

DAR FILE NO. 39963

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Health, Family Health and Preparedness, Licensing

Rule R432-100

General Hospital Standards

NOTICE OF PROPOSED RULE

(Amendment)

DAR File No.: 39963

Filed: 11/27/2015 09:26:40 AM

RULE ANALYSIS

PURPOSE OF THE RULE OR REASON FOR THE CHANGE:

The purpose of this rule amendment is to add a section that outlines requirements for hospitals to allow patients to designate a caregiver for continuing care after discharge from the hospital. The rule change was suggested by AARP in order to give patients more understanding of continuing care after hospitalization to help reduce the number of re-admissions to the hospital.

SUMMARY OF THE RULE OR CHANGE:

This amendment adds a new Section R432-100-12 to the hospital rule for designated caregivers. This rule requires hospitals to allow inpatients to designate a caregiver when leaving the hospital. The hospital must document the designation in the record and provide information and basic training to the caregiver so that the caregiver understands what the patient will need after leaving the hospital.

STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS RULE:

Title 26, Chapter 21

ANTICIPATED COST OR SAVINGS TO:

the state budget:

There is no fiscal impact to the state budget because the addition to this rule will not change current practice for any government agency.

local governments:

There is no fiscal impact to local governments because the addition to this rule is a process that government-owned hospitals are already doing.

small businesses:

There is no fiscal impact to small businesses because the addition to the rule is a process that hospitals are already doing.

persons other than small businesses, businesses, or local governmental entities:

There is no fiscal impact to businesses, individuals, local governments, and persons that are not small businesses because the addition to rule is already being accomplished by hospitals. This rule formalizes the process for regulatory reasons. The Utah Hospital Association was contacted to obtain correct information regarding costs.

COMPLIANCE COSTS FOR AFFECTED PERSONS:

There is no fiscal impact to hospitals or any individuals. The Utah Hospital Association reports that this process is already being done.

COMMENTS BY THE DEPARTMENT HEAD ON THE FISCAL IMPACT THE RULE MAY HAVE ON BUSINESSES:

There is no fiscal impact to business because the amendments incorporate processes already practiced by hospitals.

Joseph Miner, MD, Executive Director

THE FULL TEXT OF THIS RULE MAY BE INSPECTED, DURING REGULAR BUSINESS HOURS, AT THE DIVISION OF ADMINISTRATIVE RULES, OR AT:

Health
Family Health and Preparedness, Licensing
3760 S HIGHLAND DR
SALT LAKE CITY, UT 84106

DIRECT QUESTIONS REGARDING THIS RULE TO:

INTERESTED PERSONS MAY PRESENT THEIR VIEWS ON THIS RULE BY SUBMITTING WRITTEN COMMENTS TO THE ADDRESS ABOVE NO LATER THAN 5:00 P.M. ON:

01/14/2016

THIS RULE MAY BECOME EFFECTIVE ON:

02/08/2016

AUTHORIZED BY:

Joseph Miner, Executive Director

RULE TEXT

R432. Health, Family Health and Preparedness, Licensing.

R432-100. General Hospital Standards.

R432-100-12. ~~[Nursing Care Services]~~ Patient Designated Caregiver.

(1) The hospital shall give a patient admitted to the hospital the opportunity to designate a caregiver who will assist the patient with continuing care after discharge from the hospital.

(a) A caregiver is an individual designated by an inpatient of the hospital to assist with continuing care that can be given in the patient's residence after discharge;

(b) The hospital shall document the designated caregiver in the patient record and include contact information; and

(c) If the patient declines to designate a caregiver, the hospital shall document the patient's choice in the medical record.

(2) The hospital shall notify the designated caregiver as soon as practicable before any of the following circumstances occur:

(a) The patient is transferred to another health facility;

(b) The patient is discharged back to their own residence.

(3) If the hospital is unable to contact the designated caregiver when changes occur, the lack of contact shall not interfere with, delay or otherwise affect the medical care provided to the patient or the transfer or discharge of the patient.

(4) The hospital shall document any attempt to contact the designated caregiver in the patient record, to include dates and times attempted.

(5) The patient may give written consent to allow the hospital to release medical information to the designated caregiver, pursuant to the hospital's established procedures for the release of personal health information.

(6) Prior to the patient being discharged, the hospital shall provide a written discharge plan for continuing care needs to the patient and designated caregiver, which shall include:

(a) The name and contact information of the designated caregiver and relation to the patient;

(b) A description of continuing care tasks that the patient requires, in a culturally competent manner; and

(c) Contact information for any other health care resources necessary to meet the needs of the patient.

(7) Prior to the patient being discharged, the hospital shall provide the designated caregiver with an opportunity for instruction in continuing care tasks outlined in the discharge plan, which shall include:

(a) Demonstration of the continuing care tasks by hospital personnel; and

(b) Opportunity for the patient and designated caregiver to ask questions and receive answers regarding the continuing care tasks; and

(c) Education and counseling about medications, including dosing and proper use of delivery devices.

(8) The hospital shall document the instruction given to the patient and designated caregiver in the patient record, to include the date, time and contents of the instructions.

R432-100-13. Nursing Care Services.

(1) There shall be an organized nursing department that is integrated with other departments and services.

(a) The chief nursing officer of the nursing department shall be a registered nurse with demonstrated ability in nursing practice and administration.

(b) Nursing policies and procedures, nursing standards of patient care, and standards of nursing practice shall be approved by the chief nursing officer.

(c) A registered nurse shall be designated and authorized to act in the chief nursing officer's absence.

(d) Nursing tasks may be delegated pursuant to R156-31-701, Delegation of Nursing Tasks.

(2) Qualified registered nurses shall be on duty at all times to give patients nursing care that requires the judgment and special skills of a registered nurse. The nursing department shall develop and maintain a system for determining staffing requirements for nursing care on the basis of demonstrated patient need, intervention priority for care, patient load, and acuity levels.

(3) Nursing care shall be documented for each patient from admission through discharge.

(a) A registered nurse shall be responsible to document each patient's nursing care and coordinate the provision of interdisciplinary care.

(b) Nursing care documentation shall include the assessments of patient's needs, clinical diagnoses, intervention identified to meet the patient's needs, nursing care provided and the patient's response, the outcome of the care provided, and the ability of the patient, family, or designated caregiver in managing the continued care after discharge.

(c) Patients shall receive prior to discharge written instructions for any follow-up care or treatment.

R432-100-1[3]4. Critical Care Unit.

(1) Hospitals that provide critical care units shall comply with the requirements of R432-100-13. Medical direction for the unit(s) shall be