

# RULES AND REGULATIONS FOR LICENSURE OF HOSPITALS

## CHAPTER 12

Section 1. Authority. These rules are promulgated by the Department of Health pursuant to the Health Facilities Act at W.S. §35-2-901 et seq. and the Wyoming Administrative Procedures Act at W.S. §16-3-101 et seq.

Section 2. Purpose. These rules have been adopted to protect the health, safety and welfare of patients and employees in hospitals.

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

Section 4. Definitions.

The following definitions shall apply in the interpretation and enforcement of these rules. Where the context in which words are used in these rules indicates that such is the intent, words in the singular number shall include the plural and visa versa. Throughout these rules gender pronouns are used interchangeable. The drafters have attempted to utilize each gender pronoun in equal numbers, in random distribution. Words in each gender shall include individuals of the other gender.

For purpose of these rules, the following shall apply:

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

- (i) Who is responsible for the correction.
- (ii) What was done or will be done to correct the problem.
- (iii) Who will monitor to ensure that the situation does not develop again.
- (iv) An appropriate date, not to exceed sixty (60) days after the last day of survey, for the correction of deficiencies.

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

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

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

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

(f) “Complaint Investigations” means those investigations required to be performed by the Licensing Division.

(g) “Dietitian” means a person who is registered by the American Dietetic Association and provides nutritional and dietary services.

(h) “Dietetic Manager/Supervisor” means an individual who has at a minimum a high school education or equivalent and has completed courses in food service supervision, but is not a registered dietitian.

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

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

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

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

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

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

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

(iii) Acute care;

(iv) Psychiatric care;

(vi) Swing beds.

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

(o) “License” means the authority granted by the Licensing Division to operate a Hospital.

(p) “Licensee” means any person, association, partnership, or corporation holding a Hospital license.

(q) “Licensing Division” means the Department of Health, Office of Health Quality.

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

(s) “LSC” means NFPA 101 Life Safety Code cited in the Department of Health, Chapter III Construction Rules for Health Facilities.

(t) “Medical Record Administrator” means an Accredited Record Technician (A.R.T.) who has passed the appropriate accreditation examination conducted by the American Medical Record Association, or who has the equivalent of such education and training.

(u) “Medical Technologist” means a person who is a graduate of a program in medical technology approved by the Council on Medical Education of the American Medical Association, or has the equivalent of such education and training.

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

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

(x) “Nurse Anesthetist” means a person certified as a nurse or a nurse anesthetist by the American Association of Nurse Anesthetists or has the equivalent training and education.

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

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

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

(bb) “Pharmacist” means a person licensed as a Pharmacist in Wyoming.

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

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

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

(ff) “Physician” means a person who is licensed by the Wyoming Board of Medicine to practice medicine in Wyoming.

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

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

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

(jj) “Speech Language Pathologist” means a person who is licensed in the State of Wyoming to practice speech language pathology.

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

(ll) “Survey” means a periodic on-site evaluation conducted by the Survey Division or its designated representative to determine compliance with State Licensure Rules and Regulations for Hospitals.

(mm) “Survey Division” means the Department of Health, Office of Health Quality.

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

Section 5. Licensure. Applicants must demonstrate full compliance with paragraphs (a) and (b) of this section.

(a) Licensing Procedure.

(i) For an initial license to be issued, the Licensing Division shall receive:

(A) A completed application form as supplied by the Licensing Division.

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

(C) Applicant shall demonstrate full compliance with the licensure requirements in paragraph (b) of this section.

(ii) For renewal of a full license for one (1) year beginning July 1<sup>st</sup>, and unless suspended or revoked, expiring on June 30<sup>th</sup> of the following year, the Licensing Division shall receive:

(A) A completed application form by the date stated in the application cover letter supplied by the Licensing Division; and

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

(b) Requirements for Licensure. The Licensing Division shall consider:

(i) Initial and annual renewal licensure survey deficiencies cited by the Survey Division;

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

(iii) Complaint investigations and resolutions;

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

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

(c) Transfer of license.

(i) No license granted shall be assigned or transferred by the licensee without prior approval of the Licensing Division.

(A) Requests to assign or transfer a Hospital license shall be submitted in writing by the licensee to the Licensing Division at least thirty (30) days prior to the planned date of assignment or transfer.

(B) Any license approved for assignment or transfer by the Licensing Division shall be subject to the plan of correction for licensure submitted by the previous owner.

(ii) If the Hospital's name is changed, the Licensing Division shall be advised in writing before the name is changed, by the current licensee and a new license will be issued upon the receipt of an application and licensure fee.

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

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

(e) Suspension of Admissions.

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

(f) Monitor.

(i) The Licensing Division shall place a Department of Health approved monitor at the Hospital's expense when conditions are such that patients' needs are not being met by the Hospital. The monitor shall insure that neither the health nor the safety of the patients is jeopardized.

(g) Hearings.

(i) Any Hospital aggrieved by a decision of the Licensing Division may request a hearing by submitting a written request to the Licensing Division within ten (10) days of receipt of the adverse action.

(ii) Except in matters concerned with the spread of communicable disease, the Licensing Division (Nurse Administrator or designated representative) shall present the preliminary decisions and reasons for the decision to the parties concerned and shall provide an opportunity for a hearing. Any request for hearing shall adhere to the time frames of (i) above.

(iii) In matters concerned with the spread of communicable disease, the Wyoming State Health Officer or designated representative shall present the preliminary decisions and reasons for the decision to the parties concerned and shall provide an opportunity for a hearing. Any request for a hearing shall adhere to the time frames in (i) above.

(iv) Hearings requested under the terms of these licensure rules shall be held in accordance with the provisions of the Wyoming Administrative Procedures Act.

(h) Posting of License.

(i) The current license issued by the Licensing Division shall be displayed in a public area within the Hospital.

(i) Surveys for Licensure.

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

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

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

(C) The Hospital shall provide an acceptable plan of correction for all cited deficiencies, within ten (10) working days after receipt of the deficiencies, to the Licensing Division.

(ii) At the time of survey, all records, including patient medical records, pertaining to matters involved in the survey shall be made available to members of the survey team in their assigned disciplines.

(j) Voluntary Closure.

(i) If a Hospital voluntarily ceases to operate, it shall notify the Licensing Division in writing at least thirty (30) working days prior to closure.

(ii) The first working day after closure, the Hospital's license shall be hand carried to or sent by certified mail to the Office of Health Quality; 2020 Carey Avenue, Eighth Floor; Cheyenne, WY 82002.

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

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

(i) The bylaws shall:

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

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

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

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

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

(i) The administrator shall:

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

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

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

(D) Insure that all unusual accidents and deaths are immediately reported verbally and in writing to the Licensing Division.

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

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

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

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

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

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

(i) The emergency room record shall contain:

- (A) Patient identification.
- (B) History of disease or injury.
- (C) Physical findings.
- (D) Laboratory and X-ray reports, (if any).
- (E) Diagnosis.
- (F) Record of treatment.
- (G) Disposition of the case.
- (H) Signature of Physician.

(e) Medical records for each patient treated shall be organized by a qualified Medical Record Technician.

(f) All hospitals must receive, and maintain, formal designation through the Department of Health's trauma system enhancement program (W.S. §35-1-801). The level of designation shall be at the discretion of the hospital.

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

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

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

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

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

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

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

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

of anesthetics.

(b) When anesthetics are not administered by an anesthesiologist, they shall be administered by a physician anesthetist or a registered nurse anesthetist under the supervision of the operating physician. The hospital medical staff shall designate those persons qualified to administer anesthetics and shall delineate what a person is qualified to do.

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

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

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

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

Section 12. Laboratories.

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

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

Section 13. Special Care Unit. A separate unit designed for intensive treatment of seriously ill patients who require extraordinary care on a concentrated and continuous basis may be provided. The unit may be multipurpose for a variety of diagnoses or for special diagnostic categories.

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

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

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

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

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

(ii) Registered nurses and other health care personnel assigned to the unit shall receive special instructions in procedures, monitoring, observation and other techniques for life-saving measures.

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

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

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

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

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

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

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

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

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

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

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

(i) Nursery.

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

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

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

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

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

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

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

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

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

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

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

Section 16. Nursing Services. The hospital shall have an organized function that provides twenty-four (24) hour nursing services. These services shall be supervised by a registered nurse.

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

(b) Personnel records including the application and verification of credentials shall be maintained for each member of the nursing staff. Documentation shall be maintained which verifies the current Wyoming licensure status for those persons requiring licenses.

(c) Medications shall be administered by a registered nurse, LPN, or a student nurse in an approved school of nursing under the direct supervision of a registered nurse. In all instances, this shall be in accordance with the Wyoming Nurse Practice Act.

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

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

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

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

(A) The purpose of the staff meeting;

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

(C) Consideration of specific nursing techniques and procedures;

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

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

(F) The names of individuals attending the meeting.

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

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

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

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

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

(b) Dietary Supervision.

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

(A) If the qualified supervisor is not a registered dietitian, she/he shall be a graduate of a dietetic technician program approved by the American Dietetic Association or a dietary managers educational program approved by the Wyoming Dietary Managers' Association. Training and experience in food service supervision and nutrition equivalent in content to the approved educational programs are acceptable.

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

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

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

(iv) The consultant or staff dietitian shall:

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

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

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

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

(v) The dietary supervisor shall be responsible for:

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

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

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

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

(c) Hygiene of Dietary Personnel.

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

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

(B) Personnel returning to work after an absence due to illness shall receive clearance from a physician. Written clearance shall be maintained in the employee's file.

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

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

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

(a) Social services shall be under the direction of a qualified social worker.

(b) Social services and other hospital services shall perform as an integrate unit.

(i) Social services shall participate in appropriate inservice training programs and conferences.

(c) Records of social service activity related to individual patients shall be kept and be available to the appropriate professional personnel concerned.

(i) Functions and activities recorded shall include, as appropriate:

(A) Medical social study of referred patients;

(B) Evaluation of financial status of the patients;

(C) Follow-up of discharged patients;

(D) Social therapy and rehabilitation of patients;

(E) Environmental investigations for the attending physicians; and

(F) Cooperative activities with community agencies.

(ii) Significant social service summaries shall be entered promptly in the patient's central medical record for the benefit of all staff involved in the care of the patient.

(d) Adequate work areas shall be provided for social service's staff which is easily accessible to patients and to the medical staff, and shall assure privacy for interviews.

Section 19. Rehabilitation, Physical Therapy, Speech Therapy, Audiology, and Occupational Therapy Services. Written policies and procedures shall be in place for therapy services.

(a) Therapy personnel shall have the necessary knowledge, training, experience and capabilities to properly supervise and administer the applicable therapy services. A physician with pertinent experience shall be in charge of rehabilitation services.

(b) Facilities and equipment for physical therapy, speech therapy, audiology, and occupational therapy shall be in good condition and adequate to meet patient needs.

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

(d) Complete records shall be maintained for each patient provided therapy services and shall be part of the patient's record.

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

(a) The following requirements shall be met:

(i) Members of the dental staff shall be licensed in the State of Wyoming;

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 23. Medical Records. Medical records shall be maintained in accordance with accepted professional principles, for every patient evaluated or treated in the hospital.

(a) Qualified personnel adequate to supervise and conduct the medical records function. Preferably, a Registered Record Administrator (RRA) or Accredited Record Technician (ART) will be in charge. If such a professional is not in charge, a qualified RRA or ART on a consultant or part-time basis shall organize the function, train the personnel, and make periodic on-site visits to evaluate the medical records function.

(b) Written consent of the patient or his/her guardian shall be obtained for release of medical information.

(c) Records of public hospitals shall be preserved, either in the original form or on microfilm, for a period of time determined by the Hospital Administrator and the Archives, Records Management, and Centralized Microfilm Division of the State of Wyoming Archives and Historical Department. If any records are to be destroyed, final legal authority must be granted by the State of Wyoming Archives and Historical Department Records Committee.

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

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

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

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

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

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

Section 24. Medical Library. The hospital shall have a medical library containing modern textbooks and current periodicals relative to the clinical services offered.

(a) The medical library shall be located in or adjacent to the hospital building and its contents shall be organized, easily accessible and available at all times to the medical and nursing staffs.

(i) The library shall contain modern textbooks in basic sciences and other current textbooks, journals and magazines.

Section 25. Infection Control Program. An Infection Control Program shall be established to prevent, identify, and control infections and communicable diseases.

(a) The infection control program is coordinated by the Hospital Administrator, the medical staff, and Director of Nursing services in conjunction with the hospital's quality assurance and inservice training programs.

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

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

Section 26. Sanitary Environment. The hospital shall provide for housekeeping, maintenance, and laundry services.

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

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

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

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

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

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

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

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

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

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

Section 27. Physical Environment. The hospital buildings shall be designed, constructed, arranged, equipped and maintained to ensure the safety of patients, personnel and visitors and to provide adequate and efficient care and treatment to the patients. Fire safety in hospitals shall be in accordance with the requirements of NFPA Life Safety Code 101, Section 31-4.4.

Section 28 . Disaster Plan. All hospitals shall develop and adopt a written disaster preparedness plan in accordance with NFPA 99, Standards for Health Care Facilities, 1996 Edition, Chapter 11.

Section 29. Construction and Remodeling. Department of Health Chapter III, Construction Rules for Health Facilities apply.

Section 30. Life Safety and Electrical Safety. Department of Health Chapter III, Construction Rules for Health Facilities apply.

(i) Hospitals operating prior to the effective date of these rules, shall meet the Life Safety Code of the National Fire Protection Association that was in effect at the time the facility was licensed as a Hospital.