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Chapter HFS 124

HOSPITALS

Subchapter I — General
HFS 124.01 Authority, purpose and applicability.
HFS 124.02 Definitions.
HFS 124.03 Approval by the department.
HFS 124.04 Waivers and variances.

Subchapter II — Management
HFS 124.05 Governing body.
HFS 124.06 Chief executive officer.
HFS 124.07 Employee health.
HFS 124.08 Infection control.
HFS 124.09 Staff library.
HFS 124.10 Quality assurance.
HFS 124.11 Utilization review.

Subchapter III — Medical Staff
HFS 124.12 Medical staff.

Subchapter IV — Services
HFS 124.13 Nursing services.
HFS 124.14 Medical record services.
HFS 124.15 Pharmaceutical services.
HFS 124.16 Dietary services.
HFS 124.17 Laboratory services.
HFS 124.18 Radiological services.
HFS 124.19 Nuclear medicine services.
HFS 124.20 Clinical services.
HFS 124.21 Rehabilitation services.
HFS 124.22 Respiratory care services.
HFS 124.23 Outpatient services.
HFS 124.24 Emergency services.
HFS 124.25 Social work services.
HFS 124.255 Referral to aging and disability resource center required.
HFS 124.26 Additional requirements for psychiatric hospitals.

Subchapter V — Physical Environment
HFS 124.27 General requirements and definitions.
HFS 124.28 Fire protection.
HFS 124.29 Plans for new construction or remodeling.
HFS 124.30 Review for compliance with this chapter and the state building code.
HFS 124.31 Fees for plan reviews.
HFS 124.32 Patient rooms − general.
HFS 124.33 Isolation.
HFS 124.34 Patient care areas.
HFS 124.35 Additional requirements for particular patient care areas.
HFS 124.36 Other physical environment.

Subchapter VI — Critical Access Hospitals
HFS 124.37 Applicability.
HFS 124.38 Definitions.
HFS 124.39 Designation as a critical access hospital.
HFS 124.40 Requirements for a critical access hospital.
HFS 124.41 Rural health plan.

Note: Chapter H 24 as it existed on January 31, 1988 was repealed and a new chapter HSS 124 was created effective February 1, 1988. Chapter HSS 124 was renumbered chapter HFS 124 under s. 13.93 (2m) (b) 1., Stats., and corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1996, No. 488.

Subchapter I — General

HFS 124.01 Authority, purpose and applicability. This chapter establishes standards for the construction, maintenance and operation of hospitals. The chapter is promulgated under the authority of s. 50.36 (1), Stats., to ensure that hospital patients receive safe and adequate care and treatment and that the health and safety of patients and hospital employees are protected. The provisions of this chapter apply to all facilities meeting the definition of hospital in s. 50.33 (2), Stats., that are not specifically exempt under s. 50.39, Stats., except for those provisions that apply only to particular types of hospitals.

Note: Among facilities that are specifically exempt under s. 50.39, Stats., from being treated as hospitals for purposes of regulation under ss. 50.32 to 50.39 and this chapter are physicians' clinics and offices, nursing homes, the Milwaukee County Mental Health Center and correctional institutions operated by the Wisconsin department of corrections.

History: Cr. Register, January, 1988, No. 385, eff. 2−1−88.

HFS 124.02 Definitions. In this chapter:

(1) "Allied health personnel" means persons who are not physicians, podiatrists or dentists but who are admitted to practice in the hospital through the medical staff credentialing process or are hospital employees who function under the supervision of physicians, podiatrists or dentists as stated in the appropriate job descriptions.

(1m) "Critical access hospital" means a hospital that is designated by the department as meeting the requirements of 42 USC 1395i−4 (c) (2) (B) and is federally certified as meeting the requirements of 42 USC 1395i−4 (e).

(2) "Dentist" means a person licensed to practice dentistry under ch. 447, Stats.

(3) "Department" means the Wisconsin department of health and family services.

(4) "General hospital" means a hospital providing inpatient medical and surgical care for acute illness, injury or obstetrics.

(5) "Health physicist" means a person holding a masters degree or doctorate in an appropriate discipline of radiologic physics or who has equivalent education and experience.

(6) (a) "Hospital" means any building, structure, institution or place that does all of the following:

1. Offers inpatient, overnight care on a 24−hour−a−day basis, or on an as−needed basis in the case of a critical access hospital.

2. Devotes itself primarily to the maintenance and operation of facilities for the diagnosis and treatment of, and medical or surgical care for, 3 or more nonrelated individuals, designated "patients" in this chapter, suffering from illness, disease, injury or disability, whether physical or mental, or who are pregnant.

3. Regularly makes available at least clinical laboratory services, diagnostic x−ray services and treatment facilities for surgery, obstetrical care or other definitive medical treatment, except as otherwise provided for critical access hospitals in this chapter.

(b) "Hospital" may include, but is not limited to, related facilities such as outpatient facilities, nurses', interns' and residents' quarters, training facilities and central service facilities operated in connection with the hospital.

(c) "Hospital" includes a special hospital.

(7) "House staff" means graduates of recognized schools of medicine and osteopathy who are licensed in accordance with ch. 448, Stats., and are enrolled in post−graduate training programs in which the hospital participates.

(8) "Legally authorized person" means a parent of a minor, a court appointed guardian or a person authorized by the patient in accordance with law to act on the patient's behalf.

(9) "Licensed practical nurse" means a person licensed as a trained practical nurse under ch. 441, Stats.

(10) "Medical staff" means the hospital's organized component of physicians, podiatrists and dentists appointed by the governing body of the hospital and granted specific medical privileges for the purpose of providing adequate medical, podiatric and dental care for the patients of the hospital.

(10m) "Medicare" means the health insurance program operated by the U.S. department of health and human services under 42 USC 1395 to 1395 ccc and 42 CFR ch. IV, subch. B.

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(11) "Physician" means a person licensed to practice medicine or osteopathy under ch. 448, Stats.

(12) "Physician assistant" means a person certified under ch. 448, Stats., to perform patient services under the supervision and direction of a licensed physician.

(13) "Podiatrist" means a person licensed to practice podiatry or podiatric medicine and surgery under ch. 448, Stats.

(14) "Practitioner" means a physician, dentist, podiatrist or other person permitted by Wisconsin law to distribute, dispense and administer medications in the course of professional practice.

(15) "Qualified occupational therapist" means a person who meets the standards for registration as an occupational therapist of the American occupational therapy association.

(16) "Qualified physical therapist" means a person licensed to practice physical therapy under ch. 448, Stats.

(17) "Qualified respiratory therapist" means a person who meets the standards for registration as a respiratory therapist of the national board for respiratory therapy, inc., or who meets the training and experience requirements necessary for registration and is eligible to take the registry examination.

(18) "Qualified speech pathologist" means a person who meets the standards for a certificate of clinical competence granted by the American speech and hearing association or who meets the educational requirements for certification and is in the process of acquiring the supervised experience required for certification.

(19) "Registered nurse" means a person who is licensed as a registered nurse under ch. 441, Stats.

(20) "Respiratory therapy technician" means a person who meets the standards for certification as a respiratory therapy technician of the national board for respiratory therapy, inc., or who meets the training and experience requirements necessary for certification and is eligible to take the certification examination.

(21) "Special hospital" means a hospital that provides a limited type of medical or surgical care, such as an orthopedic hospital, a children's hospital, a critical access hospital, a psychiatric hospital or a maternity hospital.

(22) "Tissue" means a substance consisting of cells and intercellular material that is removed from a patient's body during a surgical procedure.

History: Cr. Register, January, 1988, No. 385, eff. 2–1–88; correction in (3) made under s. 13.93 (2m) (b) 6., Stats., Register, August, 1996, No. 488; emerg. cr. (1m), am. (6), (12 and (19), r. and recr. (21), eff. 9–12–98; cr. (1m) and (10m), am. (6), (12) and (19) and r. and recr. (21), Register, January, 1999, No. 517, eff. 2–1–99.

HFS 124.03 Approval by the department. (1) No hospital may operate in Wisconsin unless it is approved by the department.

(2) To be approved by the department, a hospital shall comply with this chapter and with all other applicable state laws and local ordinances, including all state laws and local ordinances relating to fire protection and safety, reporting of communicable disease, cancer reporting and post–mortem examination, and professional staff of the hospital shall be licensed or registered, as appropriate, in accordance with applicable laws.

(3) An application for approval shall be submitted to the department on a form prescribed by the department.

Note: For a copy of the hospital approval application form, write Bureau of Quality Assurance, P.O. Box 2969, Madison, Wisconsin 53701–2969.

(4) The department shall review and make a determination on a complete application for approval within 90 working days after receiving the application.

(5) Approval by the department applies only to the owner of a hospital who may not transfer or assign the approval to anyone else. When there is a change in the ownership of the hospital, the new owner shall submit a new application to the department.

(6) If at any time the department determines that there has been a failure to comply with a requirement of this chapter, it may withhold, suspend or revoke the certificate of approval consistent with s. 50.35, Stats.

(7) Every 12 months, on a schedule determined by the department, a hospital shall submit to the department an annual report in the form and containing the information that the department requires, including payment of the fee required under s. 50.135 (2) (a), Stats. If a complete annual report is not timely filed, the department shall issue a warning to the holder of the certificate of approval. If a hospital that has not filed a timely report fails to submit a complete report to the department within 60 days after the date established under the schedule determined by the department, the department may revoke the approval of the hospital.

History: Cr. Register, January, 1988, No. 385, eff. 2–1–88; cr. (7), Register, August, 2000, No. 536, eff. 9–1–00.

HFS 124.04 Waivers and variances. (1) DEFINITIONS. In this section:

(a) "Variance" means an alternative requirement in place of a requirement of this chapter.

(b) "Waiver" means an exception from a requirement of this chapter.

(2) REQUIREMENTS FOR WAIVERS AND VARIANCES. A hospital may ask the department to grant a waiver or variance. The department may grant the waiver or variance if the department finds that the waiver or variance will not adversely affect the health, safety or welfare of any patient and that:

(a) Strict enforcement of a requirement would result in unreasonable hardship on the hospital or on a patient; or

(b) An alternative to a rule, which may involve a new concept, method, procedure or technique, new equipment, new personnel qualifications or the conduct of a pilot project, is in the interests of better care or management.

(3) PROCEDURES. (a) *Applications.* 1. All applications for the grant of a waiver or variance shall be made in writing to the department, specifying the following:

a. The rule from which the waiver or variance is requested;

b. The time period for which the waiver or variance is requested;

c. If the request is for a variance, the specific alternative action which the facility proposes;

d. The reasons for the request; and

e. Justification that sub. (2) would be satisfied.

2. Requests for a waiver or variance may be made at any time.

3. The department may require additional information from the hospital prior to acting on the request.

(b) *Grants and denials.* 1. The department shall grant or deny each request for waiver or variance in writing. Notice of a denial shall contain the reasons for denial.

2. The terms of a requested variance may be modified upon agreement between the department and the hospital.

3. The department may impose whatever conditions on the granting of a waiver or variance it considers necessary.

4. The department may limit the duration of any waiver or variance.

(c) *Hearings.* 1. A hospital may contest the department's action on the hospital's application for a waiver or variance by requesting a hearing as provided by ch. 227, Stats.

2. The hospital shall sustain the burden of proving that the denial of a waiver or variance is unreasonable.

(d) *Revocation.* The department may revoke a waiver or variance, subject to the hearing requirement in par. (c), if:

1. The department determines that the waiver or variance is adversely affecting the health, safety or welfare of the patients;

2. The hospital has failed to comply with the variance as granted or with a condition of the waiver or variance;

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3. The person who has received the certificate of approval notifies the department in writing that the hospital wishes to relinquish the waiver or variance and be subject to the rule previously waived or varied; or

4. The revocation is required by a change in state law.

History: Cr. Register, January, 1988, No. 385, eff. 2–1–88.

Subchapter II — Management

HFS 124.05 Governing body. (1) GENERAL REQUIREMENT. The hospital shall have an effective governing body or a designated person who functions as the governing body which is legally responsible for the operation and maintenance of the hospital.

(2) RESPONSIBILITIES. (a) *By–laws.* The governing body shall adopt by–laws. The by–laws shall be in writing and shall be available to all members of the governing body. The by–laws shall:

1. Stipulate the basis upon which members are selected, their terms of office and their duties and requirements;

2. Specify to whom responsibilities for operation and maintenance of the hospital, including evaluation of hospital practices, may be delegated, and the methods established by the governing body for holding these individuals responsible;

3. Provide for the designation of officers, if any, their terms of office and their duties, and for the organization of the governing body into committees;

4. Specify the frequency with which meetings shall be held;

5. Provide for the appointment of members of the medical staff; and

6. Provide mechanisms for the formal approval of the organization, by–laws and rules of the medical staff.

(b) *Meetings.* 1. The governing body shall meet at regular intervals as stated in its by–laws.

2. Meetings shall be held frequently enough for the governing body to carry on necessary planning for hospital growth and development and to evaluate the performance of the hospital, including the care and utilization of physical and financial assets and the procurement and direction of personnel.

3. Minutes of meetings shall reflect pertinent business conducted, and shall be distributed to members of the governing body.

(c) *Committees.* 1. The governing body shall appoint committees. There shall be an executive committee and others as needed.

2. The number and types of committees shall be consistent with the size and scope of activities of the hospital.

3. The executive committee or the governing body as a whole shall establish policies for the activities and general policies of the various hospital services and committees established by the governing body.

4. Written minutes or reports which reflect business conducted by the executive committee shall be maintained for review by the governing body.

5. Other committees, including the finance, joint conference, and plant and safety management committees, shall function in a manner consistent with their duties as assigned by the governing body and shall maintain written minutes or reports which reflect the performance of these duties. If the governing body does not appoint a committee for a particular area, a member or members of the governing body shall assume the duties normally assigned to a committee for that area.

(d) *Medical staff liaison.* The governing body shall establish a formal means of liaison with the medical staff by means of a joint conference committee or other appropriate mechanism, as follows:

1. A direct and effective method of communication with the medical staff shall be established on a formal, regular basis, and shall be documented in written minutes or reports which are distributed to designated members of the governing body and the active medical staff under s. HFS 124.12 (3) (a); and

2. Liaison shall be a responsibility of the joint conference committee, the executive committee or designated members of the governing body.

(e) *Medical staff appointments.* The governing body shall appoint members of the medical staff in accordance with s. 50.36 (3), Stats., as follows:

1. A formal procedure shall be established, governed by written rules covering application for medical staff membership and the method of processing applications;

2. The procedure related to the submission and processing of applications shall involve the administrator, the credentials committee of the medical staff or its counterpart, and the governing body;

3. The selection of physicians, dentists and podiatrists and definition of their medical, dental or podiatric privileges, both for new appointments and reappointments, shall be based on written criteria;

4. Action taken by the governing body on applications for medical staff appointments shall be in writing;

5. Written notification of applicants shall be made by either the governing body or its designated representative;

6. Applicants selected for medical staff appointment shall sign an agreement to abide by the medical staff by–laws and rules; and

7. The governing body shall establish a procedure for appeal and hearing by the governing body or a committee designated by the governing body if the applicant or the medical staff wishes to contest the decision on an application for medical staff appointment.

(f) *Appointment of chief executive officer.* The governing body shall appoint a chief executive officer for the hospital. The governing body shall annually review the performance of the chief executive officer.

(g) *Patient care.* The governing body shall establish a policy which requires that every patient be under the care of a physician, dentist or podiatrist. The policy shall provide that:

1. A person may be admitted to a hospital only on the recommendation of a physician, dentist or podiatrist, with a physician designated to be responsible for the medical aspects of care; and

2. A member of the house staff or another physician shall be on duty or on call at all times.

(h) *Physical plant requirements.* 1. The governing body shall be responsible for providing a physical plant equipped and staffed to maintain the needed facilities and services for patients.

2. The governing body shall receive periodic written reports from appropriate inside and outside sources about the adequacy of the physical plant and equipment and the personnel operating the physical plant and equipment, as well as about any deficiencies.

(i) *Finances.* The governing body shall arrange financing for the physical plant and for staffing and operating the hospital, and shall adopt an annual budget for the institution.

(j) *Discharge planning.* 1. The governing body shall ensure that the hospital maintains an effective, ongoing program coordinated with community resources to facilitate the provision of follow–up care to patients who are discharged.

2. The governing body shall ensure that the hospital has current information on community resources available for continuing care of patients following their discharge.

3. The discharge planning program shall:

a. Be reviewed periodically for timely initiation of discharge planning on an individual patient basis;

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b. Provide that every patient receive relevant information concerning continuing health needs and is appropriately involved in his or her own discharge planning;

c. Be reviewed at least once a year and more often if necessary to ensure the appropriate disposition of patients; and

d. Allow for the timely and effective transmittal of all appropriate medical, social, and economic information concerning the discharged patient to persons or facilities responsible for the subsequent care of the patient.

(3) POLICIES. (a) *Patient rights and responsibilities.* 1. Every hospital shall have written policies established by the governing board on patient rights and responsibilities which shall provide that:

a. A patient may not be denied appropriate hospital care because of the patient's race, creed, color, national origin, ancestry, religion, sex, sexual orientation, marital status, age, newborn status, handicap or source of payment;

b. Patients shall be treated with consideration, respect and recognition of their individuality and personal needs, including the need for privacy in treatment;

c. The patient's medical record, including all computerized medical information, shall be kept confidential;

d. The patient or any person authorized by law shall have access to the patient's medical record;

e. Every patient shall be entitled to know who has overall responsibility for the patient's care;

f. Every patient, the patient's legally authorized representative or any person authorized in writing by the patient shall receive, from the appropriate person within the facility, information about the patient's illness, course of treatment and prognosis for recovery in terms the patient can understand;

g. Every patient shall have the opportunity to participate to the fullest extent possible in planning for his or her care and treatment;

h. Every patient or his or her designated representative shall be given, at the time of admission, a copy of the hospital's policies on patient rights and responsibilities;

i. Except in emergencies, the consent of the patient or the patient's legally authorized representative shall be obtained before treatment is administered;

j. Any patient may refuse treatment to the extent permitted by law and shall be informed of the medical consequences of the refusal;

k. The patient or the patient's legally authorized representative shall give prior informed consent for the patient's participation in any form of research;

L. Except in emergencies, the patient may not be transferred to another facility without being given a full explanation for the transfer, without provision being made for continuing care and without acceptance by the receiving institution;

m. Every patient shall be permitted to examine his or her hospital bill and receive an explanation of the bill, regardless of source of payment, and every patient shall receive, upon request, information relating to financial assistance available through the hospital;

n. Every patient shall be informed of his or her responsibility to comply with hospital rules, cooperate in the patient's own treatment, provide a complete and accurate medical history, be respectful of other patients, staff and property, and provide required information concerning payment of charges;

o. Every patient shall be informed in writing about the hospital's policies and procedures for initiation, review and resolution of patient complaints, including the address where complaints may be filed with the department; and

p. Every patient may designate persons who are permitted to visit the patient during the patient's hospital stay.

Note: In reference to subd. 1. c. and d, ss. 146.81 to 146.83, Stats., permit the patient and certain other persons to have access to the patient's health care records. Access to the records of a patient receiving treatment for mental illness, a developmental disability, alcohol abuse or drug abuse is governed by s. 51.30 (4), Stats.

Note: In reference to subd. 1. o., complaints may be sent to the Bureau of Quality Assurance, P.O. Box 2969, Madison, WI 53701−2969.

2. A patient who receives treatment for mental illness, a developmental disability, alcohol abuse or drug abuse shall be recognized as having, in addition, the rights listed under s. 51.61, Stats., and ch. HFS 94.

3. Hospital staff assigned to direct patient care shall be informed of and demonstrate their understanding of the policies on patient rights and responsibilities through orientation and appropriate inservice training activities.

(b) *Movement of visitors.* Every hospital shall have written policies established by the governing board to control the movement of visitors. The hospital shall control traffic and access to each patient care unit to ensure patient privacy and infection control.

(c) *Use of volunteers.* Every hospital shall have written policies established by the governing board on the use of volunteers, which:

1. Delineate the scope of volunteer activities;

2. Provide that volunteers may assist with patient care only under the direct supervision of appropriate hospital personnel and after appropriate inservice training which is documented. Volunteers may not assist with patient care if this involves functions that require performance by licensed practical or registered nurses; and

3. Provide that no volunteer under 16 years of age may give direct patient care.

(d) *Identification of employees and patients.* Every hospital shall have written policies established by the governing board on identification of employees and patients.

(e) *Maintenance of personnel records and patient files.* Every hospital shall have written policies established by the governing board on maintenance of personnel records and patient files.

(f) *Post−mortem examinations.* 1. Every hospital shall have written policies established by the governing board to protect hospital and mortuary personnel in the performance of necropsy or other postmortem procedures on individuals who have been treated with radioactive materials or are known to have had an infection or communicable disease at the time of death, or in those cases in which an unrecognized postmortem infection is found at the time of the postmortem examination.

2. Delay in releasing a dead human body to a funeral director or other person authorized to make the removal, pending an autopsy, shall be as provided in s. HFS 135.04 (3).

(g) *Tagging of bodies.* If a dead human body to be removed from a hospital was treated for or is suspected of having a communicable or infectious disease or contains radioactive materials, the body shall be tagged by staff of the hospital to indicate the possibility of the presence of the communicable or infectious disease or radioactive materials. If the body is in a container, a tag shall also be applied to the outside of the container.

(h) *Cancer reporting.* Every hospital shall report to the department all malignant neoplasms the hospital diagnoses and all malignant neoplasms diagnosed elsewhere if the individual is subsequently admitted to the hospital. The hospital shall report each malignant neoplasm on a form the department prescribes or approves and shall submit the report to the department within 6 months after the diagnosis is made or within 6 months after the individual's first admission to the hospital if the neoplasm is diagnosed elsewhere, as appropriate. In this paragraph, "malignant neoplasm" means an in situ or invasive tumor of the human body, but does not include a squamous cell carcinoma or basal cell carcinoma arising in the skin or an in situ carcinoma of the cervix uteri.

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Note: Copies of the Department's reporting form, Neoplasm Record/Report (DOH 5500), may be obtained without charge from the Center for Health Statistics, P.O. Box 309, Madison WI 53701 (608−266−8926).

(i) *Anatomical gifts.* 1. In this paragraph:

a. "Anatomical gift" means a donation of all or part of a human body to take effect upon or after the death of the donor.

b. "Appropriate individual" means the decedent's family member or guardian ranking highest on the list in subd. 5. who is available at the time of death.

c. "Decedent" means a deceased individual.

d. "Document of gift" means a card, a statement attached to or imprinted on a license under s. 343.175 (2), Stats., or on an identification card under s. 343.50 (3), Stats., a will or another writing used to make an anatomical gift.

e. "Donor" means an individual who makes an anatomical gift of all or part of the individual's body.

f. "Part" means an organ, tissue, eye, bone, artery, blood, fluid or other body portion.

2. Every hospital shall have written policies established by the governing board which describe how the hospital will provide information to potential anatomical gift donors about making an anatomical gift, and shall make available informational brochures which discuss the process for making an anatomical gift and methods to document a gift.

3. Every hospital shall have written policies and procedures established by the governing board for determining, at or near the time of death of a patient, if a document of gift exists and, if it does not exist, if a gift can be obtained. These policies and procedures shall include all of the following:

a. A procedure for screening all patients at or near the time of death for the possession of a document of gift or any revocation of an existing document of gift or evidence of refusal to make an anatomical gift;

b. A procedure to acquire the original documentation of a gift or refusal for inclusion in a patient's medical record so as to ensure that the documentation is available at or near the time of death. If a patient is transferred within a health care facility or between health care facilities, the documentation shall accompany the patient.

c. Provision for deciding whether to, when to and how to approach a patient regarding making an anatomical gift;

d. Provisions consistent with subds. 5. and 7. for deciding how to approach an appropriate individual at the time of a patient's death regarding making an anatomical gift of all or part of the decedent's body; and

e. A procedure to ensure that all requests by the administrator or his or her designee shall be made with reasonable discretion and sensitivity to the circumstances of the patient, family member or guardian.

4. Every hospital shall have written procedures to ensure that patients at or near the time of death for whom there is no evidence of refusal to make an anatomical gift are evaluated for organ and tissue donation and, if medically appropriate, the hospital shall make a referral to the organ procurement organization designated to serve the hospital's geographic area or other agency designated by the organ procurement organization and tissue banks to screen potential donors on their behalf.

5. If at the time of a patient's death there is no medical record that the patient has made an anatomical gift or any evidence that the patient has refused to make an anatomical gift, the hospital administrator or designee shall discuss with the first available individual from the list in this subdivision the option that he or she has of making or refusing to make an anatomical gift of all or part of the decedent's body. The order of priority for contacting individuals shall be as follows:

a. The spouse of the decedent;

b. An adult son or daughter of the decedent;

c. Either parent of the decedent;

d. An adult brother or sister of the decedent;

e. A grandparent of the decedent; or

f. A guardian of the person of the decedent at the time of death.

6. An anatomical gift that is not revoked by the donor before death is irrevocable and does not require the consent or concurrence of any person after the donor's death.

7. The discussion and request required under subd. 5. need not be made if a medical review indicates that the whole body or body part is not suitable to be an anatomical gift, if the requester knows that the patient objected to making an anatomical gift on religious, cultural or any other grounds or if the appropriate individual, on religious, cultural or any other grounds, objects to making an anatomical gift. If the appropriate individual objects to making an anatomical gift, the hospital administrator or designee may not make the request of any other individual under subd. 5.

History: Cr. Register, January, 1988, No. 385, eff. 2−1−88; cr. (3) (i), Register, November, 1993, No. 455, eff. 12−1−93; correction in (3) (f) 2. made under s. 13.93 (2m) (b) 7., Stats., August, 2000, No. 536; correction in (3) (f) 2. made under s. 13.93 (2m) (b) 7., Stats., Register July 2001 No. 547; CR 03−033: am. (3) (h) Register December 2003 No. 576, eff. 1−1−04.

HFS 124.06 Chief executive officer. (1) APPOINTMENT. The hospital shall be directed by a chief executive officer. The chief executive officer shall be appointed by the governing body, shall act as the executive officer of the governing body, shall be responsible for the management of the hospital and shall provide liaison among the governing body, medical staff, the nursing service and other services of the hospital.

(2) QUALIFICATIONS. The chief executive officer shall meet at least one of the following requirements:

(a) Have a high school diploma and 4 years of experience in an administrative capacity in a health care facility;

(b) Be a college or university graduate in an administrative field with 2 years of experience in a health care facility;

(c) Possess a college or university graduate degree in hospital or health care administration; or

(d) Have been hired before February 1, 1988.

(3) RESPONSIBILITIES. The chief executive officer shall:

(a) Keep the governing body fully informed about the quality of patient care, the management and financial status of the hospital, survey results and the adequacy of physical plant, equipment and personnel;

(b) Organize the day−to−day functions of the hospital through appropriate departmentalization and delegation of duties;

(c) Establish formal means of staff evaluation and accountability on the part of subordinates to whom duties have been assigned;

(d) Provide for the maintenance of an accurate, current and complete personnel record for each hospital employee;

(e) Ensure that there is sufficient communication among the governing body, medical staff, nursing services and other services, hold interdepartmental and departmental meetings, when appropriate, attend or be represented at the meetings on a regular basis, and report to the services and the governing body on the pertinent activities of the hospital; and

(f) Provide any information required by the department to document compliance with ch. 50, Stats., and this chapter, and provide reasonable means for the department to examine records and gather the information.

History: Cr. Register, January, 1988, No. 385, eff. 2−1−88.

HFS 124.07 Employee health. (1) EMPLOYEE HEALTH PROGRAM. The hospital shall have an employee health program under the direction of a physician.

(2) PREEMPLOYMENT HEALTH ASSESSMENT. The hospital's employee health program shall include a preemployment health assessment for all prospective employees and for all persons who provide contractual services to the hospital who will have frequent

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and direct contact with patients. The assessment shall be completed and the results known prior to the assumption of duties by persons who will have direct contact with patients. The assessment shall consist of, at minimum:

(a) A health history, including a history of communicable diseases and immunizations;

(b) A physical examination by a physician, physician's assistant or registered nurse; and

(c) A Mantoux tuberculin skin test consisting of 5 tuberculin units (TU) of purified protein derivative (PPD) and, if necessary, a chest roentgenogram to determine whether disease is present, unless medically contraindicated. Persons with positive findings shall be referred to a physician for evaluation.

(3) HEALTH HISTORY FOR VOLUNTEERS. The hospital's employee health program shall include, for volunteers, the taking of a health history of communicable diseases and immunizations before they may assume duties which involve direct patient care.

(4) PROTECTION AGAINST RUBELLA. The hospital's employee health program shall include vaccination or confirmed immunity against rubella for everyone who has direct contact with rubella patients, pediatric patients or female patients of childbearing age. No individual without documented vaccination against or immunity to rubella may be placed in a position in which he or she has direct contact with rubella patients, pediatric patients or female patients of childbearing age, except that individuals placed in these positions before February 1, 1988 shall have one year after February 1, 1988 to comply with this requirement, and that individuals newly placed in these positions on or after February 1, 1988 shall have 30 days after they begin working in these positions to comply with this requirement.

(5) PERIODIC HEALTH ASSESSMENT. The hospital's employee health program shall include a periodic health assessment consisting of at least the procedures listed under sub. (2) for all hospital employees and persons providing contractual services to the hospital who have frequent and direct contact with patients. The interval and extent of health assessments shall be determined by the employee's previous health status, exposure to occupational disease risk factors and whether the employee has recently returned to work following serious illness or injury. The frequency of repeat tuberculin skin test screening for negative reactors shall depend on the risk of an employee becoming infected. Tuberculin converters and contacts and other high risk reactors who are unable to take preventive treatment shall be instructed to promptly report the presence of symptoms. Routine, repeated roentgenograms are not recommended.

(6) RECORDS OF HEALTH ASSESSMENTS. The hospital's employee health program shall include maintenance of an updated record of each employee's health assessments.

History: Cr. Register, January, 1988, No. 385, eff. 2–1–88.

HFS 124.08 Infection control. (1) PROGRAM. The hospital shall provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There shall be an active program for the prevention, control and investigation of infections and communicable diseases.

(2) COMMITTEE. (a) *Purpose.* The governing body or medical staff shall establish an infection control committee to carry out surveillance and investigation of infections in the hospital and to implement measures designed to reduce these infections to the extent possible.

(b) *Composition.* The infection control committee shall be a hospital or medical staff committee which shall include members from the medical and nursing staffs, the laboratory service and the hospital's administrative staff.

(c) *Responsibilities.* The infection control committee shall:

1. Establish techniques and systems for discovering and isolating infections occurring in the hospital;

2. Establish written infection control policies and procedures which govern the use of aseptic technique and procedures in all areas of the hospital;

3. Establish a method of control used in relation to the sterilization and disinfection of instruments, medications, and other items requiring sterility and disinfection. There shall be a written policy requiring identification of sterile items and specified time periods in which sterile items shall be reprocessed;

4. Establish policies specifying when individuals with specified infections or contagious conditions, including carriers of infectious organisms, shall be relieved from or reassigned duties. These individuals shall remain relieved or reassigned until there is evidence that the disease or condition no longer poses a significant risk to others; and

5. Annually review infection control policies, procedures, systems and techniques.

(3) EDUCATION. The hospital shall provide training to all appropriate hospital personnel on the epidemiology, etiology, transmission, prevention and elimination of infection, as follows:

(a) *Aseptic technique.* All appropriate personnel shall be educated in the practice of aseptic techniques such as handwashing and scrubbing practices, personal hygiene, masking, dressing, gloving and other personal protective equipment, techniques, disinfecting and sterilizing techniques and the handling and storage of patient care equipment and supplies.

(b) *Orientation and inservice.* New employees shall receive appropriate orientation and on–the–job training, and all employees shall participate in a continuing inservice program. This participation shall be documented.

(4) GENERAL INFECTION CONTROL PROVISIONS. (a) *Inspection and cleaning.* There shall be regular inspection and cleaning of air intake sources, screens and filters, with special attention given to high risk areas of the hospital as determined by the infection control committee.

(b) *Sanitary environment.* A sanitary environment shall be maintained to avoid sources and transmission of infection.

(c) *Disposal of wastes.* Proper facilities shall be maintained and techniques used for incineration or sterilization of infectious wastes, and sanitary disposal of all other wastes.

(d) *Handwashing facilities.* 1. Handwashing facilities shall be provided in patient care areas for the use of hospital personnel.

2. Handwashing facilities in patient care areas used by physicians and hospital staff shall be equipped with special valves that do not require direct hand contact. Provision of wrist–actuated, spade–type handles or foot pedals shall be considered minimal compliance with this rule.

(e) *Sterilizing and disinfecting services.* Sterilizing services shall be available at all times.

(f) *Soiled linen.* 1. Soiled linen may not be sorted in any section of the nursing unit or common hallway.

2. Soiled linen shall be placed immediately in a container available for this purpose and sent to the laundry promptly.

(5) REPORTING DISEASE. Hospitals shall report cases and suspected cases of reportable communicable disease to local public health officers and to the department pursuant to ch. HFS 145.

History: Cr. Register, January, 1988, No. 385, eff. 2–1–88; correction in (5) made under s. 13.93 (2m) (b) 7., Stats., Register, January, 1999, No. 517; CR 04–040: am. (2) (c) 3., (3) (a), (4) (c), and (f) 2. Register November 2004 No. 587, eff. 12–1–04.

HFS 124.09 Staff library. (1) PURPOSE. The hospital shall maintain a health sciences library to meet the needs of hospital staff.

(2) CONTENTS. The materials in the health sciences library shall be organized, easily accessible, and available at all times to the medical and hospital staff. The library shall contain current

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textbooks, journals, and nonprint media pertinent to services offered in the hospital.

History: Cr. Register, January, 1988, No. 385, eff. 2–1–88.

HFS 124.10 Quality assurance. (1) RESPONSIBILITY OF THE GOVERNING BODY. The governing body shall ensure that the hospital has a written quality assurance program for monitoring and evaluating the quality of patient care and the ancillary services in the hospital on an ongoing basis. The program shall promote the most effective and efficient use of available health facilities and services consistent with patient needs and professionally recognized standards of health care.

(2) RESPONSIBILITIES OF THE CHIEF EXECUTIVE OFFICER AND THE CHIEF OF THE MEDICAL STAFF. As part of the quality assurance program, the chief executive officer and chief of the medical staff shall ensure that:

(a) The hospital's quality assurance program is implemented and effective for all patient care related services;

(b) The findings of the program are incorporated into a well defined method of assessing staff performance in relation to patient care; and

(c) The findings, actions and results of the hospital's quality assurance program are reported to the governing body as necessary.

(3) EVALUATION OF CARE TO BE PROBLEM–FOCUSED. Monitoring and evaluation of the quality of care given patients shall focus on identifying patient care problems and opportunities for improving patient care.

(4) EVALUATION OF CARE TO USE VARIETY OF RESOURCES. The quality of care given patients shall be evaluated using a variety of data sources, including medical records, hospital information systems, peer review organization data and, when available, third party payer information.

(5) ACTIVITIES. For each of the monitoring and evaluation activities, a hospital shall document how it has used data to initiate changes that improve quality of care and promote more efficient use of facilities and services. Quality assurance activities shall:

(a) Emphasize identification and analysis of patterns of patient care and suggest possible changes for maintaining consistently high quality patient care and effective and efficient use of services;

(b) Identify and analyze factors related to the patient care rendered in the facility and, where indicated, make recommendations to the governing body, chief executive officer and chief of the medical staff for changes that are beneficial to patients, staff, the facility and the community; and

(c) Document the monitoring and evaluation activities performed and indicate how the results of these activities have been used to institute changes to improve the quality and appropriateness of the care provided.

(6) EVALUATION OF THE PROGRAM. The chief executive officer shall ensure that the effectiveness of the quality assurance program is evaluated by clinical and administrative staffs at least once a year and that the results are communicated to the governing body.

History: Cr. Register, January, 1988, No. 385, eff. 2–1–88.

HFS 124.11 Utilization review. (1) PLAN. (a) *Requirement.* Every hospital shall have in operation a written utilization review plan designed to ensure that quality patient care is provided in the most appropriate, cost–effective manner. The utilization review program shall address potential over–utilization and under–utilization for all categories of patients, regardless of source of payment.

(b) *Description of plan.* The written utilization review plan shall include at least the following:

1. A delineation of the responsibilities and authority of persons involved in the performance of utilization review activities, including members of the medical staff, any utilization review committee, non–physician health care professionals, administrative personnel and, when applicable, any qualified outside organization contracting to perform review activities specified in the plan;

2. A conflict of interest policy stating that reviews may not be conducted by any person who has a proprietary interest in any hospital or by any person who was professionally involved in the care of the patient whose case is being reviewed;

3. A confidentiality policy applicable to all utilization review activities, including any findings and recommendations;

4. A description of the process by which the hospital identifies and resolves utilization–related problems, such as examining the appropriateness and medical necessity of admissions, continued stays and supportive services, as well as delays in the provision of supportive services. The following activities shall be incorporated into the process:

a. An analysis of profiles and patterns of care;

b. Feedback to the medical staff of the results of profile analysis;

c. Documentation of specific actions taken to correct aberrant practice patterns or other utilization review problems; and

d. Evaluation of the effectiveness of action taken;

5. The procedures for conducting review, including the time period within which the review is to be performed following admission and in assigning continued stay review dates; and

6. A mechanism for the provision of discharge planning required under s. HFS 124.05 (2) (j).

(c) *Responsibility for performance.* The plan shall be approved by the medical staff, administration and governing body. The medical staff shall be responsible for performance of utilization review. The chief executive officer and hospital administrative staff shall ensure that the plan is effectively implemented.

(2) CONDUCT OF REVIEW. (a) Written measurable criteria that have been approved by the medical staff shall be used in reviews.

(b) Non–physician health care professionals may participate in the development of review criteria for their professional fields and in the conduct of reviews of services provided by their peers.

(c) Determinations regarding the medical necessity and appropriateness of care provided shall be based upon information documented in the medical record.

(d) The attending physician shall be notified whenever it is determined that an admission or continued stay is not medically necessary, and shall be afforded the opportunity to present his or her views before a final determination is made. At least 2 physician reviewers shall concur on the determination when the attending physician disagrees.

(e) Written notice of any decision that an admission or continued stay is not medically necessary shall be given to the appropriate hospital department, the attending physician and the patient no later than 2 days after the determination.

(3) RECORDS AND REPORTING. Records shall be kept of hospital utilization review activities and findings. Regular reports shall be made to the executive committee of the medical staff and to the governing body. Recommendations relevant to hospital operations and administration shall be reported to administration.

History: Cr. Register, January, 1988, No. 385, eff. 2–1–88.

Subchapter III — Medical Staff

HFS 124.12 Medical staff. (1) DEFINITION. In this section, "privileges"means the right to provide care to hospital patients in the area in which the person has expertise as a result of education, training and experience.

(2) GENERAL REQUIREMENTS. (a) *Organization and accountability.* The hospital shall have a medical staff organized under by–laws approved by the governing body. The medical staff shall be responsible to the governing body of the hospital for the quality

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of all medical care provided patients in the hospital and for the ethical and professional practices of its members.

(b) *Responsibility of members.* Members of the medical staff shall comply with medical staff and hospital policies. The medical staff by−laws shall prescribe disciplinary procedures for infraction of hospital and medical staff policies by members of the medical staff. There shall be evidence that the disciplinary procedures are applied where appropriate.

(3) MEMBERSHIP. (a) *Active staff.* Regardless of any other categories of medical staff having privileges in the hospital, a hospital shall have an active staff which performs all the organizational duties pertaining to the medical staff. Active staff membership shall be limited to individuals who are currently licensed to practice medicine, podiatric medicine or dentistry. These individuals may be granted membership in accordance with the medical staff by−laws and rules, and in accordance with the by−laws of the hospital. A majority of the members of the active staff shall be physicians.

(b) *Other staff.* The medical staff may include one or more categories defined in the medical staff by−laws in addition to the active staff.

(4) APPOINTMENT. (a) *Governing body responsibilities.* 1. Medical staff appointments shall be made by the governing body, taking into account recommendations made by the active staff.

2. The governing body shall ensure at least biennially that members of the medical staff are qualified legally and professionally for the positions to which they are appointed.

3. The hospital, through its medical staff, shall require applicants for medical staff membership to provide, in addition to other medical staff requirements, a complete list of all hospital medical staff memberships held within the 5 years prior to application.

4. Hospital medical staff applications shall require reporting of any malpractice action, any previously successful or currently pending challenge to licensure in this or another state, and any loss or pending action affecting medical staff membership or privileges at another hospital. The application shall permit use of the information only for purposes of determining eligibility for medical staff membership, and shall release the hospital from civil liability resulting from this use of the information. Pending actions may not be used as the sole criterion to deny membership or privileges.

(b) *Medical staff responsibilities.* 1. To select its members and delineate their privileges, the hospital medical staff shall have a system, based on definite workable standards, for evaluation of each applicant by a credentials committee which makes recommendations to the medical staff and to the governing body.

2. The medical staff may include one or more categories of medical staff defined in the medical staff by−laws in addition to the active staff, but this in no way modifies the duties and responsibilities of the active staff.

(c) *Criteria for appointment.* 1. Criteria for appointment shall include individual character, competence, training, experience and judgment.

2. All qualified candidates shall be considered by the credentials committee.

3. Reappointments shall be made at least biennially and recorded in the minutes or files of the governing body. Reappointment policies shall provide for a periodic appraisal of each member of the staff, including consideration at the time of reappointment of information concerning the individual's current licensure, health status, professional performance, judgment and clinical and technical skills. Recommendations for reappointments shall be noted in the minutes of the meetings of the appropriate committee.

4. Temporary staff privileges may be granted for a limited period if the individual is otherwise properly qualified for membership on the medical staff.

5. A copy of the scope of privileges to be accorded the individual shall be distributed to appropriate hospital staff. The privileges of each staff member shall be specifically stated or the medical staff shall define a classification system. If a system involving classification is used, the scope of the categories shall be well−defined, and the standards which must be met by the applicant shall be clearly stated for each category.

6. If categories of hospital staff membership are established for allied health personnel not employed by the hospital, the necessary qualifications, privileges and rights shall be delineated in accordance with the medical staff by−laws.

(5) BY−LAWS. (a) *Adoption and purpose.* By−laws shall be adopted by the medical staff and approved by the governing body to govern and enable the medical staff to carry out its responsibilities. The by−laws of the medical staff shall be a precise and clear statement of the policies under which the medical staff regulates itself.

(b) *Content.* Medical staff by−laws and rules shall include:

1. A descriptive outline of medical staff organization;

2. A statement of the necessary qualifications which each member must possess to be privileged to work in the hospital, and of the duties and privileges of each category of medical staff;

3. A procedure for granting and withdrawing privileges to each member;

4. A mechanism for appeal of decisions regarding medical staff membership and privileges;

5. A definite and specific statement forbidding the practice of the division of fees between medical staff members;

6. Provision for regular meetings of the medical staff;

7. Provision for keeping timely, accurate and complete records;

8. Provision for routine examination of all patients upon admission and recording of the preoperative diagnosis prior to surgery;

9. A stipulation that a surgical operation is permitted only with the consent of the patient or the patient's legally authorized representative except in emergencies;

10. Statements concerning the request for and performance of consultations, and instances in which consultations are required; and

11. A statement specifying categories of personnel duly authorized to accept and implement medical staff orders. All orders shall be recorded and authenticated. All verbal and telephone orders shall be authenticated by the prescribing member of the medical staff in writing within 24 hours of receipt.

(6) GOVERNANCE. (a) *General.* The medical staff shall have the numbers and kinds of officers necessary for the governance of the staff.

(b) *Officers.* Officers shall be members of the active staff and shall be elected by the active staff, unless this is precluded by hospital by−laws.

(7) MEETINGS. (a) *Number and frequency.* The number and frequency of medical staff meetings shall be determined by the active staff and clearly stated in the by−laws of the medical staff.

(b) *Attendance.* Attendance records shall be kept of medical staff meetings. Attendance requirements for each individual member shall be clearly stated in the by−laws of the medical staff.

(c) *Purpose.* Full medical staff meetings shall be held to conduct the general business of the medical staff and to review the significant findings identified through the quality assurance program.

(d) *Minutes.* Adequate minutes of all meetings shall be kept that are sufficient to document for those members who did not attend the meeting the general nature of the business conducted, the decisions reached, and the findings and recommendations of the medical staff.

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(8) COMMITTEES. (a) *Establishment.* The medical staff shall establish committees of the medical staff and is responsible for their performance.

(b) *Executive committee.* The medical staff shall have an executive committee to coordinate the activities and general policies of the various departments, act for the staff as a whole under limitations that may be imposed by the staff, and receive and act upon the reports of all other medical staff committees.

(9) ADMINISTRATIVE STRUCTURE. (a) *Services.* Hospitals may create services to fulfill medical staff responsibilities. Each autonomous service shall be organized and function as a unit.

(b) *Chief of service.* Each service shall have a chief appointed in accordance with the medical staff by−laws. The chief of service shall be a member of the service and be qualified by training and experience to serve as chief of service. The chief of service shall be responsible for:

1. The administration of the service;

2. The quality of patient care;

3. Making recommendations to the hospital's administrative staff and governing board concerning the qualifications of the members of the service;

4. Making recommendations to the hospital's administrative staff regarding the planning of hospital facilities, equipment, routine procedures and any other matters concerning patient care;

5. Arranging and implementing inpatient and outpatient programs, which include organizing, engaging in educational activities and supervising and evaluating the clinical work;

6. Enforcing the medical staff by−laws and rules within the service;

7. Cooperating with the hospital's administrative staff on purchase of supplies and equipment;

8. Formulating special rules and policies for the service;

9. Maintaining the quality of the medical records; and

10. Representing the service in a medical advisory capacity to the hospital's administrative staff and governing body.

History: Cr. Register, January, 1988, No. 385, eff. 2−1−88.

Subchapter IV — Services

HFS 124.13 Nursing services. (1) NURSING SERVICE. (a) *Requirement.* The hospital shall have a nursing service.

(b) *Administration.* 1. The nursing service shall be directed by a registered nurse with appropriate education and experience to direct the service. A registered nurse with administrative authority shall be designated to act in the absence of the director of the nursing service. Appropriate administrative staffing of the nursing service shall be provided on all shifts.

2. There shall be a written plan showing the flow of administrative authority throughout the nursing service, with delineation of the responsibilities and duties of each category of nursing staff.

3. The delineation of responsibilities and duties for each category of nursing staff shall be in the form of a written job description for each category.

(c) *Staffing.* 1. An adequate number of registered nurses shall be on duty at all times to meet the nursing care needs of the patients. There shall be qualified supervisory personnel for each service or unit to ensure adequate patient care management.

2. The number of nursing personnel for all patient care services of the hospital shall be consistent with nursing care needs of the hospital's patients.

3. The staffing pattern shall ensure the availability of registered nurses to assess, plan, implement and direct the nursing care for all patients on a 24−hour basis.

(2) PATIENT CARE. (a) *Care planning.* 1. All nursing care shall be planned and directed by registered nurses. A registered nurse shall be immediately available to give direct patient care when needed.

2. A registered nurse who is not occupied in the operating room, delivery room or emergency room shall be available at all times to render direct care.

(b) *Care determinants.* 1. A registered nurse shall assign the nursing care of each patient to other nursing personnel in accordance with the patient's needs and the preparation and competence of the available nursing staff.

2. a. The ratio of registered nurses to patients and the ratio of registered nurses to other allied health care personnel shall be determined by the seriousness of patient illness or injury, the patient census, and the complexity of care that must be provided, and shall be adequate to provide proper care and supervision of staff performance.

b. A registered nurse shall plan, supervise and evaluate the care of all patients, including the care assigned to other nursing personnel.

c. There shall be other nursing personnel in sufficient numbers to provide nursing care not requiring the services of a registered nurse.

(3) STAFF QUALIFICATIONS. (a) *Qualifications.* 1. Individuals selected for the nursing staff shall be qualified by education, experience, and demonstrated ability for the positions to which they are appointed.

2. The educational and experiential qualifications of the director of nursing, the director of nursing assistants and nursing supervisors shall be commensurate with the scope and complexity of the services of the hospital.

3. The functions and qualifications of nursing personnel shall be clearly defined in relation to the duties and responsibilities delegated to them.

4. Personnel records, including application forms and verifications of credentials, shall be on file.

5. Nursing management shall make decisions about the selection and promotion of nursing personnel based on their qualifications and capabilities and shall recommend termination of employment when necessary.

(b) *Approval.* There shall be a procedure to ensure that hospital nursing personnel for whom registration, a license or other approval is required by law have valid and current registration, licensure or other approval.

(4) ORIENTATION AND INSERVICE. (a) *Orientation.* There shall be a comprehensive and thorough job orientation program for all nursing service personnel. The facility shall provide orientation to nursing service personnel before they provide care to patients.

(b) *Training.* There shall be appropriate, ongoing training programs available to all nursing service personnel to augment their knowledge of pertinent new developments in patient care and to maintain current competence.

(5) HOSPITAL RELATIONSHIPS. (a) *General.* The nursing service shall have well−established working relationships with the medical staff and with other hospital staffs that provide and contribute to patient care.

(b) *Policies.* Hospital policies affecting the nursing service shall be developed and reviewed with the participation of the director of nursing or designee. The nursing service shall be represented on hospital committees that affect patient care policies and practices.

(6) DOCUMENTATION, STAFF MEETINGS AND EVALUATION. (a) Nursing care policies and procedures that reflect optimal standards of nursing practice shall be in writing and shall be reviewed and revised as necessary to keep pace with current knowledge. Written nursing care policies and procedures shall be available on each nursing unit.

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(b) There shall be a written nursing care plan for each patient which shall include the elements of assessment, planning, intervention and evaluation.

(c) Documentation of nursing care shall be pertinent and concise and shall describe patient needs, problems, capabilities and limitations. Nursing interventions and patient responses shall be noted.

(d) Meetings of the registered nursing staff shall be held at least bimonthly to discuss patient care, nursing service problems and administrative policies. Minutes of all meetings shall be kept and shall be available to all staff members.

(e) The nursing service director shall ensure that there is ongoing review and evaluation of the nursing care provided for patients and shall ensure that nursing care standards and objectives are established and met.

(f) When the nursing department is decentralized into clinical departmental services or clinical programs are established, the hospital shall have one administrator to whom the nursing directors shall be accountable and who has the responsibility for maintenance of one standard of nursing practice within the organization.

(7) ADDITIONAL PATIENT CARE REQUIREMENTS. (a) *Definition.* In this subsection, "circulating nurse" means a registered nurse who is present during an operation or infant delivery to provide emotional support to the patient, assist with the anesthesia induction and, throughout the surgical procedure or delivery, to coordinate the activities of the room, monitor the traffic in the room and maintain an accurate account of urine and blood loss and who, before the surgical procedure or delivery is completed, informs the recovery room of special needs and ensures that the sponge, needle and instrument counts have been done according to hospital policy.

(b) *Obstetrical.* Every patient admitted in labor shall be assessed initially by a registered nurse. There shall be a circulating nurse at every infant delivery.

(c) *Surgical.* 1. A registered nurse shall supervise the operating rooms.

2. A qualified registered nurse shall function as the circulating nurse in the surgical and obstetrical room whenever general anesthesia is used and on all local cases involving a high degree of patient risk. Individual surgical technologists and licensed practical nurses may function as assistants under the direct supervision of a qualified registered nurse.

(d) *Temporary nursing personnel.* 1. When temporary nursing personnel from outside registries or agencies are used by the hospital, the nursing service shall have a means for evaluating the credentials and competence of these personnel. Temporary nursing personnel shall function under the direction and supervision of a qualified registered nurse from the hospital nursing staff. The temporary nursing personnel shall have at least a minimum, formal orientation to the facility.

2. If private duty nursing personnel are employed by the patients, the nursing department shall have a means for evaluating the credentials and competence of these personnel. The hospital shall have policies regarding use of these personnel in the facility.

(e) *Medications.* Medications may not be prepared by nursing personnel on one shift for administration during succeeding shifts.

(f) *Reporting.* The hospital shall have effective policies and procedures for reporting transfusion reactions, adverse drug reactions, accidents and medication errors.

History: Cr. Register, January, 1988, No. 385, eff. 2−1−88.

HFS 124.14 Medical record services. (1) MEDICAL RECORD. A medical record shall be maintained for every patient admitted for care in the hospital. The record shall be kept confidential and released only in accordance with ss. 51.30, 146.81 to 146.83, or 252.15, Stats., and ch. HFS 92, as appropriate.

(2) SERVICE. (a) *General requirement.* The hospital shall have a medical records service with administrative responsibility for all medical records maintained by the hospital.

(b) *Confidentiality.* 1. Written consent of the patient or the patient's legally authorized representative shall be presented as authority for release of medical information to persons not otherwise authorized to receive this information.

2. Original medical records may not be removed from the hospital except by authorized persons who are acting in accordance with a court order, a subpoena issued under s. 908.03 (6m), Stats., or in accordance with contracted services, and where measures are taken to protect the record from loss, defacement, tampering and unauthorized access.

(c) *Preservation.* There shall be a written policy for the preservation of medical records, either the original record or in the form of microfiche. The retention period shall be determined by each hospital based on historical research, legal, teaching, and patient care needs but medical records shall be maintained for at least 5 years.

(d) *Personnel.* 1. Adequate numbers of personnel who are qualified to supervise and operate the service shall be provided.

2. a. A registered medical records administrator or an accredited records technician shall head the service, except that if such a professionally qualified person is not in charge of medical records, a consultant who is a registered records administrator or an accredited records technician shall organize the service, train the medical records personnel and make periodic visits to the hospital to evaluate the records and the operation of the service.

b. In this subdivision, "registered medical records administrator" means a person who has graduated from a 4−year college or university or from a one−year post−graduate certificate program in medical records administration and who meets the standards for registration as a medical records administrator of the American medical record association, and"accredited records technician" means a person who is a graduate of an independent study program or an associate degree program in medical records technology and meets the standards for accreditation as a medical records technician of the American medical record association.

(e) *Availability.* 1. The system for identifying and filing records shall permit prompt location of each patient's medical records.

2. A master patient index shall include at least the patient's full name, sex, birthdate and medical record number.

3. Filing equipment and space shall be adequate to maintain the records and facilitate retrieval.

4. The inpatient, ambulatory care and emergency records of a patient shall be kept in such a way that all information can be assembled routinely when the patient is admitted to the hospital, when the patient appears for a pre−scheduled ambulatory care visit, or as needed for emergency services.

5. Pertinent medical record information obtained from other providers shall be available to facilitate continuity of the patient's care.

6. The original or a legally reproduced copy of all documents containing clinical information pertaining to a patient's stay shall be filed in the medical record.

(f) *Coding and indexing.* 1. Records shall be coded and indexed according to disease, operation and physician. Indexing shall be kept up−to−date.

2. Any recognized system may be used for coding diseases and operations.

3. The indices shall list the specific diseases for which the patient was treated during the hospitalization and the operations and procedures which were performed during the hospitalization.

(3) RESPONSIBILITIES. (a) *Medical record contents.* The medical record staff shall ensure that each patient's medical record contains:

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1. Accurate patient identification data;

2. A concise statement of complaints, including the chief complaint which led the patient to seek medical care and the date of onset and duration of each;

3. A health history, containing a description of present illness, past history of illness and pertinent family and social history;

4. A statement about the results of the physical examination, including all positive and negative findings resulting from an inventory of systems;

5. The provisional diagnosis;

6. All diagnostic and therapeutic orders;

7. All clinical laboratory, x−ray reports and other diagnostic reports;

8. Consultation reports containing a written opinion by the consultant that reflects, when appropriate, an actual examination of the patient and the patient's medical record;

9. Except in an emergency, an appropriate history and physical work−up recorded in the medical record of every patient before surgery;

10. An operative report describing techniques and findings written or dictated immediately following surgery and signed by the surgeon;

11. Tissue reports, including a report of microscopic findings if hospital regulations require that microscopic examination be done. If only macroscopic examination is warranted, a statement that the tissue has been received and a macroscopic description of the findings provided by the laboratory shall be filed in the medical record;

12. Physician notes and non−physician notes providing a chronological picture of the patient's progress which are sufficient to delineate the course and the results of treatment;

13. A definitive final diagnosis expressed in the terminology of a recognized system of disease nomenclature;

14. A discharge summary including the final diagnosis, the reason for hospitalization, the significant findings, the procedures performed, the condition of the patient on discharge and any specific instructions given the patient or family or both the patient and the family;

15. Autopsy findings when an autopsy is performed; and

16. Anatomical gift information obtained under s. HFS 124.05 (3) (i). Documentation shall include the name and title of the person who requests the anatomical gift, the name of the appropriate individual as defined under s. HFS 124.05 (3) (i) 1. b. that individual's relationship to the patient, the response to the request for an anatomical gift and, if a determination is made that a request should not be made, the basis for that determination. This information shall be recorded promptly in the medical record where it shall be prominently set out.

(b) *Authentication.* Only members of the medical staff or other professional personnel authorized by the medical staff shall record and authenticate entries in the medical record. In hospitals with house staff, documentation of medical staff participation in the care of the patient shall be evidenced by at least:

1. The attending physician's countersignature on the patient's health history and results of his or her physical examination;

2. Periodic progress notes or countersignatures as defined by the medical staff rules;

3. The surgeon's signature on the operative report; and

4. The attending physician's signature on the face sheet and discharge summary.

(c) *Completion.* 1. Current records and those on discharged patients shall be completed promptly.

2. If a patient is readmitted within 30 days for the same or a related condition, there shall be a reference to the previous history with an interval note, and any pertinent changes in physical findings shall be recorded.

3. All records of discharged patients shall be completed within a reasonable period of time specified in the medical staff by−laws, but not to exceed 30 days.

(4) MATERNITY PATIENT AND NEWBORN RECORDS. (a) *Prenatal findings.* Except in an emergency, before a maternity patient may be admitted to a hospital, the patient's attending physician shall submit a legible copy of the prenatal history to the hospital's obstetrical staff. The prenatal history shall note complications, Rh determination and other matters essential to adequate care.

(b) *Maternal medical record.* Each obstetric patient shall have a complete hospital record which shall include:

1. Prenatal history and findings;

2. The labor and delivery record, including anesthesia;

3. The physician's progress record;

4. The physician's order sheet;

5. A medicine and treatment sheet, including nurses' notes;

6. Any laboratory and x−ray reports;

7. Any medical consultant's notes; and

8. An estimate of blood loss.

(c) *Newborn medical record.* Each newborn infant shall have a complete hospital record which shall include:

1. A record of pertinent maternal data, type of labor and delivery, and the condition of the infant at birth;

2. A record of physical examinations;

3. A progress sheet recording medicines and treatments, weights, feedings and temperatures; and

4. The notes of any medical consultant.

(d) *Fetal death.* In the case of a fetal death, the weight and length of the fetus shall be recorded on the delivery record.

(5) AUTHENTICATION OF ALL ENTRIES. (a) *Documentation.* 1. All entries in medical records by medical staff or other hospital staff shall be legible, permanently recorded, dated and authenticated with the name and title of the person making the entry.

2. A rubber stamp reproduction of a person's signature may be used instead of a handwritten signature, if:

a. The stamp is used only by the person whose signature the stamp replicates; and

b. The facility possesses a statement, signed by the person, certifying that only that person is authorized to possess and use the stamp.

(b) *Symbols and abbreviations.* Symbols and abbreviations may be used in medical records if approved by a written facility policy which defines the symbols and abbreviations and controls their use.

History: Cr. Register, January, 1988, No. 385, eff. 2−1−88; am. (3) (a) 14. and 15., cr. (3) (a) 16., Register, November, 1993, No. 455, eff. 12−1−93; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register July 2001 No. 547.

HFS 124.15 Pharmaceutical services. (1) DEFINITIONS. In this section:

(a) "Automated dispensing system" means a mechanical system that performs operations or activities, other than compounding or administration, relative to storage, packaging, dispensing or distribution of medications, and which collects, controls, and maintains all transaction information.

(am) "Drug room" means the room in a hospital that does not have a pharmacy, in which prescription drugs are stored and from which they are distributed.

(b) "Pharmacist" means a person licensed in Wisconsin under ch. 450, Stats., as a pharmacist.

(c) "Pharmacy" means any place in which prescription drugs, as defined in s. 450.01 (20), Stats., are compounded or dispensed, and which is licensed under s. 450.06, Stats.

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(2) SERVICE. The hospital shall have a pharmacy directed by a pharmacist or a drug room under competent supervision. The pharmacy or drug room shall be administered in accordance with accepted professional practices.

(3) ADMINISTRATION. (a) *Pharmacist accountability.* The pharmacist shall be responsible to the chief executive officer for developing, supervising and coordinating all the activities of the pharmacy.

(b) *Licensed pharmacy.* In a hospital with a pharmacy, except for emergency orders, a pharmacist shall review the practitioner's order, a direct copy of the order or another type of verifiable order before the initial dose of a medication is dispensed. When a pharmacist is not on the premises, the medication order shall be reviewed by the pharmacist by the end of the next day.

(c) *Drug room.* If the hospital has only a drug room, prescription medications shall be dispensed by a qualified pharmacist elsewhere and only storing and distributing shall be done in the hospital. In this case:

1. An on−site review of the medication administration system shall be conducted at least monthly by a consultant pharmacist;

2. A consulting pharmacist shall assist in the development of the correct procedures and rules for storage and distribution of drugs, and shall visit the hospital on a regularly scheduled basis; and

3. A consulting pharmacist shall participate in reviewing at least a sample of current medication orders on a periodic basis.

(d) *Availability.* All hospitals shall have a pharmacist on call and available for consultation at all times.

(4) FACILITIES. (a) *Storage and equipment.* Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation and security. In a pharmacy, current reference materials and equipment shall be provided for the compounding and dispensing of drugs. Hospitals utilizing automated dispensing systems must meet the requirements under s. Phar 7.09.

(b) *Control.* 1. Drugs shall be issued to floor units in accordance with approved policies and procedures.

2. Drug stocks and all medication areas shall be routinely reviewed by the pharmacist. All floor stocks shall be properly controlled.

3. Special locked storage space shall be provided to meet the legal requirements for storage of alcohol and prescription drugs, including controlled substances.

(5) PERSONNEL. (a) *Staff.* The pharmacist shall be assisted by a sufficient number of pharmacists and nonpharmacists as required by the scope of the operations. All work performed by non−registered pharmacy personnel shall be directed, supervised and inspected by a pharmacist.

(b) *Categories.* The pharmacy, depending upon the size and scope of its operations, shall be staffed by the necessary categories of personnel. Categories of personnel may include director of pharmacy, one or more assistant directors, staff pharmacists, clinical pharmacy specialists, pharmacy trainees and supportive personnel.

(c) *Emergency services.* Provision shall be made for pharmaceutical services to be available in the event of emergencies.

(d) *Consulting pharmacist.* If the hospital does not have a staff pharmacist, a consulting pharmacist shall have overall responsibility for control and distribution of drugs, and a designated licensed nurse or practitioner shall have responsibility for day−to−day operation of the drug room.

(6) RECORDS. (a) *General.* Records shall be kept of the transactions of the pharmacy or drug room and correlated with other hospital records where indicated. These records shall be maintained as required by law.

(b) *Accounting.* The managing or consulting pharmacist shall establish and maintain, in cooperation with the business office, a satisfactory system of records and bookkeeping, in accordance with the policies of the hospital, for:

1. Maintaining adequate control over the requisitioning and dispensing of all drugs and pharmaceutical supplies; and

2. Charging patients for drugs and pharmaceutical supplies.

(c) *Controlled substances.* Dispensing, distribution and administration of controlled substances shall be documented by the pharmacist, licensed nurse or practitioner so that the disposition of any particular item may be readily traced. These records shall be prepared and maintained in accordance with ch. Phar 8 and other state and federal laws that may apply.

(d) *Formulary.* A current copy of the drug formulary developed under sub. (8) (b) shall be maintained in the hospital.

(7) POLICIES. (a) *Responsibility.* All hospitals shall have written policies relating to the selection, intrahospital distribution and handling, and safe administration of drugs. The medical staff shall develop and monitor the administration of these policies and procedures in cooperation with the pharmacist and with representatives of other disciplines in the hospital.

(b) *Automatic medication orders.* The medical staff shall establish a written policy for the automatic cancellation of all medication orders when a patient undergoes surgery. Automatic drug orders shall otherwise be determined by the medical staff and stated in medical staff rules.

(8) SPECIFICATIONS. (a) *Responsibility for specifications.* The pharmacist in charge of the pharmacy, with the advice of the medical staff, shall be responsible for the quality, quantity and sources of supply of all medications.

(b) *Formulary.* The medical staff, with the cooperation of the staff or consulting pharmacist and the hospital's administrative staff, shall develop a drug formulary for use in the hospital and shall review and update the formulary at regular intervals.

(c) *Medication stock.* The pharmacy or drug room shall be adequately supplied with medications approved in the formulary.

History: Cr. Register, January, 1988, No. 385, eff. 2−1−88; corrections in (1) (c) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 2000, No. 536; CR 04−040: renum. (1) (a) to be (1) (am), cr. (1) (a), am. (4) (a) Register November 2004 No. 587, eff. 12−1−04.

HFS 124.16 Dietary services. (1) DIETARY SERVICE. The hospital shall have a dietary service to provide meals and other nutritional services for its patients. The dietary service shall be integrated with other services of the hospital. If a 24−hour dietary service is not provided, dietary facilities or another means shall be available for obtaining nourishments for patients as needed.

(2) DEFINITIONS. In this section:

(a) "Dietetic service supervisor" means a person who:

1. Is a dietitian;

2. Is a graduate of a dietetic technician or dietetic assistant training program, corresponding or classroom, approved by the American dietetic association;

3. Is a graduate of a state−approved course that provided 90 or more hours of classroom instruction in food service supervision and has experience as a supervisor in a health care institution with consultation from a dietitian; or

4. Has had training and experience in food service supervision and management in military service which is equivalent to the preparation under subd. 2. or 3.

(b) "Dietitian" means a person who is any of the following:

1. Certified under s. 448.78, Stats.

2. Licensed or certified as a dietitian in another state.

(3) STAFFING AND FUNCTIONS. (a) The dietary service shall be directed by a full−time dietetic service supervisor and shall be staffed by at least one dietitian who is full−time, part−time or serving as a consultant, and by administrative and technical personnel who are competent to perform their duties. There shall be written job descriptions for all dietary employees.

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(b) 1. The dietetic service supervisor shall be responsible for the daily management of the service.

2. The dietetic service supervisor shall attend and participate in meetings of heads of hospital services and shall function as a key member of the hospital staff.

3. The dietetic service supervisor shall have regularly scheduled conferences with the chief executive officer or designee to provide information, seek counsel and present program plans for mutual consideration and solution.

4. The dietetic service supervisor shall ensure that conferences are held regularly within the service at all levels of responsibility to disseminate information, interpret policy, solve problems and develop procedures and program plans.

(c) 1. The dietitian shall develop written policies and procedures for food storage, preparation and service.

2. The dietitian shall be available for consultation on a daily basis.

3. The dietitian shall participate in the nutritional aspects of patient care by means that include assessing the nutritional status of patients, instructing patients, recording diet histories, participating appropriately in ward rounds and conferences, recording in medical records and sharing specialized knowledge with others on the medical team.

(d) Adequate numbers of staff dietitians shall be employed to meet the needs of the hospital.

(e) Adequate numbers of supervisors, who may be dietitians or other qualified personnel, shall be assigned to supervise dietary operations.

(f) 1. The number of personnel working in the dietary service shall be adequate to effectively perform all defined functions.

2. Dietary personnel shall have available a manual of regimens for therapeutic diets, approved jointly by the dietitian and medical staff. Diets served to patients shall be in compliance with these established diet regimens.

3. There shall be an inservice training program for dietary employees which shall include instruction in proper storage, preparation and serving of food, safety, appropriate personal hygiene and infection control.

(g) A hospital that contracts for its dietary service shall be in compliance with this section if the contracted service meets all applicable rules of this section.

(4) FACILITIES. (a) Adequate facilities shall be provided to meet the general dietary needs of the patients. These include facilities for the preparation of special diets.

(b) Sanitary conditions shall be maintained in the storage, preparation and distribution of food.

(c) All dietary areas shall be appropriately located, adequate in size, well−lighted, ventilated and maintained in a clean and orderly condition.

(d) Equipment and work areas shall be clean and orderly. Effective procedures for cleaning and sanitizing all equipment and work areas shall be consistently followed in order to safeguard the health of the patients.

(e) Lavatories specifically for handwashing shall include hot and cold running water, soap and approved disposable towels, and shall be conveniently located throughout the service area for use by food handlers.

(f) The dietary service, when inspected and approved by state or local health agencies as a food handling establishment, shall have written reports of the inspection on file at the hospital with notation made by the hospital of action taken to comply with recommendations.

(g) Dry or staple food items shall be stored at least 12 inches off the floor in a ventilated room which is not subject to sewage or wastewater back−flow or contamination by condensation, leakage, rodents or vermin.

(h) All perishable foods shall be refrigerated at the appropriate temperature and in an orderly and sanitary manner.

(i) Foods being displayed or transported shall be protected from contamination and held at proper temperatures in clean containers, cabinets or serving carts.

(j) Dishwashing procedures and techniques shall be well−developed and understood by the responsible staff, with periodic monitoring of:

1. The operation of the detergent dispenser;

2. Washing, rinsing, and sanitizing temperatures and the cleanliness of machine and jets; and

3. Thermostatic controls.

(k) All garbage and kitchen refuse not disposed of through a garbage disposal unit shall be kept in watertight metal or plastic containers with close−fitting covers and disposed of daily in a safe and sanitary manner.

(L) Food and non−food supplies stored in the same room shall be clearly labeled and shall be stored in separate areas.

(5) RECORDS. (a) A systematic record shall be maintained of all diets.

(b) Therapeutic diets shall be prescribed by the physician in written orders in the medical record.

(c) Nutritional needs shall be in accordance with physicians' orders and, to the extent medically possible, in accordance with the "recommended daily dietary allowances" of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, as contained in Appendix A of this chapter. A current edition of these standards shall be available in the dietary service.

(d) The staff person who instructs the patient in home diet shall document the instruction in the medical record.

(6) SANITATION. (a) *Kitchen sanitation.* 1. Equipment and work areas shall be clean and orderly. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning.

2. Utensils shall be stored in a clean, dry place protected from contamination.

3. The walls, ceilings and floors of all rooms in which food or drink is stored, prepared or served shall be kept clean and in good repair.

(b) *Washing and sanitizing of kitchenware.* 1. All reusable tableware and kitchenware shall be cleaned in accordance with accepted procedures, which shall include separate steps for prewashing, washing, rinsing and sanitizing.

2. Dishwashing procedures and techniques shall be well−developed, understood by dishwashing staff and carried out in compliance with state and local government health protection rules and ordinances. To make sure that serviceware is sanitized and to prevent recontamination, correct temperature maintenance shall be monitored during cleaning cycles.

(c) *Food sources.* 1. All food shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local produce.

2. The hospital may not use home−canned foods.

(d) *Cooks and food handlers.* Cooks and food handlers shall wear clean outer garments and hair nets or caps, and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment.

(e) *Refrigeration.* All refrigerators shall have a temperature maintained at or below 40º F. (4º C.).

History: Cr. Register, January, 1988, No. 385, eff. 2−1−88; CR 04−040: r. and recr. (2) (b) Register November 2004 No. 587, eff. 12−1−04.

HFS 124.17 Laboratory services. (1) LABORATORIES. (a) *Requirement.* The hospital shall have a well−organized and adequately supervised clinical laboratory with the necessary

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space, facilities and equipment to perform the laboratory services needed by the hospital's patients.

(b) *Services and facilities.* 1. The extent and complexity of laboratory services shall be commensurate with the size, scope, and nature of the hospital and the needs of the medical staff, except that basic laboratory services necessary for routine examinations shall be available regardless of the size, scope and nature of the hospital.

2. All equipment shall be in good working order, routinely checked and precisely calibrated.

3. Provision shall be made to carry out adequate clinical laboratory examinations, including blood chemistry, microbiology, hematology, serology, clinical microscopy and anatomical pathology, and to provide blood bank services. Any of these services may be provided under arrangements with a laboratory approved under 42 CFR 493 (CLIA) to provide these services. In the case of work performed by an outside laboratory, the original report or a legally reproduced copy of the report from that laboratory shall be contained in the medical record.

(c) *Availability.* 1. Laboratory services shall be available at all times.

2. Adequate provision shall be made for ensuring the availability of emergency laboratory services, either in the hospital or under arrangements with another laboratory under 42 CFR 493 (CLIA). These services shall be available 24 hours a day, 7 days a week, including holidays.

3. A hospital that has contracted for laboratory services is in compliance with this paragraph if the contracted services meet all applicable rules of this section.

(d) *Personnel.* 1. A laboratory shall have a sufficient number of personnel to supervise the provision of laboratory services and to promptly and proficiently perform laboratory examinations.

2. Services shall be under the direction of a pathologist or an otherwise qualified physician, or a laboratory specialist qualified by a doctoral degree from an accredited institution with a chemical, physical or biological science as the major area of study and with experience in clinical laboratory services.

3. The laboratory may not perform procedures and tests that are outside the scope of training of laboratory personnel.

(e) *Routine examinations.* The medical staff shall determine the routine laboratory examinations required on all admissions.

(f) *Records.* 1. Authenticated laboratory reports shall be filed in the patient's medical record. Duplicate records shall be maintained by the laboratory for at least 2 years.

2. The laboratory director shall be responsible for laboratory reports.

3. A mechanism by which the clinical laboratory report shall be authenticated by the technologist shall be delineated in the laboratory services policies and procedures.

4. The laboratory shall have a procedure for ensuring that all requests for tests are ordered in writing by a physician, dentist or other individual authorized by the medical staff.

(2) ANATOMICAL PATHOLOGY. (a) *Pathologist.* 1. Anatomical pathology services shall be under the direct supervision of a pathologist on a full−time, part−time or consultative basis. If it is on a consultative basis, the hospital shall provide for, at minimum, monthly consultative visits by the pathologist.

2. The pathologist shall participate in staff, departmental and clinicopathologic conferences.

3. The pathologist shall be responsible for the qualifications of staff.

4. An autopsy may be performed only by a pathologist or an otherwise qualified physician.

(b) *Tissue examination.* 1. The medical staff and a pathologist shall determine which tissue specimens require macroscopic examination and which require both macroscopic and microscopic examinations.

2. The hospital shall maintain an ongoing file of tissue slides and blocks. Nothing in this section shall be interpreted as prohibiting the use of outside laboratory facilities for storage and maintenance of records, slides and blocks.

3. If the hospital does not have a pathologist or otherwise qualified physician, there shall be an established plan for sending all tissues requiring examination to a pathologist outside the hospital.

4. A log of all tissues sent outside the hospital for examination shall be maintained. Arrangements for tissue examinations done outside the hospital shall be made with a laboratory approved under approved under 42 CFR 493 (CLIA).

(c) *Records.* 1. All reports of macroscopic and microscopic tissue examinations shall be authenticated by the pathologist or otherwise qualified physician.

2. Provisions shall be made for the prompt filing of examination results in the patient's medical record and for notification of the physician or dentist who requested the examination.

3. The autopsy report shall be distributed to the attending physician and shall be made a part of the patient's record.

4. Duplicate records of the examination reports shall be kept in the laboratory and maintained in a manner which permits ready identification and accessibility.

(3) BLOOD BANK SERVICES. (a) *Access.* Facilities for procurement, safekeeping and transfusion of blood and blood products shall be provided or made readily available, as follows:

1. The hospital shall maintain proper blood and blood product storage facilities under adequate control and supervision of the pathologist or other authorized physician;

2. For emergency situations the hospital shall maintain at least a minimum blood supply in the hospital at all times and have a written plan for acquiring blood quickly, as needed, from an outside source;

3. Where the hospital depends on an outside blood bank, there shall be an agreement between the hospital and the outside blood bank to govern the procurement, transfer and availability of blood and blood products. That agreement shall be reviewed and approved by the medical staff, chief executive officer and governing body; and

4. There shall be provision for prompt blood typing and cross−matching, either by the hospital or by arrangement with others on a continuing basis, and under the supervision of a physician.

(b) *Safety precautions.* 1. Blood storage facilities in the hospital shall have an adequate refrigeration alarm system, which shall be regularly inspected.

2. Blood and blood products not used by their expiration dates shall be disposed of promptly.

(c) *Records.* A record shall be kept on file in the laboratory and in the patient's medical record to indicate the receipt and disposition of all blood and blood products provided to the patient in the hospital.

(d) *Review committee.* 1. A committee of the medical staff shall review all transfusions of blood or blood derivatives and make recommendations to the medical staff concerning policies to govern practice.

2. The review committee shall investigate all transfusion reactions occurring in the hospital and shall make recommendations to the medical staff for improvements in transfusion procedures.

(4) PROFICIENCY TESTING. The hospital laboratory shall participate in proficiency testing programs that are offered or approved

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in those specialties for which the laboratory offers services, as specified in 42 CFR 493 (CLIA).

History: Cr. Register, January, 1988, No. 385, eff. 2−1−88; corrections in (1) (b), (c), (2) (b) and (4) made under s. 13.93 (2m) (b) 7., Stats., Register, January, 1999, No. 517.

HFS 124.18 Radiological services. (1) DIAGNOSTIC X–RAY SERVICES. (a) *Requirement.* The hospital shall make diagnostic x−ray services available. These services shall meet professionally approved standards for safety and the qualifications of personnel in addition to the requirements set out in this subsection.

(b) *Location.* The hospital shall have diagnostic x−ray facilities available in the hospital building proper or in an adjacent clinic or medical facility that is readily accessible to the hospital's patients, physicians and staff.

(c) *Safety.* 1. The radiological service shall be free of hazards for patients and personnel.

2. Proper safety precautions shall be maintained against fire and explosion hazards, electrical hazards and radiation hazards.

3. Hospital x−ray facilities shall be inspected by a qualified radiation physicist or by a department radiation consultant at least once every 2 years for compliance with ch. HFS 157. Hazards identified by inspections shall be properly and promptly corrected.

4. Radiation workers shall be monitored in accordance with ch. HFS 157.

5. Attention shall be paid to modern safety design and proper operating procedures under ss. HFS 157.75 to 157.76 for the use of fluoroscopes. Records shall be maintained of the output of all fluoroscopes.

6. Policies based on medical staff recommendations shall be established for administration of the application and removal of radium element, its disintegration products and other radioactive isotopes.

(d) *Personnel.* 1. A sufficient number of personnel capable of supervising and carrying out the radiological services shall be provided.

2. The interpretation of radiological examinations shall be made by physicians qualified in the field.

3. The hospital shall have a board−certified radiologist, full−time, part−time or on a consulting basis, who is qualified to direct the service and to interpret films that require specialized knowledge for accurate reading.

4. A technologist shall be on duty or on call at all times.

5. Only personnel designated as qualified by the radiologist or by an appropriately constituted committee of the medical staff may use the x−ray apparatus, and only similarly designated personnel may apply and remove the radium element, its disintegration products and radioactive isotopes. Fluoroscopic equipment may be operated only by properly trained persons authorized by the medical director of the radiological service.

(e) *Records.* 1. Authenticated radiological reports shall be filed in the patient's medical record.

2. A written order for an x−ray examination by the attending physician or another individual authorized by the medical staff to order an x−ray examination shall contain a concise statement of the reason for the examination.

3. Interpretations of x−rays shall be written or dictated and shall be signed by a qualified physician or another individual authorized by the medical staff to interpret x−rays.

4. Copies of reports, printouts, films, scans and other image records shall be retained for at least 5 years.

(2) THERAPEUTIC X–RAY SERVICES. If therapeutic x−ray services are provided, they shall meet professionally approved standards for safety and for qualifications of personnel. The physician in charge shall be appropriately qualified. Only a physician qualified by training and experience may prescribe radiotherapy treatments.

History: Cr. Register, January, 1988, No. 365, eff. 2−1−88**;** corrections in (1) (c) 3. to 5. made under s. 13.93 (2m) (b) 7., Stats., Register September 2003 No. 573.

HFS 124.19 Nuclear medicine services. (1) NUCLEAR MEDICINE SERVICE. (a) *Requirement.* If a hospital provides nuclear medicine services, the services shall meet the needs of the hospital's patients in accordance with acceptable standards of professional practice.

(b) *Organization and staffing.* 1. The organization of the nuclear medicine service shall be appropriate for the scope and complexity of the services offered.

2. There shall be a physician director who is qualified in nuclear medicine to be responsible for the nuclear medicine service.

3. a. The qualifications, education, training, functions and legal responsibilities of nuclear medicine personnel shall be specified by the director of the service and approved by the medical staff and chief executive officer.

b. Only persons approved by the hospital may participate in the preparation of radiopharmaceuticals.

c. All persons who administer radioisotopes shall be approved by the medical staff and by the hospital's administrative staff.

4. The number and types of personnel assigned to nuclear medicine shall be adequate to provide the needed services.

(c) *Location.* Nuclear medicine services shall be provided in an area of the hospital that is adequately shielded.

(d) *Radioactive materials.* Radioactive materials shall be prepared, labeled, used, transported, stored and disposed of in accordance with applicable regulations of the U.S. nuclear regulatory commission and ch. HFS 157.

(e) *Equipment and supplies.* 1. Equipment and supplies shall be appropriate for the types of nuclear medicine services offered and shall be maintained for safe and efficient performance.

2. All equipment shall be maintained in safe operating condition and shall be inspected, tested and calibrated at least annually by a radiation or health physicist.

(f) *Records.* 1. Authenticated and dated reports of nuclear medicine interpretations, consultations and therapy shall be made part of the patient's medical record and copies shall be retained by the service.

2. Records shall note the amount of radiopharmaceuticals administered, the identity of the recipient, the supplier and lot number and the date of therapy.

3. The hospital shall provide for monitoring the staff's exposure to radiation. The cumulative radiation exposure for each staff member shall be recorded in the service's records at least monthly.

4. Records of the receipt and disposition of radiopharmaceuticals shall be maintained. Documentation of instrument performance and records of inspection shall be retained in the service.

(2) MOBILE NUCLEAR MEDICINE SERVICES. The use of mobile nuclear medicine services by a facility to meet the diagnostic needs of its patients shall be subject to approval of the medical staff and the chief executive officer. The services offered by the mobile nuclear medicine unit shall comply with all applicable rules of this section.

History: Cr. Register, January, 1988, No. 385, eff. 2−1−88; correction in (1) (d) made under s. 13.93 (2m) (b) 7., Stats., Register September 2003 No. 573.

HFS 124.20 Clinical services. (1) SERVICE POLICIES AND PROCEDURES. Hospitals which have surgery, anesthesia, dental or maternity services shall have effective policies and procedures, in addition to those set forth under s. HFS 124.12 (9), relating to the staffing and functions of each service in order to protect the health and safety of the patients.

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(2) SURGERY. (a) *Policies.* 1. Surgical privileges shall be delineated for each member of the medical staff performing surgery in accordance with the individual's competencies and shall be on file with the operating room supervisor.

2. The surgical service shall have a written policy to ensure that the patient will be safe if a member of the surgical team becomes incapacitated.

3. The surgical service shall have the ability to retrieve information needed for infection surveillance, identification of personnel who assisted at operative procedures and the compiling of needed statistics.

4. There shall be adequate provisions for immediate postoperative care. A patient may be directly discharged from post−anesthetic recovery status only by an anesthesiologist, another qualified physician or a registered nurse anesthetist.

5. All infections of clean surgical cases shall be recorded and reported to the hospital administrative staff and the infection control committee. There shall be a procedure for investigating the causes of infection.

6. Rules and policies relating to the operating rooms shall be available and posted in appropriate locations inside and outside the operating rooms.

(b) *Supervision.* The operating rooms shall be supervised by a registered nurse who is qualified by training and experience to supervise the operating rooms.

(c) *Environment.* 1. The following equipment shall be available to the operating suites: a call−in system, resuscitator, defibrillator, aspirator, thoracotomy set and tracheotomy set.

2. If explosive gases are used, the surgical service shall have appropriate policies, in writing, for safe use of these gases.

(3) ANESTHESIA. (a) *Policies.* 1. The anesthesia service shall have effective policies and procedures to protect the health and safety of patients.

2. The anesthesia service shall have written policies for anesthetizing obstetrical patients.

3. The chief of the anesthesia service shall enforce the policies and procedures of the service.

4. If explosive gases are used, the anesthesia service shall have appropriate policies, in writing, for safe use of these gases.

5. The anesthesia service shall provide consultation to other services relating to respiratory therapy, emergency cardiopulmonary resuscitation and special problems in pain relief.

(b) *Anesthesia use requirements.* 1. Every surgical patient shall have a preanesthetic evaluation by a person qualified to administer anesthesia, with findings recorded within 48 hours before surgery, a preanesthetic visit by the person administering the anesthesia, and an anesthetic record and post−anesthetic follow−up examination, with findings recorded within 48 hours after surgery by the individual who administers the anesthesia.

2. In hospitals where there is no organized anesthesia service, the surgical service shall assume the responsibility for establishing general policies and supervising the administration of anesthetics.

3. If anesthetics are not administered by a qualified anesthesiologist, they shall be administered by a physician anesthetist, dental anesthetist, podiatrist or a registered nurse anesthetist, under supervision as defined by medical staff policy. The hospital, on recommendation of the medical staff, shall designate persons qualified to administer anesthetics and shall determine what each person is qualified to do.

4. The services provided by podiatrist, dentist or nurse anesthetists shall be documented, as well as the supervision that each receives.

5. If a general anesthetic is used and a physician is not a member of the operating team, a physician shall be immediately available in the hospital or an adjacent clinic to assist in emergency situations.

(4) DENTAL SERVICE. (a) *Organization.* Hospital dental services may be organized as a separate service or as part of another appropriate service.

(b) *Services.* All dental services shall meet the following requirements:

1. Dentists performing surgical procedures at the hospital shall be members of the medical staff. The scope and extent of surgical procedures a medical staff dentist may perform shall be defined for each dentist;

2. Surgical procedures performed by dentists shall be under the overall supervision of the chief of surgery;

3. Policies for the provision of dental services shall be set out in the medical staff by−laws;

4. Patients admitted to the hospital by dentists for dental care shall receive the same basic medical appraisal as patients admitted for other services. This shall include having a physician who is either a member of the medical staff or is approved by the medical staff to perform an appropriate admission history, physical examination and evaluation of overall medical risk and record the findings in the patient's medical record. A physician member of the medical staff shall be responsible for the medical care of patients admitted by dentists; and

5. Patients admitted for dental care shall have a dental history recorded by the dentist.

(5) MATERNITY. (a) *Definitions.* In this subsection:

1. "High−risk maternity service" means a service that combines specialized facilities and staff for the intensive care and management of high−risk maternal and fetal patients before and during birth, and to high−risk maternal patients following birth.

2. "Neonatal" means pertaining to the first 28 days following birth.

3. "Perinatal" means pertaining to the mother, fetus or infant, in anticipation of and during pregnancy, and in the first year following birth.

4. "Perinatal care center" means an organized hospital−based health care service which includes a high−risk maternity service and a neonatal intensive care unit capable of providing case management for the most serious types of maternal, fetal and neonatal illness and abnormalities.

(b) *Reporting numbers of beds and bassinets.* The number of beds and bassinets for maternity patients and newborn infants, term and premature, shall be designated by the hospital and reported to the department. Any change in the number of beds and bassinets shall also be reported to the department.

(c) *Maternity admission requirements.* The hospital shall have written policies for maternity and non−maternity patients who may be admitted to the maternity unit. Regardless of patients admitted:

1. A maternity patient shall meet hospital admission criteria for the maternity unit;

2. The reason for admission shall be the treatment of a disease, condition or a normal physiologic process which occurs during the maternity cycle;

3. A maternity patient delivered enroute to the maternity unit shall be admitted without isolation precautions provided that the patient's history and assessment prior to admission does not reveal the presence of a communicable disease or infection;

4. The hospital shall have policies and procedures for handling maternity patients who have infectious diseases; and

5. Hospitals which admit adults other than maternity patients to the maternity unit shall have written policies that include criteria for admission or exclusion and the care of both maternity and non−maternity patients, and shall comply with the following:

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a. Only non−infectious patients may occupy maternity beds used for non−maternity patients;

b. Newborn infants and labor and delivery suites shall be segregated from areas used for non−maternity patients; and

c. In small units, one room shall be designated exclusively for maternity patients.

(d) *Newborn admission requirements.* The hospital shall have written policies for admission of newborn infants to the nursery and criteria for identifying conditions for which infants may be directly admitted or readmitted to the newborn nursery for further treatment and follow−up care. Conditions for admission include:

1. For an infant delivered enroute to a hospital, admission may be made directly to the newborn nursery if an admission history and physical assessment does not reveal the likelihood of communicable disease or infection;

2. For an infant returned or transferred from a perinatal care center, admission may be made if the following requirements are met:

a. The physician responsible for care of the infant at the perinatal care center recommends transfer, and the accepting physician agrees to assume management of the infant's care;

b. Nursing staff and facilities are adequate to provide the level of care needed;

c. Parents of infants are informed of the recommended transfer;

d. The infant is free from all obvious signs of infection prior to transfer; and

e. The hospital infection control committee assumes responsibility for monitoring admission of returned or transferred infants in conjunction with the obstetrical and pediatric staff of the unit; and

3. For an infant proposed for readmission to a newborn nursery after discharge to home, admission may be made if the following conditions are met:

a. The nursery shall be approved by the medical staff, hospital administrative staff and nursing service as the hospital unit most qualified to care for the particular infant and the infant's condition;

b. The hospital infection control committee or designee monitors the re−admission of the infant to the nursery;

c. The hospital has written policies for all aspects of the re−admission; and

d. The level of medical care and nurse staffing is adequate to meet the needs of all the infants in the nursery.

(e) *High−risk infants.* Each maternity service shall have adequate facilities, personnel, equipment and support services for the care of high−risk infants, including premature infants, or a plan for transfer of these infants to a recognized intensive infant care or perinatal care center.

(f) *Institutional transfer of patients.* 1. Written policies and procedures for inter−hospital transfer of perinatal and neonatal patients shall be established by hospitals which are involved in the transfer and transport of these patients.

2. A perinatal care center or high−risk maternity service and the sending hospital shall jointly develop policies and procedures for the transport of high−risk maternity patients.

3. Policies, personnel and equipment for the transfer of infants from one hospital to another shall be available to each hospital's maternity service. The proper execution of transfer is a joint responsibility of the sending and receiving hospitals.

(g) *Personnel.* 1. The labor, delivery, postpartum and nursery areas of maternity units shall have available the continuous services and supervision of a registered nurse for whom there shall be documentation of qualifications to care for women and infants during labor, delivery and in the postpartum period.

2. When a maternity unit requires additional nursing staff on an emergency basis, the needed personnel may be transferred from another service if they meet the infection control criteria of the maternity unit and the transferred persons have not come into direct contact, during the same working day, with patients who have transmissible or potentially transmissible infections.

3. Nursing personnel assigned to care for maternity and newborn patients may not have other duties which could lead to infection being transmitted to those patients.

4. Personnel assigned to maternity units may be temporarily reassigned to the care of non−infectious patients on other units of the hospital and return to the maternity unit on the same shift.

5. Hospitals shall develop their own protocols for the apparel worn by staff members who work in the maternity unit.

6. The service shall have written policies that state which emergency procedures may be initiated by the registered nurse in the maternity service.

(h) *Infection control.* 1. The maintenance of the infection surveillance and control program in the maternity service shall be integrated with that of the entire hospital and its infection control committee.

2. Surgery on non−maternity patients may not be performed in the delivery room.

3. There shall be written policies and procedures for hand and forearm washing which shall apply throughout the maternity service and which shall be followed by staff and visitors to the service.

4. The hospital shall have written policies and procedures and the physical and staffing capabilities for isolating newborn infants. Hospitals unable to effectively isolate and care for infants shall have an approved plan for transferring the infants to hospitals where the necessary isolation and care can be provided.

(i) *Labor and delivery.* 1. The hospital shall have written policies and procedures that specify who is responsible for and the contents of the documentation of the nursing assessment of the patient in labor and delivery, monitoring of vital signs, observation of fetal heart, performance of obstetrical examinations, observation of uterine contractions and support of the patient, performance of newborn assessment and emergency measures that may be initiated by the registered nurse.

2. The hospital shall have written policies regarding wearing apparel for all in attendance during labor and delivery.

3. Equipment that is needed for normal delivery and the management of complications and emergencies occurring with either the mother or infant shall be provided and maintained in the labor and delivery unit. The items needed shall be determined by the medical staff and the nursing staff.

4. Delivery rooms shall be separate from operating rooms and shall be used only for deliveries and operative procedures related to deliveries.

5. a. Hospitals desiring to establish an alternative birth room shall have policies governing the use of the room, a plan for control of infection and a detailed plan for staff coverage, and shall indicate in these policies what the involvement of the medical staff, nursing services, hospital administrative staff and infection control committee is to be in this program.

b. The alternative birth room shall be within or in close proximity to the labor and delivery unit.

c. There shall be a written visitor policy for the alternative birth room.

d. The alternative birth room shall contain a single bed and shall meet the applicable criteria of a labor room.

e. An alternative birth room shall meet the applicable standards of s. HFS 124.35 (4) for a labor and delivery area and the capability shall exist to provide appropriate emergency care to the mother and infant.

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6. Any person delivering an infant shall be responsible for care of the baby's eyes in compliance with s. 253.11, Stats., and s. HFS 145.06 (4).

7. An accepted method of infant identification shall be used.

8. a. Only a physician or a nurse− midwife licensed under s. 441.15, Stats., and ch. N 4 may order the administration of a labor−inducing agent.

b. Only a physician or a licensed nurse−midwife or a registered nurse who has adequate training and experience may administer a labor−inducing agent.

c. A registered nurse shall be present when administration of a labor−inducing agent is initiated and shall remain immediately available to monitor maternal and fetal well−being. A physician's or licensed nurse−midwife's standing orders shall exist allowing the registered nurse to discontinue the labor−inducing agent if circumstances warrant discontinuation.

d. Appropriately trained hospital staff shall closely monitor and document the administration of any labor−inducing agent. Monitoring shall include monitoring of the fetus and monitoring of uterine contraction during administration of a labor−inducing agent. The physician or licensed nurse−midwife who prescribed the labor−inducing agent, or another capable physician or licensed nurse−midwife, shall be readily available during its administration so that, if needed, he or she will arrive at the patient's bedside within 30 minutes after being notified.

(j) *Postpartum care.* 1. Maternity patients shall be adequately observed after delivery.

2. The hospital shall have written policies and procedures for nursing assessments of the postpartum patient during the entire postpartum course.

(k) *Newborn nursery and the care of newborns.* 1. Ordinarily only personnel assigned to the nursery may enter the nursery.

2. Persons entering the nursery shall comply with hospital policies on apparel to be worn in the nursery.

3. a. Oxygen, medical air and suction shall be readily available to every nursery.

b. Oxygen monitoring equipment, including oxygen analyzers, shall be available and shall be checked for proper function prior to use and daily during use.

c. Oxygen concentrations shall be documented.

d. There shall be a written policy which states how frequently oxygen humidifiers are to be cleaned.

4. a. Infant sleeping units shall be of a type that permit ease of cleaning and shall be readily accessible to staff for the purpose of care and examination of the infant.

b. Infant incubators shall be adaptable to protective isolation procedures and shall be designed to provide a controlled temperature, controlled humidity and a filtered atmosphere.

c. External heating units shall be provided as needed for adequate infant care.

d. The frequency of incubator filter changes shall follow manufacturers' criteria. High density filters shall be regularly checked for accuracy and adequacy.

5. Hospitals that may require special formula preparation shall develop appropriate policies and procedures.

6. a. Hospitals that permit siblings to visit the maternity unit shall have a written policy and procedure detailing this practice. The policy shall be developed jointly by the chief of maternity service, the chief of pediatrics service, the hospital's infection control committee, the nursing service and the chief executive officer.

b. The policy at a minimum shall indicate those patients eligible for the program, the hours the program is offered, the length of visiting time, personnel responsible for monitoring the program, program monitoring requirements for infection control and the physical location of the visit.

c. Siblings are not allowed in the nursery.

7. When circumcisions are performed according to religious rites, a separate room apart from the newborn nursery shall be provided. A physician, physician's assistant or registered nurse shall be present during the performance of the religious rite. Aseptic techniques shall be used when an infant is circumcised.

(L) *Discharge of infants.* 1. An infant may be discharged only to a parent who has lawful custody of the infant or to an individual who is legally authorized to receive the infant. If the infant is discharged to a legally authorized individual, that individual shall provide identification and, if applicable, the identification of the agency the individual represents.

2. The hospital shall record the identity of the legally authorized individual who receives the infant.

History: Cr. Register, January, 1988, No. 385, eff. 2−1−88; correction in (5) (i) 6. under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; r. (5) (a) 3., renum. (5) (a) 4. and 5. to be (5) (a) 3. and 4., r. and recr. (5) (i) 8., Register, August, 1996, No. 488, eff. 9−1−96.

HFS 124.21 Rehabilitation services. (1) ORGANIZATION. (a) A hospital may have either a single rehabilitation service or separate services for physical therapy, occupational therapy, speech therapy and audiology.

(b) The service or services shall have written policies and procedures relating to organization and functions.

(c) The service chief shall have the necessary knowledge, experience, and capabilities to properly supervise and administer the service. A rehabilitation service chief shall be a physiatrist or other physician qualified to head the service. If separate services are maintained for physical, occupational, speech therapy services and audiology services, the service chief shall be a qualified physical or occupational therapist or speech pathologist or audiologist or a qualified physician.

(2) PERSONNEL. (a) *Physical therapy.* If physical therapy services are offered, the services shall be given by or under the supervision of a qualified physical therapist.

(b) *Occupational therapy.* If occupational therapy services are offered, the services shall be given by or under the supervision of a qualified occupational therapist.

(c) *Speech therapy.* If speech therapy services are offered, the services shall be given by or under the supervision of a qualified speech pathologist.

(d) *Audiology services.* If audiology services are offered, the services shall be given by or under the supervision of a qualified audiologist.

(3) FACILITIES. Facilities and equipment for physical, occupational, speech therapy and audiology services shall be adequate to meet the needs of the service or services and shall be in good condition.

(4) ORDERS. Physical therapy, occupational therapy, speech therapy and audiology services shall be given in accordance with orders of a physician, a podiatrist or any allied health staff member who is authorized by the medical staff to order the service. The orders shall be incorporated into the patient's medical record.

(5) REHABILITATION RECORD. A record shall be maintained for each patient who receives rehabilitation services. This record shall be part of the patient's medical record.

History: Cr. Register, January, 1988, No. 385, eff. 2−1−88.

HFS 124.22 Respiratory care services. (1) DIRECTION. If respiratory care services are offered by the hospital, the service shall be under the direction of a qualified physician.

(2) POLICIES AND PROCEDURES. Respiratory care services shall be provided in accordance with written policies and procedures approved by the medical staff. The policies and procedures shall address at minimum:

(a) Assembly and operation of mechanical aids to ventilation;

(b) Management of adverse reactions to respiratory care services;

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(c) Administration of medications in accordance with physicians' orders;

(d) The personnel who may perform specific procedures, under what circumstances and under what degree of supervision;

(e) Infection control and safety measures; and

(f) Procurement, handling, storage and dispensing of therapeutic gases.

(3) PERSONNEL. Only qualified respiratory therapists, respiratory therapy technicians and other hospital personnel designated by the medical staff in writing may provide respiratory care procedures.

(4) PHYSICIAN'S ORDERS. Respiratory care services shall be provided in accordance with the orders of a physician. Oral orders given by a physician shall be transcribed into the medical record by the staff person authorized to take the orders.

(5) RESPIRATORY SERVICES RECORD. A record shall be maintained for each patient who receives respiratory services. This record shall be part of the patient's medical record.

History: Cr. Register, January, 1988, No. 385, eff. 2–1–88.

HFS 124.23 Outpatient services. (1) DIRECTION. If outpatient services are offered by the hospital, the service shall be under the direction of a qualified member of the medical staff.

(2) WRITTEN POLICIES AND PROCEDURES. The hospital shall have written policies and procedures relating to staffing and functions of the service and medical records.

(3) ADMINISTRATION. (a) The outpatient service shall be organized into sections or clinics, the number of which shall depend on the size and the degree of departmentalization of the medical staff, the available facilities and the needs of the patients for whom the service accepts responsibility.

(b) The outpatient service shall have cooperative arrangements with appropriate community agencies in regard to services provided by the outpatient service and the needs of the patients.

(c) Outpatient clinics shall be integrated with corresponding inpatient services.

(d) On their initial visit to the service, patients shall receive an appropriate health assessment with follow–up as indicated.

(4) PERSONNEL. (a) The outpatient service shall have the professional and nonprofessional personnel needed to adequately meet the needs of the outpatient population.

(b) A registered nurse shall be responsible for the nursing care of the service.

(5) FACILITIES. (a) Facilities shall be provided to ensure that the outpatient service is operated efficiently and to protect the health and safety of the patients.

(b) The number of examination and treatment rooms shall be adequate in relation to the volume and nature of work performed.

(6) OUTPATIENT RECORD. A record shall be maintained for each patient who receives outpatient services. The record shall be maintained and correlated with inpatient and emergency medical records.

History: Cr. Register, January, 1988, No. 385, eff. 2–1–88.

HFS 124.24 Emergency services. (1) EMERGENCY CARE. The hospital shall have written policies for caring for emergency cases, including policies for transferring a patient to an appropriate facility when the patient's medical status indicates the need for emergency care which the hospital cannot provide.

(2) EMERGENCY SERVICE. (a) *Administration.* If the hospital has an emergency service:

1. The emergency service shall be directed by personnel who are qualified by training and experience to direct the emergency service and shall be integrated with other services of the hospital.

2. The policies and procedures governing medical care provided in the emergency service shall be established by and are a continuing responsibility of the medical staff.

3. Emergency services shall be supervised by a member of the medical staff, and nursing functions shall be the responsibility of a registered nurse.

4. The hospital's emergency services shall be coordinated with the community's disaster plan, if there is one.

(b) *Physical environment.* 1. The emergency service shall be provided with the facilities, equipment, drugs, supplies and space needed for prompt diagnosis and emergency treatment.

2. Facilities for the emergency service shall be separate and independent of the operating room.

3. The location of the emergency service shall be in close proximity to an exterior entrance of the hospital.

(c) *Personnel.* 1. There shall be sufficient medical and nursing personnel available for the emergency service at all times. All medical and nursing personnel assigned to emergency services shall be trained in cardiopulmonary resuscitation before beginning work.

2. The medical staff shall ensure that qualified members of the medical staff are regularly available at all times for the emergency service, either on duty or on call, and that a physician is responsible for all patients who arrive for treatment in the emergency service.

3. If unable to reach the patient within 15 minutes, the physician shall provide specific instructions to the emergency staff on duty if emergency measures are necessary. These instructions may take the form of protocols approved by the medical staff or standing orders.

4. A sufficient number of nurses qualified by training and experience to work in emergency services shall be available to deal with the number and severity of emergency service cases.

(d) *Medical records.* 1. Adequate medical records to permit continuity of care after provision of emergency services shall be maintained on all patients. The emergency room patient 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. Authentication as required by s. HFS 124.14 (3) (b); and

i. Appropriate time notations, including time of the patient's arrival, time of physician notification, time of treatments, including administration of medications, and time of patient discharge or transfer from the service.

2. Where appropriate, medical records of the emergency service shall be integrated with those of the inpatient and outpatient services.

(e) *Emergency services committee.* An emergency services committee composed of physicians, registered nurses and other appropriate hospital staff shall review emergency services and medical records for appropriateness of patient care on at least a quarterly basis. The committee shall make appropriate recommendations to the medical staff and hospital administrative staff based on its findings.

History: Cr. Register, January, 1988, No. 385, eff. 2–1–88.

HFS 124.25 Social work services. (1) ORGANIZED SERVICE. If the hospital has an organized social work service, that service shall have written policies and procedures. If the hospital does not have an organized social work service, the services of a

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consultant having the qualifications set out in sub. (2) (a) shall be secured on a contractual basis. The services performed and recommendations made by the consultant shall be documented in writing.

(2) PERSONNEL. (a) *Direction.* The social work service shall be directed by a social worker who has:

1. A master's degree in social work from a graduate school of social work accredited by the council on social work education, and one year of social work experience in a health care setting; or

2. A bachelor's degree in social work, sociology or psychology, meets the national association of social workers standards of membership and has one year of social work experience in a health care setting.

(b) *Staff.* The social work service staff, in addition to the director, may include social workers, case workers and social work assistants at various levels of social work training and experience.

(c) *Numbers of staff.* There shall be a sufficient number of social work service staff to carry out the purpose and functions of the service.

(3) INTEGRATION OF THE SERVICE. The social work service shall be integrated with other services of the hospital, as follows:

(a) Staff shall participate, as appropriate, in ward rounds, medical staff seminars, nursing staff conferences and in conferences with individual physicians and nurses concerned with the care of a particular patient and the patient's family;

(b) Staff shall inform appropriate administrative and professional personnel of the hospital about community programs and developments which may affect the hospital's social work program; and

(c) Staff shall participate in appropriate continuing education and orientation programs for nurses, medical students, interns, residents, physicians and hospital administrative staff, as well as inservice training programs for staff of the service.

(4) FUNCTIONS. (a) Social work service activities shall address the social service needs of patients, their families and others designated by the patient as these relate to the health care and health of the patients.

(b) When appropriate, planning for patient care shall include assessment by the social work staff of the need to provide services to patients, their families and others designated by the patient in order to help them adjust to illness and to plan for needed post–hospital care.

(5) RECORDS. (a) Social work staff shall record their notes on intervention on behalf of a patient, the patient's family and others designated by the patient in the patient's permanent medical record.

(b) More detailed records of the interventions shall be kept by the service to meet the needs of students, training of staff, for research purposes, and to permit review by supervisors or consultants.

(6) ENVIRONMENT. The facilities for social work staff shall provide privacy for interviews with patients, their family members and other persons designated by the patients.

History: Cr. Register, January, 1988, No. 385, eff. 2–1–88.

HFS 124.255 Referral to aging and disability resource center required. If the secretary of the department has certified that a resource center, as defined in s. HFS 10.13 (42), is available for the hospital under s. HFS 10.71, the hospital shall refer patients to the aging and disability resource center as required under ss. 50.36 (2) (c) and 50.38, Stats., and s. HFS 10.72.

History: Cr. Register, October, 2000, No. 538, eff. 11–1–00.

HFS 124.26 Additional requirements for psychiatric hospitals. (1) DEFINITION. In this section, "psychiatric hospital" means a special hospital that primarily provides psychiatric care to inpatients and outpatients. It does not include a special hospital that primarily offers treatment for alcohol abuse and drug abuse patients.

(2) ADDITIONAL MEDICAL RECORD REQUIREMENTS. The medical records maintained by a psychiatric hospital shall document the degree and intensity of the treatment provided to individuals who are furnished services in the facility. A patient's medical record shall contain:

(a) Identification data, including the patient's legal status;

(b) The reason for treatment or chief complaint in the words of the patient as well as observations or concerns expressed by others;

(c) The psychiatric evaluation, including a medical history containing a record of mental status and noting the onset of illness, the circumstances leading to admission, attitudes, behavior, an estimate of intellectual functions, memory functioning, orientation and an inventory of the patient's personality assets recorded in descriptive fashion;

(d) Social service records, including reports of interviews with patients, family members and others and providing an assessment of home plans, family attitudes and community resource contacts as well as a social history;

(e) A comprehensive treatment plan based on an inventory of the patient's strengths and disabilities, which shall include:

1. A substantiated diagnosis;

2. Short–term and long–range goals;

3. The specific treatment modalities used; and

4. The responsibilities of each member of the treatment team;

(f) The documentation of all active therapeutic efforts and interventions;

(g) Progress notes recorded at least weekly by the physician, nurse, social worker and staff from other appropriate disciplines involved in active treatment modalities, as indicated by the patient's condition; and

(h) Discharge information, including:

1. Recommendations from appropriate services concerning follow–up care; and

2. The final psychiatric diagnosis.

(3) ADDITIONAL TREATMENT PLAN AND STAFFING REQUIREMENTS. (a) The hospital shall have enough staff with appropriate qualifications to carry out an active program of psychiatric treatment for individuals who are furnished services in the facility.

(b) Staff shall plan, implement and revise, as indicated, a written, individualized treatment program for each patient based on:

1. The degree of psychological impairment and appropriate measures to be taken to relieve treatable distress and to compensate for nonreversible impairments;

2. The patient's capacity for social interaction;

3. Environmental and physical limitations required to safeguard the individual's health and safety with an appropriate plan of care; and

4. The individual's potential for discharge.

(c) 1. The treatment of psychiatric inpatients shall be under the supervision of a qualified physician who shall provide for an intensive treatment program.

2. If nonpsychiatric medical and surgical diagnostic and treatment services are not available within the facility, qualified consultants or attending physicians shall be immediately available if a patient should need this attention, or an adequate arrangement shall be in place for immediate transfer of the patient to a general hospital.

(d) 1. Nursing services shall be under the direct supervision of a registered nurse qualified to care for psychiatric patients and, by demonstrated competence, to participate in interdisciplinary formulation of individual treatment plans, to give skilled nursing

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care and therapy, and to direct, supervise and educate others who assist in implementing the nursing component of each patient's treatment plan.

2. Registered nurses and other nursing personnel shall participate in interdisciplinary meetings affecting the planning and implementation of nursing care plans for patients, including diagnostic conferences, treatment planning sessions and meetings held to consider alternative facilities and community resources.

(e) Psychological services shall be under the supervision of a psychologist licensed under ch. 455, Stats. There shall be enough psychologists, consultants and support personnel qualified to:

1. Assist in essential diagnostic formulations;

2. Participate in program development and evaluation; and

3. Participate in therapeutic interventions and in interdisciplinary conferences and meetings held to establish diagnoses, goals and treatment programs.

(f) 1. The number of social work staff qualified to carry out their duties shall be adequate for the hospital to meet the specific needs of individual patients and their families and develop community resources and for consultation to other staff and community agencies.

2. The social work staff shall:

a. Provide psychosocial data for diagnosis and treatment planning;

b. Provide direct therapeutic services; and

c. Participate in interdisciplinary conferences and meetings on formulation of a diagnosis and treatment planning, including identification and use of alternative forms of care and treatment.

(g) 1. The number of qualified therapists and therapist assistants shall be sufficient to provide needed therapeutic activities, including, when appropriate, occupational, recreational and physical therapy, to ensure that each patient receives appropriate treatment.

2. The total number of rehabilitation personnel, including consultants, shall be sufficient to permit appropriate representation and participation in interdisciplinary conferences and meetings, including diagnostic conferences, which affect the planning and implementation of activity and rehabilitation programs.

History: Cr. Register, January, 1988, No. 385, eff. 2–1–88.

Subchapter V — Physical Environment

HFS 124.27 General requirements and definitions. **(1)** GENERAL. The buildings of the hospital shall be constructed and maintained so that they are functional for diagnosis and treatment and for the delivery of hospital services appropriate to the needs of the community and with due regard for protecting the health and safety of the patients. The provisions of this section apply to all new, remodeled and existing construction unless otherwise noted.

(2) DEFINITIONS. In this subchapter:

(a) "Existing construction" means a building which is in place or is being constructed with plans approved by the department prior to the effective date of this chapter.

(b) "Full–term nursery" means an area in the hospital designated for the care of infants who are born following a full–term pregnancy and without complications, until discharged to a parent or other legally authorized person.

(c) "Intermediate nursery" means an area in the hospital designated for the care of infants immediately following birth who require observation due to complications, and for the care of infants who require observation following placement in the critical care nursery, until discharged to a parent or other legally authorized person.

(d) "Life Safety Code" means the National Fire Protection Association's (NFPA) Standard 101.

(e) "New construction" means construction for the first time of any building or addition to an existing building, the plans for which are approved after February 1, 1988.

(f) "Remodeling" means to make over or rebuild any portion of a building or structure and thereby modify its structural strength, fire hazard character, exits, heating and ventilating systems, electrical system or internal circulation, as previously approved by the department. Where exterior walls are in place but interior walls are not in place at the time of the effective date of this chapter, construction of interior walls shall be considered remodeling. "Remodeling" does not include repairs necessary for the maintenance of a building or structure.

(g) "Special care unit" means an organized health care service which combines specialized facilities and staff for the intensive care and management of patients in a crisis or potential crisis state. "Special care units" include coronary care, surgical intensive care, medical intensive care and burn units, but do not include post–obstetrical or post–surgical recovery units or neonatal intensive care units.

(3) APPROVALS. The hospital shall keep documentation of approvals on file in the hospital following all inspections by state and local authorities.

History: Cr. Register, January, 1988, No. 385, eff. 2–1–88; emerg. cr. (5m), eff. 1–1–94; emerg. am. (4) (b), eff. 7–1–94; cr. (5m), Register, August, 1994, No. 464, eff. 9–1–94; am. (4) (b), Register, January, 1995, No. 469, eff. 2–1–95; emerg. renum. (4), (5), (6) to (10) to be HFS 124.28 to 124.36, r. (5m), eff. 7–1–96; renum. (4), (5), (6) to (10) to be HFS 124.28, 124.29, 124.32 to 124.36, r. (5m), Register, December, 1996, No. 492, eff. 1–1–97.

HFS 124.28 Fire protection. **(1)** BASIC RESPONSIBILITY. The hospital shall provide fire protection adequate to ensure the safety of patients, staff and others on the hospital's premises. Necessary safeguards such as extinguishers, sprinkling and detection devices, fire and smoke barriers, and ventilation control barriers shall be installed to ensure rapid and effective fire and smoke control.

(2) LIFE SAFETY CODE. Facilities shall meet the applicable provisions of the 2000 edition of the Life Safety Code (LSC).

(3) EQUIVALENT COMPLIANCE. An existing facility that does not meet all requirements of the applicable Life Safety Code may be considered in compliance with it if it achieves a passing score on the Fire Safety Evaluation System (FSES) developed by the U.S. department of commerce, national bureau of standards, to establish safety equivalencies under the Life Safety Code.

History: Emerg. renum. from HFS 124.27 (4), eff. 7–1–96; renum. from HFS 124.27 (4), Register, December, 1996, No. 492, eff. 1–1–97; CR 04–040: r. and recr. (2), r. (3), renum. (4) to be (3) Register November 2004 No. 587, eff. 12–1–04; **reprinted to restore dropped copy Register December 2004 No. 588.**

HFS 124.29 Plans for new construction or remodeling. The hospital shall submit its plans and specifications for any new construction or remodeling to the department according to the following schedules:

(1) One copy of preliminary or schematic plans shall be submitted to the department for review and approval;

(2) One copy of final plans and specifications which are used for bidding purposes shall be submitted to the department for review and approval before construction is started;

(3) If on–site construction above the foundation is not started within 12 months after the date of approval of the final plans and specifications, the approval under sub. (1) shall be void and the plans and specifications shall be resubmitted for reconsideration of approval; and

(4) Any changes in the approved final plans affecting the application of the requirements of this subchapter shall be shown on the approved final plans and shall be submitted to the department for approval before construction is undertaken. The department shall notify the hospital in writing of any conflict with this subchapter found in its review of modified plans and specifications.

Removed by Register December 2007 No. 624. For current adm. code see: http://docs.legis.wisconsin.gov/code/admin_code.

Note: Plan approval by the department of commerce is also required for any new construction or remodeling of plumbing or private sewage systems, elevators or storage tanks.

Note: Copies of the 1967, 1973 and 1981 Life Safety Codes and related codes can be obtained from the National Fire Protection Association, Battery March Park, Quincy, MA 02269. Copies are kept on file in the offices of the bureau of quality assurance, the secretary of state and the revisor of statutes.

Note: The Department draws on the "Guidelines for Construction and Equipment of Hospitals and Medical Facilities", 1983/84 edition, published by the U.S. Department of Health and Human Services, for guidance in determining the adequacy of specific designs.

History: Emerg. renum. from HFS 124.27 (5), eff. 7–1–96; renum. from HFS 124.27 (5), Register, December, 1996, No. 492, eff. 1–1–97.

HFS 124.30 Review for compliance with this chapter and the state building code. (1) The department shall review hospital construction and remodeling plans for compliance with this chapter and for compliance with the state commercial building code, chs. Comm 61 to 65, with the exception of s. Comm 61.31 (3). Where chs. Comm 61 to 65 refer to the department of commerce, those rules shall be deemed for purposes of review under this chapter to refer to the department of health and family services.

(2) Before the start of any construction or remodeling project for a hospital, the plans for the construction or remodeling shall be submitted to the department, pursuant to s. HFS 124.29, for review and approval by the department.

(3) The department shall have 45 working days from receipt of an application for plan review and all required forms, fees, plans and documents to complete the review and approve, approve with conditions or deny approval for the plan.

History: Emerg. cr. eff. 7–1–96; cr. Register, December, 1996, No. 492, eff. 1–1–97; corrections in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, January, 1999, No. 517; corrections in (1) made under s. 13.93 (2m) (b) 6. and 7. Stats., Register September 2003 No. 573.

HFS 124.31 Fees for plan reviews. (1) GENERAL. The fees established in this section shall be paid to the department for providing plan review services under s. HFS 124.30. The department may withhold providing services from parties who have past due accounts with the department for plan review services. The fee for review of plans shall be based in part on the dollar value of the project, according to the schedule under sub. (2), and in part on the total gross floor area in the plans, as found in sub. (3). The total fee for plan review is determined under sub. (4). Fees for review of partial plans, for revision of plans, for extension of plan approval and for handling and copying, and provisions for the collection and refund of fees, are found in sub. (5).

(2) FEE PART BASED ON PROJECT DOLLAR VALUE. The part of the fee based on project dollar value shall be as follows:

(a) For projects with an estimated dollar value of less than $5,000, $100;

(b) For projects with an estimated dollar value of at least $5,000 but less than $25,000, $300;

(c) For projects with an estimated dollar value of at least $25,000 but less than $100,000, $500;

(d) For projects with an estimated dollar value of at least $100,000 but less than $500,000, $750;

(e) For projects with an estimated dollar value of at least $500,000 but less than $1 million, $1,500;

(f) For projects with an estimated dollar value of at least $1 million but less than $5 million, $2,500; and

(g) For projects with an estimated dollar value of $5 million or more, $5,000.

(3) FEE PART BASED ON TOTAL GROSS FLOOR AREA. (a) *General.* The part of the fee based on total gross floor area shall be as provided in Table 124.31 subject to the conditions set out in this subsection.

(b) *Building, heating and ventilation.* The fees in Table 124.31 apply to the submittal of all building and heating, ventilation and air conditioning (HVAC) plans. A fee for review of plans shall be computed on the basis of the total gross floor area of each building.

TABLE 124.31
Fee Part Based on Total Gross Floor Area

	FEE		
Area (Sq. Feet)	Bldg. & HVAC	Bldg. Area Only	HVAC Area Only
Up to 2,500	$320	$ 270	$190
2,501 – 5,000	430	320	240
5,001 – 10,000	580	480	270
10,001 – 20,000	900	630	370
20,001 – 30,000	1,280	900	480
30,001 – 40,000	1,690	1,220	690
40,001 – 50,000	2,280	1,590	900
50,001 – 75,000	3,080	2,120	1,220
75,001 – 100,000	3,880	2,600	1,690
100,001 – 200,000	5,940	4,240	2,120
200,001 – 300,000	12,200	7,430	4,770
300,001 – 400,000	17,190	11,140	6,900
400,001 – 500,000	21,220	13,790	9,020
Over 500,000	22,810	14,850	10,080

(c) *Scope of fee.* The fees indicated in Table 124.31, relating to building and heating, ventilation and air conditioning plans include the plan review and inspection fee for all components, whether submitted with the original submittal or at a later date. Components covered by that fee are:

1. Building plans;
2. Heating, ventilation and air conditioning plans;
3. Bleacher plans for interior bleachers only;
4. Fire escape plans;
5. Footing and foundation plans; and
6. Structural component plans, such as plans for floor and roof trusses, precast concrete, laminated wood, metal buildings, solariums and other similar parts of the building.

(d) *Building alteration.* 1. The examination fee for review of plans for alteration of existing buildings and structures undergoing remodeling or review of tenant space layouts shall be determined in accordance with Table 124.31 on the basis of the gross floor area undergoing remodeling.

2. The fee specified in subd. 1. shall be based on the actual gross square footage of the area being remodeled. When remodeling of an individual building component affects building code compliance for a larger area, the fee shall be computed on the basis of the total square footage of the affected area.

(4) TOTAL FEE FOR REVIEW OF PLANS. To determine the total fee for review of plans, the department shall:

(a) Add the fee parts from subs. (2) and (3); and

(b) Multiply the sum obtained in par. (a) by 0.95.

(5) OTHER FEE PROVISIONS RELATED TO REVIEW OF PLANS. (a) *Fee for miscellaneous plans.* Miscellaneous plans are plans that have no building or heating, ventilation and air conditioning plan submissions and for which there may not be an associated area. The fee for a miscellaneous plan shall be $250. This fee is for plan review and inspection. Miscellaneous plans include:

1. Footing and foundation plans submitted prior to the submission of the building plans;
2. Plans for industrial exhaust systems for dust, fumes, vapors and gases, for government–owned buildings only;
3. Spray booth plans, for government–owned buildings only;
4. Stadium, grandstand and bleacher plans, and interior bleacher plans submitted as independent projects;
5. Structural plans submitted as independent projects, such as docks, piers, antennae, outdoor movie screens and observation towers; and

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6. Plans for any building component, other than building and heating, ventilation and air conditioning, submitted following the final inspection by the department.

(b) *Fee for permission to start construction.* The fee for permission to start construction shall be $80. This fee shall apply only to applicants proposing to start construction prior to approval of their plans by the department.

(c) *Fee for plan revision.* The fee for revision of previously approved plans shall be $100. This paragraph applies when plans are revised for reasons other than those that were requested by the department. The department may not charge a fee for revisions requested by the department as a condition of original plan approval.

(d) *Fee for extension of plan approval.* The examination fee for a plan previously approved by the department for which an approval extension beyond the time limit specified in this chapter shall be $75 per plan.

(e) *Collection of fees.* Fees shall be remitted at the time the plans are submitted. No plan examinations, approvals or inspections shall be made until fees are received.

(f) *Handling and copying fees.* 1. The department shall charge a handling fee of $50 per plan to the submitting party for any plan that is submitted to the department, entered into the department's system and subsequently requested by the submitting party to be returned prior to departmental review.

2. The department may charge a photocopying fee of 25 cents per page to anyone who requests copies of construction or remodeling plans, except that a fee of $5 per plan sheet shall be charged for reproduction of plan sheets larger than legal size.

History: Emerg. cr. eff. 7–1–96; cr. Register, December, 1996, No. 492, eff. 1–1–97.

HFS 124.32 Patient rooms – general. (1) BED CAPACITY. Each hospital's bed capacity may not exceed the capacity approved by the department under sub. (4).

(2) PRIVACY. Visual privacy shall be provided for each patient in multi–bed patient rooms. In new or remodeled construction, cubicle curtains shall be provided.

(3) TOILET ROOM. (a) In new construction, each patient room shall have access to one toilet without entering the general corridor area. One toilet room shall serve no more than 4 beds and no more than 2 patient rooms. A handwashing sink shall be provided either in each patient's room or in the adjoining toilet room.

(b) In new and remodeled construction, the door to the patient toilet room shall swing into the patient room, or two–way hardware shall be provided.

(c) The minimum door width to the patient toilet room shall be 36 inches (91.4 cm) for new construction and 32 inches (81.3 cm) for remodeled construction.

(4) MINIMUM FLOOR AREA. The minimum floor area per bed shall be 80 square feet in multiple patient rooms and 100 square feet in single patient rooms. The distance between patient beds in multi–patient rooms shall be at least 3 feet.

(5) MINIMUM FURNISHINGS. (a) A hospital–type bed with a suitable mattress, pillow and the necessary coverings shall be provided for each patient.

(b) There shall be a bedside table or stand and chair for each patient.

(c) There shall be adequate storage space for the clothing, toilet articles and other personal belongings of patients.

History: Emerg. renum. from HFS 124.27 (6), eff. 7–1–96; renum. from HFS 124.27 (6), Register, December, 1996, No. 492, eff. 1–1–97.

HFS 124.33 Isolation. Rooms shall be provided for the isolation of patients whose condition requires isolation for physical health reasons. These rooms shall have appropriate facilities for handwashing and for carrying out adequate isolation techniques.

History: Emerg. renum. from HFS 124.27 (7), eff. 7–1–96; renum. from HFS 124.27 (7), Register, December, 1996, No. 492, eff. 1–1–97.

HFS 124.34 Patient care areas. (1) NURSING STATION OR ADMINISTRATIVE CENTER. Each nursing station or administrative center in patient care areas of the hospital may be located to serve more than one nursing unit, but at least one of these service areas shall be provided on each nursing floor. The station or center shall contain:

(a) Storage for records, manuals and administrative supplies; and

(b) An area for charting when the charts of patients are not maintained at patient rooms.

(2) STAFF TOILET ROOM. In new construction, a staff toilet room and washbasin shall be provided on each nursing unit.

(3) UTILITY AREAS. (a) A utility room for clean linen and other clean articles shall be readily accessible to each nursing unit. The room shall contain at least:

1. Storage facilities for supplies;
2. A handwashing sink; and
3. Work counters.

(b) A utility room for soiled linen and other soiled articles shall be readily accessible to each nursing unit. The room shall include at least:

1. A clinical sink or equivalent flush rim fixture;
2. A handwashing sink;
3. A work counter;
4. A waste receptacle; and
5. A linen receptacle.

(4) SHOWER OR BATH. A shower shall be provided for every 10 maternity patients and a bath or shower for every 15 patients other than maternity patients.

(5) EQUIPMENT AND SUPPLIES STORAGE. There shall be sufficient space in the patient care area for storage of equipment and supplies.

(6) CORRIDORS AND PASSAGEWAYS. Corridors and passageways in patient care areas shall be free of obstacles.

(7) HOUSEKEEPING CLOSET. A housekeeping closet shall be provided on the nursing unit or sufficient cleaning supplies and equipment shall be readily accessible to the nursing unit.

(8) PATIENT CALL SYSTEM. A reliable call mechanism shall be provided in locations where patients may be left unattended, including patient rooms, toilet and bathing areas and designated high risk treatment areas from which individuals may need to summon assistance.

History: Emerg. renum. from HFS 124.27 (8), eff. 7–1–96; renum. from HFS 124.27 (8), Register, December, 1996, No. 492, eff. 1–1–97.

HFS 124.35 Additional requirements for particular patient care areas. (1) SPECIAL CARE UNITS. (a) In new construction, viewing panels shall be provided in doors and walls of special care units for nursing staff observation of patients. Curtains or other means shall be provided to cover the viewing panels when privacy is desired.

(b) In new construction a sink equipped for handwashing and a toilet shall be provided in each private patient room on special care units. In multi–bed rooms at least one sink and one toilet for each 6 beds shall be provided. Individual wall–hung toilet facilities with privacy curtains or another means of safeguarding privacy may be substituted for a toilet room.

(c) 1. In new construction all special care unit beds shall be arranged to permit visual observation of the patient by the nursing staff from the nursing station.

2. In existing facilities, if visual observation of special care unit beds is not possible from the nursing station, staffing or televi-

Removed by Register December 2007 No. 624. For current adm. code see: http://docs.legis.wisconsin.gov/code/admin_code.

sion monitoring shall permit continuous visual observation of the patient.

(d) In new construction the dimensions and clearances in special care unit patient rooms shall be as follows:

1. Single bed rooms shall have minimum dimensions of 10 feet by 12 feet;

2. Multi−bed rooms shall have a minimum side clearance between beds of at least 7 feet; and

3. In all rooms the clearance at each side of each bed shall be not less than 3 feet 6 inches and the clearance at the foot of each bed shall be not less than 5 feet.

(2) PSYCHIATRIC UNITS. The requirements for patient rooms under s. HFS 124.34 apply to patient rooms in psychiatric nursing units and psychiatric hospitals except as follows:

(a) In new construction and remodeling a staff emergency call system shall be included. Call cords from wall−mounted stations of individual patient rooms may be removed when justified by psychiatric program requirements.

(b) Doors to patient rooms and patient toilet room doors may not be lockable from the inside.

(c) Patients' clothing and personal items may be stored in a separate designated area which is locked.

(d) Moveable hospital beds are not required for ambulatory patients.

(3) SURGICAL AND RECOVERY FACILITIES. (a) Facilities within the surgical suite shall include:

1. At least one room equipped for surgery and used exclusively for that purpose.

2. A scrub room or scrub area adjacent to the room used for surgery.

3. A clean−up or utility room.

4. Storage space for sterile supplies.

5. In each operating room, means for calling for assistance in an emergency.

6. Housekeeping facilities adequate to maintain the operating room or rooms.

7. A flash sterilizer, unless sterilization facilities are accessible from the surgery area.

(b) The surgical suite and necessary facilities shall be located and arranged to discourage unrelated traffic through the suite.

(c) The room or rooms for postanesthesia recovery of surgical patients shall at minimum contain a medications storage area, handwashing facilities and sufficient storage space for needed supplies and equipment.

(d) Oxygen and suctioning equipment shall be available in the surgical suite and recovery rooms.

(4) LABOR AND DELIVERY UNITS. (a) The labor and delivery unit shall be located and arranged to discourage unrelated traffic through the unit.

(b) Facilities within the labor and delivery unit shall include:

1. At least one room equipped as a delivery room and used exclusively for obstetrical procedures;

2. A labor room adjacent to or near the delivery room;

3. A scrub−up room adjacent to the delivery room;

4. A clean−up or utility room with a flush−rim clinical sink; and

5. A separate janitor's closet with room for housekeeping supplies for the unit.

(c) A means of calling for assistance in an emergency shall be located in the labor and delivery unit.

(d) Oxygen and suctioning equipment shall be available in the labor and delivery unit.

(e) In new construction, in addition to lighting for general room illumination, adjustable examination and treatment lights shall be provided for each labor bed.

(f) In new construction, if there is a recovery room, the room shall contain at least 2 beds with a minimum clear area of 80 square feet per bed. There shall be a minimum of 4 feet between beds or stretchers and between a bed and wall except at the head of the bed.

(5) NURSERY UNITS. If the hospital has a maternity service, a separate nursery or nurseries for newborn infants shall be provided which shall have:

(a) In new construction, a connecting workroom with a work counter, refrigerator, sink equipped for handwashing and storage area;

(b) In new construction, a nursing station or administrative center located within or adjacent to the nursery;

(c) Size specifications for the nursery, as follows:

1. For a full−term nursery, 24 square feet per bassinet;

2. For an intermediate nursery, 30 square feet per bassinet;

3. For an isolation nursery, 40 square feet per bassinet; and

4. For all nurseries, a minimum of 2 feet between bassinets, except that in new construction the minimum distance between bassinets shall be 3 feet;

(d) The following equipment:

1. An infant sleeping unit for each infant;

2. A clock; and

3. At least one approved isolation−type sleeping unit;

(e) Space for necessary housekeeping equipment in or near the nursery; and

(f) An examination area and work space for each nursery.

(6) ISOLATION NURSERY. (a) If an isolation nursery is provided in new construction:

1. The isolation nursery shall be within the general nursery area and may not open directly to another nursery; and

2. Access to the isolation nursery shall be through an anteroom which shall have at least a sink equipped for handwashing, gowning facilities, an enclosed storage space for clean linen and equipment, a charting area, a closed hamper for disposal of refuse and a work counter.

(b) A private patient room with handwashing facilities may be used as an isolation nursery.

(7) POSTPARTUM LOUNGE AREA. The lounge and dining room when provided for maternity patients shall be separate from other areas.

History: Emerg. renum. from HFS 124.27 (9) , eff. 7−1−96; renum. from HFS 124.27 (9), Register, December, 1996, No. 492, eff. 1−1−97.

HFS 124.36 Other physical environment. (1) RAISED THRESHOLDS. Raised thresholds shall be easily crossed by equipment on wheels.

(2) EMERGENCY FUEL AND WATER. The hospital shall make provision for obtaining emergency fuel and water supplies.

(3) EMERGENCY LIGHTING SYSTEM. The emergency lighting system and equipment shall be tested at least monthly.

(4) DIAGNOSTIC AND THERAPEUTIC FACILITIES, SUPPLIES AND EQUIPMENT. Diagnostic and therapeutic facilities, supplies and equipment shall be sufficient to permit medical and nursing staffs to provide an acceptable level of patient care.

(5) WALLS AND CEILINGS. Patient rooms and patient care areas shall have walls and ceilings with smooth, washable surfaces. The walls and ceilings shall be kept in good repair. Loose, cracked or peeling wallpaper and paint on walls and ceilings shall be replaced or repaired. Washable ceilings shall be provided in surgery rooms, delivery rooms, the nursery, intensive care units, recovery rooms, kitchens, dishwashing rooms, janitor closets and utility rooms.

Removed by Register December 2007 No. 624. For current adm. code see: http://docs.legis.wisconsin.gov/code/admin_code.

(6) FLOORS. All floor materials shall be easy to clean and have wear and moisture resistance appropriate for the location. Floors in areas used for food preparation or food assembly shall be water−resistant and grease−proof and shall be kept clean and in good repair.

(7) CORDS. Electrical cords shall be maintained in good repair.

(8) CARPETING. (a) Carpeting may not be installed in rooms used primarily for food preparation and storage, dish and utensil washing, cleaning of linen and utensils, storage of janitor supplies, laundry processing, hydrotherapy, toileting and bathing, resident isolation or patient examination.

(b) Carpeting, including the underlying padding, if any, shall have a flamespread rating of 75 or less when tested in accordance with standard 255 of the National Fire Protection Association's National Fire Codes, 1981 edition, or a critical radiant flux of more than 0.45 watts per square centimeter when tested in accordance with standard 253 of the National Fire Protection Association's National Fire Codes, 1978 edition. Certified proof by the manufacturer of this test for the specific product shall be available in the facility. Certification by the installer that the material installed is the product referred to in the test shall be obtained by the facility. Carpeting may not in any case be applied to walls except where the flamespread rating can be shown to be 25 or less.

(9) ACOUSTICAL TILE. Acoustical tile shall be noncombustible.

(10) WASTEBASKETS. Wastebaskets shall be made of noncombustible materials.

(11) FIRE REPORT. All incidents of fire in a hospital shall be reported to the department within 72 hours.

History: Emerg. renum. from HFS 124.27 (10), eff. 7−1−96; renum. from HFS 124.27 (10), Register, December, 1996, No. 492, eff. 1−1−97.

Subchapter VI — Critical Access Hospitals

HFS 124.37 Applicability. This subchapter applies to the department and to all hospitals designated by the department as critical access hospitals.

History: Emerg. cr., eff. 9−12−98; cr. Register, January, 1999, No. 517, eff. 2−1−99.

HFS 124.38 Definitions. In this subchapter:

(1) "Clinical nurse specialist" means a registered nurse who is currently certified as a clinical nurse specialist by a national certifying body that is recognized by the state board of nursing.

(2) "Network hospital" means a full−time, general hospital that has an agreement with a critical access hospital to provide ongoing acute care services and other services for patients transferred or referred from the critical access hospital.

(3) "Nurse practitioner" means a registered nurse who is currently certified as a nurse practitioner by a national certifying body that is recognized by the state board of nursing.

(4) "Rural health plan" means a plan approved by the federal centers for medicare and medicaid services that describes how the department will implement and administer parts of the federal medicare rural hospital flexibility program−−−critical access hospitals−−−under 42 USC 1395i−−−4.

(5) "Rural hospital" means a hospital that was initially approved as a hospital prior to January 1, 2003 and is located in a county that has at least a portion of a rural census tract of a Metropolitan Statistical Area (MSA) as determined under the most recent version of the Goldsmith Modification as provided in 42 CFR 412.103(a)(1).

Note: The most recent version of the Goldsmith Modification as determined by the Office of Rural Health Policy (ORHP) of the Health Resources and Services Administration is available via the ORHP website at http://ruralhealth.hrsa.gov/pub/Goldsmith.htm or from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy, 5600 Fishers Lane, Room 9A−55, Rockville, MD 20857. 42 CFR 412.103 of the federal regulations addresses hospitals located in urban areas that want to apply for reclassification as rural hospitals.

History: Emerg. cr. eff. 9−12−98; cr. Register, January, 1999, No. 517, eff. 2−1−99; emerg. cr. (5), eff. 3−21−03; CR 03−042: am. (4), cr. (5) Register September 2003 No. 573, eff. 10−1−03.

HFS 124.39 Designation as a critical access hospital. (1) ELIGIBILITY. Except as provided under sub. (2) (a), to be eligible for designation as a critical access hospital, a hospital shall be all of the following:

(a) A hospital approved by the department under this chapter to operate as a hospital.

(b) Located in an area outside of a metropolitan statistical area as defined in 42 USC 1395ww(d), or located in a rural area of an urban county.

(c) Located more than a 35−mile drive from another hospital or certified by the department under sub. (2) as a necessary provider of health care services to residents in the area.

(d) A hospital that has a provider agreement to participate in medicare in accordance with 42 CFR 485.612.

(e) A hospital that has not been designated by the federal centers for medicare and medicaid services as an urban hospital for purposes of medicare reimbursement.

(2) APPLICATION FOR CERTIFICATION AS A NECESSARY PROVIDER FOR AN AREA. (a) 1. A hospital meeting the criteria under sub. (1) (a), (b),(d) and (e) may apply to the department for certification as a necessary provider of health care services to residents in its area if it cannot meet the criterion under sub. (1) (c) that it be located more than a 35−mile drive from another hospital.

2. A rural hospital meeting the criteria under sub. (1) (a), (d) and (e) may apply to the department for certification as a necessary provider of health care services to residents in its area if the rural hospital cannot meet the criteria under sub. (1) (b) and (c).

3. Application under subd. 1. or 2. shall be made in accordance with a format provided by the department.

Note: To obtain the format for the application, write or phone: Bureau of Quality Assurance, P.O. Box 2969, Madison, WI 53701−2969; (608) 266−7297.

(b) Upon receipt of a completed application from a hospital for certification as a necessary provider of health care services to residents in the area, the department shall review the application and shall approve or disapprove it within 60 days of receipt.

(3) APPLICATION FOR CRITICAL ACCESS HOSPITAL STATUS. (a) A hospital eligible under sub. (1) or (2) (a) for designation as a critical access hospital may apply to the department for designation. Application shall be made in accordance with a format provided by the department.

Note: To obtain the format for the application, write or phone: Bureau of Quality Assurance, P.O. Box 2969, Madison, WI 53701−2969; (608) 266−7297.

(b) Upon receipt of a completed application from a hospital for designation as a critical access hospital, the department shall review the application and shall determine if the applicant meets the federal conditions of participation in medicare for critical access hospitals under 42 CFR 485.601 to 485.645, and, if applicable, 42 CFR 412.103(a)(1). If the applicant hospital meets those federal regulations and all requirements under ss. HFS 124.40 and 124.41, the department shall, within 90 days after receipt of a completed application, recommend certification of the hospital as a critical access hospital to the federal centers for medicare and medicaid services.

Note: The federal Centers for Medicare and Medicaid Services will notify the Department and the applicant hospital of the certification decision.

(c) Following notification by the federal centers for medicare and medicaid services that it has accepted the department's certification recommendation, the department shall issue a certificate of approval that establishes the applicant's critical access hospital status in the state.

History: Emerg. cr. eff. 9−12−98; cr. Register, January, 1999, No. 517, eff. 2−1−99; emerg. am. (1) (intro.) and (e), (2) (a) and (3), eff. 3−21−03; CR 03−042: am. (1) (intro.), (a), (b), (e), (2) (a) and (3) Register September 2003 No. 573, eff. 10−1−03.

Removed by Register December 2007 No. 624. For current adm. code see: http://docs.legis.wisconsin.gov/code/admin_code.

HFS 124.40 Requirements for a critical access hospital. (1) OPERATION AS A HOSPITAL. A critical access hospital shall comply with all provisions of this chapter, except as provided in this section.

(2) BED COMPLEMENT. (a) A critical access hospital shall maintain no more than a total of 25 beds to be used exclusively for acute inpatient care.

(b) If the critical access hospital has an agreement established under 42 USC 1395tt governing the hospital's maintenance of swing beds, the critical access hospital may maintain not more than 25 inpatient beds to be used interchangeably for acute care or swing−bed services.

(c) A critical access hospital may have up to 4 additional permanently−placed 24−hour observation beds.

(3) LIMITS ON ACUTE INPATIENT STAYS. A critical access hospital shall provide inpatient care for periods not to exceed an annual average of 96 hours per patient. The hospital shall record each patient's stay and any longer inpatient stay because transfer to a network or other hospital is precluded due to inclement weather or other emergency conditions.

(4) EMERGENCY CARE SERVICES. (a) A critical access hospital shall make emergency services available on a 24−hour−a−day−basis and in accordance with the rural health plan.

(b) Emergency services shall be provided by a practitioner with training or experience in emergency care who is on call and immediately available by telephone or radio contact, and available on−site within 30 minutes on a 24−hour−a−day basis. In this paragraph, "practitioner" means a physician, a nurse practitioner or a physician assistant.

(5) STAFFING. (a) *General.* A critical access hospital shall comply with the provisions of subchs. III and IV only when the facility has one or more patients receiving care in the facility. When the facility does not have any inpatients, the facility need not comply with the federal conditions of participation of a hospital under medicare relating to the number of hours during a day, or days during a week, in which the facility must be open, and with the provisions of subchs. III and IV relating to staffing requirements, except that the facility is required to make available emergency care services pursuant to sub. (4) and shall have registered nurses available on a 24−hour basis as required by s. HFS 124.13 (1) (a).

(b) *Inpatient care services.* Inpatient care under sub. (3) may be provided by a physician assistant, nurse practitioner or clinical nurse specialist subject to the oversight of a physician who need not be present in the facility.

(c) *Special services.* A critical access hospital may make available any services provided by staff under ss. HFS 124.15, 124.16, 124.17, 124.18, 124.19, 124.20, 124.21, 124.22, 124.23 or 124.25 on a part−time, off−site basis under arrangements as specified in 42 USC 1395x(e).

(6) REFERRAL AGREEMENT. A critical access hospital shall have a written agreement with one or more network hospitals which shall address all of the following:

(a) Transfer and referral of patients from the critical access hospital.

(b) Development and use of communication systems.

(c) Provision of emergency and non−emergency transportation.

(d) Credentialing of professional staff and quality assurance.

History: Emerg. cr. eff. 9−12−98; cr. Register, January, 1999, No. 517, eff. 2−1−99; CR 03−042: am. (2) (b) and (3), cr. (2) (c) Register September 2003 No. 573, eff. 10−1−03; CR 04−040: am. (2) (a) and (b) Register November 2004 No. 587, eff. 12−1−04.

HFS 124.41 Rural health plan. Before implementation of the state medicare rural hospital flexibility program pursuant to 42 USC 1395i−4 for the establishment of critical access hospitals, the department shall develop a rural health plan. The department shall submit the rural health plan to the federal centers for medicare and medicaid services for approval.

History: Emerg. cr. eff. 9−12−98; cr. Register, January, 1999, No. 517, eff. 2−1−99; CR 03−042: am. Register September 2003 No. 573, eff. 10−1−03.

Next page is numbered 113