

## APPENDIX A

Designated Health Planning Areas in Wisconsin  
Under 42 USC 300L  
[HSS 123.03 (19)]

*Health Service Area #1*

Columbia, Dane, Dodge, Grant, Green, Iowa, Jefferson, Lafayette,  
Richland, Rock, Sauk counties

*Health Service Area #2*

Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington, Wau-  
kesha counties

*Health Service Area #3*

Calumet, Fond du Lac, Green Lake, Marquette, Outagamie,  
Waupaca, Waushara, Winnebago counties

*Health Service Area #4*

Brown, Door, Kewaunee, Manitowoc, Marinette, Menominee, Oconto,  
Shawano, Sheboygan counties

*Health Service Area #5*

Barron, Buffalo, Chippewa, Clark, Crawford, Dunn, Eau Claire, Jack-  
son, La Crosse, Monroe, Pepin, Pierce, Polk, Rusk, St. Croix, Trem-  
pealeau, Vernon counties

*Health Service Area #6*

Adams, Florence, Forest, Juneau, Langlade, Lincoln, Marathon,  
Oneida, Portage, Taylor, Vilas, Wood counties

*Health Service Area #7*

Ashland, Bayfield, Burnett, Douglas, Iron, Price, Sawyer, Washburn  
counties

APPENDIX B  
 TABLE B-1: CT INPATIENT PROCEDURE PROJECTIONS  
 [s. HSS 123.19(3)(b)]  
 HEAD PROCEDURES

	Primary Discharges*	Primary Discharge Factor	Initial Inpatient Procedures	Follow-up Factor	Total Follow-up Procedures	Secondary Discharges*	Secondary Discharge Factor**	Initial Secondary Procedures	Total Inpatient Procedures
Head Neoplasms		X1.0		X1.10			XF		
Other Head Disorder		X.84		X.14			XF		
Head Total			(A)		(B)			(C)	(A+B+C)
BODY PROCEDURES									
Body Neoplasms		X.45		X1.10			XF		
Other Body Disorder		X.22		X.14			XF		
Body Total			(A)		(B)			(C)	(A+B+C)
SPINE PROCEDURES									
Spine Disorders or Trauma		X.22		X.14			XF		
Spine Total			(A)		(B)			(C)	(A+B+C)

\*Primary and secondary discharges are calculated by using the ICD-9-CM codes found in the application materials approved by the Department.

\*\*Secondary Discharge Factor F = .05 x  $\frac{A+B}{A}$

## TABLE B-2 — CT SCAN MIX AND HECT CONVERSION

TABLE B-2  
CT SCAN MIX AND HECT CONVERSION

[s. HSS 123.19(3)(b)]

Scan Location	Scan Mix Factor	Scan Type	HECT Conversion Factor	HECT Count
Total Head	X.10	Head Unenhanced	X1.00	
Total Head	X.05	Head Enhanced	X1.25	
Total Head	X.85	Head Combined	X1.75	
Total Body	X.10	Body Unenhanced	X1.50	
Total Body	X.65	Body Enhanced	X1.75	
Total Body	X.25	Body Combined	X2.75	
Total Spine	X1.00	All Spine	X3.00	
				Total HECTS _____

TABLE B-3  
CT OUTPATIENT CONVERSION  
[s. HSS 123.19(3)(b)]

Total Inpatient Procedures	Outpatient Conversion	Total Inpatient Outpatient Scans
Total Inpatient Head	+ .55 =	_____
Total Inpatient Body	+ .55 =	_____
Total Inpatient Spine	+ .55 =	_____

APPENDIX C - TABLE C-1: FORMULA FOR PROJECTING NEED FOR ACUTE CARE BEDS

APPENDIX C  
TABLE C-1: FORMULA FOR PROJECTING NEED FOR ACUTE CARE BEDS  
[s. HSS 123.27(3)(c)3.]  
ACUTE CARE SERVICE AREA XX

Hospital Service	Discharge Rate/1,000 (1)	Length of Stay (7)	199X Projected Pop. in 1,000 (13)	199X Projected Patient Days (19)	+ - 365	Projected Average Daily Census (25)	Occupancy Standard (31)	Unad-justed 199X Bed Need (35)	199X Approved Beds (40)	199X Bed Excess or Need (45)
Pediatrics	xx.xx	x.xx	xx,xxx	xxxxxx.x		xx.x	.xx	xx.x (31)	xx (35)	xx (45)
Medical/Surgical										
15-44 years	xx.xx (2)	x.xx (8)	xxx,xxx (14)	xxxxxx.xx (20a)						
45-64 years	xxx.xx (4)	x.xx (9)	xxx,xxx (15)	xxxxxx.xx (20b)						
65-74 years	xxx.xx (4)	x.xx (10)	xxx,xxx (16)	xxxxxx.xx (20c)						
75 + years	xxx.xx (5)	x.xx (11)	xxx,xxx (17)	xxxxxx.xx (20d)						
TOTAL				xxxxxx.x (20e)		xx.x (26)	.xx	xx.x (32)	xxx (36)	xx (46)
Obstetrics	xx.xx (6)	x.xx (12)	xx,xxx (18)	xxxxxx.x (21)		xx.x (27)	.xx	xx.x (33)	xx (37)	xx (47)
ICU/CCU	x.x percent of nonobstetric patient days (22)									
				PED xxx.x (23)		x.x (28)	.xx			
				M/S xxxxx.x (24)		xx.x (29)	.xx			
						xx.x (30)	.xx	xx.x (34)	xx (38)	x (48)
								xxx (39)	xxx (44)	xxx (49)

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TABLE C-1: NOTES

- (1) Discharges from ACSA hospitals for Wisconsin residents under 15 years of age excluding newborns and discharges for diagnoses in (6). Under 15 market share population for ACSA excluding in-migration adjustment
- (2) Discharges from ACSA hospitals for Wisconsin residents 15-44 years of age excluding discharges for diagnoses in (6). 15-44 market share population for ACSA excluding in-migration adjustment
- (3) Discharges from ACSA hospitals for Wisconsin residents 45-64 years of age excluding discharges for diagnoses in (6). 45-64 market share population for ACSA excluding in-migration adjustment
- (4) Discharges from ACSA hospitals for Wisconsin residents 65-74 years of age excluding discharges for diagnoses in (6). 65-74 market share population for ACSA excluding in-migration adjustment
- (5) Discharges from ACSA hospitals for Wisconsin residents 75 years of age and over excluding discharges for diagnoses in (6). 75 years of age and over market share population for ACSA excluding in-migration adjustment
- (6) Discharges from ACSA hospitals for Wis. residents with the following principal ICDA discharge diagnoses 630.0, 633.0-633.2, 633.8, 633.9, 640.0-646.9, 648.0-676.0  
One-half the population 15-44 market share population for ACSA excluding in-migration adjustment

OR, IF SMALLER,

- (1a) Discharges from all hospitals in Wisconsin for Wis. residents under 15 years of age excluding newborns and discharges for diagnoses in (6). Wisconsin under 15 years of age population +  $\frac{\text{Change in pediatric discharge rate projected over the next 5 years using a linear regression method for the most recent 7 years of national discharge data} + \text{One standard deviation using a poisson distribution} = \text{Statewide discharge rate}}$
- (2a) to (6a) same as (1a) for age groupings in (2) to (6) above.

Appendix C-1: Notes (continued)

- (7) Patient days from ACSA hospitals for Wis. residents under 15 years of age, excluding newborns and discharges for diagnoses in (6)  
Discharges from ACSA hospitals for Wis. residents under 15 years of age, excluding newborns and discharges for diagnoses in (6)
- (8) Patient days from ACSA hospitals for Wisconsin residents 15-44 years of age, excluding discharges for diagnoses in (6)  
Discharges from ACSA hospitals for Wisconsin residents 15-44 years of age, excluding discharges for diagnoses in (6)
- (9) Patient days from ACSA hospitals for Wisconsin residents 45-64 years of age excluding discharges for diagnoses in (6)  
Discharges from ACSA hospitals for Wisconsin residents 45-64 years of age excluding discharges for diagnoses in (6)
- (10) Patient days from ACSA hospitals for Wisconsin residents 65-74 years of age excluding discharges for diagnoses in (6)  
Discharges from ACSA hospitals for Wisconsin residents 65-74 years of age excluding discharges for diagnoses in (6)
- (11) Patient days from ACSA hospitals for Wisconsin residents 75 and over excluding discharges for diagnoses in (6)  
Discharges from ACSA hospitals for Wisconsin residents 75 and over excluding discharges for diagnoses in (6)
- (12) Patient days from ACSA hospitals for Wisconsin residents with the principal discharge diagnoses in (6)  
Discharges from ACSA hospitals for Wisconsin residents with the principal discharge diagnoses in (6)

OR, IF SMALLER,

- (7a) Patient days from all hospitals for Wisconsin residents under 15 years of age, excluding newborns + Change in pediatric lengths of + One standard  
and discharges for diagnoses in (6) stay projected over the next 5 deviation  
Discharges from all hospitals for Wisconsin residents under 15 years of age, excluding newborns years using a linear regression using a  
method for the most recent 7 normal  
years of national discharge distribution  
data.

Change in pediatric lengths of stay projected over the next 5 years using a linear regression method for the most recent 7 years of national discharge data.

$$\sqrt{\frac{\sum (X_i - \bar{X})^2}{N-1}}$$

- (8b) to (12b) Same as (7a) for age groupings in (8) to (12) above.

Discharges in categories (1-12) and (1a-12a) exclude principal ICD-9 discharge diagnosis of 290 to 316 (except 303 and 304 and 305) for hospitals with an inpatient psychiatric service and 303 and 304 for hospitals with a chemical dependency service.

Appendix C-1: Notes (continued)

- Calculation of ACSA population:  
 $R \times \text{Zip Code Pop.} = \text{ACSA in-state population}$
- Admissions from zip code to ACSA hospitals = Admissions from a zip code area to any Wisconsin Hospital
- Zip Code population = MCD-Zip conversion factor for each MCD-Zip Code fragment  
 (proportion of a given MCD served by a given zip code area times the MCD population estimate)
- The in-state ACSA populations are adjusted to incorporate out-of-state population increase due to care provided residents of other states:
- out-of-state = out-of-state  $\times$  in-state population  
 discharged population to the ACSA in-state discharges to the ACSA
- Age cohort distribution are based on a determination of which counties had at least 50% of their geographic area within either primary or secondary service area of the ACSA. The proportional representation of each cohort as projected in the county or counties is applied to the total ACSA population.
- (13)-(17) 1990 population projection based on calculation of ACSA in-state population adjustment + in-migration adjustment  $\times$  county age cohort distribution
- (18) One half the population 15-44 to represent the population of childbearing age
- (19) Projected Patient Days for patients under 15 years of age
- (20a) Sum of Projected Patient Days for medical/surgical patients 15 years of age and over = (20a) + (20b) + (20c) + (20d)
- (21) Projected Patient Days for obstetric patients
- (22) ICU/CCU patient days as a percentage of total non-obstetric patient days for the ACSA (data from the Wisconsin Annual Survey of Hospitals)
- (23) (22)  $\times$  (19)
- (24) (23)  $\times$  (20c)
- (25) (19) + 365 (4 of days in year)
- (26) (20e)  $\times$  365
- (27) (21) + 365
- (28) (23) + 365
- (29) (24) + 365
- (30) (23) + (24)
- (31) (25) + Occupancy Standard in Appendix D for the service bed complement in ACSA. For services of less than 10 beds, the medical/surgical occupancy standard applies.
- (32) (26) + Occupancy Standard in Appendix D for the service bed complement in ACSA.
- (33) (27) + Occupancy Standard in Appendix D for the service bed complement in ACSA.
- (34) (30) + Occupancy Standard in Appendix D for the service bed complement in ACSA. If a separate pediatric intensive care unit exists in the service area, bed need is calculated for 28 and 29 using the occupancy standard for the entire ICU/CCU bed complement
- (35) (31) rounded to the nearest whole number
- (36) (32) minus (34) rounded to nearest whole number
- (37) (33) rounded to the nearest whole number
- (38) (34) rounded to the nearest whole number
- (39) (35) + (36) + (37) + (38)
- (40)-(43) Service bed complement by ACSA from the Annual Survey of Hospitals adjusted for beds closed, deactivated or de-certified under s. 123.30
- (44) (40) + (41) + (42) + (43)
- (45) (40) - (35)
- (46) (41) - (36)
- (47) (42) - (37)
- (48) (43) - (38)
- (49) (44) - (39)

TABLE C-2: FORMULA FOR PROJECTING NEED FOR SHORT-TERM INPATIENT PSYCHIATRIC BEDS

TABLE C-2: FORMULA FOR PROJECTING NEED FOR SHORT-TERM INPATIENT PSYCHIATRIC BEDS  
[s. HSS 123.27(4)(b)2.]  
SERVICE AREA XX

Use Rate/ 1,000	x Length of stay	x Population (in 1,000's)	= 199X Projected Patient Days	+ 365	= 199X Projected Average Daily Census	+ Occupancy Standard (2)	= Unadjusted 199X Bed Need	199X Bed Need	- Approved Beds	= 199X Bed Excess or Need
x.x (1)	xx.x (2)	xxx,xxx (3)	xxxxx (4)		xxx.xx (5)	xx	xxx.x (6)	xxx (7)	xx (8)	xx (9)

(1) Use rate =  $\frac{\text{Total number of admissions to short-term inpatient psychiatric services in the service area}^*}{\text{Current service area population}}$

OR, IF SMALLER,

=  $\frac{\text{Total number of admissions to short-term inpatient psychiatric services in Wisconsin}^*}{\text{Current Wisconsin population}}$

(2) Length of stay =  $\frac{\text{Total patient days in short-term inpatient psychiatric services in the service area}^*}{\text{Total number of admissions to short-term inpatient psychiatric services in the service area}^*}$

OR, IF SMALLER,

=  $\frac{\text{Total patient days in short-term inpatient psychiatric services in Wisconsin}^*}{\text{Total number of admissions to short-term inpatient psychiatric services in Wisconsin}^*}$

(3) Projected population in 199X for the service area, based upon information provided by the University of Wisconsin Applied Population Laboratory and the State Department of Administration.

(4) (1) x (2) x (3)

(5) (4) + 365 (number of days in the year)

(6) (5) + Occupancy standard in Appendix D for the bed complement in the service area.

(7) (6) rounded to the nearest whole number

(8) Total number of approved short-term inpatient psychiatric beds in the service area.

(9) (7) - (8)

\*Information on patient days and admissions from the Annual Survey of Hospitals.



TABLE C-3: FORMULA FOR PROJECTING NEED FOR  
CHEMICAL DEPENDENCY BEDS

TABLE C-3: FORMULA FOR PROJECTING NEED FOR CHEMICAL DEPENDENCY BEDS  
[s. HSS 123.27(4)(c)2.]  
SERVICE AREA XX

Use Rate/ 1,000	x Length of stay	x 199X Population (in 1,000's)	- 199X Projected Patient Days	+ 365	- 199X Projected Average Daily Census	+ Occupancy Standard (Z)	= Unadjusted 199X Bed Need	- 199X Bed Need	= Approved Beds	- 199X Bed Excess or Need
x.x (1)	xx.x (2)	xxx.xxx (3)	= xxxxx (4)		xxx.xxx (5)	xx	xxx.x (6)	xxx (7)	xxx (8)	xx (9)

(1) Use Rate =  $\frac{\text{Total number of admissions to chemical dependency services in the service area}^*}{\text{Current service area population}}$

OR, IF SMALLER,

=  $\frac{\text{Total number of admissions to chemical dependency services in Wisconsin}^* + 1 \text{ Standard deviation above the statewide average use rate using the poisson distribution}}{\text{Current Wisconsin population} \sqrt{\text{Standard average use rate}}}$

(2) Length of stay =  $\frac{\text{Total patient days in chemical dependency services in the service area}^*}{\text{Total number of admissions to short-term inpatient chemical dependency services in the service area}^*}$

(3) Projected population in 199X for the service area, based upon information provided by the University of Wisconsin Applied Population Laboratory and the State Department of Administration.

(4) (1) x (2) x (3)

(5) (4) + 365 (number of days in the year)

(6) (5) + Occupancy standard in Appendix D for the bed complement in the service area.

(7) (6) rounded to the nearest whole number

(8) Total number of approved chemical dependency beds in the service area.

(9) (7) - (8)

\*Information on patient days and admissions from the Annual Survey of Hospitals.

APPENDIX D — HOSPITAL SERVICE OCCUPANCY  
STANDARDS [HSS 123.27 (3) (c)]

APPENDIX D  
HOSPITAL SERVICE OCCUPANCY STANDARDS [HSS 123.27(3)(c)]

Medical/Surgical Services

<u>Number of beds in service area</u>	<u>Occupancy standard</u>
1-25	61%
26-50	69%
51-75	74%
76-100	78%
101-150	80%
151-250	82%
251+	85%

Pediatric Services

<u>Number of beds in service area</u>	<u>Occupancy standard</u>
1-10	50%
11-15	52%
16-20	57%
21-25	60%
26-75	65%
76-100	78%
101-150	80%
151-200	82%

Obstetric Services

<u>Number of beds in service area</u>	<u>Occupancy standard</u>
1-10	50%
11-15	51%
16-20	59%
21-25	62%
26-30	64%
31+	70%

## ICU/CCU Services

ICU/CCU Services

<u>Number of beds in service area</u>	<u>Occupancy standard</u>
1-10	50%
11-15	56%
16+	66%

Psychiatric/Chemical Dependency Services

<u>Number of beds in service area</u>	<u>Occupancy standard</u>
1-20	80%
21+	85%

Long-Term Psychiatric Services

<u>Number of beds in service area</u>	<u>Occupancy standard</u>
1+	90%

DEPARTMENT OF HEALTH AND SOCIAL SERVICES 249  
 HSS 123  
 APPENDIX E: PROPORTIONATE SHARE OF EXCESS BEDS  
 BY HOSPITAL

APPENDIX E: PROPORTIONATE SHARE OF EXCESS BEDS BY HOSPITAL

[s. HSS 123.27(10)]

ACUTE CARE SERVICE AREA XX

Current Share of Excess

Hospital	Patient Days	Total Beds	Occupancy (2)	SMFP Expected Occupancy (2)	Current Hospital Excess
A	xxx,xxx (1)	xxx (2)	xx.x (3)	xx (4)	xx (5)
B*	xxx,xxx	xxx	xx.x	xx	xx
C*	xx,xxx	xx	xx.x	xx	xx

199X Share of Excess

Hospital	Current Hospital Excess	199X ACSA Excess	199X Proportionate Share of Hospital Excess
A	xx (5)		xx (8)
B*	xx (5a)		xx (8a)
C*	xx (5b)		xx (8b)
	xx (6)	xx (7)	xx (7)

\*Same calculation as performed on hospital A performed on all hospitals in the service area.

## APPENDIX E: NOTES

(1) Total patient days from the Wisconsin Annual Survey of Hospitals excluding patient days for psychiatric and chemical dependency (AODA) services and from neonatal intensive and intermediate care.

(2) Total approved beds excluding psychiatric, chemical dependency (AODA), neonatal intensive and intermediate care.

(3)  $[(1) \div 365] \div (2)$

(4) Sum of (a) + (b) + (c) + (d):

(a) Medical/surgical service bed complement (all other beds excluding psychiatric, chemical dependency and neonatal intensive/intermediate)  $\div$  Total approved beds (excluding psychiatric, chemical dependency, and neonatal intensive/intermediate)  $\times$  Medical/surgical occupancy standard for the hospital's medical/surgical bed complement from Appendix D.

(b) Pediatric service bed complement  $\div$  Total approved beds (excluding psychiatric, chemical dependency, and neonatal intensive/intermediate)  $\times$  Pediatric occupancy standard in Appendix D unless the unit is less than 10 beds for which the medical/surgical occupancy rate in (4a) is used.

(c) Obstetrics service bed complement  $\div$  Total approved beds (excluding psychiatric, chemical dependency, and neonatal intensive/intermediate)  $\times$

Obstetrics occupancy standard in Appendix D.

(d) ICU/CCU bed complement  $\div$  Total approved beds (excluding psychiatric, chemical dependency, and neonatal intensive/intermediate)  $\times$

ICU/CCU occupancy standard in Appendix D.

(5)  $(2) - \left[ \frac{(1) \div (4)}{365} \right]$

(6) Sum of current hospital excess for all hospitals in ACSA  $(5) + (5a) + (5b)$

(7) Total projected ACSA as stated in the SMFP and as calculated in Appendix C-1.

(8)  $(5) \times (7) \div (6)$

(8a)  $(5a) \times (7) \div (6)$

(8b)  $(5b) \times (7) \div (6)$

If (5), (5a) or (5b) are negative, the numbers are excluded from the calculation to determine (6) and therefore in the calculation of 199X proportionate share of hospital excess.

Note: (5a) and (5b) represent current hospital excess for the other hospitals in the ACSA XX.

APPENDIX F

METHODOLOGY FOR DETERMINING THE NUMBER OF  
CLINICALLY-APPLICABLE MRI DISCHARGES

[s. HSS 123.24 (3) (a) and (b)]

Major ICD-9-CM Groupings	Inpatient MRI Utilization Weights
001-139 Infectious and parasitic diseases	6.25%
140-239 Neoplasms	20.93%
290-319 Mental disorders	.11%
320-389 Diseases of the nervous system and sense organs	11.46%
390-459 Diseases of the circulatory system and connective tissue	15.29%
710-739 Diseases of the musculoskeletal system and connective tissue	7.78%
740-759 Congenital anomalies	1.99%
800-999 Injury and poisoning	.56%

The methodology to determine the number of inpatient clinically-applicable MRI discharges is as follows:

1. Count the number of principal diagnosis inpatient discharges that correspond to each major grouping of ICD-9-CM codes listed above; and
2. Multiply the number for each major grouping by the corresponding inpatient MRI utilization weight and add the products together to produce the number of inpatient clinically-applicable MRI discharges.

Note: ICD-9-CM codes refer to the standard disease codes and nomenclature found in the *International Classification of Diseases - 9th Revision - Clinical Modification*, prepared by the Commission on Professional and Hospital Activities for the U.S. National Center for Health Statistics. The major ICD-9-CM groupings and inpatient MRI utilization weights are based on the work of a panel of experts and high correlation averages as reported in the American Hospital Association's publication, *NMR - Issues for 1985 and Beyond*.

## APPENDIX G

**Essential Burn Services for a Hospital with a Burn Center**  
[s. HSS 123.31 (4) (f)]

A hospital with a burn center shall have the following services staffed by qualified specialists available 24 hours per day:

**1. Surgical:**

- a. Cardio-Thoracic Surgery;
- b. General Surgery;
- c. Neurological Surgery;
- d. Obstetrics-Gynecological Surgery;
- e. Ophthalmic Surgery;
- f. Oral Surgery --- Dental;
- g. Orthopaedic Surgery;
- h. Otorhinolaryngological Surgery;
- i. Plastic Surgery; and
- j. Urological Surgery.

**2. Non-Surgical:**

- a. Anesthesia;
- b. Medicine:
  - i. Cardiology;
  - ii. Endocrinology;
  - iii. Gastroenterology;
  - iv. Hematology;
  - v. Infectious Diseases;
  - vi. Internal Medicine;
  - vii. Nephrology; and
  - viii. Pulmonary Diseases;
- c. Pathology:
  - i. Clinical;
  - ii. Anatomic; and
  - iii. Blood Bank;
- d. Neurology;
- e. Pediatric;
- f. Physical Medicine/Rehabilitation;
- g. Psychiatry; and

- h. Radiology:
- i. Diagnostic; and
- ii. Angiography.



## APPENDIX H

Essential Burn Resources for a Hospital with a Burn Center  
[s. HSS 123.31 (4) (g)]

A hospital with a burn center shall have the following resources:

1. An emergency department, with:
  - a. One or more physicians in at least their 3rd post-doctoral year who have special competence in care of the critically injured and are on duty 24 hours a day in the emergency room;
  - b. RNs, LPNs and nurses' aides in adequate numbers, with at least one RN on each shift;
  - c. Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, a bag mask resuscitator and a source of oxygen;
  - d. Bronchoscopes of all sizes;
  - e. Suction devices;
  - f. An electrocardiograph, an oscilloscope and a defibrillator;
  - g. An apparatus to establish central venous pressure monitoring;
  - h. All standard intravenous fluids and administrative devices, including intravenous catheters;
  - i. Sterile surgical kits for procedures that are standard for the emergency room;
  - j. Gastric lavage equipment;
  - k. Appropriate drugs and supplies;
  - l. Roentgenographic diagnostic equipment;
  - m. A two-way radio linkage with emergency medical transport vehicles to permit communication with essential on-call physicians; and
  - n. A section on burn care in the emergency room procedures manual.
2. A post-anesthetic recovery room, with:
  - a. RNs and other essential personnel available 24 hours a day;
  - b. Physician (usually anesthesiologist) supervision available from within the hospital 24 hours a day; and
  - c. Appropriate monitoring equipment, including an electrocardiograph, an oscilloscope and a defibrillator.
3. For the burn center:
  - a. A designated director;
  - b. An electrocardiograph, an oscilloscope and a defibrillator;
  - c. Cardiac output monitoring equipment;
  - d. A mechanical ventilator and a respirator;
  - e. A bed scale;

- f. Pulmonary function measuring devices;
  - g. Temperature control devices;
  - h. Pressure distribution beds;
  - i. Appropriate drugs, intravenous fluids and supplies;
  - j. Physical therapy services and hydrotherapy services;
  - k. Occupational therapy services;
  - l. Immediate access to clinical laboratory services;
  - m. A nurse-to-patient ratio of at least 1:2 on each shift (includes all nursing personnel);
  - n. A physician in at least his or her second post-doctoral year, on duty in the unit 24 hours a day or immediately available to the unit from within the hospital;
  - o. One physical therapist for every 7 patients, based on 2 treatments required each day;
  - p. One occupational therapist for every 10 patients;
  - q. Social workers in numbers appropriate to the need;
  - r. The daily services of a dietitian;
  - s. A respiratory therapist available 24 hours a day;
  - t. Airway control and ventilation devices;
  - u. Oxygen sources with concentration controls; and
  - v. A cardiac emergency cart.
4. A renal dialysis center equipped and staffed for 24-hour service each day.
5. Special capabilities in radiology: angiography of all types.
6. Clinical laboratory services available 24 hours a day, including:
- a. Routine blood and urine studies;
  - b. Blood gases and pH determinations;
  - c. Standard chemistries for blood, urine and other body fluids;
  - d. Coagulation studies;
  - e. Serum and urine osmolality;
  - f. Microbiology;
  - g. A comprehensive blood bank with adequate storage facilities in the hospital or access to a community central blood bank; and
  - h. Blood-typing and cross-matching.
7. Special requirements for the operating suite:
- a. A surgical RN team leader for burn care;

b. A section on intra-operative burn care in the operating suite procedural manual;

- c. A cardiopulmonary bypass pump and oxygentor;
- d. An operating microscope;
- e. Thermal control equipment for the patient;
- f. Thermal control equipment for blood;
- g. A fracture table;
- h. Roentgenographic equipment;
- i. Endoscopes, all varieties;
- j. An electrocardiograph, an oscilloscope and a defibrillator;
- k. Direct blood pressure monitoring equipment;
- l. Temperature monitoring equipment;
- m. Blood flow rate monitoring equipment;
- n. A dermatome; and
- o. A mechanical ventilator and a respirator.

8. A sufficient number of RNs, LPNs and nurses' aides trained in:

- a. Burn care;
- b. General trauma;
- c. Advanced cardiopulmonary resuscitation;
- d. Respiratory care;
- e. General catheter care;
- f. Monitoring and record-keeping; and
- g. Areas such as trauma, surgery, neurological surgery and pediatrics for those nursing personnel assigned to special care areas such as intensive care units.

9. Quality assurance programs, as follows:

- a. Medical care evaluations — morbidity and mortality review, including review of emergency room deaths, multidisciplinary burn conferences, medical units, medical nursing audits, utilization review and medical records review;
- b. Disaster planning and rehearsal; and
- c. A planned system for patient transfers after consultation and with prior agreement.

10. Education provided or arranged by the hospital, as follows:

- a. Formal programs in continuing education for staff physicians, nurses, allied health personnel and community physicians;
- b. An outreach program consisting of telephone and on-site consultations with physicians in the community and outlying areas; and

c. Public education on burn prevention in the home, in industry, on the highways, and on athletic fields; on standard first aid; and on problems confronting the medical profession, hospitals, and the public in regard to optimal care for burn victims.