

## DEFINITIONS

**28-34-1.** (Authorized by K.S.A. 65-431; effective January 1, 1969; revoked June 28, 1993.)

**28-34-1a. Definitions.** (a) "Authenticate" means to verify authorship by written signature, identifiable initials, or computer key. The use of rubber stamp signatures shall be acceptable if the following conditions are met.

(1) The practitioner whose signature the rubber stamp represents shall be the only individual who has possession of the stamp and who uses the stamp.

(2) The hospital shall maintain, in its administrative offices, a signed statement by the practitioner indicating that the practitioner is the only person who possesses and uses the stamp.

(b) "Chief executive officer" means the individual appointed by the governing body to act on its behalf in the overall management of the hospital.

(c) "Consultant" means a person who provides professional advice or services on request.

(d) "Covering practitioner" means a member of the hospital's medical staff who is authorized by the patient's attending physician or other practitioner to provide care and treatment for the patient in the absence of the attending physician or other practitioner.

(e) "Dentist" means a person licensed in Kansas to practice dentistry.

(f) "Dietitian" means a person who is licensed in Kansas as a dietitian.

(g) "Dietetic services supervisor" means a person who is trained and experienced in food service administration and meets one of the following requirements:

(1) The person is a graduate of a dietetic technician training program approved by the American dietetic association or has completed the educational requirements for certification as a dietary manager. These programs may be conducted on either a classroom or correspondence basis. A program preceptor shall be a dietitian.

(2) The person has the training and experience in dietetic services supervision and management that is determined by the secretary of health and environment to be equivalent to the programs specified in paragraph (g)(1). Each dietetic services supervisor who qualifies under paragraph (g)(2) shall have a minimum of six months of experience as a supervisor in a health care institution.

(h) "Director" means a person with administrative responsibility for the direction of a service for the hospital. When this term is used in connection with a medical or clinical service, it is synonymous with "chairperson" and may not imply a salaried individual.

(i) "Drug administration" means the direct application of a drug or biological, whether by injection, inhalation, ingestion, or any other means, to the body of a patient by either of the following:

(1) A practitioner, or pursuant to the lawful direction of a practitioner, who is acting within the scope of that practitioner's license and who is qualified according to medical staff bylaws; or

(2) the patient at the direction and in the presence of a practitioner.

(j) "Drug dispensing" means delivering prescription medication to the patient pursuant to the lawful order of a practitioner.

(k) "Facilities" means buildings, equipment, and supplies necessary for implementation of hospital services.

(l) "Licensed practical nurse" means an individual who is licensed in Kansas as a licensed practical nurse.

(m) "Licensing agency" means the Kansas department of health and environment.

(n) "Long-term care unit" means a unit that provides physician services and continuous nursing supervision for patients who are not in an acute phase of illness and who currently require nursing care that is primarily of a convalescent, restorative, or long-term nature. Medicare-certified, distinct-part, long-term care units shall be included.

(o) "Nursing care unit" means an organized jurisdiction of nursing services in which nursing services are provided on a continuous basis.

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

(q) "Organized" means administratively and functionally structured.

(r) "Organized medical staff" means a formal organization of physicians and dentists, with the responsibility and authority to maintain proper standards for patient care as delegated by the governing body.

(s) "Outpatient services" means an organizational unit of the hospital that is designed to support the provision of nonemergency health care services to patients who do not remain in the hospital overnight. The term shall include a short-term procedure unit if applicable.

(t) "Pathologist" means either of the following:

(1) A person who is licensed in Kansas to practice medicine and surgery and who is a board-certified or board-eligible pathologist; or

(2) a person licensed in Kansas as a dentist and certified as an oral pathologist.

(u) "Patient" means a person admitted to the hospital upon the order of a member of the medical staff.

(v) "Physician" means a person licensed in Kansas to practice medicine and surgery.

(w) "Practitioner" means a member of the hospital's medical staff and may include a physician or dentist.

(x) "Qualified nurse anesthetist" means any of the following:

(1) A registered nurse who has been certified as a nurse anesthetist by the council on certification of the American association of nurse anesthetists and has been authorized as a registered nurse anesthetist by the Kansas board of nursing;

(2) a student enrolled in a program of nurse anesthesia by the council on accreditation of the American association of nurse anesthetists; or

(3) a graduate of an accredited program of nurse anesthesia who is awaiting certification testing or the results of the certification test and has been granted temporary authorization as a registered nurse anesthetist by the Kansas state board of nursing.

(y) "Registered nurse" means a person who is licensed in Kansas as a registered professional nurse.

(z) "Service" means either of the following:

(1) A functional division of the hospital or of the nursing or medical staff; or

(2) the delivery of care.

(aa) "Supervision" means authoritative procedural guidance provided by a qualified person for the accomplishment of a function or activity within that person's sphere of competence. Supervision shall include initial direction and periodic inspection of the actual act of accomplishing the function or activity.

(bb) "Survey" means the process of evaluation or reevaluation of a hospital's compliance with this article. (Authorized by and implementing K.S.A. 65-431; effective June 28, 1993; amended February 9, 2001; amended November 26, 2001.)

## LICENSING PROCEDURE

**28-34-2. Licensing procedure.** (a) Each applicant for an initial license to operate a hospital shall file an application on forms provided by the licensing agency at least 90 days prior to admission of patients. A license previously issued shall be renewed after the licensee has filed an annual report and the licensing agency has approved the same. The licensing agency shall approve the renewal after it has documented that the applicant is in substantial compliance with these regulations. Each application for license renewal shall be filed with the licensing agency at least 90 days before the expiration date of the current license and the annual report shall be filed no later than 60 days after the beginning of each calendar year. The annual report may include information relating to:

- (1) Administration and ownership;
- (2) classification;
- (3) allocation of beds;
- (4) special care services;
- (5) patient statistics;
- (6) surgical facilities, services and procedures;
- (7) outpatient and emergency room services; and
- (8) staff personnel.

(b) New construction, alterations or renovations that provide space for patient services or patient rooms shall not be used until authorization has been received from the licensing agency. The licensing agency may give such authorization orally or by telephone and shall provide the facility with written confirmation within 30 days.

(c) The license shall authorize a facility to operate only the number and classifications of beds that appear on the previous license application unless additional beds or reclassification of beds have been approved in accordance with K.A.R. 28-34-32a.

(d) If the facility is found to be in violation of any of these regulations, the licensing agency shall notify the applicant in writing of each violation and require that a plan of correction be submitted before a license is issued or renewed. The plan shall state specifically what corrective action will be taken and the date on which it will be accomplished.

(e) If during the term of its current license a facility is surveyed by the joint commission on accreditation of health care organizations (JCAHO) or the American osteopathic association (AOA), the facility shall submit the survey report to the licensing agency toward satisfying the survey requirements for licensure. After reviewing the survey report, the licensing agency may notify the facility that a licensing survey will be conducted.

(f) The licensing agency will document the extent of the facility's compliance with these regulations in at least one of the following ways:

- (1) The statement of a responsible, authorized administrator or staff member;
- (2) documentary evidence of compliance provided by the facility;
- (3) answers by the facility to detailed questions provided by the licensing agency concerning the implementation of any provisions of these regulations or examples of such implementation which will enable a judgment about compliance to be made;
- (4) on-site observations by surveyors; or
- (5) interviews with patients, employees or other persons or sources capable of providing reliable information. (Authorized by K.S.A. 65-428 and K.S.A. 65-431; implementing K.S.A. 65-428; K. S.A. 65-42 9 and 65-431; effective Jan. 1, 1969; amended Jan. 1, 1974; amended May 1, 1980; amended June 28, 1993.)

**GENERAL REQUIREMENTS**

**28-34-3.** (Authorized by and implementing K.S.A. 65-431; effective Jan. 1, 1969; revoked May 1, 1986.)

**28-34-3a. General requirements.** (a) Patient limits. The number of patients admitted to any area of the hospital shall not exceed the number for which the area is designed, equipped, and staffed, except in cases of an emergency. In an emergency, patients shall be admitted in accordance with the emergency or disaster plan of the hospital.

(b) Emergency electrical service. Each hospital shall have an emergency source of power to provide electricity during an interruption of the normal electrical supply. The source of this emergency electrical service shall be:

(1) An emergency generating set when the normal service is supplied by one or more central station transmission lines; or

(2) An emergency generating set or a central station transmission line when the normal electrical supply is generated on the premises.

(c) Emergency electrical system. The emergency electrical system shall include a life safety branch and a critical branch. The life safety branch shall serve illumination, alarm, and alerting equipment which shall be operable at all times for protection of life during emergencies. The critical branch shall serve lighting and receptacles in critical patient care areas.

(d) Vital statistics. Each hospital shall comply with vital statistics statutes and regulations regarding the completion and filing of birth, death, and fetal death certificates within a specified period of time.

(e) Smoking. Smoking may be permitted only in designated areas. Patients shall have the right to choose to be assigned to a room in which smoking is not permitted. Smoking shall be prohibited in all other areas that are used for patient treatment or diagnosis. The hospital shall establish written rules regarding smoking within the hospital. Rules shall be posted where they can be observed by the hospital staff and the public. Smoking shall be prohibited in any room or area where flammable liquid, combustible gas, or oxygen is being stored or used and in any other hazardous area of the hospital. Patients classified as not mentally or physically responsible for their actions shall be prohibited from smoking unless constant supervision is provided. The sale of any tobacco products shall be prohibited in any area of the hospital.

(f) Internal disaster plan. The hospital shall establish a workable plan with the nearest fire department for fire fighting service. The hospital shall provide the fire department with a current floor plan of the building. The floor plan shall show the location of fire fighting equipment, exits, patient rooms, places where flammable and explosive gases are stored, and any other information that the fire department requires. The hospital shall also develop an

internal disaster and fire plan incorporating evacuation procedures. These plans shall be made available to all personnel and shall be posted throughout the building. Each employee shall participate in the duties delegated to them under the safety program and shall be instructed in the operation of the fire warning system, the proper use of fire fighting equipment, and the procedure to follow in the event that electrical power is impaired.

(g) External disaster plan. The hospital shall establish written plans, based on its capabilities, for the proper and timely care of casualties arising from external disasters. The disaster plan shall be developed in conjunction with other emergency facilities in the community so that adequate logistical provisions are made for the expansion of the activities of the hospital in coordination with the activities of other facilities. The external disaster plan shall be rehearsed at least twice a year, preferably as part of a coordinated drill in which other community emergency service agencies participate. The drills shall involve professional, administrative, nursing, and other hospital personnel. A written report and evaluation of all drills shall be maintained for at least two years. (Authorized by and implementing K.S.A. 65-431; effective May 1, 1986.)

**PATIENT RIGHTS**

**28-34-3b. Patient rights.** (a) Policies and procedures. The governing body shall ensure that the facility establishes policies and procedures which support the rights of all inpatients and outpatients. At a minimum, each facility shall ensure that:

- (1) Each patient has the right to respectful care given by competent personnel;
- (2) each patient has the right, upon request, to be given the name of his attending physician, the names of all other practitioners directly participating in his care and the names and functions of other health care persons having direct contact with the patient;
- (3) each patient has the right to make health care decisions. Each patient has the right to the information necessary to make treatment decisions reflecting the patient's wishes and to request a change in his physician or transfer to another health facility due to religious or other reasons;
- (4) each patient has the right to accept medical care, to refuse treatment to the extent permitted by state law and to be informed of the medical consequences of refusing treatment;
- (5) each patient has the right to formulate advance directives and appoint a surrogate to make health care decisions on the patient's behalf to the extent permitted by law;
- (6) each patient has the right to assistance in obtaining consultation with another physician or practitioner at the patient's request and own expense;
- (7) each patient has the right to hospital services without discrimination based upon his race, color, religion, sex, national origin or source of payment;
- (8) each patient or patient's legally designated representative has access to the information contained in the patient's medical records within the limits of state law;
- (9) each patient has the right to examine and receive a detailed explanation of the patient's bill; and
- (10) each patient is informed of the facility's policies regarding patient rights during the admission process.

(b) Grievances. The facility's policies and procedures shall establish a mechanism for responding to patient complaints. (Authorized by and implementing K.S.A. 65-431; effective June 28, 1993.)

## VISITORS

**28-34-4.** (Authorized by and implementing K.S.A. 65-431; effective Jan. 1, 1974; revoked May 1, 1986.)

**28-34-4a. Visitors.** (a) Each hospital shall establish visitation policies which are in the interest of the patients. Children under 12 years of age shall not be admitted as visitors to the hospital except in the company of a responsible adult. Children under six years of age shall be admitted as visitors only when the hospital has a special family visiting program or when authorized in writing by the attending physician, or the chief executive officer of the hospital, or the professional nurse charged with the responsibility for the care of the patient.

(b) Each hospital shall post visiting regulations in a location where they can be easily viewed by the public. (Authorized by and implementing K.S.A. 65-431; effective May 1, 1986.)

**GOVERNING AUTHORITY**

**28-34-5.** (Authorized by K. S.A. 65-431; effective Jan. 1, 1969; revoked June 28, 1993.)

**28-34-5a. Governing authority.** (a) Governing body. Each hospital shall have an organized governing body. The governing body shall be the ultimate authority in the hospital responsible for its organization and administration in a manner which is consistent with appropriate standards of patient care, environmental safety and institutional management.

(b) Bylaws. The governing body shall adopt its own set of bylaws. At a minimum, the bylaws shall contain the following provisions:

- (1) A statement of the mission of the hospital;
- (2) a description of the powers and duties of the governing body, officers and committees and of the responsibilities of the chief executive officer;
- (3) a statement of the qualifications for governing body membership, the procedures for selecting members and the term for members, officers and committee chairpersons;
- (4) a description of the authority delegated to the medical staff;
- (5) a requirement that the governing body review and approve the bylaws of the medical staff organization;
- (6) a requirement that the governing body approve or deny all applications for medical staff membership and for the granting of clinical and admitting privileges; and
- (7) a description of the mechanism by which the governing body bylaws are adopted, reviewed and revised.

(c) Functions. At a minimum, the governing body shall:

- (1) Provide adequate physical resources and personnel for appropriate patient care;
- (2) participate in planning to define and help meet the health needs of the community;
- (3) formulate short-term and long-term plans for the development of the hospital;
- (4) review the annual audit of the financial operations of the hospital;
- (5) maintain effective communication with the medical staff;
- (6) require the medical staff to establish controls that are designed to achieve and maintain appropriate standards of ethical professional practice;
- (7) establish a structure to effectively fulfill the governing body's responsibilities and to evaluate the implementation of programs and policies;
- (8) maintain a written record of governing body proceedings; and
- (9) implement and maintain a risk management program in accordance with K.S.A. 65-4291 et. seq.

(d) Conflict of interest. Members of the governing body shall not maintain personal or business interests which conflict with those of the hospital to an extent deemed by the governing body to present a threat of injury to or loss of the hospital's reputation, assets or ability to provide patient care. (Authorized by and implementing K.S.A. 65-431; effective June 28, 1993.)

**MEDICAL STAFF**

**28-34-6.** (Authorized by K. S.A. 65-431; effective Jan. 1, 1969; revoked June 28, 1993.)

**28-34-6a. Medical staff.** (a) General provision. Each hospital shall maintain an organized medical staff. Admission to the staff and clinical privileges associated with membership shall be granted by the governing authority through a mechanism that evaluates each member's qualifications to engage in that member's area of clinical practice. Admitting privileges may be granted to any practitioner as defined in K.A.R. 28-34-1a(w).

(b) Membership. The medical staff shall be limited to practitioners who have made application in accordance with the bylaws of the medical staff and the governing body. The medical staff shall adopt bylaws that define the requirements for admission to staff membership and for the delineation and retention of clinical and admitting privileges. Each member shall be granted privileges that are commensurate with the member's qualifications, experience, and present capabilities and that are within the member's scope of practice. Although certification, fellowship, membership on a specialty board or society, or the completion of a general practice residency may be considered in determining an individual's qualifications for medical staff membership, membership decisions shall not be made solely upon any one of these factors.

(c) Medical staff status.

(1) Each hospital shall have an active medical staff to deliver the preponderance of medical services within the hospital. The active medical staff shall have primary responsibility for the organization and administration of the medical staff. Each member of the active medical staff shall be eligible to vote at staff meetings, hold office, and serve on staff committees.

(2) In addition to the active medical staff, the hospital may provide for additional kinds of medical staff privileges. These additional staff categories shall in no way modify the privileges, duties, and responsibilities of the active medical staff. These additional staff categories may be eligible to vote at staff meetings, hold office, and serve on staff committees.

(d) Appointment and reappointment. After considering medical staff recommendations, the governing body shall affirm, deny, or modify each recommendation for appointment to the medical staff and the granting of clinical privileges to any practitioner. Formal application for membership and for the granting of clinical privileges shall follow established procedures set forth in the bylaws, policies, and procedures of the medical staff.

(e) Medical staff bylaws, policies, and procedures. The medical staff shall develop and adopt, subject to the approval of the governing body, a set of bylaws that shall provide for at least the following:

- (1) The organizational structure of the medical staff;
- (2) qualifications for staff membership and procedures for admission, retention, assignment, and either reduction or withdrawal of privileges;

- (3) procedures and standards for the review of staff credentials;
- (4) a mechanism for an appeal by a practitioner who receives an unfavorable medical staff recommendation;
- (5) delineation of clinical privileges and duties of professional personnel who function in a clinical capacity and who are not members of the medical staff;
- (6) methods for the selection of officers and department or service chairpersons and a description of their duties and responsibilities;
- (7) the composition and function of standing committees;
- (8) requirements regarding the completion of medical records, including a system of disciplinary action for failure to complete the records of discharged patients within 30 days after dismissal or current records within 48 hours of admission;
- (9) a mechanism by which the medical staff consults with and reports to the governing body;
- (10) medical staff meetings for the purpose of reviewing the performance of the medical staff and each department or service and reports and recommendations of medical staff and multidisciplinary committees; and
- (11) a mechanism for review of medical staff performance that shall include consideration of relevant ethics and statutory codes of conduct.

(f) Medical care review. The medical staff shall develop and implement a system to review medical services rendered, evaluate their quality, and provide an educational program for medical staff members. This system shall include written criteria for the evaluation of medical care that shall cover admission, length of stay, and professional services furnished and shall be conducted on at least a sample basis.

(g) Medical orders.

(1) Medication or treatment shall be administered only upon written and signed orders of a practitioner who is acting within the scope of that practitioner's license and who is qualified according to medical staff bylaws.

(2) A practitioner may give verbal orders, including telephone orders, for medication or treatment to personnel who are qualified according to medical staff bylaws. The person entering these orders into the medical record shall sign and date the entry as soon as possible. These orders shall be authenticated by the prescribing or covering practitioner within 72 hours of the patient's discharge or 30 days, whichever occurs first. (Authorized by and implementing K.S.A. 65-431; effective June 28, 1993; amended February 9, 2001.)

### **NURSING PERSONNEL**

**28-34-7. Nursing personnel.** (a) There shall be an organized nursing department, including a departmental plan of administrative authority with written delineation of responsibilities and duties of each category of nursing personnel.

(b) All registered nurses employed by the hospital to practice professional nursing shall be licensed in Kansas.

(c) All practical nurses employed by the hospital shall be licensed in Kansas.

(d) There shall be a director of nursing service.

(e) All licensed practical nurses and other ancillary personnel performing patient care services shall be under the supervision of a registered nurse.

(f) There shall be at least one registered nurse on duty in the hospital at all times.

(g) Nursing care policies and procedures shall be in writing and consistent with generally accepted practice and shall be reviewed and revised as necessary.

(h) Private duty nurses shall be licensed in Kansas and shall be subject to the policies, rules, and regulations of the hospital in which they are employed.

(i) Minutes shall be kept of nursing staff meetings. (Authorized by K.S.A. 65-431; effective Jan. 1, 1969.)

## HOSPITAL PERSONNEL

**28-34-8.** (Authorized by K.S.A. 1979 Supp. 65-431; effective Jan. 1, 1969; amended May 1, 1980, revoked June 28, 1993.)

**28-34-8a. Administrative services.** (a) General provisions. There shall be an adequate administrative staff to provide effective management of the hospital.

(b) The chief executive officer. The governing body shall appoint a chief executive officer. The qualifications, responsibilities, duties and authority of the chief executive officer shall be described in a written statement adopted by the governing body. The chief executive officer shall implement policies established by the governing body for the operation of the hospital and shall act as a liaison between the governing body, medical staff and the departments of the hospital.

(c) Personnel policies and procedures. The governing body, through the chief executive officer, shall establish and maintain written personnel policies and procedures which adequately support sound patient care. These policies and procedures shall be made available to all employees and shall be reviewed at least every two years. A procedure shall be established for advising employees of policy and procedure changes.

(d) Personnel records. Accurate and complete personnel records shall be maintained for each employee. Personnel records shall contain at least the following information for each employee:

- (1) Information regarding the employee's education, training and experience that is sufficient to verify the employee's qualifications for the employee's job. The information shall indicate the employee's professional licensure status;
- (2) current information regarding periodic work performance evaluations; and
- (3) records of the initial health examination and of subsequent health services and periodic health evaluations.

(e) Education programs. Orientation and inservice training programs shall be provided to allow personnel to improve and maintain skills and to learn of new health care developments.

(f) Personnel health requirements. Upon employment, all hospital personnel shall have a medical examination which shall consist of examinations appropriate to the duties of the employee, including a chest X-ray or tuberculin skin test. Subsequent medical examinations or health assessments shall be given periodically in accordance with hospital policies. Each hospital shall develop policies and procedures for control of communicable disease, including maintenance of immunization histories and the provision of educational materials for patient care staff. (Authorized by and implementing K.S.A. 65-431; effective June 28, 1993.)

## **MEDICAL RECORDS SERVICES**

**28-34-9.** (Authorized by and implementing SCR 1657; effective May 1, 1982; revoked May 1, 1986.)

**28-34-9a. Medical records services.** (a) General provisions. Each hospital shall maintain medical records for each patient admitted for care. The records shall be documented and readily retrievable by authorized persons.

(b) Organization and staffing.

(1) Each hospital shall have a medical records service that is directed, staffed, and equipped to enable the accurate processing, indexing, and filing of all medical records. The medical records service shall be under the direction of a person who is a registered health information administrator or a registered health information technician as certified by the American health information management association, or who meets the educational or training requirements for this certification.

(2) If the employment of a full-time registered health information administrator or registered health information technician is impossible, the hospital shall employ a registered records administrator or an accredited records technician on a part-time consultant basis. The consultant shall organize the department, train full-time personnel, and make periodic visits to evaluate the records. There shall be a written contract between the hospital and the consultant that specifies the consultant's duties and responsibilities.

(3) At least one full-time employee shall provide regular medical records service.

(c) Facilities. The medical records department shall be properly equipped to enable its personnel to function in an effective manner and to maintain medical records so that the records are readily accessible and secure from unauthorized use.

(d) Policies and procedures.

(1) Each medical record shall be kept on file for 10 years after the date of last discharge of the patient or one year beyond the date that the minor patient reached the age of majority, whichever is longer.

(2) If a hospital discontinues operation, the hospital shall inform the licensing agency of the location of its records.

(3) A summary shall be maintained of medical records that are destroyed. This summary shall be retained on file for at least 25 years and shall include the following information:

- (A) The name, age, and date of birth of the patient;
- (B) the name of the patient's nearest relative;
- (C) the name of the attending and consulting practitioners;
- (D) any surgical procedure and date, if applicable; and
- (E) the final diagnosis.

(4) Medical records may be microfilmed after completion. If the microfilming is done

off the premises, the hospital shall take precautions to assure the confidentiality and safekeeping of the records.

(5) Each record shall be treated as confidential. Only persons authorized by the governing body shall have access to the records. These persons shall include individuals designated by the licensing agency for the purpose of verifying compliance with state or federal statutes or regulations and for disease control investigations of public health concern.

(6) Medical records shall be the property of the hospital and shall not be removed from the hospital premises except as authorized by the governing body of the hospital or for purposes of litigation when specifically authorized by Kansas law or appropriate court order.

(e) Contents of medical records. Medical records shall contain sufficient information to identify the patient clearly, to justify the diagnosis and treatment, and to document the results accurately. At a minimum, each record shall include the following:

(1) Notes by authorized house staff members and individuals who have been granted clinical privileges, consultation reports, nurses' notes, and entries by designated professional personnel;

(2) findings and results of any pathological or clinical laboratory examinations, radiology examinations, medical and surgical treatment, and other diagnostic or therapeutic procedures; and

(3) provisional diagnosis, primary and secondary final diagnosis, a clinical résumé, and, if appropriate, necropsy reports.

(f) Each entry in each record shall be dated and authenticated by the person making the entry. Verbal orders, including telephone orders, shall include the date and signature of the person recording them. The prescribing or covering practitioner shall authenticate the order within 72 hours of the patient's discharge or 30 days, whichever occurs first. Records of patients discharged shall be completed within 30 days following discharge. (Authorized by and implementing K.S.A. 65-43 1; effective May 1, 1986; amended June 28, 1993; amended February 9, 2001.)

**PHARMACY SERVICES**

**28-34-10.** (Authorized by K.S.A. 1973 Supp. 65-431; effective Jan. 1, 1969; amended Jan. 1, 1974; revoked June 28, 1993.)

**28-34-10a. Pharmacy services.** (a) General provisions. Each hospital shall provide pharmaceutical services which are administered in accordance with accepted ethical and professional practices.

(b) Organization and staffing. The pharmaceutical service shall be directed by a licensed pharmacist. If the hospital has a pharmacy, it shall be directed by a licensed pharmacist. If the hospital does not have a pharmacy or a full-time staff pharmacist, a pharmacist employed on a part-time or consultant basis shall be responsible for control and dispensing of drugs and for operation of the pharmacy or the pharmaceutical functions of nursing stations. In addition to meeting the standards in this regulation, services shall be provided in accordance with K.A.R. 68-7-11 and amendments thereto.

(c) Pharmacy facilities. Each hospital that maintains a pharmacy on its premises shall provide adequate equipment, supplies and facilities for the storage, safeguarding, preparation and dispensing of drugs. Drugs and biologicals must be kept in locked storage areas. Drugs requiring refrigeration shall be stored in conveniently located refrigerators which shall be used for drug storage only.

(d) Pharmacy and therapeutics committee. Each hospital shall establish a pharmacy and therapeutics committee or its equivalent. The committee shall consist of at least physicians, nurses and pharmacists. This committee shall assist in the formulation of broad professional policies regarding evaluation, appraisal, selection, procurement, storage, distribution and use of drugs and safety procedures and all other matters relating to drugs in the hospital. This committee shall meet at least quarterly, record its proceedings and report to the medical staff.

(e) Policies and procedures. The pharmaceutical service shall develop written policies and procedures. These policies shall be reviewed by the medical staff at least annually and shall be dated to indicate the date of last review. Procedures shall be established for the recording of all drug dispensations or other pharmacy transactions of the pharmacy or nursing stations.

(f) Medications dispensed. The hospital pharmacy shall dispense from a formulary of drugs approved by the medical staff through its appropriate committees. Any drug approved by the food and drug administration for use as an experimental drug may be used in accordance with standards established by the hospital's medical staff.

(g) Commercial pharmaceutical service. Each hospital using an outside pharmacist or pharmaceutical service shall have a contract with that pharmacist or service. As part of the

contract, the pharmacist or service shall be required to maintain at least the standards for operation outlined in these regulations. (Authorized by and implementing K.S.A. 65-431; effective June 28, 1993.)

## LABORATORY

### **28-34-11. Laboratory.** (a) Definitions.

(1) "CLIA" means Public Law 100-578 implemented by 42 CFR 493 issued Feb. 28, 1992, as in effect on September 1, 1992; changes in subpart H, R and preamble to the Feb. 28, 1992 final rule issued August 11, 1992, as in effect on Sept. 1, 1992; technical corrections made in subparts T, F, A, K, C, Q, M and R issued Jan. 19, 1993, as in effect on Sept. 1, 1992; as in effect on Jan. 19, 1993.

(2) "Clinical consultant" means the individual or individuals in the laboratory defined by 42 CFR 493.1417(b), as in effect on Sept. 1, 1992 or 493.1455(b), as in effect on Sept. 1, 1992.

(b) The laboratory or laboratories performing analytical tests within the hospital shall hold a valid CLIA certificate for the type and complexity of all tests performed.

(c) Clinical laboratory services shall be available on the hospital premises or provided by a CLIA certified laboratory.

(d) An "authorized individual" shall, through written or electronic means, request all tests performed by the laboratory. The individual or individuals serving as the laboratory's clinical consultant or consultants, defined by 42 CFR 493.1417 (b), as in effect on Sept. 1, 1992 or 493.1455 (b), as in effect on Sept. 1, 1992, shall clearly define in writing an "authorized individual."

(e) All tissues removed shall be macroscopically examined. If deemed necessary, by written hospital policies and procedures, tissues shall then be microscopically examined. A list of all tissues which routinely do not require microscopic examination shall be developed in writing by a pathologist and approved by the medical staff of each hospital.

(f) The original report or duplicate copies of written tests reports and supporting records shall be retained in a readily retrievable form by the laboratory for a period of at least:

- (1) two years for routine test reports;
- (2) five years for blood banking test reports; and
- (3) ten years for histologic or cytologic test reports.

(g) Facilities for procurement, safekeeping, and transfusion of blood, blood products or both shall be provided or readily available. If blood products or transfusion services are provided by sources outside the hospital, they shall be provided by a CLIA certified laboratory. The source shall be certified for the scope of testing performed or products provided.

(h) Laboratories shall release all proficiency test results to KDHE within seven days of a written request. (Authorized by and implementing K.S.A. 65-431; effective Jan. 1, 1969; amended Jan. 1, 1974; amended May 3, 1996.)

## **RADIOLOGY DEPARTMENT**

**28-34-12. Radiology department.** (a) Facilities for diagnostic radiology shall be available.

(b) Emergency radiological services shall be reasonably available at all times.

(c) The radiology department and all patient services rendered therein shall be under the supervision of a designated medical staff physician; wherever possible, this physician shall be an attending or consulting radiologist.

(d) The technical personnel working in the department shall be qualified for the type of service performed.

(e) Written medical policies and procedures shall be developed under the direction of the physician responsible for the patient services of the department.

(f) Rooms in which ionizing radiation producing devices or equipment or radioactive materials are to be used or stored shall afford radiation protection in accordance with the Kansas radiation protection regulations and the recommendations of the national council on radiation protection and measurements.

(g) Radioactive materials and ionizing radiation producing devices and equipment shall be procured, stored, used, and disposed of in accordance with the Kansas radiation protection regulations and the license or registration required by the regulations as authorized by K.S.A. 48-1607.

(h) All control devices, switches, and electrical connections for radiological equipment shall conform to the requirements of the national board of fire underwriters.

(i) All X-ray and gamma beam therapy equipment shall be calibrated at least annually by a qualified expert according to definitions and procedures provided by the national council on radiation protection, as amended. All radiation producing equipment, therapeutic or diagnostic, shall be inspected at least every two years by the appropriate state agency. The designated radiation safety officer or physician in charge of the radiology department shall be furnished a signed copy of such inspection reports.

(j) Therapeutic radiation shall be administered to patients only at the direction and under the supervision of a radiologist.

(k) Diagnostic and therapeutic use of radioactive isotopes and radium therapy shall conform to applicable state and federal regulations, and shall be under the supervision of a radiologist or other qualified physician.

(l) The interpretation of all radiological examinations shall be made by physicians.

(m) A written report of the findings and evaluation of each radiological examination performed or course of treatment conducted shall be signed by the physician responsible for the procedure and shall be made a part of the patient's permanent medical record.

(n) Personnel exposure monitoring shall be maintained for each person regularly working in the radiation area. Regular periodic recording of cumulative exposure shall be maintained for each person so monitored, and shall contain at least all of the information required by the Kansas radiation protection regulations for such records. Records shall be retained for the periods of time required by Kansas radiation protection regulations.

(o) No person under 18 years of age shall be permitted to operate radiation producing equipment.

(p) Fluoroscopy shall be conducted by or under the direct supervision of a physician.  
(Authorized by K.S.A. 65-431; effective Jan. 1, 1969.)

**CENTRAL STERILIZING AND SUPPLY**

**28-34-13. Central sterilizing and supply.** (a) Policies and procedures shall be established in writing for storage, maintenance, and distribution of supplies and equipment.

(b) Sterile supplies and equipment shall not be mixed with unsterile supplies, and shall be stored in dust-proof and moisture-free units. They shall be properly labeled.

(c) Sterilizers and autoclaves shall be provided of appropriate type and necessary capacity to adequately sterilize instruments, utensils, dressings, water, operating and delivery room materials, as well as laboratory equipment and supplies. The sterilizers shall have approved control and safety features. The accuracy of instruments shall be checked periodically by an approved method. Adequate surveillance methods for checking sterilization procedures shall be employed.

(d) The date of sterilization or date of expiration shall be marked on all sterile supplies, and unused items shall be resterilized in accordance with written policies. (Authorized by K.S.A. 65-43 1; effective Jan. 1, 1969.)

## DIETARY DEPARTMENT

**28-34-14. Dietary department.** (a) The dietary department shall be under the supervision of qualified personnel. A consultant dietitian may supervise the dietary department of a small hospital which does not employ a full-time qualified dietitian; a properly qualified food service supervisor may substitute if a qualified dietitian is not available.

(b) In the absence of a full-time dietitian or food service supervisor, there shall be a cook manager who is responsible for the daily management of the department.

(c) There shall be written policies for food storage, preparation, and service. Policies shall conform to good sanitation practices.

(d) The food and nutritional needs of patients shall be met in accordance with the recommended dietary allowance of the food and nutrition board of the national research council and in accordance with physician's orders.

(e) Regular menus and modifications for basic therapeutic diets shall be written at least one week in advance and posted in the kitchen.

(f) Adequate administrative, working, and storage space and facilities shall be provided. There shall be a separate storage area above floor level for food.

(g) There shall be a dining area appropriate to the needs of the hospital.

(h) Dumbwaiters or other transportation equipment shall not be used to transport simultaneously both clean and unclean dishes. Dumbwaiters and other transportation equipment shall be cleaned and disinfected daily.

(i) Equipment and facilities shall be adequate to allow storage, preparation, cooking, and serving of food and drink to patients, staff, and employees in a proper and sanitary manner. There shall be separate handwashing facilities in the food preparation and service area.

(j) Temperatures in food freezers shall be no higher than 0° Fahrenheit.

(k) Dishes and utensils shall be washed in water at 140° Fahrenheit, and shall be rinsed at 180° Fahrenheit.

(l) Food service personnel shall wear washable garments, hair nets covering all of the hair (for women), clean caps (for men), and shall keep hands and fingernails clean at all times.

(m) Foods being transported shall be protected from contamination and held at proper

temperatures in clean containers or serving carts.

(n) All applicable codes and ordinances shall be met.

(o) Storage of toxic agents shall be prohibited in food preparation and food serving areas.

(p) Only grade "A" pasteurized milk shall be used. Milk and fluid milk products shall be served from the distributor's original containers or from a bulk container equipped with an approved dispensing device.

(q) All red meat and poultry shall be state or federally inspected and approved.

(r) Food returned on patient's trays shall not be reused. (Authorized by K.S.A. 65-431; effective Jan. 1, 1969.)

## LAUNDRY

**28-34-15. Laundry.** (a) The hospital shall make provisions for the proper laundering of linen and washable goods.

(b) When linen is laundered outside of the hospital, the hospital shall be responsible to assure that the requirements of these standards are covered in the terms of the contract or agreement.

(c) Hospital employees involved in transporting, processing, or otherwise handling clean or soiled linen shall be properly trained to ensure patient and employee safety.

(d) No laundry operations shall be carried out in patient care areas, nor in areas where food is prepared, served, or stored.

(e) All soiled linen shall be clearly identified.

(f) Soiled linen from infectious or isolation areas shall be bagged, marked, and laundered separately.

(g) Soiled diapers and nursery linen shall be washed separately.

(h) Soiled linen shall be sorted only in the sorting area.

(i) The washing and rinsing process shall be adequate to provide protection to patients and personnel. The temperature of water during the washing process shall be controlled to provide minimum temperature of 165° Fahrenheit for 25 minutes.

(j) Personnel handling soiled linen shall wash their hands after completing work with soiled linen.

(k) The finished "clean" linen and other washable goods shall be transported to the storage area or nursing units in conveyances used exclusively for "clean" goods.

(l) Clean linen stored in storage areas or on nursing units shall be in closets, shelves, conveyances, or rooms used exclusively for this purpose.

(m) All clean linen being transported shall be protected from contamination.

(n) Adequate space and equipment shall be provided for the laundry operation of the hospital.

(o) Sanitation controls shall be maintained.

(p) Laundry chutes shall be used only for soiled linen that has been properly bagged. (Authorized by K.S.A. 65-431; effective Jan. 1, 1969.)

**EMERGENCY SERVICES**

**28-34-16.** (Authorized by K. S.A. 65-431; effective Jan. 1, 1969; revoked June 28, 1993.)

**28-34-16a. Emergency services.** (a) Emergency services plans. Each hospital shall maintain a comprehensive, written emergency services plan based on community need and on the capability of the hospital. This plan shall include procedures whereby an ill or injured person can be addressed and either treated, referred to an appropriate facility or discharged. Regardless of the scope of its services, each hospital shall provide and maintain equipment necessary to institute essential life-saving measures for inpatients and, when referral is indicated, shall arrange for necessary transportation.

(b) Organized emergency services. In hospitals with organized emergency services, the following shall apply.

(1) Emergency services shall be available 24 hours a day, and medical staff coverage shall be adequate so that the patient will be seen within a period of time which is reasonable relative to the severity of the patient's illness or injury.

(2) No patient shall be transferred until the patient has been stabilized. A written statement of the patient's immediate medical problem shall accompany the patient when transferred. Every patient seeking medical care from the emergency services who is not in need of immediate medical care or for whom services cannot be provided by the hospital shall be given information about obtaining medical care.

(3) The emergency service, regardless of its scope, shall be organized and integrated with other departments of the hospital.

(4) The service shall be directed by a physician. The governing body shall adopt a written statement defining the qualifications, duties, and authority of the director. In the absence of a single physician, the direction of emergency medical services may be provided through a multidisciplinary medical staff committee, including at least one physician. The chairperson of this committee shall serve as director.

(5) The emergency nursing service shall be directed and supervised by a registered nurse with training in cardiopulmonary resuscitation. At least one registered nurse with this training shall be available at all times.

(6) The emergency service area shall be located near an outside entrance to the hospital and shall be easily accessible from within the hospital. Suction and oxygen equipment and cardiopulmonary resuscitation units shall be available and ready for use. This equipment shall include equipment used for tracheal intubation, tracheotomy, ventilating bronchoscopy, intrapleural decompression and intravenous fluid administration. Standard drugs, parental fluids, plasma substitutes and surgical supplies shall be on hand for immediate use in treating life-threatening conditions.

(7) Written policies and procedures which delineate the proper administrative and medical procedures and methods to be followed in providing emergency care shall be established. A medical record shall be kept for each patient receiving emergency services and

it shall be made a part of any other patient medical record maintained in accordance with K.A.R. 28-34-9a and amendments thereto.

(c) Cessation of organized emergency services. Any hospital ceasing to provide organized emergency services, at least 30 days prior to such action, or as soon as possible, shall:

(1) Document approval of the governing body of the closure of the organized emergency services;

(2) notify the licensing agency;

(3) place a legal public notice in the local newspaper of such cessation of services; and

(4) notify the Kansas department of transportation and the Kansas board of emergency medical services. (Authorized by and implementing K. S.A. 65-431; effective June 28, 1993.)

## ANESTHESIA SERVICES

**28-34-17.** (Authorized by K. S.A. 65-431; effective Jan. 1, 1969; revoked June 28, 1993.)

**28-34-17a. Anesthesia services.** (a) General provisions. Anesthesia care shall be regularly available when the hospital provides surgical or obstetrical services.

(b) Personnel.

(1) The department of anesthesia shall be responsible for all anesthetics administered.

(2) In hospitals where there is no department of anesthesia, the director of surgical services shall assume the responsibility for establishing general policies relating to administration of anesthetics. When there is a department of anesthesia, it shall be directed by a member of the medical staff with appropriate clinical and administrative experience.

(3) The responsibilities of the director shall be established by the governing body and shall include the following:

(A) Establishing criteria and procedures for the evaluation of the quality of all anesthesia care rendered in the hospital;

(B) making recommendations regarding necessary equipment for administering anesthesia and related resuscitation efforts;

(C) developing hospital rules concerning anesthesia safety; and

(D) participating in the hospital's program of cardiopulmonary resuscitation and in consultations regarding management of acute and chronic respiratory insufficiency.

(c) Anesthesia shall be provided only by a qualified individual licensed by the Kansas board of healing arts, the Kansas board of nursing, or the Kansas dental board to administer anesthesia. Anesthesia may also be administered by physicians who are residents in anesthesia or student nurse anesthetists under the supervision of an individual licensed to administer anesthesia.

(d) Policies.

(1) The governing body shall determine the extent of anesthesia services and shall define the degree of collaboration required for the administration of anesthesia. Certified registered nurse anesthetists shall work in an interdependent role with other practitioners.

(2) Each patient requiring anesthesia shall have a pre-anesthesia evaluation by a qualified anesthesia provider regarding the choice of anesthesia.

(3) Each patient's condition shall be reviewed immediately prior to induction. This shall include a review of the patient's medical record with regard to completeness of pertinent laboratory data and an appraisal of any changes in the condition of the patient as compared with that noted on the patient's medical record.

(4) Following the procedure for which anesthesia was administered, the anesthetist or a designee shall remain with the patient as long as required by the patient's condition relative to the patient's anesthesia status and until responsibility for proper patient care has been assumed by other qualified individuals.

(5) A record of events taking place during the induction and maintenance of and emergence from anesthesia, including the dosage and duration of all anesthetic agents, other drugs, intravenous fluids and blood or blood fractions, shall be made.

(e) Safety precautions. The governing body, through the director of anesthesia services, shall adopt rules for safe practice in anesthetizing locations. These rules shall be substantially similar to the requirements prescribed in appendix B of NFPA No. 56A (1973), "standard for the use of inhalation anesthetics," as published by the national fire protection association, Boston, Massachusetts. Separate rules shall be adopted for hospitals having flammable anesthetizing locations, nonflammable anesthetizing locations or mixed flammable and nonflammable anesthetizing locations. Flammable anesthetizing agents shall include cyclopropane, divinyl ether, ethyl ether, fluroxene, ethyl chloride, and ethylene. (Authorized by and implementing K.S.A. 65-43 1; effective June 28, 1993.)

## SURGICAL SERVICES

**28-34-17b. Surgical services.** (a) General provisions. Surgical services shall be provided in a manner sufficient to meet the medical needs of the patients.

(b) Personnel.

(1) The director of the surgical services shall be a qualified member of the medical staff with appropriate surgical and administrative experience.

(2) A roster of medical staff members, with a delineation of the surgical privileges granted to each, shall be maintained in the surgical suite and available to the surgical nurse supervisor.

(3) Surgical suite nursing services shall be under the direction and supervision of a registered nurse who is qualified by training and experience in operating room management and techniques. At least one registered nurse shall be on duty in the recovery room whenever the room is occupied.

(c) Facilities.

(1) Admission of patients, personnel and visitors to the surgical suite shall be controlled in accordance with written policies.

(2) The following equipment shall be immediately available to the surgical suite:

(A) A call system;

(B) a cardiac monitor;

(C) a resuscitator;

(D) a defibrillator;

(E) an aspirator;

(F) a t h o r a c o t o m y s e t ; a n d

( G ) a t r a c h e o t o m y s e t . (3)

Facilities for blood transfusions shall be available at all times.

(d) Policies. The medical staff shall develop written policies and procedures governing surgical services. These shall include:

(1) Appointment procedures which fairly evaluate the quality and competence of each surgeon seeking appointment to the surgical staff;

(2) reappointment procedures which provide for the periodic reappraisal of the qualifications and competence of each surgeon;

(3) criteria to determine the circumstances which require the presence of an assistant during surgery and to determine whether the assistant should be a physician or professional or nonprofessional personnel;

(4) procedures requiring that preoperative and postoperative medical records are completed in a timely and accurate manner. An accurate and complete description of findings and techniques of operation shall be made within 24 hours after operation by the surgeon who performed the operation; and

(5) procedures requiring that all tissues removed at surgery be examined by a physician whose report shall become a part of the patient's medical record.

(e) Operating room register. An operating room register shall be provided and maintained on a current basis. This register shall contain the date of the operation, the name and number of the patient, the names of surgeons and surgical assistants, the name of the anesthetist, the type of anesthesia given, preoperative and postoperative diagnosis, the type of surgical procedure and the presence or absence of complications in surgery. (Authorized by and implementing K.S.A. 65-431; effective June 28, 1993.)

**OBSTETRICAL AND NEWBORN SERVICES**

**28-34-18.** (Authorized by and implementing K.S.A. 65-431; effective Jan. 1, 1974; revoked May 1, 1986.)

**28-34-18a. Obstetrical and newborn services.** (a) General provisions. If the hospital provides obstetrical and newborn services, they shall be provided in a manner sufficient to meet the medical needs of the patients.

(b) Personnel.

(1) The director of the obstetrical services shall be a member of the medical staff who has experience in obstetrics. The director of the newborn nursery service shall be a member of the medical staff who has experience in pediatrics. The obstetrical and newborn nursing services, including labor, delivery, recovery, and postpartum care, shall be under the supervision of a registered professional nurse qualified by education and experience to provide nursing care to the obstetric and newborn patients.

(2) Personnel qualified to administer inhalation and regional anesthesia shall be readily available. A registered professional nurse shall be available to supervise staff who are monitoring labor, delivery, recovery, and postpartum patients. Labor, delivery, and recovery rooms, when occupied, shall have continuous coverage by nursing staff qualified by education and experience in intrapartum and postdelivery care. The newborn nursery shall be under the supervision of a registered professional nurse qualified by education and experience in the care of normal and high-risk infants.

(c) Facilities and equipment. The obstetrical and newborn services shall include facilities to provide for labor, delivery, recovery, postpartum, and newborn care in a designated area.

(1) Each labor room shall have access to the following:

- (A) Toilet facilities;
- (B) handwashing facilities in or immediately adjacent to each labor room;
- (C) oxygen and suction equipment;
- (D) a nurse call system;
- (E) an emergency delivery pack;
- (F) resuscitation equipment;
- (G) a fetal monitor;
- (H) intravenous therapy solutions and equipment; and
- (I) emergency tray with drugs appropriate to obstetrical emergencies.

(2) Each delivery room shall have access to the following:

- (A) Equipment appropriate for maternal and newborn resuscitation, including suction, airways, endotracheal tubes, and ambu bags;
- (B) equipment for administration of inhalation and regional anesthetics; (C) a functioning source of emergency electrical power;

- (D) an emergency call or intercommunication system;
- (E) oxygen and suction equipment which can be accurately regulated;
- (F) a fetal monitor;
- (G) supplies and instruments for emergency Cesarean section;
- (H) a scrub sink with foot, knee, or elbow control;
- (I) prophylactic solution approved by the licensing agency for instillation into eyes of newborn pursuant to K.S.A. 65-153 and K.A.R. 28-4-73 and any amendments thereto;
- (J) a method for identification of the newborn and mother;
- (K) a movable, heated bassinet, a bassinet with a radian warmer, or a transport isolette for the newborn while in the delivery room and during transport from the delivery room; and
- (L) a sink with foot, knee, or elbow control.

(3) Each normal or neonatal intensive care nursery shall have access to the following:

- (A) A bassinet or isolette for the exclusive use of each infant and for storage or individualized equipment and supplies;
- (B) oxygen, oxygen analyzer, and suction equipment which can be accurately regulated;
- (C) phototherapy light;
- (D) intravenous infusion solutions and equipment. A pump shall also be available;
- (E) sink with foot, knee, or elbow control; and
- (F) newborn resuscitation equipment.

(d) General requirements.

(1) When an infected patient is delivered in the delivery room, an established infection control protocol shall be followed. An operating room may be used for delivery when the delivery rooms are occupied and for Cesarean sections or obstetrical complications.

(2) Any room may be used as a birthing room when the hospital has a birthing room program that is approved by the licensing agency.

(3) Newborn services shall provide for newborn recovery, observation, and isolation, and for high-risk infants, access to care in a neonatal intensive care nursery either at the hospital of birth or by transfer to a hospital with a neonatal intensive care unit.

(4) All necessary supplies shall be stored in covered containers to permit individualized care.

(e) Procedures and policies. The directors of the obstetrical and newborn services, in cooperation with nursing service, shall develop procedures and policies which shall be available to the medical and nursing staff. Minimal procedures shall include the following:

(1) Oxygen shall be administered only with proper apparatus for its safe administration and control of concentration. Concentrations of oxygen shall not exceed a safe level commensurate with current concepts of oxygen therapy.

(2) Identification shall be attached to the mother and newborn infant before they are removed from the delivery room.

(3) Hospital infection control protocol shall be followed with each patient admitted to the labor and delivery, nursery, or postpartum areas with suspected or confirmed transmissible infection.

(4) Each newborn shall be transported to the mother's room or other units outside the nursery in an individual bassinet.

(5) Each infant shall be tested for phenylketonuria, congenital hypothyroidism, and galactosemia prior to being discharged.

(6) Additional policies shall be adopted concerning, at minimum, the following:

(A) The use of oxytocic drugs and the administration of anesthetics, sedatives, analgesics, and other drugs;

(B) the development of a current roster of physicians with a delineation of their obstetrical privileges. The roster shall be maintained and made available to personnel;

(C) the housing of gynecology patients on the maternity unit;

(D) the presence of fathers or other support persons in the labor, delivery, and birthing rooms;

(E) the protocol for visitors to labor and recovery patients and to the nursery and postpartum units;

(F) attire and handwashing protocols for obstetrical and newborn unit staff and other hospital staff entering these units;

(G) the flow of hospital staff between the obstetric and newborn units and other patient care areas;

(H) the procedure for obtaining blood samples for newborn screening lists, in compliance with K.S.A. 65-180 et seq. and any amendments to it, prior to newborn discharge;

(I) the procedure for reporting to the licensing agency within 48 hours when two or more infants in a nursery demonstrate simultaneous evidence of an infectious disease of a similar nature;

(J) an infection control program for labor, delivery, postpartum, and nursery area which shall include specific procedures for patient isolation and the cleaning, disinfection, and sterilization of patient areas, equipment, and supplies;

(K) arrangements for implementing patient education programs and family-centered care and for promoting parental/sibling/newborn attachment and initiation of breastfeeding;

(L) a system to facilitate coordination of prenatal and postpartum referral and follow up for mothers and newborns at risk and those being discharged less than 24 hours post delivery;

(M) a defined routine for care of obstetrical and newborn patients.

(f) Perinatal committee. The hospital shall establish an obstetrical and newborn services committee to monitor, evaluate, and recommend the provision of patient services. The committee membership shall include appropriate medical and nursing staff personnel. (Authorized by and implementing K.S.A. 65-431; effective May 1, 1986.)

**PEDIATRIC DEPARTMENT**

**28-34-19. Pediatric department.** Hospitals with an organized pediatric department shall provide facilities for the care of children, apart from the services for adult patients and from the newborn nursery, and there shall be proper facilities and procedures for the isolation of children with infectious, contagious or communicable conditions.

(a) The pediatric department shall be under the supervision of a designated staff physician.

(b) Hospitals providing pediatric care shall be evaluated and approved on the basis of the size of the service, the personnel, facilities, policies, and procedures.

(c) The newborn nursery and the pediatric department shall not be used for boarding care of illegitimate, dependent, neglected, or defective children. If, at the end of the period for which progressive medical care is indicated, the hospital is unable to properly discharge such infants, their presence shall be reported to the division of maternal and child health of the state department of health for suitable action by said department.

(d) Policies shall be established to cover conditions under which parents may stay with small children or "room-in" with their hospitalized child for moral support and assistance with care.

(e) There shall be appropriate referrals to public health nurses or other agencies for follow-up care as needed.

(f) Adolescents shall be separated from younger children. Reasonable privacy, without limiting necessary observation, shall be available for adolescents. (Authorized by K.S.A. 65-431; effective Jan. 1, 1969.)

**OUTPATIENT AND SHORT-TERM PROCEDURE SERVICES**

**28-34-20.** (Authorized by K. S.A. 65-431; effective Jan. 1, 1969; revoked June 28, 1993.)

**28-34-20a. Outpatient and short-term procedure services.** (a) General provisions. If the hospital provides outpatient services, those services shall be rendered in an effective and timely manner and shall be given only on the order of a physician or practitioner.

(b) Outpatient services.

(1) The director of the outpatient service shall possess qualifications that are consistent with the criteria, authority and duties defined in a written statement adopted by the hospital. The service shall be staffed with sufficient qualified personnel to meet the needs of the patients.

(2) Each outpatient service facility in which patient medical care is delivered shall be designed to ensure the privacy of each patient and the confidentiality of the patient's disclosures. Consultation and examination rooms or cubicles appropriate to the size of the service shall be available for the use of the staff.

(c) Short-term procedure services.

(1) If the hospital maintains a short-term procedure unit for treating patients requiring surgery on an outpatient basis, the unit shall be established and administered according to procedures developed by the medical staff and adopted by the governing body. Provision shall be made for back-up services by other departments in the case of emergencies or complications.

(2) The following basic facilities shall be provided when outpatient surgery is performed:

(A) An appropriately equipped and staffed operating room and postoperative recovery room;

(B) appropriate means of control against the hazards of infection, electrical or mechanical failure, fire or explosions;

(C) facilities for sterilizing equipment and supplies for maintaining sterile techniques;

(D) appropriate equipment and instrumentation for anesthesia, emergency cardiopulmonary resuscitation and other physiologic support;

(E) a readily available oxygen supply with emergency tanks; and

(F) readily available suction equipment.

The operating room shall be so located that it does not directly connect with a corridor used for general through traffic.

(d) Policies and procedures.

(1) Policies and procedures shall be developed to guide personnel in the effective implementation of the objectives of the outpatient services.

(2) Outpatient services shall be provided in accordance with established policies and procedures. In hospitals which do not provide an organized emergency service but provide outpatient services, outpatient services shall be provided during regularly scheduled hours. The hours of operation for the outpatient service shall be posted in the outpatient service waiting area. (Authorized by and implementing K. S.A. 65-431; effective June 28, 1993.)

**PSYCHIATRIC DEPARTMENT**

**28-34-21. Psychiatric department.** In hospitals where an organized psychiatric department is established, the following shall apply:

(a) Inpatient psychiatric services shall be under the supervision of a designated staff physician.

(b) Adequate facilities, equipment, and personnel shall be provided commensurate with the hospital's psychiatric program. There shall be a written description of the program. (Authorized by K.S.A. 65-431; effective Jan. 1, 1969.)

**PHYSICAL THERAPY DEPARTMENT**

**28-34-22. Physical therapy department.** In hospitals where organized departments of physical therapy are established, the following shall apply:

- (a) Physical therapy services shall be under the direction of a physician.
- (b) At least one registered physical therapist shall be employed for the department. In hospitals where the day-to-day services are provided by a physical therapy assistant or other supportive personnel, a part-time or consulting physical therapist shall be utilized to provide general supervision of the department.
- (c) Other professional or supportive personnel shall be included as required to assure adequate patient care. All personnel shall be qualified by training or experience for the services they are rendering.
- (d) Policies for the physical therapy department shall be written and shall be reviewed and revised as necessary.
- (e) When a patient is referred to the physical therapy department, the treatment to be administered shall be recorded on the patient's chart, including all pertinent details of the treatment procedure.
- (f) Records of inpatients and outpatients treated in the physical therapy department shall be maintained. The date of each patient visit shall be recorded as well as modalities employed and the area or areas treated. Patient progress notes shall be maintained.
- (g) Facilities, space, and equipment required shall depend upon the physical therapy services provided, but shall be sufficient to assure adequate care. The equipment shall be maintained in proper working condition to assure adequate patient benefit. (Authorized by K.S.A. 1973 Supp. 65-43 1; effective Jan. 1, 1969; amended Jan. 1, 1974.)

**INHALATION OR RESPIRATORY THERAPY DEPARTMENT**

**28-34-23. Inhalation or respiratory therapy department.** In hospitals with an organized inhalation department, the following shall apply:

(a) Inhalation or respiratory therapy services shall be under the guidance of a designated staff physician.

(b) Equipment shall be appropriate for the services provided and shall be checked periodically by the hospital for performance.

(c) The personnel working in the department shall be qualified for the type of services performed.

(d) Supplies shall be kept and stored in a manner that promotes safety in the hospital. (Authorized by K.S.A. 1973 Supp. 65-431; effective Jan. 1, 1974.)

**SOCIAL SERVICES DEPARTMENT**

**28-34-24. Social services department.** In hospitals with an organized department of social services, the following shall apply:

- (a) The department shall be under the guidance of a qualified social worker.
- (b) Appropriate facilities and personnel shall be provided in accordance with the hospital's program.
- (c) Records shall be kept of the social services provided. (Authorized by K.S.A. 1973 Supp. 65-43 1; effective Jan. 1, 1974.)

**OCCUPATIONAL THERAPY DEPARTMENT**

**28-34-25. Occupational therapy department.** In hospitals with an organized occupational therapy department, the following shall apply:

- (a) The department shall be under the guidance of a qualified occupational therapist.
- (b) Facilities and personnel shall be provided commensurate with the hospital's program.
- (c) Records shall be kept on the services provided. (Authorized by K.S.A. 65-431; effective Jan. 1, 1974.)

**TUBERCULOSIS TREATMENT**

**28-34-26. Tuberculosis treatment.** In hospitals with an organized tuberculosis treatment program, the following shall apply:

(a) Patients admitted for treatment of tuberculosis or patients suspected of having tuberculosis shall be isolated in an approved isolation unit. An approved isolation unit for these purposes shall be a patient room with private toilet, bathing, and handwashing facilities accessible to the room without entering the corridor, and shall be equipped with continuous mechanically operated ventilation systems in compliance with the minimum requirements for isolation rooms of the "general standards of construction and equipment for hospitals and medical facilities," PHS publication No. 930-A-7, section 8-23 and table 2.

(b) The hospital shall prepare and adopt a written plan governing the admission, isolation, treatment, reporting, and post-hospital follow up of tuberculosis cases. Such plan shall designate a member or members of the medical staff to provide consultation on tuberculosis cases and to maintain appropriate review of the program. The written plan shall be approved by the tuberculosis section, Kansas state department of health. In hospitals where tuberculosis patients are occasionally cared for in a nonorganized department setting, the following shall apply:

(c) A one-bed patient room with private toilet and handwashing facilities, but without a conforming ventilation system, may be used to house a diagnosed tuberculosis patient who is maintained chemotherapy. However, the room must be equipped with a continuously operating system to exhaust air to the outside to provide a minimum of six (6) air changes per hour. Doors must be kept closed except for necessary entrances and exits. (Authorized by K.S.A. 1973 Supp. 65-43 1; effective Jan. 1, 1974.)

## ALCOHOLISM TREATMENT

**28-34-27. Alcoholism treatment.** In hospitals where inpatient services are provided and an organized treatment program is offered, the following shall apply:

(a) Patients admitted for treatment shall be placed in appropriate facilities.

(b) The hospital shall prepare and adopt a written plan governing intake and admission procedures, modalities of treatment, nursing care, counseling, reporting, post-hospital follow up and referrals. Such plan shall designate a member or members of the medical staff to provide consultation and to maintain appropriate review of the program. The written plan shall be approved by the commission on alcoholism.

(c) Qualified personnel shall be employed to provide services offered by the hospital.

In hospitals where alcoholic patients are occasionally cared for in a nonorganized department setting, the following shall apply:

(d) Patients shall not be excluded from admission because of the presence of alcoholism as a primary or secondary diagnosis.

(e) Emergency treatment shall be reasonably available for alcoholic patients who require such care. (Authorized by K.S.A. 1973 Supp. 65-431; effective Jan. 1, 1974.)

### **INTENSIVE OR CORONARY CARE UNITS**

**28-34-28. Intensive or coronary care units.** In hospitals with an organized intensive or coronary care unit, the following shall apply:

(a) There shall be written policies for the unit.

(b) A committee of the medical staff shall be responsible for the procedures to be followed in the unit.

(c) The unit shall be a multi-bed unit and shall be distinctly identifiable. Individual rooms within a larger unit shall be acceptable.

(d) The nursing staff for the unit shall be headed by a qualified registered professional nurse. The unit shall be staffed by qualified personnel while the unit is occupied.

(e) Equipment and facilities that facilitate the carrying out of intensive care functions shall be provided. (Authorized by K.S.A. 1973 Supp. 65-431; effective Jan. 1, 1974.)

**LONG-TERM CARE UNIT**

**28-34-29.** (Authorized by and implementing K.S.A. 65-421; effective Jan. 1, 1974; revoked May 1, 1986.)

**28-34-29a. Long-term care unit.** (a) General provisions. If the hospital provides a longterm care service, such service shall be provided in a manner that meets the medical, rehabilitative, and social needs of the patient.

(b) Scope of services.

(1) The long-term service shall have a written program of restorative nursing care. This program shall be an integral part of nursing services and shall be directed toward assisting the patient to achieve and maintain an optimum level of self-care and independence.

(2) In addition to restorative services, the unit shall provide or arrange for specialized rehabilitation services by qualified personnel as needed by patients to improve and maintain functioning. Services shall include physical therapy, speech pathology, audiology, and occupational therapy and shall be provided by qualified personnel.

(3) A written, overall care plan shall be developed for each long-term care patient from an interdisciplinary assessment of the patient. The interdisciplinary assessment shall consist of medical, nursing, dietary, activities, and psychosocial diagnoses or evaluations.

(c) Medical direction. A member of the medical staff shall be assigned responsibility for the medical direction of the service. The director shall be responsible for the overall coordination of medical care in the unit and shall participate in the development of policies and procedures for patient care, including the delineation of responsibilities of attending physicians.

(d) Nursing services.

(1) The nursing services director shall have the overall responsibility of providing nursing services. The immediate supervisor of nursing personnel assigned to long-term care services shall be a registered nurse employed on the day shift and whose responsibilities shall be limited to the long-term care unit. Licensed nursing personnel shall be in the building at all times to be available as needed to provide services in the long-term care unit.

(2) Nursing personnel shall be assigned duties consistent with their education and experience. Each nurse aide shall be trained and examined in accordance with K.A.R. 28-3 979 and K.A.R. 28-39-80. Each nurse aide trainee who provides direct, individual care to patients shall be under the direct, onsite supervision of a licensed nurse. Each nurse aide trainee shall complete requirements for and obtain certification as a nurse aide within six months of employment.

(3) Each patient shall receive direct, individual patient care at a minimum weekly average of 2.0 hours per 24 hours, and a daily average of not fewer than 1.85 hours during any 24-hour period. Only care provided by personnel exclusively assigned to the long-term care service, including nursing personnel, the activities director, and the social services designee, shall be considered in meeting the care requirements.

(e) Restraints. A signed physician's order shall be required for any restraint. The order shall include justification, type of restraint, and duration of application. A patient shall not be restrained unless, in the written opinion of the attending physician, restraints are required to prevent injury to the patient or to others.

(f) Patient care and hygiene. The long-term care service shall provide supportive services to maintain the patients' comfort and hygiene as follows:

(1) Patients confined to bed shall receive a complete bath every other day or more often as needed.

(2) Incontinent patients shall be checked at least every two hours and shall be given partial baths and clean linens promptly when the bed or clothing is soiled.

(3) Pads shall be used to keep the patients dry and comfortable.

(4) Rubber, plastic, or other types of protectors shall be kept clean, completely covered, and not in direct contact with the patients.

(5) Soiled linen and clothing shall be removed immediately from the patients' rooms to prevent odors.

(6) Fresh water shall be available for each patient. For each nonambulatory patient, fresh water or other fluids shall be available at the bedside at all times unless fluids are restricted by physician's order.

(7) Each patient shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be taken to prevent dry, cracked lips.

(8) A written, ongoing program for skin care shall be implemented as follows:

(A) Bony prominences and weight-bearing parts, such as heels, elbows, and back, shall be bathed and given care frequently to prevent discomfort and the development of pressure sores.

(B) Treatment for pressure sores shall be given according to written physician's orders.

(C) The position of each patient confined to bed shall be changed at least every two hours during the day and night.

(D) Each patient shall be positioned in good body alignment.

(E) Precautions shall be taken to prevent foot drop in bed patients.

(g) Restorative nursing care. Each nursing personnel shall receive regular staff development training sessions in restorative techniques. Documentation of such training shall be maintained.

(h) Specialized rehabilitative services.

(1) Rehabilitation needs shall be met either through services provided directly by the hospital or through arrangements with qualified outside resources.

(2) Commensurate with the services offered, adequate space and equipment shall be available.

(3) Each rehabilitative service performed shall be recorded in the patient's record and shall be signed and dated by the person providing the service.

(4) Written policies and procedures shall be developed for specialized rehabilitative

services with input from qualified therapists and representatives of the medical, administrative, and nursing staffs.

(5) A written plan of care, initiated by the attending physician and developed in consultation with the therapist or therapists involved and with nursing services, shall be developed for each patient receiving rehabilitative services. A report of the patient's progress shall be communicated to the attending physician within two weeks of the initiation of the service. Thereafter, the patient's progress shall be reviewed and revised on not less than a quarterly basis.

(i) Social services. The long-term care service shall have methods for identifying the medically-related, psychosocial needs of each patient. Needs shall be met by qualified staff of the hospital or by referral to an outside resource through established procedures. (Authorized by and implementing K.S.A. 65-431; effective May 1, 1986.)

**OTHER DEPARTMENTS**

**28-34-30. Other departments.** In hospitals where other departments are established, the following shall apply:

- (a) Patient care and treatment services shall be under the direction of a physician.
- (b) Appropriate professional and nonprofessional personnel shall be provided.
- (c) Therapists, as required, shall be qualified for services being performed.
- (d) Policies and procedures shall be written, and shall be revised as necessary.
- (e) Adequate records shall be maintained.
- (f) Facilities and equipment shall be provided, commensurate with the hospital's program. (Authorized by K.S.A. 1973 Supp. 65-431; effective Jan. 1, 1974.)

## GENERAL SANITATION AND HOUSEKEEPING

**28-34-31. General sanitation and housekeeping.** (a) Hospitals shall comply with applicable codes.

(b) Suitable equipment shall be provided for the regular cleaning of all interior surfaces. Operating and delivery rooms shall be thoroughly cleaned after each operation or delivery. Patient rooms shall be thoroughly cleaned after discharge. No wax shall be applied to conductive floors which will render them nonconductive. Adequate and conveniently located spaces shall be provided for the storage of janitorial supplies and equipment.

(c) The premises shall be kept neat, clean, and free of rubbish.

(d) Housekeeping procedures shall be written.

(e) All garbage and waste shall be collected, stored, and disposed of in a manner that will not encourage the transmission of contagious disease. Containers shall be washed and sanitized before being returned to work areas or shall be disposable.

(f) All openings to the outer air shall be effectively protected against the entrance of insects and other animals by self-closing doors, closed windows, screening, controlled air currents, or other effective means. Screening material shall not be less than 16 mesh to the inch or equivalent.

(g) A sufficient supply of cloth or disposable towels shall be available so that a fresh towel can be used after every handwashing. Common towels are prohibited.

(h) There shall be adequate handwashing facilities conveniently located.

(i) Common drinking cups shall be prohibited.

(j) Dry sweeping and dusting shall be prohibited. Use of a rotary buffer shall be prohibited in areas such as isolation to aid in reducing the spread of pathogenic bacteria.

(k) Adequate and conveniently located toilet facilities shall be provided.

(l) Periodic checks shall be made throughout the buildings and premises to enforce sanitation procedures. The times and results of such checks shall be recorded. (Authorized by K.S.A. 1973 Supp. 65-43 1; effective Jan. 1, 1974.)

**CONSTRUCTION STANDARDS**

**28-34-32.** (Authorized by and implementing K.S.A. 65-431; effective Jan. 1, 1974; revoked May 1, 1986.)

**28-34-32a.** (Authorized by and implementing K.S.A. 65-431; effective May 1, 1986; revoked June 28, 1993.)

**28-34-32b. Construction standards.** (a) General provisions. All hospital construction, including new buildings and additions or alterations to existing buildings, shall be in accordance with the standards set forth in the American institute of architects academy of architecture for health, publication No. ISBN 1-55835-151-5, entitled "1996-97 guidelines for design and construction of hospital and health care facilities," copyrighted in 1996, and hereby adopted by reference.

(b) Construction plans and specifications.

(1) Plans and specifications for each new hospital and each alteration and addition to any existing hospital, other than minor alterations, shall be prepared by an architect licensed in Kansas. "Minor alterations" means those projects that meet the following conditions:

- (A) Do not affect the structural integrity of the building;
- (B) do not change functional operation;
- (C) do not affect fire safety; and
- (D) do not add beds or facilities over those for which the hospital is licensed.

(2) The preliminary plan, plans and specifications at the outline specification stage, and plans and specifications at the contract document stage shall be made available to the licensing agency upon request.

(3) The preliminary plans shall include the following:

- (A) Sketch plans of the basement, each floor, and the roof, indicating the space assignment, size, and outline of fixed equipment;
- (B) all elevations and typical sections;
- (C) a plot plan showing roads and parking facilities; and
- (D) areas and bed capacities by floors.

(4) The outline specifications shall consist of a general description of the construction, air conditioning, heating, and ventilation systems.

(5) Contract documents shall consist of working drawings that are complete and adequate for bidding, contract, and construction purposes. Specifications shall supplement the drawings to fully describe the types, sizes, capacities, workmanship, finishes, and other characteristics of all materials and equipment. Before commencing construction, the architect shall certify, in writing, to the agency that the contract documents are in compliance with subsections (a), (b), and (c) of this regulation. The written certification shall also include the following:

- (A) The name of the facility;
- (B) a narrative description of extent of the project;
- (C) the physical location of the project;
- (D) any change in room numbers and bed assignments; and
- (E) the expected completion date of the project to the licensing agency, which shall be provided at least 30 days before the project completion date.

(c) The administrator of the facility shall notify the state fire marshal's office of all hospital construction, alterations, or additions at the preliminary planning stage.

(d) Access. Representatives of the licensing agency shall, at all reasonable times, have access to work in preparation or progress, and the contractor shall provide proper facilities for the access and inspection. A complete set of plans and specifications shall be available on the job site for use by licensing agency personnel. (Authorized by and implementing K.S.A. 65-431; effective June 28, 1993; amended February 9, 2001.)

**28-34-125.** (Authorized by and implementing K.S.A. 65-431; effective May 1, 1987; revoked June 28, 1993.)

## GENERAL REQUIREMENTS

**28-52-1. General Requirements.** (a) Each medical care facility shall establish a written plan for risk management and patient care quality assessment on a facility-wide basis.

(b) The plan shall be approved and reviewed annually by the facility's governing body.

(c) Findings, conclusions, recommendations, actions taken, and results of actions taken shall be documented and reported through procedures established within the risk management plan.

(d) All patient services including those services provided by outside contractors or consultants shall be periodically reviewed and evaluated in accordance with the plan.

(e) Plan format. Each submitted plan shall include the following:

(1) Section I - a description of the system implemented by the facility for investigation and analysis of the frequency and causes of reportable incidents within the facility;

(2) Section II - a description of the measures used by the facility to minimize the occurrence of reportable incidents and the resulting injuries within the facility;

(3) Section III - a description of the facility's implementation of a reporting system based upon the duty of all health care providers staffing the facility and all agents and employees of the facility directly involved in the delivery of health care services to report reportable incidents to the chief of medical staff, chief administrative officer, or risk manager of the facility;

(4) Section IV, organization - a description of the organizational elements of the plan including:

(A) Name and address of the facility;

(B) name and title of the facility's risk manager;

(C) description of involvement and organizational structure of medical staff as related to risk management program, including names and titles of medical staff members involved in investigation and review of reportable incidents;

(D) organizational chart indicating position of the facility's review committee as defined in K.S.A. 65-65-4923 and L. 1986, Ch. 229, new Section 4(a)(2); and

(E) mechanism for ensuring quarterly reporting of incident reports to proper licensing agency;

(5) Section V - a description of the facility's resources allocated to implement the plan; and

(6) Section VI - documentation that the plan as submitted has been approved by the facility's governing body.

(f) Plan submittal. On and after November 1, 1986, each medical care facility shall submit the plan to the department at least 60 days prior to the license renewal date. After an initial plan is approved, any amendments to the plan shall be submitted to the department.

(g) Departmental review. Upon review of the facility's risk management plan or any amendments, the department shall notify the facility in writing if the plan or amendments have been approved or disapproved. The written notification will specify the reason for disapproval.

(h) Revised plan. Within 60 days of the date the facility receives notification the plan has been disapproved, the facility shall submit a revised plan to the department.

(i) Plan publication. The plan shall be disseminated to personnel in accordance with the plan. (Authorized by and implementing L. 1986, Chapter 229, Sec. 4; effective T-87-50, December 19, 1986.)

## INCIDENT REPORTING

28-52-2. **Incident reporting.** (a) Each medical care facility shall identify a written form on which employees and health care providers shall report clinical care concerns to the risk manager, chief of staff, or administrator. The original or complete copy of the incident report shall be sent directly to the risk manager, chief of staff, or administrator, as authorized in the facility's risk management plan.

(b) The risk manager, chief of staff, or administrator shall acknowledge the receipt of each incident report in writing. This acknowledgment may be made in the following manner:

- (1) file stamping each report;
- (2) maintaining a chronological risk management reporting log;
- (3) signing or initialing each report in a consistent fashion; or
- (4) entering pertinent information into a computer database.

(c) Incident reports, investigational tools, minutes of risk management committees, and other documentation of clinical analysis for each reported incident shall be maintained by the facility for not less than one year following completion of the investigation. (Authorized by and implementing K.S.A. 65-4922; effective February 27, 1998.)

**RISK MANAGEMENT COMMITTEE**

28-52-3. **Risk management committee.** (a) Each medical care facility shall designate one or more executive committees responsible for making and documenting standard-of-care determinations with respect to each incident report, pursuant to K.A.R. 28-52-2. The jurisdiction of each risk management committee shall be clearly delineated in the facility's risk management plan, as approved by the facility's governing body.

(b) The activities of each risk management committee shall be documented in its minutes at least quarterly, and this documentation shall demonstrate that the committee is exercising overall responsibility for standard- of- care determinations delegated by the committee to individual clinical reviewers and subordinate committees. (Authorized by and implementing K.S.A. 65-4922; effective February 27, 1998.)

**STANDARD OF CARE DETERMINATIONS**

28-52-4. **Standard-of-care determinations.** (a) Each facility shall assure that analysis of patient care incidents complies with the definition of a "reportable incident" set forth at K.S.A. 65-4921. Each facility shall use categories to record its analysis of each incident, and those categories shall be in substantially the following form:

- (1) Standards of care met;
- (2) standards of care not met, but with no reasonable probability of causing injury;
- (3) standards of care not met, with injury occurring or reasonably probable; or
- (4) possible grounds for disciplinary action by the appropriate licensing agency.

(b) Each reported incident shall be assigned an appropriate standard-of-care determination under the jurisdiction of a designated risk management committee. Separate standard-of-care determinations shall be made for each involved provider and each clinical issue reasonably presented by the facts. Any incident determined by the designated risk management committee to meet category (a) (3) or (a) (4) shall be considered a "reportable incident" and reported to the appropriate licensing agency in accordance with KSA 65 -4923.

(c) Each standard-of-care determination shall be dated and signed by an appropriately credentialed clinician authorized to review patient care incidents on behalf of the designated committee. In those cases in which documented primary review by individual clinicians or subordinate committees does not occur, standard-of-care determinations shall be documented in the minutes of the designated committee on a case-specific basis. Standard-of-care determinations made by individual clinicians and subordinate committees shall be approved by the designated risk management committee on at least a statistical basis. (Authorized by and implementing K.S.A. 65-4922; effective February 27, 1998.)