
Chapter 246-320 WAC
HOSPITAL LICENSING REGULATIONS

WAC 246-320-001 Purpose and applicability of chapter. 2

WAC 246-320-010 Definitions. 2

WAC 246-320-025 On-site licensing survey. 6

WAC 246-320-045 Application for license--License expiration dates--Notice of decision--Adjudicative proceeding. 6

WAC 246-320-065 Exemptions, alternative methods, and interpretations. 6

WAC 246-320-085 Single license to cover two or more buildings--When permissible. 6

WAC 246-320-105 Criminal history, disclosure, and background inquiries. 6

WAC 246-320-125 Governance. 6

WAC 246-320-145 Leadership. 6

WAC 246-320-165 Management of human resources. 6

WAC 246-320-185 Medical staff. 6

WAC 246-320-205 Management of information. 6

WAC 246-320-225 Improving organizational performance. 6

WAC 246-320-245 Patient rights and organizational ethics. 6

WAC 246-320-265 Infection control program. 6

WAC 246-320-285 Pharmacy services. 6

WAC 246-320-305 Food and nutrition services. 6

WAC 246-320-325 Laboratory, imaging, and other diagnostic, treatment or therapeutic services. 6

WAC 246-320-345 Inpatient care services. 6

WAC 246-320-365 Specialized patient care services. 6

WAC 246-320-370 Emergency contraception. 6

WAC 246-320-385 Outpatient care services. 6

WAC 246-320-405 Management of environment for care. 6

WAC 246-320-500 Applicability of WAC 246-320-500 through 246-320-600. 6

WAC 246-320-505 Design, construction review, and approval of plans. 6

WAC 246-320-600 Washington state amendments. 6

WAC 246-320-990 Fees. 6

WAC 246-320-001 Purpose and applicability of chapter. This chapter is adopted by the Washington state department of health to implement the provisions of chapter 70.41 RCW and establish minimum health and safety requirements for the operation, maintenance, and construction of acute care hospitals.

- 1) Compliance with the regulations in this chapter does not constitute release from the requirements of applicable state and local codes and ordinances. Where regulations in this chapter exceed other codes and ordinances, the regulations in this chapter will apply:
- 2) The department will review references to codes and regulations in this chapter, and:
 - a) Update as necessary; and
 - b) Adopt a revised list of referenced standards, if required.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-001, filed 1/28/99, effective 3/10/99.]

WAC 246-320-010 Definitions. For the purposes of this chapter and chapter 70.41 RCW, the following words and phrases will have the following meanings unless the context clearly indicates otherwise:

- 1) "Abuse" means injury or sexual abuse of a patient under circumstances indicating the health, welfare, and safety of the patient is harmed. Person "legally responsible" will include a parent, guardian, or an individual to whom parental or guardian responsibility is delegated (e.g., teachers, providers of residential care and treatment, and providers of day care):
 - a) "Physical abuse" means damaging or potentially damaging nonaccidental acts or incidents which may result in bodily injury or death.
 - b) "Emotional abuse" means verbal behavior, harassment, or other actions which may result in emotional or behavioral problems, physical manifestations, disordered or delayed development.
- 2) "Agent," when used in a reference to a medical order or a procedure for a treatment, means any power, principle, or substance, whether physical, chemical, or biological, capable of producing an effect upon the human body.
- 3) "Alcoholism" means an illness characterized by lack of control as to the consumption of alcoholic beverages, or the consumption of alcoholic beverages to the extent an individual's health is substantially impaired or endangered, or his or her social or economic function is substantially disrupted.
- 4) "Alteration" means any change, addition, or modification to an existing hospital or a portion of an existing hospital. "Minor alteration" means renovation that does not require an increase in capacity to structural, mechanical or electrical systems, which does not affect fire and life safety, and which does not add beds or facilities

in addition to that for which the hospital is currently licensed.

- 5) "Assessment" means the: (a) Systematic collection and review of patient-specific data; (b) process established by a hospital for obtaining appropriate and necessary information about each individual seeking entry into a health care setting or service; and (c) information to match an individual's need with the appropriate setting and intervention.
- 6) "Authentication" means the process used to verify that an entry is complete, accurate, and final.
- 7) "Child" means an individual under the age of eighteen years.
- 8) "Critical care unit or service" means the specialized medical and nursing care provided to patients facing an immediate life-threatening illness or injury. The care is provided by multidisciplinary teams of highly experienced and skilled physicians, nurses, pharmacists or other allied health professionals who have the ability to interpret complex therapeutic and diagnostic information and access to highly sophisticated equipment.
- 9) "Department" means the Washington state department of health.
- 10) "Dietitian" means an individual meeting the eligibility requirements for active membership in the American Dietetic Association described in Directory of Dietetic Programs Accredited and Approved, American Dietetic Association, edition 100, 1980.
- 11) "Double-checking" means verification of patient identity, agent to be administered, route, quantity, rate, time, and interval of administration by two persons legally qualified to administer such agent prior to administration of the agent.
- 12) "Drugs" as defined in RCW 18.64.011(3) means:
 - a) Articles recognized in the official U.S. pharmacopoeia or the official homeopathic pharmacopoeia of the United States;
 - b) Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals;
 - c) Substances (other than food) intended to affect the structure or any function of the body of man or other animals; or
 - d) Substances intended for use as a component of any substances specified in (a), (b), or (c) of this subsection but not including devices or component parts or accessories.
- 13) "Emergency care to victims of sexual assault" means medical examinations, procedures, and services provided by a hospital emergency room to a victim of sexual assault following an alleged sexual assault.
- 14) "Emergency contraception" means any health care treatment approved by the food and drug administration that prevents pregnancy, including, but not limited to, administering two increased doses of certain oral contraceptive pills within seventy-two hours of sexual contact.

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- 15) "Emergency triage" means the immediate patient assessment by a registered nurse, physician, or physician assistant to determine the nature and urgency of the person's medical need and the time and place care and treatment is to be given.
 - 16) "Family" means individuals important to and designated by a patient who need not be relatives.
 - 17) "Governing authority/body" means the person or persons responsible for establishing the purposes and policies of the hospital.
 - 18) "High-risk infant" means an infant, regardless of gestational age or birth weight, whose extrauterine existence is compromised by a number of factors, prenatal, natal, or postnatal needing special medical or nursing care.
 - 19) "Hospital" means any institution, place, building, or agency providing 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. "Hospital" as used in this chapter does not include:
 - a) Hotels, or similar places furnishing only food and lodging, or simply domiciliary care;
 - b) Clinics, or physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more;
 - c) Nursing homes, as defined and which come within the scope of chapter 18.51 RCW;
 - d) Birthing centers, which come within the scope of chapter 18.46 RCW;
 - e) Psychiatric or alcoholism hospitals, which come within the scope of chapter 71.12 RCW; nor
 - f) Any other hospital or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions.
 - g) Furthermore, nothing in this chapter will be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital 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.
 - 20) "Individualized treatment plan" means a written statement of care planned for a patient based upon assessment of the patient's developmental, biological, psychological, and social strengths and problems, and including:
 - a) Treatment goals, with stipulated time frames;
 - b) Specific services to be utilized;
 - c) Designation of individuals responsible for specific service to be provided;

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- d) Discharge criteria with estimated time frames; and
 - e) Participation of the patient and the patient's designee as appropriate.
- 21) "Infant" means a baby or very young child up to one year of age.
 - 22) "Invasive procedure" means a procedure involving puncture or incision of the skin or insertion of an instrument or foreign material into the body including, but not limited to, percutaneous aspirations, biopsies, cardiac and vascular catheterizations, endoscopies, angioplasties, and implantations. Excluded are venipuncture and intravenous therapy.
 - 23) "Licensed practical nurse," abbreviated LPN, means an individual licensed under provisions of chapter 18.78 RCW.
 - 24) "Maintenance" means the work of keeping something in suitable condition.
 - 25) "Medical staff" means physicians and may include other practitioners appointed by the governing authority to practice within the parameters of the governing authority and medical staff bylaws.
 - 26) "Medication" means any substance, other than food or devices, intended for use in diagnosing, curing, mitigating, treating, or preventing disease.
 - 27) "Multidisciplinary treatment team" means a group of individuals from the various disciplines and clinical services who assess, plan, implement, and evaluate treatment for patients.
 - 28) "Neglect" means mistreatment or maltreatment; an act or omission evincing; a serious disregard of consequences of a magnitude constituting a clear and present danger to an individual patient's health, welfare, and safety.
 - a) "Physical neglect" means physical or material deprivation, such as lack of medical care, lack of supervision necessary for patient level of development, inadequate food, clothing, or cleanliness.
 - b) "Emotional neglect" means acts such as rejection, lack of stimulation, or other acts of commission or omission which may result in emotional or behavioral problems, physical manifestations, and disordered development.
 - 29) "Neonate" or "newborn" means a newly born infant under twenty-eight days of age.
 - 30) "Neonatologist" means a pediatrician who is board certified in neonatal-perinatal medicine or board eligible in neonatal-perinatal medicine, provided the period of eligibility does not exceed three years, as defined and described in Directory of Residency Training Programs by the Accreditation Council for Graduate Medical Education, American Medical Association, 1998 or the American Osteopathic Association Yearbook and Directory, 1998.
 - 31) "New construction" means any of the following:
 - a) New facilities to be licensed as a hospital;
 - b) Alterations.
 - 32) "Nonambulatory" means an individual physically or mentally unable to walk or

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- traverse a normal path to safety without the physical assistance of another.
- 33) "Operating room (OR)" means a room within the surgical department intended for invasive and noninvasive procedures requiring anesthesia.
 - 34) "Patient" means an individual receiving (or having received) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative health services at the hospital.
 - 35) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.
 - 36) "Pharmacist" means an individual licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW as now or hereafter amended.
 - 37) "Pharmacy" means the central area in a hospital where drugs are stored and are issued to hospital departments or where prescriptions are filled.
 - 38) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, Physicians, chapter 18.22 RCW, Podiatric medicine and surgery, or chapter 18.57 RCW, Osteopathy--Osteopathic medicine and surgery.
 - 39) "Prescription" means an order for drugs or devices issued by a practitioner duly authorized by law or rule in the state of Washington to prescribe drugs or devices in the course of his or her professional practice for a legitimate medical purpose.
 - 40) "Procedure" means a particular course of action to relieve pain, diagnose, cure, improve, or treat a patient's condition.
 - 41) "Protocols" and "standing order" mean written descriptions of actions and interventions for implementation by designated hospital personnel under defined circumstances and authenticated by a legally authorized person under hospital policy and procedure.
 - 42) "Psychiatric service" means the treatment of patients pertinent to the psychiatric diagnosis whether or not the hospital maintains a psychiatric unit.
 - 43) "Recovery unit" means a special physical and functional area for the segregation, concentration, and close or continuous nursing observation and care of patients for a period of less than twenty-four hours immediately following anesthesia, obstetrical delivery, surgery, or other diagnostic or treatment procedures which may produce shock, respiratory obstruction or depression, or other serious states.
 - 44) "Registered nurse" means an individual licensed under the provisions of chapter 18.79 RCW and practicing in accordance with the rules and regulations promulgated thereunder.
 - 45) "Restraint" means any method used to prevent or limit free body movement including, but not limited to, involuntary confinement, an apparatus, or a drug given not required to treat a patient's medical symptoms.
 - 46) "Room" means a space set apart by floor-to-ceiling partitions on all sides with proper access to a corridor and with all openings provided with doors or windows.
 - 47) "Seclusion room" means a small, secure room specifically designed and organized

for temporary placement, care, and observation of one patient and for an environment with minimal sensory stimuli, maximum security and protection, and visual observation of the patient by authorized personnel and staff. Doors of seclusion rooms are provided with staff-controlled locks.

- 48) "Sexual assault" has the same meaning as in RCW 70.125.030.
- 49) "Staff" means paid employees, leased or contracted persons, students, and volunteers.
- 50) "Surgical procedure" means any manual or operative procedure performed upon the body of a living human being for the purpose of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defect, prolonging life or relieving suffering, and involving any of the following:
 - a) Incision, excision, or curettage of tissue or an organ;
 - b) Suture or other repair of tissue or an organ including a closed as well as an open reduction of a fracture;
 - c) Extraction of tissue including the premature extraction of the products of conception from the uterus; or
 - d) An endoscopic examination with use of anesthetizing agents.
- 51) "Surrogate decision-maker" means an individual appointed to act on behalf of another. Surrogates make decisions only when an individual is without capacity or has given permission to involve others.
- 52) "Treatment" means the care and management of a patient to combat, improve, or prevent a disease, disorder, or injury, and may be:
 - a) Pharmacologic, surgical, or supportive;
 - b) Specific for a disorder; or
 - c) Symptomatic to relieve symptoms without effecting a cure.
- 53) "Victim of sexual assault" means a person who alleges or is alleged to have been sexually assaulted and who presents as a patient.

[Statutory Authority: Chapter 70.41 RCW. 08-14-023, § 246-320-010, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.350 and 70.41.030. 04-11-057, § 246-320-010, filed 5/17/04, effective 6/17/04. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-010, filed 1/28/99, effective 3/10/99.]

WAC 246-320-025 On-site licensing survey. The purpose of this section is to provide annual on-site survey requirements in accordance with chapter 70.41 RCW.

- 1) The department will:
 - a) Conduct at least one on-site licensing survey each calendar year to determine compliance with the provisions in chapter 70.41 RCW and this chapter;
 - b) Notify the hospital in writing of state survey findings;

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- c) Contact the hospital to discuss the findings of an on-site licensing or joint commission on accreditation of health care organizations (JCAHO) survey when appropriate; and
 - d) Not conduct the annual on-site licensing survey when requested by a hospital accredited by JCAHO in accordance with subsections (2) and (3) of this section.
- 2) A hospital accredited by the JCAHO may request exclusion from an annual on-site licensing survey during the year of the JCAHO survey. To request exclusion, a hospital must submit to the department:
 - a) A written request asking to be excluded from the annual on-site licensing survey during the calendar year in which the hospital will be surveyed by the JCAHO;
 - b) The written request at least thirty days prior to the beginning of the calendar year for which the exclusion from an annual on-site licensing survey will be made;
 - c) Verification of current JCAHO accreditation; and
 - d) A copy of the decisions and findings of the JCAHO survey within thirty days of receipt of the final JCAHO survey report.
 - 3) The department will grant an exclusion from the annual on-site licensing survey when:
 - a) The hospital:
 - i) Meets the requirements in subsection (2) of this section; and
 - ii) Verifies current JCAHO accreditation;
 - b) The department determines the JCAHO survey standards used at the time of the JCAHO survey exceed or are substantially equivalent to chapter 70.41 RCW and this chapter.
 - 4) A hospital excluded from an annual on-site licensing survey in accordance with this section:
 - a) Is not subject to an annual on-site licensing survey during the calendar year the hospital is surveyed by the JCAHO and for twelve months after the date of the JCAHO survey; and
 - b) Must notify the department in writing of any changes in JCAHO accreditation status within ten days of receipt of the accreditation report from the JCAHO.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-025, filed 1/28/99, effective 3/10/99.]

WAC 246-320-045 Application for license--License expiration dates--Notice of decision--Adjudicative proceeding. The purpose of this section is to ensure hospitals are licensed in accordance with chapter 70.41 RCW.

- 1) An applicant not currently licensed must submit to the department an application

for licensure and applicable fee in accordance with RCW 70.41.100.

- 2) The department will, prior to issuing an initial license, verify compliance with the provisions of chapter 70.41 RCW and this chapter which include, but are not limited to:
 - a) Approval of construction documents;
 - b) Receipt of a certificate of need as provided in chapter 70.38 RCW;
 - c) Compliance with local codes and ordinances, including approval to occupy; and
 - d) Conducting an on-site licensing survey in accordance with WAC 246-320-025.
- 3) The licensed hospital must submit to the department:
 - a) No later than November 30 of each calendar year, an application for licensure or verification of license information and applicable fee in accordance with RCW 70.41.100; and
 - b) An application addendum indicating any changes to the information previously provided.
- 4) The department will issue hospital licenses initially and reissue hospital licenses as often thereafter as necessary each calendar year so as to cause approximately one-third of the total number of hospital licenses to expire on the last day of the calendar year. Licenses issued pursuant to this chapter may be valid for any period not to exceed thirty-six months.
- 5) The department may issue a provisional license to permit the operation of the hospital for a period of time to be determined by the department if there is failure to comply with the provisions of chapter 70.41 RCW or this chapter.
- 6) The department may deny, suspend, modify, or revoke a license in any case in which it finds that there has been a failure or refusal to comply with the requirements of chapter 70.41 RCW or this chapter.
 - a) The department's notice of a denial, suspension, modification, or revocation of a license will be consistent with RCW 43.70.115. An applicant or license holder has the right to an adjudicative proceeding to contest a license decision.
 - b) A license applicant or holder contesting a department license decision will within twenty-eight days of receipt of the decision:
 - i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the office of the Adjudicative Clerk, Department of Health, PO Box 47879, Olympia, WA 98504-7879; and
 - ii) Include in or with the application:
 - A) A specific statement of the issue or issues and law involved;
 - B) The grounds for contesting the department decision; and
 - C) A copy of the contested department decision.
 - c) The proceeding is governed by the Administrative Procedure Act chapter 34.05

RCW, this chapter, and chapters 246-08 and 246-10 WAC. If a provision in this chapter conflicts with chapter 246-08 or 246-10 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-045, filed 1/28/99, effective 3/10/99.]

WAC 246-320-065 Exemptions, alternative methods, and interpretations. The purpose of this section is to provide hospitals a mechanism to request an interpretation, exemption, or approval to use an alternative method. The provisions of this chapter are not intended to prevent use of any systems, materials, alternate design, or methods of construction as alternatives to those prescribed by these rules.

- 1) A hospital requesting exemption from the provisions of this chapter must submit a written request to the department asking for an exemption. The request must specify the section or sections, explain the reason for the exemption and, when appropriate, include supporting documentation.
- 2) A hospital requesting approval for use of alternative materials, design, and methods must submit a written request to the department asking for approval to use an alternative. The request must explain the reason(s) for the use of an alternative and must be supported by technical documentation.
- 3) The department may:
 - a) Exempt a hospital from complying with portions of this chapter when:
 - i) The hospital complies with subsection (1) of this section.
 - ii) After review and consideration, such exemption will not:
 - A) Negate the purpose and intent of these rules;
 - B) Place the safety or health of the patients in the hospital in jeopardy;
 - C) Lessen any fire and life safety or infection control provision of other codes or regulations; and
 - D) Effect any structural integrity of the building;
 - b) Approve the use of alternative materials, designs, and methods when:
 - i) The hospital complies with subsection (2) of this section; and
 - ii) After review and consideration, such alternative:
 - A) Meets the intent and purpose of these rules; and
 - B) Is at least equivalent to the methods prescribed in these rules.
- 4) A hospital requesting an interpretation of a rule or regulation contained in this chapter must submit a written request to the department. The request must specify the section or sections for which an interpretation is needed and details of the circumstances to which the rule is being applied. The hospital must provide any other information the department deems necessary.

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- 5) The department will, in response to a written request, send a written interpretation of a rule or regulation within thirty calendar days after the department has received complete information relevant to the requested interpretation.
 - 6) The department and hospital will keep a copy of each exemption or alternative granted or interpretation issued pursuant to the provisions of this section on file and available at all times.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-065, filed 1/28/99, effective 3/10/99.]

WAC 246-320-085 Single license to cover two or more buildings--When permissible. The purpose of this section is to allow a single hospital license to cover more than one building.

The department may issue a single hospital license to include two or more buildings, provided:

- 1) The applicant or hospital:
 - a) Meets the licensure requirements of chapter 70.41 RCW and this chapter; and
 - b) Operates the multiple buildings as a single integrated system with:
 - i) Governance by a single authority or body over all buildings or portions of buildings under the single license; and
 - ii) A single medical staff for all hospital facilities under the single license;
- 2) The hospital arranges for safe, appropriate, and adequate transport of patients between buildings.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-085, filed 1/28/99, effective 3/10/99.]

WAC 246-320-105 Criminal history, disclosure, and background inquiries. The purpose of this section is to ensure 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.

- 1) Hospitals will:
 - a) Require a disclosure statement 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:
 - i) Children under sixteen years of age;
 - ii) Vulnerable adults as defined under RCW 43.43.830; and
 - iii) Developmentally disabled individuals;

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- b) Require a Washington state patrol background inquiry as specified in RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person applying for association with the licensed hospital prior to allowing the person unsupervised access to:
 - i) Children under sixteen years of age;
 - ii) Vulnerable adults as defined under RCW 43.43.830; and
 - iii) Developmentally disabled individuals.
 - 2) The department will:
 - a) Review records required under this section;
 - b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and
 - c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.
 - 3) The department may require the hospital to complete additional disclosure statements or background inquiries, if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry, for any person associated with the licensed facility having unsupervised access to:
 - a) Children under sixteen years of age;
 - b) Vulnerable adults as defined under RCW 43.43.830; and
 - c) Developmentally disabled individuals.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-105, filed 1/28/99, effective 3/10/99.]

WAC 246-320-125 Governance. The purpose of the governance section is to provide organizational guidance and oversight and to ensure resources and staff to support safe and adequate patient care.

The governing authority will:

- 1) Adopt and periodically review bylaws which address legal accountabilities and responsibilities. Bylaws will provide for medical staff communication and conflict resolution with the governing authority;
- 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

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- 5) Approve bylaws, rules, and regulations as adopted by the medical staff before they can become effective.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-125, filed 1/28/99, effective 3/10/99.]

WAC 246-320-145 Leadership. The purpose of the leadership section is to ensure care is provided consistently throughout the hospital and in accordance with patient and community needs.

The hospital leaders will:

- 1) Design hospital-wide patient care services and define department specific scope of services appropriate to the scope and level of care required by the patients served and resources available; and
 - a) Approve the scope of service of each department;
 - b) Integrate and coordinate patient care services; and
 - c) Provide for the uniform performance of patient care processes;
- 2) Ensure all patients have access to safe and appropriate care;
- 3) Establish and implement processes for:
 - a) Gathering, assessing and acting on information regarding patient and family satisfaction with the services provided; and
 - b) Complaint resolution for patients, families, employees, providers and others;
- 4) Plan, promote, and conduct organization-wide performance-improvement activities to provide effective leadership and coordinated delivery of patient care;
- 5) Ensure clinical services are provided in a timely manner;
- 6) Ensure nursing policies and procedures, nursing standards of patient care, and standards of nursing practices are established and approved by the nurse executive or a designee(s), and nursing services are directed by:
 - a) A nurse executive; or
 - b) An identified registered nurse leader on a team to function at the executive level;
- 7) Determine who has the authority to establish and approve hospital policies;
- 8) Ensure individuals conducting business in the hospital comply with hospital policies and procedures;
- 9) Adopt and implement policies and procedures in accordance with chapter 26.44 RCW to ensure suspected abuse to a child, adult dependent or developmentally disabled person is reported within one administrative day to:
 - a) Local police or appropriate law enforcement agency;
 - b) The department of health; or

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- c) Other state agencies as appropriate;
- 10) Notify the department whenever any of the following events have been confirmed to have occurred:
- a) An unanticipated death or major permanent loss of function, not related to the natural course of a patient's illness or underlying condition;
 - b) A patient suicide while the patient was under care in the hospital;
 - c) An infant abduction or discharge to the wrong family;
 - d) Sexual assault or rape of a patient or staff member while in the hospital;
 - e) A hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities;
 - f) Surgery performed on the wrong patient or wrong body part;
 - g) A failure or major malfunction of a facility system such as the heating, ventilation, fire alarm, fire sprinkler, electrical, electronic information management, or water supply which affects any patient diagnosis, treatment, or care service within the facility; or
 - h) A fire which affects any patient diagnosis, treatment, or care area of the facility.
- 11) Provide notification to the department as required in subsection (10) of this section within two administrative business days of hospital leaders learning of the confirmed event. The hospital is encouraged to confirm these events through a review or assessment by the hospital quality improvement or risk management processes. Each notice to the department:
- a) Must include:
 - i) The hospital's name;
 - ii) The type of event which is being reported from subsection (10) of this section; and
 - iii) The date the event occurred;
 - b) Will allow the department to be informed of events which in the interest of the public will be reviewed to determine if the department must either conduct an investigation or review the event during the next regularly scheduled on-site licensing survey;
 - c) Will be confidentially maintained by the department, in accordance with the protections of the Public Disclosure Act, chapter 42.17 RCW, and other applicable laws and reporting requirements provided in RCW 70.41.150, 70.41.200, and 70.41.210; and
 - d) Does not relieve a hospital from complying with any other applicable reporting or notification requirements, such as those relating to law enforcement or professional regulatory agencies.

WAC 246-320-165 Management of human resources. The purpose of the management of human resources section is to ensure the hospital provides competent staff consistent with scope of services.

Hospitals will:

- 1) Establish, review, and update written job descriptions for each job classification;
- 2) Conduct periodic staff performance reviews;
- 3) Ensure qualified and competent staff are available to operate each department;
- 4) Ensure supervision of staff;
- 5) Document verification of current staff licensure, certification, or registration;
- 6) Complete tuberculosis screening for new and current employees consistent with the Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities, 2005. Morbidity Mortality Weekly Report (MMWR) Volume 54, December 30, 2005;
- 7) Provide orientation to the work environment;
- 8) Provide information on infection control to staff upon hire and annually which includes:
 - a) Education on general infection control in accordance with WAC 296-62-08001 bloodborne pathogens exposure control; and
 - b) General and department specific infection control measures related to the work of each department in which the staff works; and
- 9) Establish and implement an education plan that verifies or arranges for the appropriate education and training of staff on prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310.

[Statutory Authority: Chapter 70.41 RCW. 08-14-023, § 246-320-165, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-165, filed 1/28/99, effective 3/10/99.]

WAC 246-320-185 Medical staff. The purpose of the medical staff section is to contribute to a safe and adequate patient care environment through the development of a medical staff structure and mechanisms to assure consistent clinical competence.

The hospital medical staff will:

- 1) Adopt medical staff bylaws, rules, and regulations that define the medical staff, the organizational structure of the medical staff and address:
 - a) Qualifications for membership;

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- b) Verification of application data;
 - c) Appointment process;
 - d) Reappointment process;
 - e) The length of appointment and reappointment;
 - f) Process for granting of delineated clinical privileges;
 - g) Provision for continuous care of patients;
 - h) Assessment of credentialed practitioner's performance; and
 - i) Due process;
- 2) Include licensed physicians and may include other individuals granted privileges by the governing authority to provide patient care services; and
 - 3) Forward recommendations for membership, initial, renewed, or revised clinical privileges, in accordance with the bylaws, rules and regulations, and policies of the medical staff to the governing authority for action.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-185, filed 1/28/99, effective 3/10/99.]

WAC 246-320-205 Management of information. The purpose of the management of information section is to obtain, manage, and use information to improve patient outcomes and the performance of the hospital in patient care, governance, management, and support services.

Hospitals will:

- 1) Facilitate patient care by providing medical staff and other practitioners timely access to information systems, resources, and services;
- 2) Maintain confidentiality, security, and integrity of data and information;
- 3) Initiate and maintain a medical record for every individual assessed or treated including a process to review records for completeness, accuracy, and timeliness. Medical records must:
 - a) 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;
 - b) Be accurately written, dated, timed, promptly filed, retained in accordance with RCW 70.41.190 and chapter 5.46 RCW, and accessible;
 - c) Indicate:
 - i) The legally authorized practitioner authenticated the medical record after the record was transcribed; and
 - ii) Entries are dated and authenticated in a timely manner;

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- d) Include verbal orders by authorized individuals which are accepted and transcribed by qualified personnel;
 - 4) Establish a systematic method for identifying each medical record(s) to allow ready identification of area of service, filing, and retrieval of all the patient's record(s); and
 - 5) Adopt and implement policies and procedures that address:
 - a) Access to and release of confidential data in medical records in accordance with chapter 70.02 RCW; and
 - b) Transmittal of pertinent medical data to ensure continuity of care.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-205, filed 1/28/99, effective 3/10/99.]

WAC 246-320-225 Improving organizational performance. The purpose of the improving organizational performance section is to ensure that performance improvement activities of staff, medical staff, and outside contractors result in continuous improvement of patient health outcomes.

Hospitals will:

- 1) Have a hospital-wide approach to process design and performance measurement, assessment, and improvement of patient care services in accordance with RCW 70.41.200 and including, but not limited to:
 - a) A written performance improvement plan that is periodically evaluated and approved by the governing authority;
 - b) Performance improvement activities which are collaborative and interdisciplinary and include at least one member of the governing authority; and
 - c) Review of serious or undesirable patient outcomes in a timely manner;
- 2) Systematically collect and assess data on important processes or outcomes related to patient care and organization functions. The hospital must prioritize and take appropriate action to improve and/or continue measurement in response to data assessment. The hospital will collect and assess data including, but not limited to:
 - a) Processes or outcomes related to:
 - i) Operative, other invasive, and noninvasive procedures that place patients at risk;
 - ii) Infection rates;
 - iii) Mortality;
 - iv) Medication use;
 - v) Hospital incurred injuries, such as, but not limited to, falls and restraint use;
 - vi) Events listed in WAC 246-320-145 (10)(a) through (f);
 - vii) Discrepancies or patterns of discrepancies between preoperative and

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- postoperative (including pathologic) diagnosis, including those identified during the pathologic review of specimens removed during surgical or invasive procedures;
- viii) Significant adverse drug reactions (as defined by the hospital);
 - ix) Confirmed transfusion reactions;
 - x) Adverse events or patterns of adverse events during anesthesia use; and
 - xi) Other hospital specific measurements;
- b) The needs, expectations, and satisfaction of patients; and
 - c) Quality control and risk management activities.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-225, filed 1/28/99, effective 3/10/99.]

WAC 246-320-245 Patient rights and organizational ethics. The purpose of the patient rights and organizational ethics section is to help improve patient outcomes by respecting each patient and conducting all relationships with patients and the public in an ethical manner.

Hospitals will:

- 1) Provide patients with a written statement of patients rights;
- 2) Respect, inform, and support a patient's right to treatment and service by adopting and implementing policies and procedures that:
 - a) Ensure the patient's right to:
 - i) Confidentiality, privacy, security, complaint resolution, spiritual care, and communication. If communication restrictions are necessary for patient care and safety, they are documented and explained to the patient and family;
 - ii) Access protective services; and
 - iii) Be involved in all aspects of their care including:
 - (A) Their right to refuse care and treatment; and
 - (B) Resolving dilemmas about care decisions;
 - b) Result in:
 - i) Obtaining informed consent;
 - ii) Participation of family in care decisions when appropriate;
 - c) Address ethical issues in patient care, including:
 - i) Obtaining and honoring advance directives;
 - ii) Withholding resuscitative services and forgoing or withdrawing life-sustaining treatment; and

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- iii) Providing care at the end of life;
 - d) Ensure procurement and donation of organs and other tissues, if done, is in accordance with RCW 68.50.500 and 68.50.560, medical staff input and family/surrogate decision-makers direction;
 - e) Address research, investigation, and clinical trials including:
 - i) Internal procedures to authorize the research;
 - ii) Assurance that practitioners follow informed consent laws; and
 - iii) Assurance that if the patient refuses to participate, their refusal will not compromise their access to services.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-245, filed 1/28/99, effective 3/10/99.]

WAC 246-320-265 Infection control program. The purpose of the infection control program section is to identify and reduce the risk of acquiring and transmitting nosocomial infections and communicable diseases between patients, employees, medical staff, volunteers, and visitors.

Hospitals must develop and implement an infection control program and will:

- 1) Designate a member or members of the staff to:
 - a) Oversee, review, evaluate, and approve the activities of the infection control program and the infection control aspects of appropriate hospital policies and procedures; and
 - b) Provide consultation;
- 2) Assure staff managing the infection control program have:
 - a) Documented evidence of a minimum of two years experience in a health related field; and
 - b) Training in the principles and practices of infection control;
- 3) 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, to guide the staff. Where appropriate, policies and procedures are specific to the service area and address:
 - a) Receipt, use, disposal, processing, or reuse of hospital and nonhospital equipment to assure prevention of disease transmission;
 - b) Prevention of cross contamination between soiled and clean items during sorting, processing, transporting, and storage;
 - c) Environmental management and housekeeping functions, including:
 - i) The process for approval of disinfectants, sanitation procedures, and equipment;

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- ii) Cleaning areas used for surgical procedures as appropriate, before, between, and after cases;
 - iii) General hospital-wide daily and periodic cleaning; and
 - iv) A laundry and linen system that will ensure:
 - A) The supply of linen/laundry is adequate to meet the needs of the hospital and patients; and
 - B) Standards used for processing linens assure that clean linen/laundry is free of toxic residues and within industry standard pH range(s);
 - d) Occupational health consistent with current practice;
 - e) Attire;
 - f) Traffic patterns;
 - g) Antisepsis and handwashing;
 - h) Scrub technique and surgical preparation;
 - i) Biohazardous waste management in accordance with applicable federal, state, and local regulations;
 - j) Barrier and transmission precautions; and
 - k) Pharmacy and therapeutics; and
- 4) Establish and implement a plan for:
- a) Public health coordination, including a system for reporting communicable diseases in accordance with chapter 246-100 WAC Communicable and certain other diseases; and
 - b) Surveillance and investigation consistent with WAC 246-320-225 Improving organizational performance.

[Statutory Authority: Chapter 70.41 RCW. 08-14-023, § 246-320-265, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-265, filed 1/28/99, effective 3/10/99.]

WAC 246-320-285 Pharmacy services. The purpose of the pharmacy services section is to assure that patient pharmaceutical needs are met in a planned and organized manner.

Hospitals must meet the requirements in chapter 246-873 WAC board of pharmacy, and will:

- 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 direction of a pharmacist and coordinated with the medical staff;

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- 3) Have a process for selection of medications based on objective evaluation of their relative therapeutic merits, safety, and cost; and
 - 4) Adopt and implement policies and procedures that support safe storing, handling, managing, controlling, prescribing, dispensing, and administering medications in accordance with chapter 246-873 WAC board of pharmacy and address:
 - a) Prescribing and procuring medications not available on-site;
 - b) Ensuring prescriptions or orders are verified and patients are identified before medication is administered; and
 - c) Ensuring medication effects on patients are monitored and documented.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-285, filed 1/28/99, effective 3/10/99.]

WAC 246-320-305 Food and nutrition services. The purpose of the food and nutrition services section is to assure that patients nutritional needs are met in a planned and organized manner.

Hospitals will:

- 1) Designate an individual who is qualified by experience, education, or training to be responsible for management of food and nutrition services;
- 2) Designate a registered dietitian to be responsible for policies and procedures which address providing adequate nutritional care for patients;
- 3) Have a registered dietitian who is available to assess nutritional status and plan, when indicated by a patient's individual nutritional risk screen;
- 4) Develop and regularly update an interdisciplinary plan for medical nutritional therapy based on current standards for patients at nutritional risk. Monitor and document each patient's response to the medical nutritional therapy plan in the medical record;
- 5) Provide meals and document, implement, and monitor a system to assure meals are nutritionally balanced, planned in advance, and respect patient's cultural diversity; and
- 6) Adopt and implement policies and procedures to assure that food service complies with chapter 246-215 WAC Food service.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-305, filed 1/28/99, effective 3/10/99.]

WAC 246-320-325 Laboratory, imaging, and other diagnostic, treatment or

therapeutic services.

Hospitals will:

- 1) 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 those services;
- 2) If providing imaging services, adopt and implement policies and procedures which reflect accepted standards of care for that service; and
- 3) If providing other diagnostic, treatment or therapeutic services, adopt and implement policies and procedures which reflect accepted standards of care for those services.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-325, filed 1/28/99, effective 3/10/99.]

WAC 246-320-345 Inpatient care services. The purpose of the inpatient care services section is to guide the development of the plan for patient care. This is accomplished by ensuring availability of materials and resources and through establishing, monitoring, and enforcing policies and procedures that promote the delivery of quality health care.

Hospitals will:

- 1) Provide sufficient and appropriate personnel, space, equipment, reference materials, and supplies for the care and treatment of patients;
- 2) Have a registered nurse in the hospital at all times and available for consultation;
- 3) Have a mechanism to plan and document care that is provided in an interdisciplinary and collaborative manner, including:
 - a) Development of an individualized patient plan of care, when appropriate; and
 - b) Periodic review and revision based on reassessment of patient condition;
- 4) Adopt and implement patient care policies and procedures that are designed to guide personnel, and review periodically, and revise as necessary to reflect current practice;
- 5) Have patient care policies and procedures which address:
 - a) Criteria for admission of patients to general and specialized patient care service areas;
 - b) Reliable method for personal identification of each patient;
 - c) Conditions that require transfer of patients within the facility to specialized patient care areas and to outside facilities;
 - d) Identifying potential patients who are organ and/or tissue donors;
 - e) Patient safety measures;

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- f) Staff access to patient areas;
 - g) Use of restraints;
 - h) Patient care orders, including:
 - i) Who can give and receive orders as defined by the hospital and consistent with professional licensing laws;
 - (ii) Written orders authenticated by a legally authorized practitioner for all drugs, intravenous solutions, blood, medical treatments, and nutrition; and
 - iii) Authentication of orders in a timely manner;
 - i) Use of preestablished patient care guidelines or protocols. When used, they must be documented in the medical record and preapproved or authenticated by an authorized practitioner;
 - j) Care and handling of persons whose conditions require special medical or medical-legal consideration;
 - k) Medications meeting requirements in chapter 246-873 WAC board of pharmacy and WAC 246-320-285 Pharmacy services;
 - l) A hospital-approved procedure for double checking certain drugs, biologicals, and agents by appropriately licensed personnel;
 - m) Emergency drugs, including:
 - i) Immediate access; and
 - ii) Dosages appropriate to the patient population;
 - n) Preparation and administration of intravenous solutions, medications, and admixtures developed under the direction of a pharmacist;
 - o) Preparation and administration of blood and blood products;
 - p) Anesthesia services; and
 - q) Discharge planning;
- 6) Complete and document:
- a) An initial assessment of each patient's physical condition, emotional, and social needs. The assessment is based upon the patient's diagnosis, care setting, desire for care, response to any previous treatment, consent to treatment, and education needs. Initial assessment includes:
 - i) Patient history and physical assessment;
 - ii) Current needs;
 - iii) Need for discharge planning; and
 - iv) Immunization status for pediatric patients;
 - b) Current physical examination, within thirty days prior to admission, with update as needed by an authorized practitioner on a timely basis if patient status has changed;

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- c) Additional specialized assessments when warranted by the patient's condition or needs, including:
 - i) Nutritional status;
 - ii) Functional status; and
 - iii) Social, psychological, and/or physiological status;
 - d) Reassessments in accordance with plan of care and patient's condition; and
 - e) Discharge plans when appropriate, coordinated with:
 - i) Inpatient and family or caregiver as appropriate; and
 - ii) Receiving agency or agencies, when necessary.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-345, filed 1/28/99, effective 3/10/99.]

WAC 246-320-365 Specialized patient care services. The purpose of the specialized patient care services section is to guide the development of the plan for patient care. This is accomplished by ensuring availability of materials and resources and through establishing, monitoring, and enforcing policies and procedures that promote the delivery of quality health care in specialized patient care areas.

Hospitals will:

- 1) Meet the requirements in Inpatient care services, WAC 246-320-345;
- 2) Adopt and implement policies and procedures which address accepted standards of care for each specialty service;
- 3) Assure physician oversight for each specialty service by a physician with experience in those specialized services;
- 4) Assure staff for each nursing service area are supervised by a registered nurse who provides a leadership role to plan, provide, and coordinate care;
- 5) If providing surgery and interventional services:
 - a) Adopt and implement policies and procedures that address appropriate access:
 - i) To areas where invasive procedures are performed; and
 - ii) To information regarding practitioner's delineated privileges for operating room staff;
 - b) Provide:
 - i) Emergency equipment, supplies, and services available in a timely manner and appropriate for the scope of service; and
 - ii) Separate refrigerated storage equipment with temperature alarms, when blood is stored in the surgical department;

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- 6) If providing a post anesthesia recovery unit (PACU), adopt and implement written policies and procedures requiring:
 - a) The availability of an authorized practitioner in the facility capable of managing complications and providing cardiopulmonary resuscitation for patients when patients are in the PACU; and
 - b) The immediate availability to the PACU of a registered nurse trained and current in advanced cardiac life support measures;
 - 7) If providing obstetrical services:
 - a) Have capability to perform cesarean sections twenty-four hours per day; or
 - b) Meet the following criteria when the hospital does not have twenty-four hour cesarean capability:
 - i) Limit planned obstetrical admissions to "low risk" obstetrical patients as defined in WAC 246-329-010(13) childbirth centers;
 - ii) Inform each obstetrical patient in writing, prior to the planned admission, of the hospital's limited obstetrical services as well as the transportation and transfer agreements;
 - iii) Maintain current written agreements for adequately staffed ambulance and/or air transport services to be available twenty-four hours per day; and
 - iv) Maintain current written agreements with another hospital to admit the transferred obstetrical patients;
 - c) Ensure one licensed nurse trained in neonatal resuscitation is in the hospital when infants are present;
 - 8) If providing an intermediate care nursery, have nursing, laboratory, pharmacy, radiology, and respiratory care services appropriate for infants:
 - a) Available in a timely manner; and
 - b) In the hospital during assisted ventilation;
 - c) Ensure one licensed nurse trained in neonatal resuscitation is in the hospital when infants are present;
 - 9) If providing a neonatal intensive care nursery, have:
 - a) Nursing, laboratory, pharmacy, radiology, and respiratory care services appropriate for neonates available in the hospital at all times;
 - b) An anesthesia practitioner, neonatologist, and a pharmacist on call and available in a timely manner twenty-four hours a day; and
 - c) One licensed nurse trained in neonatal resuscitation in the hospital when infants are present;
 - 10) If providing a critical care unit or services, have:
 - a) At least two licensed nursing personnel skilled and trained in care of critical care patients on duty in the hospital at all times when patients are present, and:

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- i) Immediately available to provide care to patients admitted to the critical care area; and
 - ii) Trained and current in cardiopulmonary resuscitation including at least one registered nurse with:
 - A) Training in the safe and effective use of the specialized equipment and procedures employed in the particular area; and
 - B) Successful completion of an advanced cardiac life support training program; and
 - b) Laboratory, radiology, and respiratory care services available in a timely manner;
- 11) If providing an alcoholism and/or chemical dependency unit or services:
- a) Adopt and implement policies and procedures that address development, implementation, and review of the individualized treatment plan, including the participation of the multidisciplinary treatment team, the patient, and the family, as appropriate;
 - b) Ensure provision of patient privacy for interviewing, group and individual counseling, physical examinations, and social activities of patients; and
 - c) Provide staff in accordance with WAC 246-324-170(3);
- 12) If providing a psychiatric unit or services:
- a) Adopt and implement policies and procedures that address development, implementation, and review of the individualized treatment plan, including the participation of the multidisciplinary treatment team, the patient, and the family, as appropriate;
 - b) Ensure provision of patient privacy for interviewing, group and individual counseling, physical examinations, and social activities of patients;
 - c) Provide staff in accordance with WAC 246-322-170(3); and
 - d) Provide:
 - i) Separate patient sleeping rooms for children and adults;
 - ii) Access to at least one seclusion room;
 - iii) For close observation of patients;
- 13) If providing a long-term care unit or services, provide an activities program designed to encourage each long-term care patient to maintain or attain normal activity and achieve an optimal level of independence;
- 14) If providing an emergency care unit or services, provide basic, outpatient emergency care including:
- a) Capability to perform emergency triage and medical screening exam twenty-four hours per day;
 - b) At least one registered nurse skilled and trained in care of emergency

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- department patients on duty in the hospital at all times, and:
- i) Immediately available to provide care; and
 - ii) Trained and current in advanced cardiac life support;
- c) Names and telephone numbers of medical and other staff on call must be posted; and
- d) Communication with agencies as indicated by patient condition;
- 15) If providing renal dialysis service:
- a) (AAMI) Standards, Dialysis Edition, 2005:Meet the Association for the Advancement of Medical Instrumentation
 - i) The cleaning and sterilization procedures if dialyzers are reused;
 - ii) Water treatment, if necessary to ensure water quality; and
 - iii) Water testing for bacterial contamination and chemical purity;
 - b) Test dialysis machine for bacterial contamination monthly or demonstrate a quality assurance program establishing effectiveness of disinfection methods and intervals;
 - c) Take appropriate measures to prevent contamination, including backflow prevention in accordance with the state plumbing code;
 - d) Provide for the availability of any special dialyzing solutions required by a patient; and
 - e) Through a contract provider, that provider must meet the requirements in this section.

[Statutory Authority: Chapter 70.41 RCW. 08-14-023, § 246-320-365, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-365, filed 1/28/99, effective 3/10/99.]

WAC 246-320-370 Emergency contraception. The purpose of this section is to ensure that all hospitals with emergency rooms provide emergency contraception as a treatment option to any woman who seeks treatment as a result of a sexual assault. Every hospital that provides emergency care must:

- 1) Develop and implement policies and procedures regarding the provision of twenty-four-hour/seven-day per week emergency care to victims of sexual assault;
- 2) Provide the victim of sexual assault with medically and factually accurate and unbiased written and oral information about emergency contraception;
- 3) Orally inform each victim in a language she understands of her option to be provided emergency contraception at the hospital; and
- 4) Immediately provide emergency contraception, as defined in WAC 246-320-010, to each victim of sexual assault if the victim requests it, and if the emergency contraception is not medically contraindicated.

[Statutory Authority: RCW 70.41.350 and 70.41.030. 04-11-057, § 246-320-370, filed 5/17/04, effective 6/17/04.]

WAC 246-320-385 Outpatient care services. The purpose of the outpatient care services section is to guide the development of the plan for patient care. This is accomplished by ensuring availability of materials and resources and through establishing, monitoring, and enforcing policies and procedures that promote the delivery of quality health care.

Hospitals will:

- 1) Meet requirements in WAC 246-320-345 (1), (3), and (4) inpatient care services;
- 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, to the patient, their family, and as appropriate, social network and support system.

[Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-385, filed 1/28/99, effective 3/10/99.]

WAC 246-320-405 Management of environment for care. The purpose of the management of environment for care section is to manage the environmental hazards and risks, prevent accidents and injuries, and maintain safe conditions for patients, visitors, and staff.

- 1) The hospital will 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 management plan.
- 2) Safety. The hospital will:
 - a) Establish and implement a plan to:
 - i) Maintain a physical environment free of hazards; and
 - ii) Reduce the risk of injury to patients, staff, and visitors;
 - b) Report and investigate safety related incidents and when appropriate correct and/or take steps to avoid reoccurrence in the future; and
 - c) Educate and review periodically with staff, policies and procedures relating to safety and job-related hazards.
- 3) Security. The hospital will:
 - a) Establish and implement a plan to maintain a secure environment for patients,

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- visitors, and staff, including a plan to prevent abduction of patients;
 - b) Educate staff on security procedures; and
 - c) If they have a designated security staff, assure security staff have a minimum level of training and competency commensurate with their assigned responsibility, as defined by the hospital.
- 4) Hazardous materials and waste. The hospital will:
- a) Establish and maintain a program to safely control hazardous materials and waste in accordance with applicable federal, state, and local regulations;
 - b) Provide space and equipment for safe handling and storage of hazardous materials and waste;
 - c) Investigate all hazardous materials or waste spills, exposures, and other incidents, and report as required to appropriate agency(s);
 - d) Educate staff on policies and procedures relating to safe control of hazardous materials and waste.
- 5) Emergency preparedness. The hospital will:
- a) Establish and implement a disaster plan designed to meet both internal and external disasters. The plan is:
 - i) Specific to the hospital;
 - ii) Relevant to the area;
 - iii) Internally implementable, twenty-four hours a day, seven days a week; and
 - iv) Reviewed and revised periodically;
 - b) Ensure the disaster plan identifies:
 - i) Who is responsible for each aspect of the plan; and
 - ii) Essential and key personnel who would respond to a disaster;
 - c) Include in the plan:
 - i) Provision for staff education and training; and
 - ii) A debriefing and evaluation after each disaster incident or drill.
- 6) Life safety. The hospital will:
- a) Establish and implement a plan to maintain a fire-safe environment of care that meets fire protection requirements established by the Washington state patrol, fire protection bureau;
 - b) Investigate fire protection deficiencies, failures, and user errors; and
 - c) Orient, educate, and drill staff on policies and procedures relating to life safety management and emergencies.
- 7) Patient related technologies. The hospital will:
- a) Establish and implement a plan to:

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- i) Complete a technical and an engineering review to ensure that patient related technology will function safely and with appropriate building support systems;
 - ii) Inventory all patient related technologies that require preventive maintenance;
 - iii) Address and document preventive maintenance (PM); and
 - iv) Assure quality delivery of service, independent of service vendor or methodology;
- b) Investigate, report, and evaluate procedures in response to system failures; and
 - c) Educate staff regarding relevant patient related medical technology.
- 8) Utility systems. The hospital will:
- a) Establish and implement a plan to:
 - i) Maintain a safe, controlled, comfortable environment;
 - ii) Assess and minimize risks of utility system failures, and ensure operational reliability of utility systems;
 - iii) Investigate utility systems management problems, failures, or user errors and report incidents and corrective actions; and
 - iv) Address and document preventive maintenance (PM);
 - b) Educate staff on utility management policies and procedures.
- 9) Physical plant. The hospital will provide:
- a) Storage;
 - b) Plumbing with:
 - i) A water supply providing hot and cold water under pressure which conforms to the quality standards of the department;
 - ii) Hot water supplied for bathing and handwashing purposes not exceeding 120 F; and
 - iii) The cross connection controls meeting requirements of the state plumbing code;
 - c) Ventilation:
 - i) To prevent objectionable odors and/or excessive condensation; and
 - ii) With air pressure relationships as designed and approved by the department when constructed and maintained within industry standard tolerances;
 - d) Clean interior surfaces and finishes;
 - e) Functional patient call system.

WAC 246-320-500 Applicability of WAC 246-320-500 through 246-320-600. The purpose of construction regulations is to provide for a safe and effective patient care environment. These rules are not retroactive and are intended to be applied as outlined below.

- 1) These regulations apply to hospitals including:
 - a) New buildings to be licensed as a hospital;
 - b) Conversion of an existing building or portion of an existing building for use as a hospital;
 - c) Additions to an existing hospital;
 - d) Alterations to an existing hospital; and
 - e) Buildings or portions of buildings licensed as a hospital and used for hospital services;
 - f) Excluding nonpatient care buildings used exclusively for administration functions.
- 2) The requirements of chapter 246-320 WAC in effect at the time the application and fee are submitted to the department, and project number is assigned by the department, apply for the duration of the construction project.
- 3) Standards for design and construction.

Facilities constructed and intended for use under this chapter shall comply with:

- a) The following chapters of the 2006 edition of the Guidelines for Design and Construction of Health Care Facilities as published by the American Institute of Architects, 1735 New York Avenue, N.W., Washington D.C. 20006, as amended in WAC 246-320-600:
 - i) 1.1 Introduction
 - ii) 1.2 Environment of Care
 - iii) 1.3 Site
 - iv) 1.4 Equipment
 - v) 1.5 Planning, Design and Construction
 - vi) 1.6 Common Requirements
 - vii) 2.1 General Hospital
 - viii) 2.2 Small Inpatient Primary Care Hospitals
 - ix) 2.3 Psychiatric Hospital
 - x) 2.4 Rehabilitation Facilities
 - xi) 3.1 Outpatient Facilities
 - xii) 3.2 Primary Care Outpatient Centers
 - xiii) 3.3 Small Primary (Neighborhood) Outpatient Facilities

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- xiv) 3.4 Freestanding Outpatient Diagnostic and Treatment Facilities
 - xv) 3.5 Freestanding Urgent Care Facilities
 - xvi) 3.6 Freestanding Birthing Centers
 - xvii) 3.7 Outpatient Surgical Facilities
 - xviii) 3.8 Office Surgical Facilities
 - xix) 3.9 Gastrointestinal Endoscopy Facilities
 - xx) 3.10 Renal Dialysis Centers
 - xxi) 3.11 Psychiatric Outpatient Centers
 - xxii) 3.12 Mobile, Transportable, and Relocatable Units
 - xxiii) 4.2 Hospice Facility

- b) The National Fire Protection Association, Life Safety Code, NFPA 101, 2000.
- c) The State Building Code as adopted by the state building code council under the authority of chapter 19.27 RCW.
- d) Accepted procedure and practice in cross-contamination control, Pacific Northwest Edition, 6th Edition, December 1995, American Waterworks Association.

[Statutory Authority: Chapter 70.41 RCW. 08-14-023, § 246-320-500, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-500, filed 1/28/99, effective 3/10/99.]

WAC 246-320-505 Design, construction review, and approval of plans.

- 1) Drawings and specifications for new construction, excluding minor alterations, must be prepared by or under the direction of, an architect registered under chapter 18.08 RCW. The services of a consulting engineer registered under chapter 18.43 RCW must be used for the various branches of work where appropriate. The services of a registered engineer may be used in lieu of the services of an architect if work involves engineering only.
- 2) A hospital will meet the following requirements:
 - a) Request and attend a presubmission conference for projects with a construction value of two hundred fifty thousand dollars or more. The presubmission conference shall be scheduled to occur for the review of construction documents that are no less than fifty percent complete.
 - b) Submit construction documents for proposed new construction to the department for review within ten days of submission to the local authorities. Compliance with these standards and regulations does not relieve the hospital of the need to comply with applicable state and local building and zoning codes.
 - c) The construction documents must include:

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- i) A written program containing, but not limited to the following:
 - A) Information concerning services to be provided and operational methods to be used;
 - B) An interim life safety measures plan to ensure the health and safety of occupants during construction and installation of finishes.
 - C) An infection control risk assessment indicating appropriate infection control measures, keeping the surrounding area free of dust and fumes, and ensuring rooms or areas are well ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors;
 - ii) Drawings and specifications to include coordinated architectural, mechanical, and electrical work. Each room, area, and item of fixed equipment and major movable equipment must be identified on all drawings to demonstrate that the required facilities for each function are provided; and
 - iii) Floor plan of the existing building showing the alterations and additions, and indicating location of any service or support areas; and
 - iv) Required paths of exit serving the alterations or additions.
 - d) The hospital will respond in writing when the department requests additional or corrected construction documents;
 - e) Notify the department in writing when construction has commenced;
 - f) Provide the department with a signed form acknowledging the risks if starting construction before the plan review has been completed. The acknowledgment of risks form shall be signed by the:
 - i) Architect; and
 - ii) Hospital CEO, COO or designee; and
 - iii) Hospital facilities director.
 - g) Submit to the department for review any addenda or modifications to the construction documents;
 - h) Assure construction is completed in compliance with the final "department approved" documents. Compliance with these standards and regulations does not relieve the hospital of the need to comply with applicable state and local building and zoning codes. Where differences in interpretations occur, the hospital will follow the most stringent requirement.
 - i) The hospital will allow any necessary inspections for the verification of compliance with the construction document, addenda, and modifications.
 - j) Notify the department in writing when construction is completed and include a copy of the local jurisdiction's approval for occupancy.
- 3) The hospital will not begin construction or use any new or remodeled areas until:
- a) The infection control risk assessment has been approved by the department;

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- b) The interim life safety plan has been approved by the department;
 - c) An acknowledgment of risk form has been submitted to the department as required by subsection (2)(f) of this section;
 - d) The department has approved construction documents or granted authorization to begin construction; and
 - e) The local jurisdictions have issued a building permit, when applicable or given approval to occupy.
- 2) The department will issue an "authorization to begin construction" when subsection (3)(a), (b), and (c) are approved and the presubmission conference is concluded.

[Statutory Authority: Chapter 70.41 RCW. 08-14-023, § 246-320-505, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-505, filed 1/28/99, effective 3/10/99.]

WAC 246-320-600 Washington state amendments. This section contains the Washington state amendments to the 2006 edition of the Guidelines for Design and Construction of Health Care Facilities as published by the American Institute of Architects, 1735 New York Avenue, N.W., Washington, D.C. 20006.

CHAPTER 1.2 ENVIRONMENT OF CARE

2.1.3.4 This section is not adopted.

CHAPTER 1.3 SITE

2.2 Availability of Transportation

This section is not adopted.

3.3 Parking

This section is not adopted.

CHAPTER 1.4 EQUIPMENT

A1.3.1 Design should consider the placement of cables from portable equipment so that personnel circulation and safety are maintained.

CHAPTER 1.5 PLANNING, DESIGN AND CONSTRUCTION

2.1 General

2.1.1 ICRA Panel

The ICRA shall be conducted by a panel with expertise in the areas affected by

the project; at a minimum this would include infection control, epidemiology and facility representation.

CHAPTER 1.6 COMMON REQUIREMENTS

2.1.1 General

Unless otherwise specified herein, all plumbing systems shall be designed and installed in accordance with the plumbing code as adopted by the state building code council.

2.1.3.2 Handwashing Stations

General handwashing stations used by medical and nursing staff, patients, and food handlers shall be trimmed with valves that can be operated without hands. Single-lever or wrist blade devices shall be permitted. Blade handles used for this purpose shall be at least 4 inches (10.2 centimeters) in length.

2.2.2 HVAC Air Distribution

2.2.2.1 HVAC Ductwork

(2) Humidifiers.

(a) If humidifiers are located within a ventilation system upstream of the final filters, they shall be at least 15 feet (4.57 meters) upstream of the final filters.

(b) Ductwork with duct-mounted humidifiers shall have a means of water removal.

(c) An adjustable high-limit humidistat shall be located downstream of the humidifier to reduce the potential for condensation inside the duct.

(d) Humidifiers shall be connected to airflow proving switches that prevent humidification unless the required volume of airflow is present or high-limit humidistats are provided.

(e) All duct takeoffs shall be sufficiently downstream of the humidifier to ensure complete moisture absorption.

(f) Steam humidifiers shall be used. Reservoir type water spray or evaporative pan humidifiers shall not be used.

A2.2.2.1(2) It is recognized that some facilities may not require humidity control within the ranges in table 2.1-2 and that the final determination of a facility's ability to control humidity will be made by that facility.

CHAPTER 2.1 GENERAL HOSPITALS

1.2.2 Swing Beds

When the concept of swing beds is part of the functional program, care shall be taken to include requirements for all intended categories. Nursing homes and long-term care units must be distinct and separate from swing beds.

A1.2.2 Swing Beds

Every bed must be able to provide both acute care and skilled nursing care. The concept is that the patient would not have to be moved, rather their status would change from "acute" to "swing bed" status.

2.2.1 Toilet Rooms

2.2.1.3 Toilet room doors shall swing outward or be double acting. Where local requirements permit, surface mounted sliding doors may be used, provided adequate provisions are made for acoustical and visual privacy.

2.3.5 Nourishment Area

2.3.5.1 A nourishment area shall have a sink, work counter, refrigerator, storage cabinets, and equipment for hot and cold nourishment between scheduled meals. This area shall include space for trays and dishes used for nonscheduled meal service. This function may be combined with a clean utility without duplication of sinks and work counters.

2.3.10 Housekeeping Room

2.3.10.1 Housekeeping rooms shall be directly accessible from the unit or floor they serve and may serve more than one nursing unit on a floor. Housekeeping and soiled rooms may be combined.

3.1.1.1 Capacity

(1) In new construction, the maximum number of beds per room shall be two.

(2) Where renovation work is undertaken and the present capacity is more than one patient, maximum room capacity shall be no more than the present capacity with a maximum of four patients.

3.1.1.5 Handwashing Stations. These shall be provided to serve each patient room.

(1) A handwashing station shall be provided in the toilet room.

(2) Or, in private rooms, a handwashing station shall be provided in the patient room provided alcohol-based hand sanitizers are provided in the toilet room. The handwashing station shall be located outside the patient's cubicle curtain and convenient to staff entering and leaving the room.

(3) A hand sanitation station in patient rooms utilizing waterless cleaners shall be permitted in renovations of existing facilities where existing conditions prohibit an additional handwashing station.

3.1.2 Patient/Family Centered Care Rooms

This section is not adopted.

3.1.5 Support Areas for Medical/Surgical Nursing Units

3.1.5.5 Handwashing Stations

(1) Handwashing stations or waterless cleansing stations shall be conveniently

accessible to the nurse station, medication station, and nourishment station. "Convenient" is defined as not requiring staff to access more than two spaces separated by a door.

(2) One handwashing station may serve several areas if convenient to each.

4.3.1 Labor Rooms

4.3.1.1 General

(2) Access. Labor rooms shall have controlled access with doors.

5.1.3 Definitive Emergency Care

5.1.3.7(5) Decontamination Area

(a) Location. In new construction, a decontamination room shall be provided with an outside entry door as far as practical from the closest other entrance. The internal door of this room shall open into a corridor of the emergency department, swing into the room and be lockable against ingress from the corridor.

(b) Space requirements. The room shall provide a minimum of 80 square feet (7.43 square meters) clear floor area.

(c) Facility requirements.

(i) The room shall be equipped with two hand-held shower heads with temperature controls.

(ii) Portable or hard-piped oxygen shall be provided. Portable suction shall also be available.

(d) Construction requirements. The room shall have all smooth, nonporous, scrubable, nonabsorptive, nonperforated surfaces. Fixtures shall be acid resistant. The floor of the decontamination room shall be self-coving to a height of 6 inches (15.24 centimeters).

(e) This section does not preclude decontamination capability at other locations or entrances immediately adjacent to the emergency department.

5.3.3 Pre- and Postoperative Holding Areas

5.3.3.2 Post-anesthetic Care Units (PACUs)

(4) Facility requirements. Each PACU shall contain a medication station; handwashing stations; nurse station with charting facilities; clinical sink; provisions for bedpan cleaning; and storage space for stretchers, supplies, and equipment.

(a) Handwashing station(s). At least one handwashing station with hands-free or wrist blade-operable controls shall be available for every six beds or fraction thereof, uniformly distributed to provide equal access from each bed.

(b) Staff toilet. A staff toilet shall be located within the working area to maintain staff availability to patients.

5.3.5 Support Areas for the Surgical Suite

5.3.5.4 Scrub Facilities. Two scrub positions shall be provided near the entrance

to each operating room.

5.9.3 Examination Room

This section is not adopted.

6.1. Pharmacy

Until final adoption of USP 797 by either federal or other state programs, facilities may request plan review for conformance to USP 797 with their initial submission to the Department of Health, Construction Review Services. The most current edition of USP 797 at the time of the application will be used for plan review service.

8.2.2.3 Doors

(2) Door Size.

(a) General. Where used in these Guidelines, door width and height shall be the nominal dimension of the door leaf, ignoring projections of frame and stops. Note: While these standards are intended for access by patients and patient equipment, size of office furniture, etc., shall also be considered.

(b) Inpatient bedrooms.

(i) New construction. The minimum door size for inpatient bedrooms in new work areas shall be 4 feet (1.22 meters) wide and 7 feet (2.13 meters) high to provide clearance for movement of beds and other equipment.

(ii) Renovation. Existing doors of not less than 2 feet 10 inches (86.36 centimeters) wide may be considered for acceptance where function is not adversely affected and replacement is impractical.

(c) Rooms for stretchers/wheelchairs. Doors to other rooms used for stretchers (including hospital wheeled-bed stretchers) and/or wheelchairs shall have a minimum width of 2 feet 10 inches (86.36 centimeters).

10.1.2 Plumbing and Other Piping Systems

10.1.2.5 Drainage Systems

(1) Piping.

(a) Drain lines from sinks used for acid waste disposal shall be made of acid resistant material.

(b) Drain lines serving some types of automatic blood-cell counters shall be of carefully selected material that will eliminate potential for undesirable chemical reactions (and/or explosions) between sodium azide wastes and copper, lead, brass, solder, etc.

(c) Reasonable effort shall be made to avoid installing drainage piping within the ceiling or exposed in operating and delivery rooms, nurseries, food preparation centers, food-serving facilities, food storage areas, central services, electronic data processing areas, electric closets, and other sensitive areas. Where exposed overhead drain piping in these areas is unavoidable, special provision shall be made to protect the space below from leakage, condensation or dust particles.

10.2.1 General

10.2.1.1 Mechanical System Design

(2) Air-handling systems.

(a) These shall be designed with an economizer cycle where appropriate to use outside air. (Use of mechanically circulated air does not reduce need for filtration.)

(b) VAV systems. The energy-saving potential of variable-air-volume systems is recognized and the standards herein are intended to maximize appropriate use of those systems. Any system used for occupied areas shall include provisions to avoid air stagnation in interior spaces where thermostat demands are met by temperatures of surrounding areas and air movement relationship changes if constant volume and variable volume are supplied by one air-handling system with a common pressure dependent return system.

(c) Noncentral air-handling systems (i.e., individual room units used for heating and cooling purposes, such as fan-coil units, heat pump units, etc.). These units may be used as recirculating units only. All outdoor air requirements shall be met by a separate central air-handling system with proper filtration, as noted in Table 2.1-3.

10.2.1.2 Ventilation and Space Conditioning Requirements. All rooms and areas used for patient care shall have provisions for ventilation.

(2) Air change rates. Air supply and exhaust in rooms for which no minimum total air change rate is noted may vary down to zero in response to room load. For rooms listed in Table 2.1-2, where VAV systems are used, minimum total air change shall be within limits noted, the minimum required by the Washington State Ventilation and Indoor Air Quality Code (chapter 51-13 WAC).

(3) Temperature. Space temperature shall be as indicated in Table 2.1-2.

10.2.4 HVAC Air Distribution

10.2.4.3 Exhaust Systems

(1) General.

(a) Exhaust systems may be combined.

(b) Local exhaust systems shall be used whenever possible in place of dilution ventilation to reduce exposure to hazardous gases, vapors, fumes, or mists.

(c) Fans serving exhaust systems shall be located at the discharge end and shall be readily serviceable.

(d) Airborne infection isolation rooms shall not be served by exhaust systems incorporating a heat wheel.

10.2.5 HVAC Filters

10.2.5.2 Filter Bed Location. Where two filter beds are required, filter bed no. 1 shall be located upstream of the air conditioning equipment and filter bed no. 2 shall be downstream of the last component of any central air-handling unit and plenum/duct liner except: Steam injection-type humidifiers; terminal heating coils; and mixed boxes and acoustical traps that have special covering over the lining. Terminal cooling coils and linings are permitted downstream of filter bed no. 2 with additional filtration downstream

of coil meeting requirements of filter bed no. 2.

10.2.5.5 Filter Manometers. A manometer shall be installed across each filter bed having a required efficiency of 75 percent or more, including hoods requiring HEPA filters. Manometers may be omitted at HEPA-filtered ceiling diffusers if pressure-independent terminal units provide the operator a means to verify the actual airflow to the HEPA-filtered diffusers in each room. Provisions shall be made to allow access for field testing. A recognized air flow measuring device would be acceptable, in lieu of terminal units.

Table 2.1-2 Ventilation Requirements for Areas Affecting Patient Care in Hospitals and Outpatient Facilities

Footnote 8 The ranges listed are the minimum and maximum limits where control is specifically needed. The maximum and minimum limits are not intended to be independent of a space's associated temperature. See figure 2.1-1 for a graphic representation of the indicated changes on a psychometric chart. Shaded area is acceptable range.

CHAPTER 2.2 SMALL INPATIENT PRIMARY CARE HOSPITALS

1.3.2 Parking

This section not adopted.

CHAPTER 2.3 PSYCHIATRIC HOSPITALS

1.6.1 Parking

This section is not adopted.

CHAPTER 3.1 OUTPATIENT FACILITIES

1.7.2 Parking

This section is not adopted.

7.1.2 Plumbing and Other Piping Systems

7.1.2.1 General Piping and Valves

(3) To prevent food contamination, no plumbing lines shall be exposed overhead or on walls where possible accumulation of dust or soil may create a cleaning problem or where leaks would create a potential for food contamination.

CHAPTER 3.2 PRIMARY CARE OUTPATIENT CENTERS

1.3.1 Parking

This section is not being adopted.

CHAPTER 3.3 SMALL PRIMARY (NEIGHBORHOOD) OUTPATIENT FACILITIES

1.3.2 Parking

This section is not adopted.

CHAPTER 3.5 FREESTANDING URGENT CARE FACILITIES

1.2.2 Parking

This section is not adopted.

CHAPTER 3.6 FREESTANDING BIRTHING CENTERS

1.2.1 Parking

This section is not adopted.

CHAPTER 3.7 OUTPATIENT SURGICAL FACILITIES

1.6.1 Parking

This section is not adopted.

CHAPTER 3.9 GASTROINTESTINAL ENDOSCOPY FACILITIES

1.6.1 Parking

This section is not adopted.

CHAPTER 3.11 PSYCHIATRIC OUTPATIENT CENTERS

1.3.1 Parking

This section is not adopted.

[Statutory Authority: Chapter 70.41 RCW. 08-14-023, § 246-320-600, filed 6/20/08, effective 7/21/08.]

WAC 246-320-990 Fees. This section establishes the licensure fee for hospitals licensed under chapter 70.41 RCW.

(1) Applicants and licensees shall:

- (a) Submit an annual license fee of one hundred thirteen dollars and zero cents for each bed space within the licensed bed capacity of the hospital to the department;

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- (b) Include all bed spaces in rooms complying with physical plant and movable equipment requirements of this chapter for twenty-four-hour assigned patient rooms;
 - (c) Include neonatal intensive care bassinet spaces;
 - (d) Include bed spaces assigned for less than twenty-four-hour patient use as part of the licensed bed capacity when:
 - (i) Physical plant requirements of this chapter are met without movable equipment; and
 - (ii) The hospital currently possesses the required movable equipment and certifies this fact to the department;
 - (e) Exclude all normal infant bassinets;
 - (f) Limit licensed bed spaces as required under chapter 70.38 RCW;
 - (g) Submit an application for bed additions to the department for review and approval under chapter 70.38 RCW subsequent to department establishment of the hospital licensed bed capacity;
 - (h) Set up twenty-four-hour assigned patient beds only within the licensed bed capacity approved by the department.
- (2) Refunds. The department shall refund fees paid by the applicant for initial licensure if:
- (a) The department has received the application but has not performed an on-site survey or provided technical assistance, the department will refund two-thirds of the fees paid, less a fifty dollar processing fee.
 - (b) The department has received the application and has conducted an on-site survey or provided technical assistance, the department will refund one-third of the fees paid, less a fifty dollar processing fee.
 - (c) The department will not refund fees if:
 - (i) The department has performed more than one on-site visit for any purpose;
 - (ii) One year has elapsed since an initial licensure application is received by the department, and the department has not issued the license because the applicant has failed to complete requirements for licensure; or
 - (iii) The amount to be refunded as calculated by (a) or (b) of this subsection is ten dollars or less.
- (3) Construction review applicants shall submit the appropriate fee per chapter 246-314 WAC at the time of application to construction review services.

[Statutory Authority: Chapter 70.41 RCW. 08-14-023, § 246-320-990, filed 6/20/08, effective 7/21/08. Statutory Authority: RCW 43.70.250. 07-17-174, § 246-320-990, filed 8/22/07, effective 9/22/07; 05-18-073, § 246-320-990, filed 9/7/05, effective 10/8/05. Statutory Authority: RCW 43.70.250, 18.46.030, 43.70.110, 71.12.470. 04-19-141, § 246-320-990, filed 9/22/04, effective 10/23/04. Statutory Authority: RCW 43.70.250 and 70.38.105(5). 03-22-020, § 246-320-990, filed 10/27/03, effective 11/27/03. Statutory Authority: RCW 43.70.250. 02-13-061, § 246-320-990, filed 6/14/02, effective 7/15/02. Statutory Authority: RCW 70.41.100,

43.20B.110, and 43.70.250. 01-20-119, § 246-320-990, filed 10/3/01, effective 11/3/01; 99-24-096, § 246-320-990, filed 11/30/99, effective 12/31/99. Statutory Authority: RCW 70.41.030 and 43.70.040. 99-04-052, § 246-320-990, filed 1/28/99, effective 3/10/99.]