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| **Organization and Direction** | **§ 482.55(a) (1)**<br>The services must be organized under the direction of a qualified member of the medical staff. | **N.J.A.C. 8:43-12.2 (b)**<br>Each hospital shall develop and implement policies and procedures for the evaluation and treatment by qualified medical personnel of all patients who come to the emergency department (ED). APN functioning as qualified medical personnel shall establish and maintain a collaborative relationship with an emergency physician regularly practicing in that hospital's ED. PA functioning as qualified medical personnel shall be supervised by an emergency physician regularly practicing in that hospital's ED. Emergency physicians shall meet the qualification required in N.J.A.C. 8:43-12.3(b). | **§ 489.20(l)**<br>General Provision: Hospitals shall comply with 42 CFR 489.24, special responsibilities of Medicare hospitals in emergency cases. Under the provisions of § 489.24, hospitals with an emergency department that participate in Medicare are required under EMTALA to do the following:<br>• Provide an appropriate MSE[(1)] to any individual who comes to the emergency department;<br>• Provide necessary stabilizing treatment to an individual with an EMC[(2)] or an individual in labor;<br>• Provide for an appropriate transfer of the individual if either the individual requests the transfer or the hospital does not have the capability or capacity to provide the treatment necessary to stabilize the EMC[(2)] (or the capability or capacity to admit the individual);<br>• Not delay examination and/or treatment in order to inquire about the individual's insurance or payment status;<br>• Obtain or attempt to obtain written and informed refusal of examination, treatment or an appropriate transfer in the case of an individual who refuses examination, treatment or transfer; and<br>• Not take adverse action against a physician or qualified medical personnel who refuses to transfer an individual with an emergency medical condition, or against an employee who |

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| | | | reports a violation of these requirements.<br>Further, any participating Medicare hospital is required to accept appropriate transfers of individuals with emergency medical conditions if the hospital has the specialized capabilities not available at the transferring hospital, and has the capacity to treat those individuals. Hospitals are required to adopt and enforce a policy to ensure compliance with the requirements of § 489.24. Noncompliance with EMTALA requirements will lead CMS to initiate procedures for termination from the Medicare program. Noncompliance may also trigger the imposition of civil monetary penalties by the Office of the Inspector General.<br>Surveyors review the following documents to help determine if the hospital is in compliance with the requirement(s):<br>• Review the bylaws, rules, and regulations of the medical staff to determine if they reflect the requirements of § 489.24 and the related requirements at § 489.20.<br>• Review the emergency department policies and procedure manuals for procedures related to the requirements of § 489.24 and the related requirements at § 489.20.<br>If a hospital violates § 489.24, surveyors are to cite a corresponding violation of § 489.20(l), Tag A-2400/C-2400. |
| | **§ 482.55(a) (2)**<br>The services must be organized with the other departments of | **N.J.A.C. 8:43-12.2 (c)**<br>There shall be a transfer protocol that governs interhospital transfers of patients, including but not limited to pediatric and | **§ 489.24 (e)(2)(iv)**<br>The transfer is effected through qualified personnel and transportation equipment, as required, including the use of |

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| | the hospital. | trauma patients. | necessary and medically appropriate life support measures during the transfer. |
| | | **N.J.A.C. 8:43G-12.1**<br>The hospital shall provide emergency services on a 24 hour basis, unless it is a licensed special or psychiatric hospital. Special and psychiatric hospitals shall have a written plan and a system to meet medical emergencies based on the types of patients and cases that are typically treated in the hospital. Those hospitals exempted under this section shall not offer emergency medical services to the general public. | |
| **Policies/ Procedures/ Protocols** | **§ 482.55(a) (3)**<br>The policies and procedures governing the medical care provided in the emergency service or department are established by and are a continuing responsibility of the medical staff. | **N.J.A.C. 8:43-12.2 (a)**<br>The ED shall have written policies and procedures for medical, trauma, and pediatric patients, that are reviewed at least once every three years, revised more frequently as needed and implemented. | |
| | | **N.J.A.C. 8:43-12.2 (d)**<br>The ED shall have a written protocol that governs the management of psychiatric patients who require special services not available in the hospital. This protocol addresses the roles and involvement of hospital health professions, social work services, law enforcement officers, and mental heal services, when indicated. | |

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| | | **N.J.A.C. 8:43-12.2 (e)** The ED shall have a written protocol that addresses the ability of family members and significant others to remain with patients during treatment. The protocol shall also address the special needs of patients who are unable to communicate for reasons of language, disability, age, or level of consciousness. | |
| | | **N.J.A.C. 8:43-12.2 (f)** The ED shall have a written protocol that governs referrals if a clinical specialty service is not available. | |
| | | **N.J.A.C. 8:43-12.2 (g)** The ED shall have written policies to ensure compliance with regulations at 42 CFR 489.24 and 42 CFR 489.20 requiring examination and treatment for emergency conditions and women in labor. | |
| | | **N.J.A.C. 8:43-12.2 (h)** The ED shall have written policies for airway maintenance, adult and pediatric sedation, analgesia, and rapid sequence intubation. | |
| | | **N.J.A.C. 8:43-12.2 (i)** The ED shall maintain a trauma registry in accordance with N.J.A.C. 8:43G-12.21(a) and (c). | |
| **Personnel, Medical Staff** | **§ 482.55(b) (1)** The emergency services must be supervised by a qualified member of the medical staff. | **N.J.A.C. 8:43-12.3 (a)** There shall be a physician director of the ED who is board certified in emergency medicine or who has five years of full-time experience in emergency medicine, which may include three years residency in emergency medicine, with in the past seven years. | |
| | | **N.J.A.C. 8:43-12.3 (b)** There shall be a physician director of the ED who is board certified in emergency medicine or who has five years of full-time | |

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| | | experience in emergency medicine, which may include three years residency in emergency medicine, within the past seven years. Each physician practicing in the ED, except residents functioning under supervision as part of the hospital's graduate residency training program, consulting physicians, and private physicians who are attending to their patients in the ED, shall meet at least one of the following:<br>1. Board certification in emergency medicine<br>2. Successful completion of an approved residency program in emergency medicine, family medicine, general internal medicine, general surgery or general pediatrics; or<br>Three years of full-time clinical experience in emergency medicine within the past five years. | |
| | | **N.J.A.C. 8:43-12.3 (c)**<br>Each physician practicing in the ED, except residents functioning under direct supervision as part of the hospital's graduate residence program, consulting physicians, and private physicians who are attending to their patients in the ED, shall attain provider status in ACLS[3] and either APLS[4] or PALS[5] within 12 months of initial assignment, and shall continuously maintain this status thereafter. Physicians who are board certified in emergency medicine shall be exempt from this requirement. | |
| | **§ 482.55(b) (2)**<br>There must be adequate medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility. | **N.J.A.C. 8:43-12.3 (d)**<br>Each physician practicing in the emergency department, except residents functioning under direct supervision as part of the hospital's graduate residency program, consulting physicians, and private physicians who are attending to their patients in the ED, shall attain provider status in ATLS[6] within 12 months of initial assignment, and shall continuously maintain this status thereafter. | |

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| | | Physicians who are board certified in emergency medicine shall be exempt from this requirement. | |
| **Personnel, Nursing** | **§ 482.55(b) (2)** There must be adequate medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility. | **N.J.A.C. 8:43-12.3 (e)** The emergency department shall be staffed at all times by at least one professional nurse who has attained and continuously maintains provider status in ACLS[(3)]. | |
| | | **N.J.A.C. 8:43-12.3 (g)** All registered professional nurses regularly assigned to the ED shall be trained and have completed courses in emergency care, including at least:<br>1. Basic life Support (CPR);<br>2. ACLS[(3)], with ACLS[(3)] provider status attained within 12 months of initial assignment and continuously maintained thereafter;<br>3. A minimum of eight contact hours of education every two years in basic trauma assessment, intervention and stabilization; and<br>4. PALS[(5)], or APLS[(4)] or ENPC[(7)], with PALS[(5)] or APLS[(4)] or ENPC[(7)] provider status attained within 12 months of initial assignment and continuously maintained thereafter. | |
| **Personnel, Paramedics** | | **N.J.A.C. 8:43-12.3 (f)** The emergency department shall comply with the provisions in N.J.A.C. 8:41-74 in the utilization of paramedics. | |

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| **Staff Time and Availability** | | **N.J.A.C. 8:43-12.5 (a)**<br>At all times at least one licensed physician who meets at least one of the qualifications in N.J.A.C. 8:43-12.3(b) shall be present in the ED to attend to all emergencies. | |
| | | **N.J.A.C. 8:43-12.5 (b)**<br>There shall be a physician specialist on call to the ED for each major clinical service provided by the hospital, including a physician who is credentialed by the hospital to care for children and who is either board certified in pediatrics or has attained status in APLS[4] or PALS[5].<br>1. The hospital ED shall comply with the requirements set forth in N.J.A.C. 8:43G-5.1(1-2) for all ED patients deemed by a hospital clinical provider to require emergent care, regardless of whether the patient lack a primary care physician. In addition, the hospital clinical provider making that judgment shall make a determination as to whether the responding on-call physician may be a resident or rather; the emergency requires a physician who has completed all residency requirements.<br>**2.** A standing transfer agreement with a facility that can provide an appropriate level of care for pediatric patients may be substituted for the on-call physician credentialed and qualified to care for children if the hospital does not have the capability of providing such physician for on-call duty. | **§ 489.20(r)(2)**<br>The provider agrees to the following:<br>In the case of a hospital as defined in §489.24(b) (including both the transferring and receiving hospitals), to maintain:<br>(2) An on-call list of physicians who are on the hospital's medical staff or who have privileges at the hospital, or who are on staff or have privileges at another hospital participating in a formal community call plan, in accordance with §489.24(j) (2) (iii), available to provide treatment necessary after the initial examination to stabilize individuals with emergency medical conditions who are receiving services under §489.24 in accordance with the resources available to the hospital.<br>**§ 489.24(j)**<br>Availability of On-call Physicians<br>In accordance with the on-call requirements specified in § 489.20(r)(2), a hospital must have written policies and procedures in place--<br>1) To respond to situations in which a particular specialty is not available or the on-call physician cannot respond because of circumstances beyond the physician's control;<br>2) To provide that emergency services are available to meet the needs of individuals with emergency medical conditions if a hospital elects to— |

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| | | | i) Permit on-call physicians to schedule elective surgery during the time they are on call<br>ii) Permit on-call physicians to have simultaneous on-call duties;<br>iii) Participate in a formal community call plan. Notwithstanding participation in a community call plan, hospitals are still required to perform medical screening examinations on individuals who present seeking treatment and to conduct appropriate transfers. The formal community call plan must include the following elements:<br>A. A clear delineation of on-call coverage responsibilities; that is, when each hospital participating in the plan is responsible for on-call coverage.<br>B. A description of the specific geographic area to which the plan applies.<br>C. A signature by an appropriate representative of each hospital participating in the plan.<br>D. Assurances that any local and regional EMS system protocol formally includes information on community-call arrangements.<br>E. A statement specifying that even if |

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| | | | an individual arrives at a hospital that is not designated as the on-call hospital, that hospital still has an obligation under §489.24 to provide a medical screening examination and stabilizing treatment within its capability, and that hospitals participating in the community call plan must abide by the regulations under §489.24 governing appropriate transfers.<br>F. An annual assessment of the community call plan by the participating hospitals. |
| | | **N.J.A.C. 8:43-12.5 (c)**<br>At least one registered profession nurse who has successfully completed the Emergency Nursing Pediatric Course, APLS[4] or PALS[5] shall be present at all times in the ED. The hospital shall have in place a protocol to increase nurse staffing based on volume and acuity. | |
| **Pediatric Requirements** | | **N.J.A.C. 8:43-12.4 (a)**<br>Each ED shall have a designated pediatric liaison physician and a designated pediatric liaison nurse, who shall be responsible for review and approval of the emergency department pediatric activities, including:<br>1. Policies and procedure for pediatric care;<br>2. Pediatric equipment;<br>3. Continuous quality improvement for pediatric patients;<br>4. Staff training and education for pediatric are; and<br>5. Pediatric emergency medicine registry. | |

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| | | **N.J.A.C. 8:43-12.4 (b)**<br>Upon 60 days notice by the department, each ED shall implement and maintain a pediatric emergency medicine registry for all ED admissions under 18 years of age who either die or are admitted to an ICU or step-down unit. This registry shall include the following date items:<br>1. Medical record number;<br>2. Hospital identifier number (assigned randomly);<br>3. Date of service;<br>4. Gender;<br>5. Date of birth (not age);<br>6. Zip Code;<br>7. Baseline medical condition;<br>8. Mode of arrival;<br>9. Pre-hospital medical and/or procedural interventions,<br>10. Nature of presenting illness;<br>11. Physician profession characteristics (for example, board certified or other special training);<br>12. Chief complaint category;<br>13. Initial vital signs upon presentation;<br>14. ED department medical and/or procedural interventions (treatment rendered);<br>15. Clinical Impression;<br>16. Time of call for transfer;<br>17. Mode of transport on transfer;<br>18. Transport team interventions;<br>19. ICU number;<br>20. ICU physician profession characteristics (for example, board certification or other special training);<br>21. Medical and/or behavioral interventions during first hour | |

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| | | in intensive care unit;<br>22. Initial critical care score;<br>23. Length of stay in ICU;<br>24. Final disposition;<br>25. Functional neurologic status; and<br>26. Functional physiologic status. | |
| | | **N.J.A.C. 8:43-12.4 (c)**<br>Based upon recommendations from the New Jersey Emergency Medical Services for Children Advisory Council, the Department may require, through promulgation of an amendment to (b) above, the inclusion of additional data. | |
| | | **N.J.A.C. 8:43-12.4 (d)**<br>Registry data shall be submitted on an annual basis to the Department in a form prescribed by the Department. | |
| | | **N.J.A.C. 8:43-12.5 (c)**<br>At least one registered profession nurse who has successfully completed the Emergency Nursing Pediatric Course, APLS[(4)] or PALS[(5)] shall be present at all times in the ED. The hospital shall have in place a protocol to increase nurse staffing based on volume and acuity. | |
| | | **N.J.A.C. 8:43-12.9 (b)**<br>The ED shall have the necessary monitoring devices, supplies, and equipment to meet the needs of patients of all age. Availability of pediatric equipment shall be in accordance with "Guidelines for Pediatric Equipment and Supplies for Emergency | |

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| | | Departments," Committee on Pediatric Equipment and Supplies for Emergency Departments, National Emergency Medical Services for Children Resources Alliance, 31 Annals of Emergency Medicine54, January , 1998, published by ACEP, PO Box 619911, Dallas TX 75261-9911, (800) 798-1822, Incorporated herein by reference. | |
| **Space and Environment** | | **N.J.A.C. 8:43-12.9 (a)**<br>The ED shall meet criteria established by the Federal Guidelines for Construction and Equipment of Hospital and Medical Facilities, 1987 Edition, section 7.9, or later edition, if in effect, which are hereby incorporated by reference. | **§ 489.20(q)**<br>In the case of a hospital as defined in §489.24 (b)—<br>(1) To post conspicuously in any emergency department or in a place or places likely to be noticed by all individuals entering the emergency department, as well as those individuals waiting for examination and treatment in areas other than traditional emergency department (that is, entrance, admitting area, waiting room, treatment area) a sign (in a form specified by the Secretary) specifying the rights of individuals under section 1867 of the Act with respect to examination and treatment of emergency medical conditions and women in labor; and<br>(2) To post conspicuously (in a form specified by the Secretary) information indicating whether or not the hospital or rural primary care hospital (e.g., critical access hospital) |
| **Equipment and Communication Devices** | | **N.J.A.C. 8:43-12.9 (b)**<br>The ED shall have the necessary monitoring devices, supplies, and equipment to meet the needs of patients of all age. Availability of pediatric equipment shall be in accordance with "Guidelines for Pediatric Equipment and Supplies for Emergency Departments," Committee on Pediatric Equipment and Supplies for Emergency Departments, National Emergency Medical | |

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| | | Services for Children Resources Alliance, 31 Annals of Emergency Medicine54, January, 1998, published by ACEP, PO Box 619911, Dallas TX 75261-9911, (800) 798-1822, Incorporated herein by reference. | |
| | | **N.J.A.C. 8:43-12.9 (c)**<br>The ED shall be equipped to stabilize all patients. | |
| | | **N.J.A.C. 8:43-12.9 (d)**<br>The ED shall be equipped with, at least, patient monitoring equipment and resuscitation equipment. | |
| | | **N.J.A.C. 8:43-12.9 (e)**<br>The ED shall have a functioning two way communication system operating on an assigned frequency of 155.340 MHz for communicating with ambulance services about arriving patients. | |
| **Immediacy of Treatment** | | **N.J.A.C. 8:43-12.7 (a)**<br>When an individual comes to the ED requesting examination or treatment for a medical condition, of if a request is made on the individual's behalf, clinical priority for treatment shall be assigned by the registered professional nurse or qualified medical personnel. | |
| | | **N.J.A.C. 8:43-12.7 (b)**<br>Treatment of life-threatening emergencies shall be initiated immediately. | |
| **Medical Screening** | | **N.J.A.C. 8:43-12.7 (c)**<br>If an individual comes to the ED requesting examination or treatment for a medical condition, or if a request is made on the individual's behalf, the hospital shall provide for an appropriate medical screening examination performed by qualified medical personnel. Medical screening may be provided in the ED or urgent care clinic or area accessible to the ED and on hospital | **§ 489.24(a) - Applicability of Provisions of this Section**<br>(1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) - comes to the emergency department, as defined in paragraph (b) of this section, the hospital must— (i) Provide an appropriate medical screening examination |

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| | | grounds. | within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction. |
| **Delay of Treatment** | | | **§ 489.24(d)(4)**<br>Delay in Examination or Treatment.<br>1. A participating hospital may not delay providing an appropriate medical screening examination required under paragraph:(a) of this section or further medical examination and treatment required under paragraph (d)(1) of this section in order to inquire about the individual's method of payment or insurance status.<br>2. A participating hospital may not seek, or direct an individual to seek, authorization from the individual's insurance company for screening or stabilization services to be furnished by a hospital, physician, or non-physician practitioner to an individual until after the hospital has provided the appropriate medical screening examination required under paragraph (a) of this section, and initiated any further medical examination and treatment that may be required to stabilize the emergency medical condition under paragraph (d)(1) of this section. |

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| | | | 3. An emergency physician or non-physician practitioner is not precluded from contacting the individual's physician at any time to seek advice regarding the individual's medical history and needs that may be relevant to the medical treatment and screening of the patient, as long as this consultation does not inappropriately delay services required under paragraph (a) or paragraphs (d) (1) and (d) (2) of this section.<br>(iv) Hospitals may follow reasonable registration processes for individuals for whom examination or treatment is required by this section, including asking whether an individual is insured and, if so, what that insurance is, as long as that inquiry does not delay screening or treatment. Reasonable registration processes may not unduly discourage individuals from remaining for further evaluation. |
| **Stabilization** | | **N.J.A.C. 8:43-12.7 (d)**<br>If it is determined that an emergency medical condition exists, the patient must be evaluated by a physician and provided with such medical treatment as is necessary to assure that the condition has been stabilized, except as provided in (e) below. | **§ 489.24(a)(1)(ii)**<br>If an emergency medical condition is determined to exist, provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section. |
| **Transfer** | | **N.J.A.C. 8:43-12.7 (e)**<br>If a patient has an emergency medical condition which has not been stabilized, the hospital shall not transfer the patient unless:<br>**1.** The patient (or a legally responsible person acting on the patient's behalf), after being informed of the hospital's | **§ 489.24(b)**<br>*Transfer* means the movement (including the discharge) of an individual outside a hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital, but |

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| | | obligation under this action and of the risk of transfer, in writing requests transfer to another medical facility; or<br>**2.** A physician has signed a certification that based upon the information available at the time of transfer; the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risk of the patient and, in the care of labor, to the unborn child, from affecting the transfer. This certification shall include a summary of the risks and benefits upon which the certification is based. | does not include such a movement of an individual who<br>(i) has been declared dead, or<br>(ii) leaves the facility without the permission of any such person. |
| | | | **§ 489.24(e)(2)(ii)**<br>The receiving facility-<br>(A) Has available space and qualified personnel for the treatment of the individual; and<br>(B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment. |
| | | | **§ 489.24 (e)(2)(iii)**<br>The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph |

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| | | | (g) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer. |
| | | **N.J.A.C. 8:43-12.7 (p)**<br>A patient shall be transferred to another health care facility only for a valid medical reason of by patient choice. The sending ED shall receive approval from a physician and the receiving health care facility before transferring the patient. Documentation for the transfer shall be sent with the patient, with a copy or summary maintained by the transferring hospital. This document shall include at least:<br>1. Informed consent of the patient or responsible individual, if possible;<br>2. Reason for transfer;<br>3. Signature of physician who ordered transfer;<br>4. Condition of the patient upon transfer;<br>5. Patient information collected by sending ED, including x-ray films or written interpretation by a radiologist; and<br>6. Name of the contact person at the receiving hospital. | |
| | | **N.J.A.C. 8:43-12.7 (q)**<br>Documentation of a patient's transfer sent by the transferring hospital shall be permanent part of the patient's medical record at the receiving hospital. | **§ 489.20(r)**<br>In the case of a hospital as defined in §489.24(b) (including both the transferring and receiving hospitals), to maintain<br>(1) Medical and other records related to individuals transferred to or from the hospital for a period of 5 years from the date of transfer. |

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| | | | **§ 489.20(m)** In the case of a hospital as defined in §489.24(b), to report to CMS or the State survey agency any time it has reason to believe it may have received an individual who has been transferred in an unstable emergency medical condition from another hospital in violation of the requirements of §489.24(e). |
| **Discharge** | | **N.J.A.C. 8:43-12.7 (f)** If it is determined that an emergency medical condition does not exist, the patient shall either be treated in the ED or shall be referred to an appropriate health care facility or provider; and the patient shall be discharged in accordance with (n) below. | **§ 489.20(r)** In the case of a hospital as defined in §489.24(b) (including both the transferring and receiving hospitals), to maintain (1) Medical and other records related to individuals transferred to or from the hospital for a period of 5 years from the date of transfer; |
| | | **N.J.A.C. 8:43-12.7 (g)** No patient who comes to the ED shall be discharged to home or another facility without being seen and evaluated by qualified medical personnel. This evaluation shall occur within four hours of the patient's coming to the ED. | |
| | | **N.J.A.C. 8:43-12.7 (n)** Upon discharge from the ED following a medical screening examination and/or treatment, the patient or his or her representative shall be given written instructions and an oral explanation of those instructions, the name of the person who gave the oral explanation, and the name of the persons receiving the instructions shall be entered legibly into the medical record. | |
| | | **N.J.A.C. 8:43-12.7 (o)** Patients requiring post-discharge care shall be referred after clinical evaluation to needed health care or health-related resources. The hospital shall provide assistance, such as referral | |

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| | | to the social work department, to a patient requiring assistance in obtaining needed services. | |
| **Diversion** | | **N.J.A.C. 8:43-12.7 (h)**<br>The hospital shall implement a protocol for meeting the needs of patients in a timely manner, such as augmenting staff and notifying or diverting ambulances when a specified volume of patients in the ED is reached, or patient waiting time before initial evaluation by qualified medical personnel exceeds four hours. | |
| **In-Patient Holds and Transfers** | | **N.J.A.C. 8:43-12.7 (i)**<br>The ED shall have a written protocol for the care and disposition of patients who stay in the department for protracted periods of time, for example, in awaiting inpatient beds. This protocol shall address areas such as patient monitoring, patient privacy, provision for family members of significant others, and the active seeking of inpatient beds or transfer by ED staff. | |
| | | **N.J.A.C. 8:43-12.7 (j)**<br>A patient shall be transferred from the ED to the in-patient service of the hospital, to a facility that provides care unavailable at the hospital, or discharged to home no more than 12 hours after the patient is initially treated on an emergency basis or is stabilized. Exceptions to the 12 hour requirement shall pertain when:<br>1. Test results are pending and will be used to determine discharge action;<br>2. The patient is under clinical observation; or<br>3. The patient is waiting after transport has been summoned. | |
| | | **N.J.A.C. 8:43-12.7 (k)**<br>The hospital shall maintain documentation in all cases in which patients are retained for more than 12 hours in the ED. | |

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| | | **N.J.A.C. 8:43-12.7 (l)**<br>No patient for whom inpatient admission is required shall be held under clinical observation in the ED for more than eight hours if a bed is available in an inpatient unit that has the correct monitoring equipment or can meet the needs of the patient. | |
| **Patient Log/Central Registry** | | **N.J.A.C. 8:43-12.7 (m)**<br>A registry of all individuals who come to the ED shall be maintained that includes the patent name and at least:<br>1. Medical record number;<br>2. Date and time arrived. After December 20, 2000, the names of the ambulance provider and mobile ICU provider, if applicable, shall be entered in the registry;<br>3. Time discharged;<br>4. The name(s) of qualified medical personnel who provided the emergency medical screening examination;<br>5. The name(s) of treating qualified medical personnel;<br>6. Chief complaint and/or medical diagnosis; and<br>**7.** Disposition of the patient. | **§ 489.20(r)(3)**<br>A central log on each individual who comes to the emergency department, as defined in §489.24(b), seeking assistance and whether he or she refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred, or discharged. |
| **Medical Records** | | **N.J.A.C. 8:43-12.7 (r)**<br>A medical record shall be established and maintained for each patient record in the ED and include at least:<br>1. Mode, date and time of arrival. After (one year after the adoption of these rules), the name of the ambulance provider and mobile ICU provider, if applicable, and copies of all available care records shall be entered in the patient's emergency department medical record;<br>2. Allergies, including allergy to latex;<br>3. Medications used before coming to the ED;<br>4. Immunization when relevant;<br>5. Timed vital signs; | |

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| | | 6. Chief complaint;<br>7. Physician assessment;<br>8. Nurse assessment;<br>9. Treatment rendered, signed by the person who rendered the treatment;<br>10. Medications prescribed and administered while in the ED signed by the person who prescribed and the person who administered the medications;<br>11. Discharge instructions;<br>12. Last menstrual period, if relevant;<br>13. Whether the patient visited the ED within the previous 72 hours;<br>14. Age and sex of the patient; and<br>15. Transfer information, such as destination facility and reason for transfer. | |
| **Deceased Individuals** | | **N.J.A.C. 8:43-12.7 (s)**<br>Deceased patient shall be removed from rooms occupied by other patients, when possible, or shall be curtained off. The deceased shall be transported in the hospital and removed from the hospital in a dignified manner. | |
| **Mandatory Reporting** | | **N.J.A.C. 8:43-12.7 (t)**<br>The ED staff shall conform with hospital policies and procedures for complying with applicable statutes and protocols to report child abuse, sexual abuse, and abuse of elderly or disabled adults, specified communicable disease, rabies, poisonings, and unattended or suspicious deaths. | **§ 489.20(m)**<br>In the case of a hospital as defined in §489.24(b), to report to CMS or the State survey agency any time it has reason to believe it may have received an individual who has been transferred in an unstable emergency medical condition from another hospital in violation of the requirements of §489.24(e). |
| **Emergency Medical Services** | | **N.J.A.C. 8:43-12.7 (u)**<br>The ED shall be prepared to communicate and shall communicate with emergency medical service regarding patients about to arrive | |

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| | | by emergency vehicles. The department shall be prepared to receive such patients when they arrive. | |
| **Statewide NJ Poison Information and Education** | | **N.J.A.C. 8:43-12.7 (v)** The phone number of the designated regional or Statewide New Jersey Poison Information and Education System (1-800-962-1253) shall be posted in the ED. | |
| **Radiology Services** | | **N.J.A.C. 8:43-12.7 (w)** Radiology services for emergency needs shall be available to the ED 24 hours a day. | |
| **Clinical Laboratory Services** | | **N.J.A.C. 8:43-12.7 (x)** Clinical laboratory services for emergency needs shall be available to the ED 24 hours a day. | |
| **Interpretive Services** | | **N.J.A.C. 8:43-12.7 (y)** The ED shall have access to and utilize a record of hospital employees, medical staff members, and volunteers who can provide interpretive services as required at N.J.A.C. 8:43G-5.5(c). | |
| **Security Personnel** | | **N.J.A.C. 8:43-12.7 (z)** Security personnel shall be available to the ED when needed. | |
| **Staff Education and Training** | | **N.J.A.C. 8:43G-12.10 (a)** Requirements for the ED Education program shall be as provided in N.J.A.C. 8:43G-5.9. | |
| | | **N.J.A.C. 8:43G-12.10 (b)** Regularly assigned ED staff shall attend training or educational programs related to the identification and reporting of child abuse and/or neglect in accordance with N.J.S.A. 9:6-1 et seq.; sexual abuse, domestic violence; and abuse of the elderly or disabled adult. | |
| **Continuous Quality** | | **N.J.A.C. 8:43-12.11 (a)** There shall be a program of continuous quality improvement for | |

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| **Improvement Methods** | | the ED that is integrated into the hospital continuous quality assurance program that includes regularly collecting and analyzing data to help identify health-service problems and their extent, and recommending , implementing, and monitoring corrective actions on the basis of these data | |
| | | **N.J.A.C. 8:43-12.11(b)**<br>The continuous quality improvement program shall include periodic collection of ED data in at least the following areas:<br>1. Waiting time;<br>2. Appropriateness and timeliness of transfers;<br>3. Provision of written instructions;<br>4. Timeliness of diagnostic studies;<br>5. Appropriateness of treatment rendered;<br>6. Unscheduled revisits within 72 hours for the same condition;<br>7. Mortality; and<br>8. Care of patients who are retained in the ED for long periods of time. | |
| | | **N.J.A.C. 8:43-12.11 (c)**<br>Continuous quality improvement shall include review of selected medical charts for both adult and pediatric patients. | |
| | | **N.J.A.C. 8:43-12.11 (d)**<br>The quality assurance program shall assess whether physicians, including residents, are on duty for periods of time that have an adverse effect on patient care. | |

**Footnote:**

(1) MSE – Medical Screening Examination
(2) EMC – Emergency Medical Condition
(3) ACLS – Advanced Cardiovascular Life Support
(4) APLS – Advanced Pediatric Life Support
(5) PALS – Pediatric Advanced Life Support
(6) ATLS – Advanced Trauma Life Support
(7) ENPC – Emergency Nurses Pediatric Course