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Washington State Society of Healthcare Attorneys (WSSHA)

Chapter 10:

Hospital Regulation

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Editor's Note:

Suzanne C. Johnson, JD served as an editor to a previous version of the chapter.

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10.1. Chapter Summary

Hospital licensing in Washington is mandatory and regulated by a myriad of statutes, rules, and regulations to ensure institutional quality. In addition to rules and regulations pertaining specifically to hospitals, the individual departments and professions within the hospital are subject to their own detailed regulations. Also, a number of state agencies, such as the Department of Labor and Industries, the State Radiation Safety Board, and others, provide regulation of specific aspects of the hospital facilities or administration. Additional quality control mechanisms include private accreditation organizations, civil litigation, and market forces (*See Barry R. Furrow et al.*, Health Law § 1-1 (1995)).

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is the leading private accreditation organization. The organization, whose governing board consists of various physician representatives, accredited approximately 4,500 hospitals nationwide as of 2004. Although compliance with JCAHO accreditation standards is voluntary, a number of states have incorporated elements of the JCAHO standards into their hospital licensing regulations. In addition, under the Medicare statute, a JCAHO-accredited institution is deemed to meet most of the requirements for Medicare certification and is not required to submit to regular federal inspection (*Id.* §1-4, at p. 2.)

This chapter focuses on the Washington statutes and regulations pertaining, in most cases exclusively, to hospitals. In places where overlap with more generalized statutes or rules exists, these other statutes and rules are discussed as well.

10.2. Hospital Licensing

10.2.1. Introduction

Washington statutory law requires hospitals to be licensed through the Washington State Department of Health (DOH) (RCW 70.41.090). RCW chapter 70.41 governs the licensing of all hospitals except state mental institutions and psychiatric hospitals, which are governed by RCW chapter 71.12. Licensure is dependent upon the institution's compliance with RCW 70.41 and the regulations in WAC chapter 246-320 promulgated by DOH (RCW 70.41.110). The statutory and regulatory licensing requirements, which are mandatory, should be distinguished from the accreditation standards of the JCAHO or the bureau of hospitals of the American Osteopathic Association, which are subject to voluntary compliance (RCW 70.41.090; WAC 246-320-010(2)). DOH, however, is now required to make minimum standards and rules consistent in format and general content with the applicable JCAHO hospital survey standards (RCW 70.41.030).

10.2.2. State Authority

The state's authority to regulate hospitals is derived from its police powers to regulate matters involving the public health, safety and welfare. To this end, RCW chapter 70.41 delegates broad authority to DOH "to promote safe and adequate care of individuals in hospitals through the development, establishment, and enforcement of minimum hospital standards for maintenance and operation" (RCW 70.41.005; RCW 70.41.010; RCW 70.41.030). To fulfill these duties, DOH promulgated the regulations in WAC 246-320, which replaced those repealed in WAC 246-318 and are discussed in detail in this chapter.

10.2.3. Entities Subject to Licensure

Pursuant to RCW 70.41.090, all hospitals and institutions describing themselves as hospital are subject to licensure. RCW 70.41.020(4) defines "hospital" as "any institution, place, building, or agency which provides accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care of two or more individuals not related to the operator who are suffering from

illness, injury, deformity, or abnormality or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis” (RCW 70.41.020(4)).

There are several notable exclusions from the definition of “hospital” in RCW 70.41. The chapter does not apply to state mental institutions, psychiatric hospitals, or other institutions specifically intended for the treatment of mental illness or abnormality. The definition of “hospital” further excludes hotels; places furnishing only food, lodging, or domiciliary care; clinics; physician’s offices where patients are not regularly kept for twenty-four hours or more; nursing homes; maternity homes; or birthing centers. In addition, the chapter excludes hospitals “conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well recognized church or religious denominations” (RCW 70.41.020(4)). Additionally, the regulations exclude “alcoholism hospitals” (WAC 246-320-010(40)(e)).

In certain instances, a “hospital” under a single license may include two or more buildings. A single license may cover two or more buildings provided that the hospital operates the multiple buildings as a single integrated system under the governance of a singular authority or body and with a single medical staff for all hospital facilities (WAC 246-320-085(1)). Furthermore, the hospital must arrange for safe, appropriate, and adequate transport of patients between buildings (WAC 246-320-085(2)).

10.2.4. Scope of the Hospital Licensing Standards

RCW 70.41 and WAC 246-320 encompass nearly all aspects of hospital operation and administration. In addition, the statutes and regulations set forth minimum standards which hospital facilities must meet and standards governing the construction of new facilities. These statutes, rules, and regulations are discussed in detail below.

10.2.4.1. Hospital Governance and Administration

The regulations provide that the governing authority of each hospital shall provide organizational guidance and oversight and ensure that the resources and staff are available to support safe and adequate patient care (WAC 246-320-125). The regulations further set forth a detailed list of actions that the hospital’s governing body shall be required to take. Pursuant to this list, the governing body shall (1) adopt and periodically review bylaws which address legal accountabilities and responsibilities; (2) establish and review governing authority policies, promote performance improvement, and provide for organizational management and planning; (3) establish a process for selecting and periodically evaluating a chief executive officer; (4) establish and appoint a medical staff; and (5) approve bylaws, rules, and regulations as adopted by the medical staff before they can become effective (WAC 246-320-125(1)-(5)).

The regulations further require that hospital leadership ensure that care is provided consistently throughout the hospital and in accordance with patient and community needs (WAC 246-320-145). The regulations further set forth a detailed list of actions to be required of the hospital leadership. Hospital leaders shall design hospital-wide patient care services and design appropriate department specific scope of services as well as approve the scope of service of each department; integrate and coordinate patient care services; and provide for the uniform performance of patient care services (WAC 246-320-145(1)(a)-(c)). The leadership must also ensure that all patients have access to safe and appropriate care and establish and implement processes for (1) gathering and utilizing information regarding patient and family satisfaction; and (2) complaint resolution for patients, families, employees, providers, and others (WAC 246-320-145 (2) & (3)). Additionally, hospital leaders shall plan, promote, and conduct organization-wide performance-improvement activities to provide effective leadership and coordinated delivery of patient care and must ensure that clinical services are provided in a timely manner (WAC 246-320-145(4) & (5)). Hospital

leadership must also ensure that nursing services are directed by a nurse executive or identified registered nurse leader and that nursing policies, procedures, practices, and standards of patient care are established and approved by the nurse executive WAC 246-320-145(6)(a) & (b). Furthermore, the leadership must also determine who has the authority to establish and approve hospital policies and ensure that individuals conducting business in the hospital comply with its policies and procedures (WAC 246-320-145(7) & (8)). Additionally, the regulations also require that hospital leadership notify appropriate authorities, namely an appropriate law enforcement agency or the DOH, upon the occurrence of certain situations. These include any suspected abuse of a child, adult dependent, or a developmentally disabled person (WAC 246-320-145(9)); an unanticipated death or major permanent loss of function (10(a)); a patient suicide while under hospital care (10(b)); an infant abduction or discharge to the wrong family (10(c)); sexual assault or rape of a patient or staff member (10(d)); a hemolytic transfusion reaction involving administration of blood having major blood group incompatibilities (10(e)); surgery performed on the wrong patient or body part (10(f)); a failure or major malfunction of a facility system which affects patient care (10(g)); or any fire which affects patient care (10(h)). The form and effect of any such notice to the DOH is detailed in WAC 246-320-145(11).

Each hospital must also manage human resources to ensure that it provides competent staff consistent with the scope of its services (WAC 246-320-165). Pursuant to the regulations, hospitals shall (1) establish, review, and update written job descriptions for each job classification; (2) conduct periodic staff performance reviews; (3) ensure qualified and competent staff operate each department; (4) ensure supervision of staff; (5) document verification of current staff licensure, certification, or registration; (6) complete tuberculosis screening for current and new employees pursuant to WAC 246-320-99902(15); (7) provide orientation to the work environment; (8) provide information regarding infection control to staff upon hire and annually; and (9) establish and implement an education plan that verifies or arranges for appropriate education and training of staff on prevention, transmission, and treatment of HIV and AIDS consistent with RCW 70.24.310 (WAC 246-320-165(1)-(9)).

10.2.4.2. Medical Staff

The hospital's governing body is required by statute to set standards and procedures to follow when considering applications for staff membership or professional privileges (RCW 70.43.010). In acting upon applications for staff membership or professional privileges, the hospital is prohibited from discriminating against applicants based solely on whether they are licensed as physicians under RCW 18.71, as osteopaths under RCW 18.57, or as podiatrists under RCW 18.22 (RCW 70.43.020). Additionally, a hospital is prohibited from discriminating against osteopaths licensed under RCW 18.57 solely because that practitioner was board certified or eligible under an approved osteopathic certifying board instead of board certified or eligible respectively under an approved medical certifying board (RCW 70.41.235). Injunctive relief is available to individuals harmed by either the hospital's failure to adopt standards and procedures for the consideration of applications or by any discrimination based on the individual's type of license (RCW 70.43.030).

The hospital's governing body is charged with the duty of appointing medical staff (WAC 246-320-125(4)). To this end, when granting or renewing staff privileges or when hiring a physician, the hospital must request from the physician (1) the name of all hospitals with which the physician has been affiliated; (2) whether the affiliation was discontinued and why; (3) whether there are any pending medical malpractice actions or misconduct proceedings against the physician and, if so, the substance of the allegations; (4) the substance of the findings in the actions or proceedings; (5) a waiver by the physician of

any confidentiality provisions concerning the information required under this subsection; and (6) a verification from the physician that the information provided is accurate and complete (RCW 70.41.230(1)(a)-(f)). The hospital must then request from the any hospitals with which the physician has been affiliated information regarding any pending malpractice proceedings, any judgments or settlements or malpractice cases, and any findings of professional misconduct (RCW 70.41.230(2)(a)-(c)).

As another means of helping the governing body to oversee the medical staff, the regulations provide that, before they can become effective, medical staff bylaws, rules, and regulations must first be approved by the governing body (WAC 246-320-125(5)).

Pursuant to the regulations, the hospital shall contribute to a safe and adequate patient care environment through the development of medical staff structure which assures consistent clinical competence (WAC 246-320-185). The medical staff shall adopt staff bylaws, rules, and regulations that define the medical staff and its organizational structure as well as address (1) qualifications for membership; (2) verification of application data; (3 & 4) the appointment and reappointment processes; (5) the length of appointment and reappointment; (6) the process for the granting of delineated clinical privileges; (7) provision for continuous care of patients; (8) assessment of credentialed practitioners' performance; and (9) due process (WAC 246-320-185(1)(a)-(i)). Additionally, the medical staff will include licensed physicians (and may include other individuals granted privileges by the governing body) to provide patient care services and will also forward recommendations for membership, initial, renewed, or revised clinical privileges, to the governing authority for action (WAC 246-320-185(2) & (3)).

The regulations also provide that each hospital ensures that criminal history background inquiries are conducted for any employee or prospective employee who has or will have unsupervised access to children, vulnerable adults, and developmentally disabled adults (WAC 246-320-105). Hospitals shall require (1) a disclosure statement and (2) a Washington state patrol background inquiry, as specified under RCW 43.43.834, for each prospective employee, volunteer, contractor, student, and any other person associated with the licensed hospital having unsupervised access to children under the age of sixteen, vulnerable adults as defined under RCW 43.43.830, and developmentally disabled individuals (WAC 246-320-105(1)(a) & (B)). Additionally, DOH will (1) review the records required under this section; (2) investigate allegations of noncompliance with RCW 43.43.830 through RCW 43.43.842; and (3) use information collected under this section solely for the purpose of determining licensure or relicensure (WAC 246-320-105(2)(a)-(c)). Furthermore, DOH may require the hospital to complete additional disclosure statements or background inquiries if the department has reason to believe that offences under 43.43.830 have occurred (WAC 246-320-105(3)).

10.2.4.3. Information Management

Under WAC 246-320-205, licensed hospitals shall obtain, manage, and use information to improve patient outcomes and the performance of the hospital in patient care, governance, management, and support services. To carry out this purpose, hospitals shall facilitate patient care by medical staff and other practitioners timely access to information, systems, resources, and services as well as maintain the confidentiality, security, and integrity of data and information (WAC 246-320-205(1) & (2)). Additionally, hospitals must initiate and maintain a medical record for every individual treated including a process to review records for completeness, accuracy, and timeliness (WAC 246-320-205(3)). Medical records must (1) contain information to identify the patient, the patient's clinical data to support the diagnosis, course, and results of treatment, author identification, consent documents, and promote continuity of care; (2) be

accurately written, dated, timed, promptly filed, retained in accordance with RCW 70.41.190 and RCW 5.46, and accessible; (3) indicate that the legally authorized practitioner authenticated the record after transcription and that the entries are dated and authenticated in a timely manner; and (4) include verbal orders by authorized individuals which are accepted and transcribed by qualified personnel (WAC 246-320-205(3)(a)-(d)). Furthermore, hospitals shall establish a systematic method for identifying medical record to allow ready identification of area of service, filing, and retrieval of all the patient's records and shall adopt and implement policies and procedures that address access to and release of confidential data and transmittal of medical data to ensure continuity of care (WAC 246-320-205(4) & (5)).

10.2.4.4. Improving Organizational Performance

Under WAC 246-320-225, licensed hospitals shall ensure that performance improvement activities of staff, medical staff, and outside contractors result in continuous improvement of patient health outcomes. Pursuant to the regulations, hospitals shall have a hospital-wide to process improvement of patient care in accordance with RCW 70.41.200 and including, but not limited to (1) a written performance plan periodically evaluated and approved by the governing authority; (2) collaborative and interdisciplinary performance improvement activities; and (3) timely review of serious or undesirable patient outcomes (WAC 246-320-225(1)(a)-(c)). Additionally, the hospital shall systematically collect and assess data on important processes or outcomes related to patient care and organization functions and must prioritize and take appropriate action to improve and/or continue measurement in response to data assessment (WAC 246-320-225(2)). The hospital shall collect and assess data including, but not limited to: (1) processes or outcomes related to various occurrences including operative procedures that place patients at risk, infection rates, mortality, etc.; (2) the needs, expectations, and satisfaction of patients; and (3) quality control and risk management activities (WAC 246-320-225(2)(a)-(c)).

10.2.4.5. Patient Rights and Organizational Ethics

Under WAC 246-320-245, licensed hospitals shall improve patient outcomes by respecting each patient and by conducting relationships with patients and the public in an ethical manner. Under the regulations, the hospital shall provide all patients with a written statement of patient rights (WAC 246-320-245(1)). The hospital shall also respect, inform, and support a patient's right to treatment and service by adopting and implementing various policies and procedures (WAC 246-320-245(2)). These policies and procedures must (1) ensure various patient's rights such as the right to confidentiality, privacy, security, complaint resolution, spiritual care, communication, access to protective services, and involvement in all aspects of care including the right to refuse treatment and the resolution of dilemmas about care decisions (WAC 246-320-245(2)(a)). They must also result in the attainment of informed consent and participation of family in care decisions when appropriate as well as address ethical issues in patient care, including obtaining and honoring advance directives, withholding resuscitative services and foregoing or withdrawing life-sustaining treatment, and provision of care at the end of life (WAC 246-320-245(2)(b) & (c)). Furthermore, they must also ensure that the procurement and donation of organs and other tissues, if done, is in accordance with RCW 68.50.500 & 68.50.560, medical staff input, and family/surrogate decision makers' direction as well as address research, investigation, and clinical trials including internal procedures to authorize the research, assurance that the practitioners will follow informed consent laws, and assurance that if the patient refuses participation, such refusal will not compromise their access to services (WAC 246-320-245(2)(d) & (e)).

10.2.4.6. Infection Control Program

Under WAC 246-320-265, licensed hospitals shall identify and reduce the risk acquiring and transmitting nosocomial infections and communicable diseases between patients, employees, medical staff, volunteers, and visitors. Pursuant to the regulations, hospitals must develop and implement an infection control program and will designate a member or members of the staff to oversee, review, evaluate, and approve the activities of the infection control program as well as assure that staff managing the program have documented evidence of a minimum two years experience in a health related field and training in the principles and practices of infection control (WAC 246-320-245(1) & (2)). The hospital must also adopt and implement written policies and procedures consistent with the published guidelines of the centers for disease control and prevention (CDC) regarding infection control in hospitals in order to guide the staff (WAC 246-320-245(3)). Where appropriate, these policies and procedures are specific to the service area and address (1) receipt, use, disposal, processing, or reuse of hospital and non-hospital equipment and (2) prevention of cross contamination between soiled and clean items during sorting, processing, transporting, and storage (WAC 246-320-245(3)(a) & (b)). They must also address (3) environmental management and housekeeping functions, including the process for approval of disinfectants, sanitation procedures, and equipment; cleaning areas used for surgery as appropriate; general hospital-wide daily cleaning; and a laundry and linen system that will ensure that the laundry/linen supply is adequate to meet the needs of the hospital and patients, the standards used for processing linens assure that clean laundry is free of toxic residues and within industry standard pH ranges, and that processing and storage is in accordance with WAC 246-320-595(3) (WAC 246-320-245(3)(c)). The policies and procedures must also address (4) occupational health consistent with current practice; (5) attire; (6) traffic patterns; (7) antisepsis and hand-washing; (8) scrub technique and surgical preparation; (9) biohazardous waste management in accordance with applicable regulations; (10) barrier and transmission precautions; and (11) pharmacy and therapeutics (WAC 246-320-245(3)(d)-(k)). Finally, the hospital shall establish and implement a plan for public health coordination, including a system for reporting communicable diseases, and for surveillance and investigation consistent with WAC 246-320-225 (WAC 246-320-245(4)).

10.2.4.7. Hospital Services

Pharmacy. Pursuant to the regulations, hospitals shall assure that patient pharmaceutical needs are met in a planned and organized manner (WAC 246-320-285). Hospitals must meet the requirements in WAC 246-873 and shall (1) prepare, dispense, and administer medications in accordance with current law, regulation licensure, and professional standards of practice; (2) assure medication use processes are organized and systematic throughout the hospital, under the direction of a pharmacist, and coordinated with the medical staff; (3) and have a process for the selection of medication based on objective evaluation of their relative therapeutic merits, safety, and cost (WAC 246-320-285(1)-(3)). Additionally, hospitals shall adopt and implement policies and procedures that support safe storing, handling, managing, controlling, prescribing, dispensing, and administering medications and that address prescribing and procuring medications not available on-site; ensuring prescriptions are verified and patients identified before the medication is administered; and ensuring that the medication's effects on patients are monitored and documented (WAC 246-320-285(4)).

Food and Nutrition. The regulations provide that each hospital provide food and nutritional services to assure that patients' nutritional needs are met in an organized manner. Hospitals shall (1) designate a qualified individual to manage said services; designate a registered dietician to (2) perpetuate policies and procedures addressing the provision of adequate nutritional care for patients and (3) assess the nutritional status and plan when indicated by the risk screen of an individual patient; (4) develop and update a plan for

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medical nutritional therapy as well as monitor and document each patient's response to the plan in the medical record; (5) provide meals and implement a system to ensure that meals are nutritionally balanced, planned in advance, and sensitive to patients' cultural diversity; and (6) implement policies and procedures to assure that food service complies with WAC 246-215 (WAC 246-320-305).

Laboratory, Imaging and Other Diagnostics. Pursuant to the regulations, hospitals shall, if providing laboratory services, adopt and implement policies and procedures which require availability of pathology and clinical laboratory services on a timely basis and reflect accepted standards of care for such services (WAC 246-320-325(1)).

If providing imaging services, other diagnostic, treatment, or therapeutic services, hospitals shall adopt and implement policies and procedures which reflect accepted standards of care for that service (WAC 246-320-325(2) & (3)).

Inpatient Care. Under WAC 246-320-345, hospitals shall develop a plan for patient care. This is to be accomplished by ensuring availability of materials and resources and by establishing and enforcing policies and procedures that promote the delivery of quality health care. Accordingly, hospitals shall provide sufficient and appropriate personnel, space, equipment, reference materials, and supplies for patient treatment as well as have a registered nurse in the hospital at all times and available for consultation (WAC 246-320-345(1) & (2)).

Additionally, hospitals shall have a mechanism to plan and document care that is provided in an interdisciplinary and collaborative manner and shall adopt, implement, and subsequently review and revise as necessary, patient care policies designed to guide personnel (WAC 246-320-345(3) & (4)).

Licensed hospitals shall also have patient care policies and procedures which address the following: (1) criteria for admission of patients to general and specialized service areas; (2) reliable methods for the personal identification of each patient; (3) conditions that require the transfer of patients, either to specialized patient care areas or outside facilities; (4) the identification of potential patients who are organ and/or tissue donors; (5) patient safety measures; (6) staff access to patient areas; (7) the use of restraints; (8) patient care orders, (9) the use of pre-established patient care guidelines or protocols, (10) the care and handling of persons whose conditions require consideration; (11) medications meeting the requirements in WAC 246-873 and 246-320-285; (12) a hospital-approved procedure for double-checking certain drugs, etc. by appropriately licensed personnel; (13) emergency drugs; (14) preparation and administration of (a) intravenous solutions, medications, etc. and (b) blood and blood products; (15) anesthesia services, and (16) discharge planning (WAC 246-320-345(5)(a)-(q)).

Finally, hospitals shall also complete and document the following: (1) an initial assessment of each patient's physical condition, emotional, and social needs. This assessment is based upon the patient's diagnosis, care setting, desire for care, response to previous treatment, consent to treatment, and educational needs. It shall cover (a) patient history and physical assessment; (b) current needs; (c) need for discharge planning; (d) and immunization status for pediatric patients (WAC 246-320-345(6)(a)). Also, (2) current physical examination, within 30 days prior to admission and updated as necessary; (3) additional specialized assessments as necessary, including nutritional, functional, social, psychological, and or physiological status; (4) reassessments in accordance with the plan of care and the patient's condition; and (5) discharge plans when appropriate (WAC 246-320-345(6)(b)-(e)).

Specialized Patient Care. In addition to meeting the requirements discussed above for inpatient care services and pursuant to WAC 246-320-365, licensed hospitals must also fulfill various responsibilities regarding specialized care (WAC 246-320-365(1)).

Licensed hospitals shall adopt and implement policies and procedures which address accepted standards of care for each specialty service; shall assure physician oversight for such services by a physician with experience in that particular specialized service; and shall assure that the staff of each nursing service area are supervised by a registered nurse who provides leadership in the planning, provision, and coordination of care (WAC 246-320-365(2)-(4)).

Furthermore, hospitals providing any of a number of enumerated services or departments must adhere to specific guidelines. For instance, a hospital providing surgery and interventional services shall (1) ensure appropriate access to areas where invasive procedures are performed and to information regarding practitioners' delineated privileges for operating room staff; and (2) shall provide emergency equipment, supplies and services in a timely manner and appropriate for the scope of services as well as separate refrigerated storage equipment with temperature alarms when blood is stored in the surgical department (WAC 246-320-365(5)). Other such enumerated services and departments include the following: a post anesthesia recovery unit (PACU) (WAC 246-320-365(6)); obstetrical services (WAC 246-320-365(7)); an intermediate care nursery or nursing, laboratory, pharmacy, radiology, and respiratory care for infants (WAC 246-320-365(8)); a neonatal intensive care nursery (WAC 246-320-365(9)); a critical care unit or services (WAC 246-320-365(10)); an alcoholism and/or chemical dependency unit or services (WAC 246-320-365(11)); a psychiatric unit or services (WAC 246-320-365(12)); a long term care unit or services (WAC 246-320-365(13)); an emergency care unit or services (WAC 246-320-365(14)); and renal dialysis services (WAC 246-320-365(15)).

Emergency Contraception. Pursuant to the regulations, all hospitals with emergency rooms must provide emergency contraception as a treatment option to any woman who seeks treatment as a result of a sexual assault (WAC 246-320-370). Accordingly, any hospital that provides emergency care must develop and implement policies and procedures regarding the provision of round the clock emergency care to victims of sexual assault; must provide such victims with medically and factually accurate and unbiased written and oral information about emergency contraception; must orally inform each victim in a language she understands of her option to be provided emergency contraception; and must immediately provide emergency contraception, as defined in WAC 246-320-010, to each victim of sexual assault if the victim requests it and if it is not medically contraindicated (WAC 246-320-370).

Outpatient Care. Under WAC 246-320-385, licensed hospitals shall (1) meet the requirements of WAC 246-320-345(1), (3), and (4); (2) assure appropriate physician oversight for outpatient services; (3) provide patient services in accordance with a written order or protocol by an authorized practitioner; and (4) explain a patient's plan of care, when needed and as appropriate, to the patient, their family, social network, and/or support system (WAC 246-320-385).

10.2.4.8. Management of Environment for Care

Under WAC 246-320-405, licensed hospitals shall reduce and control environmental hazards and risks, prevent accidents and injuries, and maintain safe conditions for patients, staff, and visitors. Pursuant to the regulations, the hospital shall designate a person or persons responsible to develop, implement, monitor, and follow up on safety, security, hazardous materials, emergency preparedness, life safety, patient related technology, utility system, and physical plant elements of the safety program (WAC 246-320-405(1)).

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As for safety, the hospital shall establish and implement a plan to maintain a hazard-free environment and reduce the risk of injury to patients, staff, and visitors (WAC 246-320-405(2)(a)(i) & (ii)). Furthermore, the hospital shall (1) report and investigate safety related incidents and, when appropriate, take steps to avoid future incidents; and (2) educate and review periodically with staff, policies and procedures relating to safety (WAC 246-320-405(2)(b) & (c)).

Regarding security, the hospital shall (1) establish and implement a plan to maintain a secure environment for patients, staff, and visitors, including a plan to prevent abduction of patients; (2) educate staff on security procedures; and (3) if a designated security staff is present, assure that they have a minimum level of training and competency (WAC 246-320-405(3)).

Concerning hazardous materials and waste, the hospital shall (1) establish and maintain a program to safely control such materials in accordance with applicable federal, state, and local regulations; (2) provide space and equipment for safe handling and storage of such materials; (3) investigate all hazardous spills, exposures, and other incidents of/regarding such materials and report to appropriate agencies; and (4) educate staff on policies and procedures relating to safe control of hazardous materials and waste (WAC 246-320-405(4)).

As for emergency preparedness, the hospital shall establish and implement a disaster plan designed to meet both internal and external disasters (WAC 246-320-405(5)(a)). The plan shall be specific to the hospital; relevant to the area; internally implementable, at all times; and reviewed and revised periodically (WAC 246-320-405(5)(a)(i)-(iv)). Furthermore, the hospital shall ensure that the plan identifies who is responsible for each aspect of the plan as well as essential and key personnel who will respond to a disaster (WAC 246-320-405(5)(b)). Finally, the hospital shall include in the plan provision for staff education and training and briefing and evaluation after each disaster or drill (WAC 246-320-405(5)(c)).

Regarding life safety, the hospital shall (1) establish and implement a fire-safety plan that meets requirements established by the Washington state patrol, fire protection bureau; (2) investigate fire protection deficiencies, failures, and user errors; and (3) orient, educate, and drill staff on related policies and procedures (WAC 246-320-405(6)).

Concerning patient related technologies, the hospital shall establish and implement a plan to (1) complete technical and engineering reviews to ensure that all patient related technology will function safely and with appropriate building support systems; (2) inventory all related technologies that require maintenance; (3) address and document preventative maintenance; and (4) assure quality delivery of service (WAC 246-320-405(7)(a)). Additionally, the hospital shall investigate, report, and evaluate procedures in response to system failures as well as educate staff regarding relevant patient related medical technology (WAC 246-320-405(7)(b) & (c)).

As for utility systems, the hospital shall establish and implement a plan to (1) maintain a safe, controlled, comfortable environment; (2) assess and minimize risks of utility system failures and ensure operational reliability; (3) investigate utility systems management problems and report incidents as well as corrective actions; and (4) address and document preventative maintenance (WAC 246-320-405(8)(a)). The hospital shall also educate staff on utility management policies and procedures (WAC 246-320-405(8)(b)).

Finally, regarding the physical plant, the hospital shall provide storage as well as plumbing with a water supply providing both hot (not to exceed 120° F) and cold water under pressure which conforms to DOH

standards; cross connection controls meeting the requirements of WAC 246-320-525(4)(a); and medical gas piping meeting the requirements of WAC 246-320-99902(6) & (10) (WAC 246-320-405(9)(a) & (b)). The hospital shall also provide ventilation, with air pressure meeting the requirements of WAC 246-320-525 (Table 525-3), to prevent objectionable odors and/or excessive condensation; interior finishes suitable and in accordance with WAC 246-320-525(6); and electrical with patient call systems in accordance with WAC 246-320-525 (Table 525-1) as well as tamper resistant receptacles in waiting areas and where noted in Table 525-5 and WAC 246-320-99902(3) (WAC 246-320-405(9)(c)-(e)).

10.2.4.9. Construction Regulations

The purpose of the new construction regulations contained in WAC 246-320-500 through WAC 246-320-99902 is to provide minimum standards for a safe and effective patient care environment (WAC 246-320-500). The regulations apply to a hospital as defined in RCW 70.41.020 and include new buildings to be licensed as a hospital; the conversion of an existing building or portions thereof for use as a hospital; additions and alterations to an existing hospital; and buildings or portions thereof licensed as a hospital and used for outpatient care facilities (WAC 246-320-500(1)(a)). Non-patient care areas used exclusively for administrative functions are excluded (WAC 246-320-500(1)(b)). Additionally, the requirements of WAC 246-320 in effect at the time the application, fee, and construction documents are submitted to the department for review will apply for the duration of the construction project (WAC 246-320-500(2)).

The regulations are divided into the following sections: Design, construction review, and approval of plans (505); Site and site development (515); General design (525); Support facilities (535); Maintenance, engineering, mechanical, and electrical facilities (545); Admitting, lobby, and medical records facilities (555); Receiving, storage, and distribution facilities (565); Central processing service facilities (575); Environmental services facilities (585); Laundry and/or linen handling facilities (595); Food and nutrition facilities (605); Pharmacy (615); Laboratory and pathology facilities (625); Surgery facilities (635); Recovery/post anesthesia care unit (PACU) (645); Obstetrical delivery facilities (655); Birthing/delivery rooms, labor, delivery, recovery (LDR) and labor, delivery, recovery, postpartum (LDRP) (665); Interventional service facilities (675); Nursing unit (685); Pediatric nursing unit (695); Newborn nursery facilities (705); Intermediate care nursery and neonatal intensive care nursery (715); Critical care facilities (725); Alcoholism and chemical dependency nursing unit (735); Psychiatric facilities (745); Rehabilitation facilities (755); Long-term care and hospice unit (765); Dialysis facilities (775); Imaging facilities (785); Nuclear medicine facilities (795); Emergency facilities (805); Outpatient care facilities (815); Fees (990); and Appendix B – Dates of documents adopted by reference in chapter 246-320 WAC (99902).