hours from the time of the Department's request, documentation of a current fire inspection conducted by a local jurisdiction.

#### **R9-10-234. 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, or
  4. A unit that provides both intensive care services for neonates and a continuing care nursery.
- B. An administrator shall ~~require~~ 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.