

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED AMENDMENT

19 CSR 30-20.011 Definitions Relating to Hospitals. The department is deleting sections (1)–(9), (12)–(14), (16)–(18), (21), (23), (26)–(34), (38)–(40), and 43, and renumbering thereafter; amending new sections (3)–(4), (6)–(8), (11)–(12), (16), (18), (20), (23), and (26)–(28); and adding new sections (1)–(2), (5), (9)–(10), (13)–(15), (17), (19), (21)–(22), (24)–(25), and (29).

PURPOSE: This rule deletes definitions that will no longer be used, updates definitions for terminology used throughout this chapter, and adds new definitions for other terminology used throughout this chapter.

[(1) ACLS—The American Heart Association’s advanced cardiac life support program.

(2) Anesthetizing location—An area or room in which it is intended to administer any flammable or nonflammable inhalation anesthetic agents in the course of examination or treatment.

(3) APLS—The American College of Emergency Physician’s advanced pediatric life support program. APLS may be used interchangeably with PALS where required.

(4) ATLS—The American College of Surgeon’s advanced trauma life support program.

(5) Authenticate—To prove authorship, for example, by written signature, identifiable initials, or computer key. The use of rubber stamp signatures is acceptable only under the following conditions:

(A) The individual whose signature the rubber stamp represents is the only one who has possession of the stamp and is the only one who uses it; and

(B) The individual places in the administrative office of the hospital, with a copy to the medical records director, a signed statement to the effect that s/he is the only one who has the stamp and is the only one who will use it.]

(1) Automated Dispensing System—An automated system that is used to dispense medication to patients pursuant to a patient-specific prescription or patient-specific medication order using an electronic verification system. An automated dispensing system does not include an automated system used for compounding medication or an automated filling system governed by 20 CSR 2220-2.950.

[(6) Biological safety cabinet—A containment unit suitable for the preparation of low to moderate risk agents where there is a need for protection of the product, personnel and environment, according to National Safety Foundation, Standard 49.

(7) Board-admissible—That a physician has applied to a specialty board and has received a ruling that s/he has fulfilled the requirements to take the certification examinations. Board certification must be obtained within five (5) years after completion of the residency.

(8) *Board-certified*—That a physician has fulfilled all requirements, has satisfactorily completed all written and oral examinations and has been awarded a board diploma in a specialty field.

(9) *Certified registered nurse anesthetist*—A registered nurse who has graduated from a school of nurse anesthesia accredited by the Council on Accreditation of Educational Programs of Nurse Anesthesia or its predecessor and has been certified or is eligible for certification as a nurse anesthetist by the Council on Certification of Nurse Anesthetists.]

(2) Chemical Restraint—A drug or medication when it is used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition.

(3) [(10)] *Chief executive officer*—The individual appointed by the governing body to act in its behalf in the overall management of the hospital. [Job titles may include administrator, superintendent, director, executive director, president, vice president and executive vice president.]

(4) [(11)] *Chief operating officer*—The individual appointed by the chief executive officer on behalf of the governing body or the individual who is responsible for the management of one (1) hospital in a multi-hospital organization under the direction of the chief executive officer of the organization.

[(12)] *Class II biological safety cabinet*—A ventilated cabinet for personnel, product and environmental protection having an open front with inward airflow for personnel protection, high-efficiency-particulate-air (HEPA) filtered laminar airflow for product protection and HEPA-filtered exhausted air for environmental protection.

(13) *Class 100 environment*—An atmospheric environment which contains less than one hundred (100) particles five-tenths (0.5) microns or larger in diameter per cubic foot of air, according to federal standard 209E.]

(5) Compounding—The preparation, incorporation, mixing and packaging or labeling of a drug or device as the result of a prescriber’s prescription or prescription drug order based on the prescriber/patient/pharmacist relationship in the course of professional practice. Compounding may also be defined as the preparation, incorporation, mixing and packaging or labeling of a drug or device, for the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale or dispensing purposes.

(6)[(A)] *Defined service area*—The geographic area served by a defined group of hospitals and emergency services. [In areas where there is a community-based emergency medical services diversion plan, the service area(s) defined as the catchment area by the plan will be the defined service area(s). In areas where there is not a community-based emergency medical services diversion plan, the defined service area will be a twenty (20)-mile radius from a hospital.]

[(14)] *Dentist*—An individual who has received a Doctor of Dental Surgery or Doctor of Dental Medicine degree and is currently licensed to practice dentistry in Missouri.]

(7) [(15)] *Department*—Missouri Department of Health and Senior Services.

(8) [(42)] Diversion—Temporary closure of a hospital emergency department to ambulance traffic. *[A plan to temporarily close a hospital emergency department to ambulance traffic. This may be due to the emergency department being overwhelmed with significantly critically ill or injured patients, or an overwhelming number of minor emergency patients, to the extent that the hospital is unable to provide quality care or protect the health or welfare of the patients it serves. A diversion also may be implemented if the hospital has resource limitations, such as, no available beds in specialty care units or general acute care, no surgical suites or shortages of equipment or personnel.]*

(9) Electronic Supervision—The oversight provided by a pharmacist licensed in Missouri and supervising, by means of real-time communication equipment, a pharmacy technician who is working in a Missouri hospital’s pharmacy.

(10) Hospital-

(A) A facility that provides inpatient care for medical or surgical patients, or both, and may include pediatric, obstetrical and newborn, psychiatric or rehabilitation patients; and

(B) A facility that is devoted primarily for the diagnosis, treatment, or care for not less than twenty-four (24) consecutive hours in any week of three (3) or more nonrelated individuals suffering from illness, disease, injury, deformity or other abnormal physical conditions, or devoted primarily to provide for not less than twenty-four (24) consecutive hours in any week medical or nursing care for three (3) or more nonrelated individuals and includes,

(C) Building(s):

1. Constructed to hospital standards as outlined in 19 CSR 30-20.030; and

2. Identified on the hospital’s license application as part of the facility;

(D) The term “hospital” does not include convalescent, nursing, shelter or boarding homes as defined in chapter 198, RSMo.

[(16) Hospital emergency transfer policy—A document that represents the usual and customary practices of a hospital with respect to the transfer of patients. The emergency department uses objective indicators of patient status in relation to hospital capabilities to identify general classifications of patients who should be considered for transfer to a hospital with the necessary capabilities, and indicates the general classifications of patients the hospital has the capabilities to receive through emergency transfer from another hospital. The hospital emergency transfer policy does not supersede the authority of a physician to determine whether patients should be transferred on a case-by-case basis, but serves as an institutional baseline to assist physician staff in providing consistent care decisions and is utilized for quality assurance review.

[(17) Independent licensed practitioner—An individual who is a graduate of a professional school and is licensed to practice as a health care provider in Missouri.

(18) Infection control officer—An individual who is a licensed physician, licensed registered nurse, has a bachelor’s degree in laboratory science or has similar qualifications and has additional training or education preparation in infection control, infectious diseases, epidemiology and principles of quality improvement.]

(11) [(19)] Infectious waste—Waste capable of producing an infectious disease. *[For a waste to be infectious, it must contain pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease.]* Infectious waste shall include the following categories:

(A) Blood and blood products—All human blood and blood products including serum, plasma and other components known or suspected to be contaminated with a transmissible *[infectious]* agent;

[(B) Contaminated surgical, dialysis and laboratory wastes—Wastes generated by surgery, dialysis and laboratory departments in the process of caring for hospital patients who have communicable diseases capable of being transmitted to others via those wastes;]

(B) [(C)] **Microbiologic** cultures and stocks of infectious agents and associated biological[s] **agents** *[—Cultures and stocks of infectious agents shall be designated as infectious waste because of the high concentrations of pathogenic organisms typically present in these materials. Included in this category are all cultures and stocks of infectious organisms as well as culture dishes and devices used to transfer, inoculate and mix cultures. Also included are animal carcasses, body parts and bedding from animals contaminated with infectious agents];*

(C) [(D)] Isolation wastes—**Discarded waste[s] contaminated with excretions, exudates, and secretions from** *[generated by hospitalized] patients with highly [who have] communicable diseases treated in isolation [capable of being transmitted to others via those wastes];*

(D) [(E)] Pathology wastes **include** *[—Autopsy wastes which consist of] human tissues [organs,] and body parts [and body fluids] that are removed during surgery and autopsy [All these wastes shall be considered infectious waste];* and

(E) [(F)] **Contaminated sharps**—All discarded sharps including *[hypodermic] needles, syringes [and] scalpels [blades] broken glass or other sharp items that have come in contact with potentially infectious material [defined as infectious are included.]*

(F) Animal waste—Discarded material originating from animals inoculated with infectious agents during research, production of biological or pharmaceutical testing.

(12) [(20)] Inpatient—A person admitted into a hospital by a member of the medical staff for diagnosis, treatment or care.

(13) Intern Pharmacist—An individual seeking to earn pharmacy practice experience in Missouri.

(14) Licensed practitioner—Any individual who is licensed in Missouri or in another state and is qualified to practice a health care profession.

(15) Long-term care unit—A unit attached to or contained within a hospital that is operated as a skilled nursing unit.

[(21) Medical services —Those preventive, diagnostic and therapeutic measures performed by, or at the request of, members of the medical staff or a independent licensed practitioner in outpatient services.]

(16)[(22)] Operator—*[Shall mean any person as defined by section 197.020, RSMo who is licensed or required to be licensed under the provisions of sections 197.020–197.120, RSMo to establish, conduct or maintain a hospital. The term person shall mean any person determined by the department to have the following:]* **A person with**

(A) Ultimate responsibility for making and implementing decisions regarding the operation of the hospital; and

(B) Ultimate financial control of the operation of the hospital, **including any management consultant or contracted entity who exercises control over the operation of the facility on a day to day basis.**

[(23) PALS—The American Heart Association’s pediatric advanced life support program. PALS may be used interchangeably with APLS where required.]

(17) Patient—**A person who presents to the hospital seeking diagnosis, treatment, or care.**

(18) [(24)] Pharmacist—An individual who is *[a graduate of a school or college of pharmacy and is]* currently licensed **under chapter 338, RSMo**, to practice pharmacy in **the State of Missouri.**

(19) Pharmacy technician—**An individual who is currently registered under chapter 338, RSMo, as a pharmacy technician in the State of Missouri.**

(20) [(25)] Physician—An individual who *[has received a Doctor of Medicine or Doctor of Osteopathy degree and]* is currently licensed **under chapter 334, RSMo**, to practice medicine in Missouri.

[(26) Podiatrist—An individual who has received a Doctor of Podiatric Medicine degree and is currently licensed to practice podiatry in Missouri.]

(21) Premises—**The licensed premises of a hospital shall include all parts, services, functions, support functions and activities which contribute directly or indirectly to patient care of any kind whatsoever in one or more buildings owned or leased by a hospital that:**

(A) Are on contiguous property or property which is adjacent but for a common street, single intersection or highway;

(B) Meet the construction standards for hospitals as provided in 19 CSR 30-20.030; and

(C) Where three or more patients are provided care for twenty-four (24) hours or more. If three or more patients are provided care for less than twenty four (24) hours care in a building owned or leased by a hospital that is on contiguous property or property which is adjacent but for a common street, single intersection or highway, the building may be included as a part of the licensed premises if the building meets the construction standards for a hospital contained in 19 CSR 30-20.030.

[(27) Psychologist—An individual who is currently licensed to practice psychology by the State Committee of Psychologists under the provisions of Chapter 337, RSMo.]

(28) Qualified Dietitian—**An individual who is registered by the Commission on Dietetic Registration of the American Dietetic Association or who has the documented equivalent in education, training and experience, with evidence of relevant continuing education.**

(29) *Qualified medical record administrator*—A registered record administrator who has successfully passed an appropriate examination conducted by the American Medical Record Association or who has the document equivalent in education and training.

(30) *Qualified medical record technician*—An accredited record technician who has successfully passed the appropriate accreditation examination conducted by the American Medical Record Association or who has the documented equivalent in education and training.

(31) *Qualified Occupational therapist*—An individual who is a graduate of an occupational therapy program approved by a nationally recognized accrediting body, or who currently holds certification by the American Occupational Therapy Association as an occupational therapist or who has the documented equivalent in training or experience and is currently competent in the field.

(32) *Qualified Physical therapist*—An individual who is licensed to practice professional physical therapy in Missouri.

(33) *Qualified Radiologic technologist*—An individual who is a graduate of a program in radiologic technology approved by the Council on Medical Education of the American Medical Association or who has the documented equivalent in education, and training.

(34) *Qualified Social worker*—An licensed clinical social worker or a person who has a bachelor's degree in social work or a master's degree in social work.]

(22) Real-time—When used to describe the transmission of information through data, video, and audio links, shall mean that the transmission is sufficiently rapid that the information is available simultaneously to the electronically supervising pharmacist and the pharmacy technician being electronically supervised in the hospital's pharmacy.

(23) [(35)] Registered professional nurse—An individual who is [a graduate of an approved school of nursing and who is] licensed under chapter 335, RSMo, to practice as a registered professional nurse in the State of Missouri.

(24) Repackage—To remove any drug from the original manufacturer's container and place the drug in a dispensing container for other than immediate dispensing to a patient.

(25) Resident—A person who by reason of aging, illness, disease or physical or mental infirmity requires care and services furnished by a long-term care unit and who resides within the unit for care and treatment.

(26) [(36) Registered or certified] Respiratory Care Practitioner [therapist]—An individual who is [has been] **licensed under chapter 334, RSMo, to practice respiratory care in the State of Missouri.** [registered or certified by the National Board for Respiratory Therapy, Inc. after successfully completing all education, experience and examination requirements or an individual who has been registered or certified prior to November 11, 1982, by an organization acceptable to the Department of Health and Senior Services.]

(27) [(37)] Root cause analysis—A process for identifying the basic or causal factor(s) that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event.

[(38) *Sentinel event*—An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.]

[(39) *Special care unit*— An appropriately equipped area of the hospital where there is a concentration of physicians, nurses and others who have special skills and experience to provide optimal medical care for critically-ill patients.

(40) *Transfer agreement*—A document which sets forth the rights and responsibilities of two (2) hospitals regarding the inter-hospital transfer of patients.]

(28) [(41)] Unit—A functional division or facility of the hospital.

(29) Unlicensed Assistive Personnel (UAP)—unlicensed health care personnel who provide direct patient care twenty-five percent (25%) or more of the time, under the delegation and supervision of a registered professional nurse. Individuals who provide a specific job function such as, but not limited to, phlebotomist, radiology technician or patient transporter are not included in this definition.

[(43) *Immediate and serious threat*—Having caused, or is likely to cause, serious injury, harm, impairment, or death to a patient.]

AUTHORITY: sections 192.006, RSMo 2016, [and] 197.080, RSMo Supp. [2000] 2018, and 197.154, RSMo 2016 and 197.293, RSMo Supp.[2005] 2018. This rule was previously filed as 13 CSR 50-20.011. Original rule filed June 2, 1982, effective Nov. 11, 1982. Amended: Filed June 2, 1987, effective Sept. 11, 1987. Amended: Filed Aug. 16, 1988, effective Dec. 29, 1988. Amended: Filed Nov. 21, 1995, effective July 30, 1996. Amended: Filed Oct. 6, 1998, effective April 30, 1999. Amended: Filed June 28, 2001, effective Feb. 28, 2002. Amended: Filed Sept. 20, 2005, effective April 30, 2006.*

**Original authority: 192.006, RSMo 1993; amended 1995; 197.080, RSMo 1953, amended 1993, 1995; 197.154, RSMo 2004; and 197.293, RSMo 2000, 2004.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) annually.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*